SEEC FORM 30

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised February 2015



Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE						2. TYPI	E OF COMMITTEE	
Joe Visconti CT						1 =	Candidate Committee Exploratory Committee	
3. TREASURER NAME				,				
First Matthew	D O'Prion							
4. TREASURER ADDRESS								
Street Address		City			State		Zip Code	
3400 Main St		Coven	ntry		ст	0	06238	
5. ELECTION DATE	6. OFFICE SOUGHT (Con	mplete oi	nly if Candidate	Committee)		7. DISTRI	CT NUMBER (if applicable	
11/06/2018	Governor							
8. CANDIDATE NAME (Complete only if C	Cand <u>idate or Exploratory Co</u>	ommittee	e)					
First Joseph			MI B	Last Visconti			Suffix	
9. TYPE OF REPORT								
July 10 Filing - Original								
10. PERIOD COVERED								
	Beginning Date			Ending Date				
	04/09/2017	thru	u	06/30/2017				
_11. CERTIFICATION								
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.								
Electronic Filing	Matthew O'Brien			07/1	.0/2017 8:	37:57AM		
SIGNATURE	PRINT NAME OF THE	3 SIGNE	ΞR	DATE	CERTIFIED			
A Person who is found to have knowing	ngly and willfully violate	ed any į	provisions of	the campaign finance statute	es faces a civi	il penalty c	of up	
to \$25,000, unless a fine of a larger a	mount is otherwise prov	/ided fo	or as a maxin	num fine in the Connecticut G	ieneral Statut	tes.		

SEEC FORM 30
Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE. (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	TYPE OF REPORT					
Joe Visconti CT	July 10 Filing - Original						
	COLUMN A This Period	COLUMN B Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$0.00						
14. Contributions received from Individuals (Section A and B)	\$2,150.00	\$2,150.00					
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00					
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00					
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00					
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$2,150.00	\$2,150.00					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$2,150.00	\$2,150.00					
20. Expenses Paid by Committee (Section N)	\$1,652.80	\$1,652.80					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$497.20	\$497.20					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$40.00	\$40.00					
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
26. Beginning Loan Balance	\$0.00						
26a. + Loans Received (Section D)	\$0.00	\$0.00					
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
26c Payments on Loan(s)	\$0.00	\$0.00					
26d. Total Outstanding Loan Amount	\$0.00						
27. Campaign Expenses Paid By Candidate (Section O)	\$75.00	\$75.00					
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$114.87						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$114.87						

							Page 3 01 30	
	I. MONETARY RECEIPT	S (Se	ection A-I)					
NAME OF COMMITTEE (Provide Complete N	TY	TYPE OF REPORT						
Joe Visconti CT				July 10	Filing - Original			
A. Total Contributions from Small C		For Nonpartic	ipating Cand	idates ONLY				
	B. Itemized Contributions from	n Ind	lividuals					
Last Name		First				MI	Contribution ID #	
O'Brien Jr			Matthew			D	0001	
Residential Street Address		City				State	Zip Code	
3400 Main St			Coventry			СТ	06238	
Principal Occupation			Name of Employer	r				
Financial Advisor			Edward	d Jones I	nvestments			
Is contributor a principal of a state contractor or prospective state	e contractor?)	Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:	Executive Legislative		<u>.</u> .		x No			
Is this contribution associated with	Method of contribution:	Date	Received	Aggregate	Contributions			
an event reported in Section J1?								
X No	X Cash Personal Check	04/	19/2017		\$100.00	\$100.00		
If yes, list Event #	Money Order Credit/Debit Card							
Last Name			MI	Contribution ID #				
Rosenblit	Linda					D	0002	
Residential Street Address City						State	Zip Code	
23 Clifford Dr	West Hartford					СТ	06107	
Principal Occupation Name of Employer							•	
Homemaker								
Is contributor a principal of a state contractor or prospective state	e contractor?)	Is contributor a lo dependent child of		se, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of	Executive Legislative		dependent child of	a loodyist:	x No			
government the contract is with: Is this contribution associated with	Method of contribution:	Date	tte Received Aggregate Contributions			-		
an event reported in Section J1?								
If yes, list Event #	Cash Personal Check Money Order X Credit/Debit Card	04/2	24/2017		\$100.00		\$100.00	
Last Name		First				MI	Contribution ID #	
Rosenblit			Seth			E	0003	
Residential Street Address		City				State	Zip Code	
23 Clifford Dr			West Hartford			СТ	06107	
Principal Occupation	-		Name of Employer	r			•	
Business Owner			Rosent	olit Enter	prises, LLC			
Is contributor a principal of a state contractor or prospective state	e contractor?)	Is contributor a lo		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:	Executive Legislative				x No			
Is this contribution associated with	Method of contribution:	Date	Received	Aggregate	Contributions	1		
an event reported in section 31:								
If yes, list Event #	Cash Personal Check Money Order X Credit/Debit Card	04/2	24/2017		\$100.00		\$100.00	

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I. MONETARY RECEIPT	S (S	ection A-I)	1				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original							
Joe visconti e i							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First				MI	Contribution ID #	
Salomone		Frank				0014	
Residential Street Address	City				State	Zip Code	
30 Putnam Park		Greenwich		— Н	СТ	06830	
Principal Occupation Financial Services		Name of Employer Segal	er Marco Advisors				
Is contributor a principal of a state contractor or prospective state contractor?	`	Is contributor a le	obbyist, spouse, or	Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of	,	dependent child of	f a lobbyist?				
government the contract is with: Is this contribution associated with Method of contribution:	D-4-	Received		No			
an event reported in Section J1?	Date	Received	Aggregate Contributions				
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	05/2017	\$100.00			\$100.00	
LadVana	First			$\overline{}$	MI	Contribution ID #	
Last Name Solomine	FIISt	Letitia			MII	0015	
Residential Street Address	City	Letitia		\dashv	State	Zip Code	
5 Fitzgerald Ln		Branford			СТ	06405	
Principal Occupation		Name of Employ	er				
Medical Secretary		Metab	oolism Associates				
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or	Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative	,	dependent child of	f a lobbyist?				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\dashv			
an event reported in Section J1? Yes X No Cash Personal Check	05/	07/2017	\$10.00			\$10.00	
If yes, list Event # Money Order X Credit/Debit Card			7-2-2-2				
Last Name	First				MI	Contribution ID #	
Lincoln		Betty				0016	
Residential Street Address	City				State	Zip Code	
246 Whistletown Rd		East Lyme			СТ	06333	
Principal Occupation Retired		Name of Employ	er				
		Is contributor a le	obbyist, spouse, or	$\overline{}$	Amou	nt of Contribution	
Yes 🔼 No)	dependent child o	f a lobbyist?	Yes			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			х	No			
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31?							
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	07/2017	\$100.00			\$100.00	
Last Name	First				MI	Contribution ID #	
Lincoln Sr		Sherwood				0017	
Residential Street Address	City				State	Zip Code	
246 Whistletown Rd		East Lyme			СТ	06333	
Principal Occupation		Name of Employ	er				
Retired Is contributor a principal of a state contractor or prospective state contractor? Yes X No.			obbyist, spouse, or	Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of		dependent child of	i a lobbyist?				
government the contract is with:				No			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
x No Cash Personal Check	05 /	07/2017	#100.00			±100.00	
If yes_list Event # No Money Order X Credit/Debit Card	l ^{U5/1}	07/2017	\$100.00			\$100.00	

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I. MONETARY RECEIPT	S (S	ection A-I)	1				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original							
Joe Visconti CT July 10 Filing - Original							
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Haims		Natasha			0018		
Residential Street Address	City			State	Zip Code		
15 Sherwood Rd		West Hartford		СТ	06117		
Principal Occupation Business Liason		Name of Employe Haims	er Enterprises, LLC				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Ye	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent child o	x No				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-			
an event reported in Section J1?	Dute	received	riggiogate Contributions				
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	08/2017	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Deleonardo	1 1100	Stacey			0019		
Residential Street Address	City			State	Zip Code		
8B Pilgrim's Hbr		Wallingford		СТ	06492		
Principal Occupation	•	Name of Employe	er	-	•		
CT Public Insurance Adjuster		Gable	s Insurance Recovery				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	unt of Contribution		
If yes, indicate which branch or branches of government the contract is with:		dependent child o	x No				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	7			
an event reported in Section J1? X No	05/	08/2017	\$100.00		\$100.00		
If yes, list Event # Money Order X Credit/Debit Card							
Last Name	First			MI	Contribution ID #		
Natale		Denise			0020		
Residential Street Address	City			State	Zip Code		
11511 Paradise Ave	<u> </u>	Hamden		СТ	06524		
Principal Occupation		Name of Employe JR Int					
Book Keeper, Accountant Is contributor a principal of a state contractor or prospective state contractor?				Amo	ant of Contribution		
Yes 🔼 No	0	dependent child o		s	ant of Contribution		
If yes, indicate which branch or branches of government the contract is with:			x No	,			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
If yes, list Event # Cash Personal Check No	05/	08/2017	\$100.00		\$100.00		
Last Name	- Circt	•		MI	Contribution ID #		
Evans	First	Cathy		MII	0021		
Residential Street Address	City	Catrly		State	Zip Code		
1260 Galloping Hill Rd	City	Fairfield		CT	06824		
Principal Occupation		Name of Employe	er				
Retired							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist?	Amou	unt of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}	,			
Is this contribution associated with Ves Method of contribution:	Date	Received	Aggregate Contributions	7			
an event reported in Section 31?							
If yes list Event # Cash Credit/Debit Card	05/	08/2017	\$100.00		\$100.00		

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I MONETADY DECEIDT	0 (0.	4' A D			
I. MONETARY RECEIPT	2 (20	ection A-1)	TWDE OF DEPONT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT				
Joe Visconti CT			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Anderson		Mark			0022
Residential Street Address	City			State	Zip Code
49 Hunt Glen Dr		Granby		СТ	06035
Principal Occupation		Name of Employ	er	•	•
Grad Student					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event concreted in Section 112 Yes Yes	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
X No Cash Personal Check	05/	08/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Delissio		George			0023
Residential Street Address	City			State	Zip Code
7300 20th St Lot 562		Vero Beach		FL	32966
Principal Occupation		Name of Employ	or		32900
Plumbing Foreman		1 ,	Management		
			obbyist, spouse, or	Amou	int of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliou	int of Contribution
If yes, indicate which branch or branches of			x _{No}		
government the contract is with: Executive Legislative	_				
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	08/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Bimonte		Gary			0024
Residential Street Address	City			State	Zip Code
7 Riverside Dr		Wallingford		СТ	06492
Principal Occupation		Name of Employ	er		
Owner		Frank	Pepe Development Co		
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a followist:		
government the contract is with:			x No		
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
Ŭ No l□ □	05/	09/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Vesco		Mark			0025
Residential Street Address	City			State	Zip Code
9 School Brook Ln		Rockville		СТ	06066
Principal Occupation		Name of Employ	er		-
Retired		1.47			
		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	Date		. 1561-5ate Contributions		
X No Cash Personal Check	05 /	00/2017	#3F 00		¢25.00
If yes, list Event # Money Order X Credit/Debit Card	05/	09/2017	\$25.00		\$25.00

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I. MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Joe Visconti CT	July 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Muskatello		James		М	0004
Residential Street Address	City			State	Zip Code
51 W Pines Dr		Southington		СТ	06489
Principal Occupation		Name of Employ	er		
Dev. Eng.			s-Medical		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		aepenaem emia (x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No	05/	14/2017	\$50.00		\$50.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Knibbs		Timothy		Α	0005
Residential Street Address	City			State	Zip Code
22 Zwicks Farm Rd	<u> </u>	Plantsville		СТ	06479
Principal Occupation		Name of Employ	er		
Preloader		UPS	11 1 · ·		ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:					
an event reported in Section J1?		Received	Aggregate Contributions		
X No Cash X Personal Check	05/	15/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Knickerbocker		Richard			0026
Residential Street Address	City			State	Zip Code
110 Capen St		Windsor		CT	06095
Principal Occupation		Name of Employ			
Office Attendent			nere Woods		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	22/2017	\$25.00		\$25.00
I you, is Event					
Last Name	First			MI	Contribution ID #
Wassmer		Ron			0027
Residential Street Address	City	No. 1 III i		State	Zip Code
1398 Millbrook Rd	<u> </u>	Middletown		СТ	06457
Principal Occupation Engineer Surveyor		Name of Employ	er vil Group		
			-1.1	Amou	ant of Contribution
Yes X N	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Credit/Debit Card	05/	23/2017	\$50.00		\$50.00

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Joe Visconti CT					
B. Itemized Contributions from	_	lividuals		,	
Last Name Wassmer	First	Karen		MI	Contribution ID # 0028
Residential Street Address	City			State	Zip Code
1398 Millbrook Rd		Middletown		СТ	06457
Principal Occupation		Name of Employ	er	ļ.	
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Cash Personal Check					
If yes, list Event # \tag{X} No \tag{No Money Order} \tag{X} \tag{Credit/Debit Card}	05/	23/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Concepcion		Maria			0006
Residential Street Address	City			State	Zip Code
65-01 Meetinghouse Vlg		Meriden		СТ	06450
Principal Occupation		Name of Employ	er		
Retired					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			36 -6		
If yes, list Event # Cash X Personal Check Money Order	06/	19/2017	\$5.00		\$5.00
				l	
Last Name	First	11		MI	Contribution ID #
Concepcion Residential Street Address	City	Hector		State	0007 Zip Code
65-01 Meetinghouse VIg	City	Meriden		CT	06450
Principal Occupation		Name of Employ	er	<u> </u>	
Retired					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes indicate which branch or branches of		dependent child of	n a lobbyist:		
government the contract is with:			x No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/	19/2017	\$5.00		\$5.00
If yes, list Event #	00,	13, 201,	45.55		
Last Name	First			MI	Contribution ID #
Santos		Manuel		Α	8000
Residential Street Address	City			State	Zip Code
216 Oxford Ct		Meriden		СТ	06450
Principal Occupation		Name of Employ			
Analyst Is contributor a principal of a state contractor or prospective state contractor? Yes X No.			d Health Group obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	·		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Credit/Debit Card	06/	23/2017	\$30.00		\$30.00

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Joe Visconti CT					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Mirkhani		Paul		Α	0011
Residential Street Address	City			State	Zip Code
11 Caesar St	L	Norwalk		СТ	06851
Principal Occupation Accountant		Name of Employ IRM	er		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash No Cash No Money Order Credit/Debit Card	06/	25/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Корр		Wyatt			0031
Residential Street Address	City	<u> </u>		State	Zip Code
132 Great Neck Rd		Waterford		СТ	06385
Principal Occupation		Name of Employ	er	-	•
Law Clerk		Dubic	ki & Camassar, LLP	-	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna c	x No		
Is this contribution associated with Method of contribution:					
an event reported in Section J1? Yes Cash Personal Check					
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	06/	26/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Mackenzie		Cameron			0029
Residential Street Address	City			State	Zip Code
132 Great Neck Rd	<u> </u>	Waterford		СТ	06385
Principal Occupation		Name of Employ			
Court Clerk			dicial Branch		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	26/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Wium		Norman			0012
Residential Street Address	City			State	Zip Code
972 Wolf Hill Rd		Cheshire		СТ	06410
Principal Occupation		Name of Employ			
Owner			Coast Mech		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash X Personal Check If yes, list Event # Card Order Credit/Debit Card	06/	27/2017	\$100.00		\$100.00

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L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Joe Visconti CT	July 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Szypulski		Stephen		G	0013
Residential Street Address	City			State	Zip Code
84 Isabelle Dr		Meriden		СТ	06450
Principal Occupation		Name of Employ	er		
HVAC			tar Supply Co		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash X Personal Check	06/	27/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Wium		Dana		Е	0009
Residential Street Address	City			State	Zip Code
268 Redwood Ln		Cheshire		СТ	06410
Principal Occupation		Name of Employ	er		
Office Manager			Coast Mechanical Inc		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/	27/2017	\$100.00		\$100.00
If yes, list Event #	00,		Ψ100.00	<u> </u>	
Last Name	First			MI	Contribution ID #
Mirkhani		Peter		С	0010
Residential Street Address	City			State	Zip Code
371 Chestnutland Rd		New Milford		СТ	06776
Principal Occupation		Name of Employ	er		
Technical Mgr		Akzo	Nobel		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child (x No		
government the contract is with: Executive Legislative		p : 1			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/	27/2017	\$100.00		\$100.00
If yes, list Event #	00/	27/2017	¥100.00		———
Last Name	First			MI	Contribution ID #
Zeligzon		Rafael			0030
Residential Street Address	City			State	Zip Code
430 Burnside Ave		East Hartford	I	СТ	06108
Principal Occupation		Name of Employ	er		
Owner		The D	rain Medic		_
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date		op-ogate continuations		
X No	06/	28/2017	\$50.00		\$50.00
If yes, list Event #	Ī			I	

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Total of Section B	\$2,150.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)	\$2,150.00
I. MONETARY RECEIPTS (Section A-I)	

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									PORT		
Joe Visconti CT								July 10 Filing - O	riginal		
C1. Contributions from Other Committees											
Name of Committee Name of Treasurer											
Address	Is this contribution associated with an Yes No event reported in Section J1?								0	Amount of Contribution	
City		State	Zip Co	de	Date R	If yes, list Event # eceived A	Aggregate Cont	ributions			
Total of Section C1											
	I. MONE	ΓARY	RECE	EIPTS (S	Section A	A-I)					
NAME OF COMMITTEE								TYPE OF REPO	RT		
Joe Visconti CT							July 10 F	Filing - Original			
C	2. Reimbursements o	r Surpli	ıs Dist	tributions	s from ot	her Committees					
Name of Committee						Name of Treasurer					
Address							Date Receiv	ed		Amount of Receipt	
City	State Zip Code Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee										
Expenditure #	Description										
							Т	otal of Section C	C2		

	I. MONI	ETARY RECEIP	TS (Section A-I)					
NAME OF COMMITTEE					TYP	E OF REPORT		
Joe Visconti CT					July 10 Fi	ling - Original		
	D. Loan	s Received this Per	iod					
Name of Lender			Source of Loan:				Date of Receipt	
			Bank Candi	date	Indivi	dual Other		
Street Address		City	•		Sta	te Zip Code	Is there a cosigner or Guarantor of this loan?	
							Yes No	
Name of Cosigner/Guarantor (if applic	able)						Amount Received	
Street Address		City			Sta	zip Code		
		<u> </u>				Total of Section	n D	
·								
I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE TYPE OF REPORT							ORT	
Joe Visconti CT					Jı	ıly 10 Filing - Original		
E. Personal	Funds of the Candidate Rec	eived this Period (C	Candidate Committee	es ONL	Y)			
Date of Receipt	Method of Payment Cash	Personal Check	Credit/Debi	t Cord			Amount	
	Casii	Tersonal Cheek	CiculoBeol	t Card				
					Total	of Section E		
	I. Mo	onetary Receipts (Section A-I)					
NAME OF COMMITTEE						TYPE OF REPO	RT	
Joe Visconti CT					July 1	10 Filing - Original		
	G. Interest fro	m Deposits in Auth	orized Accounts					
Name of Institution				Da	nte Receive	d	Amount	
Street Address		City		State	2	Zip Code	-	
						Total of Section G		

Total of Section I

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE			ГҮРЕ OF REPORT	,					
Joe Visconti CT		July	10 Filing - Original						
H. Public Grant	Funds Received from the Citizens' Election Fun	nd							
Purpose of Grant:	Grant Cycle:		Date Received	Amount					
Initial Grant Adjustment	Primary General Election Spec	cial Election							
Supplemental/Post Election Deficit									
Total of Section H									
			•						
I.	MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE			TYPE OF REPOR	EPORT					
Joe Visconti CT		July	10 Filing - Original						
I. Miscellaneo	ous Monetary Receipts not Considered Contrib	utions							
Name		Date	of Transaction	Amount Received					
Street Address	City	State	Zip Code						
Description	,		•						

	II. EVENT	T ACTIVITY	(Sections J	1 - J4)						
NAME OF COMMITTEE (Provide	Complete Name as Regi	stered with Com	mission)				ТҮРЕ (OF REF	ORT	
Joe Visconti CT							July 10 Filing - Or	riginal		
	J1	. Event Inforn	nation							
Event # Date of Event 04/29/2017	Description Other Event							Was th	is a fundra	ising event?
Location: Street Address 1 Clifton Ave						City West Hart	tford		State CT	Zip Code 06107
Was this event hosted at a personal residence? X Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.										
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. No										
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.) X No \$0.00							\$0.00			
Total of Section J1 \$0.00										
	II.EV	ENT ACTIV	ITY (Section	ns J1 - J	J4)					
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered with Com	nmission)				TYPE OF	REPOF	RT	
Joe Visconti CT						Ju	ıly 10 Filing - Origin	al		
	J3. In-Kind Donat	ions Not Consi	idered Contr	ibutions		<u> </u>				
Name of the Donor										
Street Address				City					State	Zip Code
Donation Given by:	Description of Donation									arket Value of Donation
Individual		·			1			_	1	Sonation
Business Entity	Date Received	Event #			Ag	gregate value	for this event			
Sole Proprietorship										
							Total of Section	1 J3		

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	II.	EVENT	Γ ACTIV	ITY (Secti	ions J1	- J4)					
NAME OF COMMITTEE (Provide	Complete Name as Regi	istered wi	ith Commiss	sion)				TYPE OF RE	PORT		
Joe Visconti CT								July 10 Filing - Origin	al		
J4. In-Kii	nd Donations Not Co	nsidere	d Contribi	utions Asso	ciated w	ith a Hou	se Party	7			
Name of Host Joe Visconti						Is	this event s	X No		emization in	
Street Address 1 Clifton Ave					City West H	Hartford		Adden	State CT	Zip Code 06107	
Description of Donation Medium Pizzas										Market Value of Donation	
Event # 04292017A	Aggregate value of this Eve	nt - all hosts	s	\$40.00	Aggregate value of all Events - this host/candidate			- this host/candidate \$40.00		\$40.00	
							7	Total of Section J4		\$40.00	
	III. NONN	MONET	ΓARY RE	ECEIPTS	(Sectio	ns K - L)					
NAME OF COMMITTEE (Provide O	Complete Name as Regi	stered wi	th Commiss	sion)				TYPE OF RE	PORT		
Joe Visconti CT							July 1	0 Filing - Original			
	K. I	n-Kind (Contributi	ions			,				
Name											
Street Address						City			State	Zip Code	
Is this contribution associated with an event reporte Section J1?	ed in Ye:		Description	of In-Kind Cont	ribution				·		
If yes, list Event# Is Contributor a lobbyist, spouse, or dependent chil of a lobbyist?	d Yes	contracto		al of a state contra ich branch or bran ntract is with:	-		xecutive	Yes No Legislative		arket Value of this Contribution	
Type of Contributor:				Date Received	i		Aggre	gate contributions			
Individual Com	mittee	Sole Propri	ietorship	<u> </u>					 		
								Total of Section K			

III. Non Monetary Receipts (Sections K - L)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT				
Joe Visconti CT				July 10 Filing -	Original			
L. Refundable Deposit to Telephone Company								
Last Name of Individual		First Name		MI	Date I	Deposit Made		
Residential Street Address	Cit	ty	State	Zip Code		Amount of Deposit		
Name of Telephone company								
Street Address	City		State	Zip Code				
				Total of So	ection L			

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	F REPORT				
Joe Visconti CT				July 10 Filing - C	ng - Original				
	N. Expenses Paid By Com	mittee							
Name of Payee WEBSTER BANK MERCH	SERV		Date of Payr 05/03/20		X D	yment heck # ebit Card FT			
Street Address 65 Lasalle Rd		City West Hartford			State CT	Zip Code 06107			
Purpose of Expend BNK	Description Merchant Services Fee For Credit Card Acceptance Through		Amount						
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	\$6.96								
Name of Payee Date of Payment MATTHEW O'BRIEN 05/12/2017					Method of Payment X Check # 93 Debit Card EFT				
Street Address 3400 Main St		City Coventry			State CT	Zip Code 06238			
Purpose of Expend RMB	Description Reimbursement to Treasurer for various pre-account openi	ng expenses				Amount			
which reimbursement is sough		enditure # pplicable)	Event #	ŧ		\$273.05			
Name of Payee KEITH JAMES			Date of Pays		X D	yment heck # ebit Card FT			
Street Address 706 Prospect Ave		City West Hartford			State CT	Zip Code 06107			
Purpose of Expend EFV *	Description Telephone Purchase					Amount			
which reimbursement is soug	— 1 45	enditure # pplicable)	Event #	ŧ		\$400.00			

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		TYPE O	F REPORT					
Joe Visconti CT			July 10 Filing - O	g - Original					
	N. Expenses Paid By Comm	ittee							
Name of Payee BARTACO			te of Payment	ı =	neck #				
Street Address 971 Farmington Ave		City West Hartford		State CT	Zip Code 06107				
Purpose of Expend FOOD	Description				I Amount				
Is this expenditure coordinate which reimbursement is soughtfy yes, assign an Expenditure	— I	nditure # plicable)	Event#		\$30.46				
Name of Payee Facebook.com	Method of Payment Check # X Debit Card EFT								
Street Address 1 Hacker Way		City Menlo Park		State CA	Zip Code 94025				
Purpose of Expend A-WEB	Description				Amount				
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	— I	nditure # plicable)	Event #		\$50.05				
Name of Payee GoDaddy.com			te of Payment 5/15/2017	ı =	neck #				
Street Address 14455 N Hayden Rd		City Scottsdale		State AZ	Zip Code 85260-6993				
Purpose of Expend WEB	Description				Amount				
which reimbursement is soug		nditure # plicable)	Event #		\$59.31				

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	F REPORT				
Joe Visconti CT			July	y 10 Filing - C	Original				
	N. Expenses Paid By Comm	ittee							
Name of Payee BUSINESS SOLUTIONS 1	101		Date of Paymen 05/15/2017			neck# <u>92</u> ebit Card			
Street Address 128 Fitzgerald Rd		City Brooklyn	•		State CT	Zip Code 06234			
Purpose of Expend PRNT	Description Donations Forms Printing					Amount			
Is this expenditure coordinate which reimbursement is soughtful types, assign an Expenditure	— I	diture # dicable)	Event#			\$216.53			
Name of Payee Date of Payment O5/15/2017						Method of Payment Check # X Debit Card EFT			
Street Address 14455 N Hayden Rd		City Scottsdale			State AZ	Zip Code 85260-6993			
Purpose of Expend WEB	Description					Amount			
Is this expenditure coordinate which reimbursement is soughtful types, assign an Expenditure	— I	diture # dicable)	Event#			\$32.53			
Name of Payee Amazon.com			Date of Paymen 05/15/2017		1 =	neck# ebit Card			
Street Address 410 Terry Ave N		City Seattle			State WA	Zip Code 98109			
Purpose of Expend EFV *	Description cellular phone case					Amount			
which reimbursement is soug	= 1	diture # licable)	Event#			\$10.62			

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ С	YPE OF REPORT			
Joe Visconti CT				July 10 Filing - 0	Original			
	N. Expenses Paid By Comm	ittee						
Name of Payee Bridgeport RTC			Date of Payr		1 —	neck # <u>95</u> ebit Card		
Street Address 60 Crown St		City Bridgeport			State CT	Zip Code 06610		
Purpose of Expend CNTRB	Description Bridgeport RTC Donation					Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	\$50.00							
Name of Payee Date of Payment Facebook.com 05/22/2017					Method of Payment Check # X Debit Card EFT			
Street Address 1 Hacker Way		City Menlo Park			State CA	Zip Code 94025		
Purpose of Expend A-WEB	Description					Amount		
which reimbursement is sough		diture# slicable)	Event #	ŧ		\$25.32		
Name of Payee BUSINESS SOLUTIONS 1	101		Date of Payr		1 —	neck# <u>94</u> ebit Card		
Street Address 128 Fitzgerald Rd		City Brooklyn			State CT	Zip Code 06234		
Purpose of Expend PRNT	Description Printing of donation packets and envelopes					Amount		
which reimbursement is soug		diture # slicable)	Event #	ŧ		\$187.89		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission	n)		ТҮРЕ О	YPE OF REPORT			
Joe Visconti CT				July 10 Filing - C	ing - Original			
	N. Expenses Paid By Co	mmittee						
Name of Payee WEBSTER BANK			Date of Payr 05/31/20		X Do	rment neck # ebit Card		
Street Address 65 Lasalle Rd		City West Hartford	ı		State CT	Zip Code 06107		
Purpose of Expend BNK	Description Monthly Serv Chg					Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	\$21.95							
Name of Payee Date of Payment Facebook.com 06/01/2017						Method of Payment Check # Debit Card EFT		
Street Address 1 Hacker Way		City Menlo Park			State CA	Zip Code 94025		
Purpose of Expend A-WEB	Description					Amount		
which reimbursement is sough		Expenditure # (if applicable)	Event #	#		\$19.12		
Name of Payee TOWNLINE DINER			Date of Pays 06/01/20		I =	neck# ebit Card		
Street Address 80 Town Line Rd		City Rocky Hill			State CT	Zip Code 06067		
Purpose of Expend FOOD	Description					Amount		
Is this expenditure coordinate which reimbursement is sough If yes, assign an Expenditure	— — — — — — — — — — — — — — — — — — —	Expenditure # (if applicable)	Event #	<i>-</i>		\$30.35		

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	PE OF REPORT				
Joe Visconti CT				July 10 Filing - C	Original				
	N. Expenses Paid By Com	mittee							
Name of Payee GoDaddy.com			Date of Payr		1 =	neck # ebit Card			
Street Address 14455 N Hayden Rd		City Scottsdale			State AZ	Zip Code 85260-6993			
Purpose of Expend WEB	Description					Amount			
which reimbursement is sough		penditure # applicable)	Event #	1		\$5.04			
Name of Payee SUPREME GAS Date of Payment 06/02/2017						Method of Payment Check # X Debit Card EFT			
Street Address 141 Park Rd		City West Hartford			State CT	Zip Code 06119			
Purpose of Expend TRVL	Description					Amount			
which reimbursement is sough	— I	penditure # applicable)	Event #			\$50.00			
Name of Payee GoDaddy.com			Date of Payr		1 =	neck # ebit Card			
Street Address 14455 N Hayden Rd		City Scottsdale			State AZ	Zip Code 85260-6993			
Purpose of Expend WEB	Description					Amount			
which reimbursement is sough	□ 1 as	penditure # applicable)	Event #			\$5.04			

	IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	F REPORT		
Joe Visconti CT				July 10 Filing - C	Original		
	N. Expenses Paid By Com	nittee					
Name of Payee Cafeteria Services - Con	necticut General Assembly		Date of Pays 06/06/20		1 =	neck # ebit Card	
Street Address 300 Capitol Ave		City Hartford			State CT	Zip Code 06106	
Purpose of Expend FOOD	Description					Amount	
which reimbursement is sous		enditure # pplicable)	Event #	ŧ		\$1.97	
Name of Payee WEBSTER BANK	Method of Payment Check # Debit Card EFT						
Street Address 65 Lasalle Rd		City West Hartford			State CT	Zip Code 06107	
Purpose of Expend BNK	Description NSF					Amount	
which reimbursement is sough		enditure # pplicable)	Event #	ŧ		\$37.00	
Name of Payee WEBSTER BANK			Date of Pays 06/13/20		1 =	neck # ebit Card	
Street Address 65 Lasalle Rd		City West Hartford			State CT	Zip Code 06107	
Purpose of Expend BNK	Description NSF					Amount	
which reimbursement is sough	— 1 40	enditure # pplicable)	Event #	±		\$37.00	

	IV. EXPENDITURE	ES (Sections N - S	5)			
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commiss	sion)		TYPE O	F REPORT	ſ
Joe Visconti CT				July 10 Filing - O	riginal	
	N. Expenses Paid By (Committee				
Name of Payee WEBSTER BANK			Date of Payr		X I	nyment Check # Debit Card EFT
Street Address 65 Lasalle Rd		City West Hartfor	rd		State CT	Zip Code 06107
Purpose of Expend Description Overdraft Fees - June 2017 BNK						Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # Event # (if applicable)						\$30.00
Name of Payee ANEDOT LLC Date of Payment 06/30/2017						nyment Check # Debit Card EFT
Street Address 438 Main St		City Baton Rouge	2		State LA	Zip Code 70801
Purpose of Expend BNK	Description Credit Card Processing Transaction Fees 4/1/17 - 6/30	0/17				Amount
which reimbursement is sough	ed with another candidate for	Expenditure # (if applicable)	Event #			\$50.66
Name of Payee Date of Payment WEBSTER BANK 06/30/2017						nyment Check # Debit Card EFT
Street Address 65 Lasalle Rd		City West Hartfor	rd		State CT	Zip Code 06107
Purpose of Expend BNK	Description Monthly Service Charge					Amount
Is this expenditure coordinate which reimbursement is sough If yes, assign an Expenditure		\$21.95				
				Total of S	Section N	\$1.652.80

	IV.	EXPENDITURES (Sect	tions N - S)					
NAME OF COMMITTE	EE (Provide Complete Name as Re	egistered with Commission)				TYPI	E OF REPO	RT
Joe Visconti CT						July 10 Filing -	Original	
	O. Expe	nses Paid By Candidate						
Name of Payee (Name of vendor	who candidate paid directly)			Date of	f Paymer	nt	Is Reimbursem	ent Claimed?
Cumberland Farms				05/20	0/2017	,		Yes X No
Street Address 1290 W Broad St		City Stratford	State CT		Zip Code 06615	•		Amount
Purpose of Expenditure (by code)	Description Gasoline Expense For Campaign	n Travel	•	Event #	:			\$20.00
IKVL								\$20.00
Name of Payee (Name of vendor Citgo	who candidate paid directly)			1	f Paymer 9/2017		Is Reimbursem	ent Claimed? Ves X No
Street Address 178 Park Rd		City West Hartford	State CT		Zip Code 06119	>		Amount
Purpose of Expenditure (by code)	Description Gasoline Expense For Campaign	n Travel		Event #				¢20.00
TRVL								\$30.00
Name of Payee (Name of vendor	who candidate paid directly)				f Paymer 7/2017		Is Reimbursem	ent Claimed?
Street Address 398 Center St		City Wallingford	State CT	- 1	Zip Code 06492	;		Amount
Purpose of Expenditure (by code)	Description Gasoline For Campaign Travel			Event #				
TRVL	Casonie i or Campaign Travel							\$25.00
				<u> </u>		Total	of Section O	\$75.00

	IV. EXPENDITURE	ES (Sections N -	S)			
NAME OF COMMITTEE (F	Provide Complete Name as Registered with	Commission)		TYPE OF I	REPORT	
Joe Visconti CT				July 10 Filing - Origina	al	
	P. Expenses Incurred on	n Committee Cred	it Card	•		
Name of Issuing Institution			Type of Credit Card: Visa ! Other	Master Card Discove	er	American Express
Name of Vendor					Date of Tra	nsaction
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description					Amount
Is this expenditure coordinated w which reimbursement is sought? If yes, assign an Expenditure # ar	ith another candidate for Id complete Itemization in Addendum	Yes No	Expenditure # (if applicable)	Event #		
				Total of Section I	?	

NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commission	1)		ТҮРЕ О	F REPORT		
Joe Visconti CT				July 10 Filing - Orig	ginal		
	Q. Expenses Incurred By Committee but No	t Paid During this	Period				
Name of Creditor George Flonnes					Date Incurre		
Street Address		City			State	Zip Code	
6 Spur Ln Newington						06111	
Purpose of Expenditure (by code) Description					Amount Incurred (Estimate or Actual)		
TRVL	Valero Gas Expense						
reimbursement is sought?	with another candidate for which Yes X No and completes Itemization in Addendum Q	Expenditure # (if applicable)	Event #			\$45.09	
Name of Creditor Hector Concepcion			•		Date Incurre		
Street Address		City			State	Zip Code	
398 S Main St Fl 2		Wallingford			СТ	06492	
Purpose of Expenditure (by code)	Description Lenny's On The Beach - Restaurant					unt Incurred ate or Actual)	
Is this expenditure coordinated reimbursement is sought?							
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q				\$39.56		

IV. EXPENDITURES (Sec	tions N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission	n)	TYPE OI	F REPORT			
Joe Visconti CT		July 10 Filing - Orig	inal			
Q. Expenses Incurred By Committee but Not Paid During this Period						
Name of Creditor George Flonnes	Date Incurre					
Street Address 6 Spur Ln	State	Zip Code 06111				
Purpose of Expenditure (by code) Citgo Gas Expense TRVL				unt Incurred ate or Actual)		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q		\$30.22				
		Total of Section Q		\$114.87		

		IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTE	E (Provide Complete N	ame as Registered with Comm	nission)			TYPE OF RE	EPOR	Т	
Joe Visconti CT						July 10 Filing - Original			
	R. Itemizatio	on of Reimbursements and	l Secondary Pa	iyees					
Last Name of Westers (Consultant							Paym	nent to Re	imburse Committee
Last Name of Worker/Consultan	t	First		MI		of Payment to Vendor	-	er/Consu	Itant as reported in
O'Brien		Matthew			04/	09/2017		x Chec	k# 93
								Debit	t Card
								EFT	
Name of Vendor Paid by Comm GoDaddy.com	uttee Worker/Consultant		_					_	
Street Address of Vendor 14455 N Hayden Rd			City Scottsdale					State AZ	Zip Code 85260
Purpose of Expenditure (by code) WEB	Description joeviscontict.com regi	stration					Į.		
Is this expenditure coordinated which reimbursement is sought? If yes, assign an Expenditure # a		Yes X No	Expenditure # (if applicable)			Event#			Amount \$11.34
Last Name of Worker/Consultan	t	First		MI	Date	of Payment to Vendor	-		imburse Committee
O'Brien		Matthew				09/2017	Section		Itant as reported in
								X Chec	k# 93
							L	=	t Card
Name of Vendor Paid by Comm WordPress	uittee Worker/Consultant						L	EFT	
Street Address of Vendor 60 29th St # 343			City San Francisco					State CA	Zip Code 94110
Purpose of Expenditure (by code) WEB	Description WordPress Premium S	Subscription							
Is this expenditure coordinated which reimbursement is sought?		Yes	Expenditure # (if applicable)			Event #			Amount
If yes, assign an Expenditure # a	and completes Itemization in Ac	X No							\$99.00

		IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTE	EE (Provide Complete N	Jame as Registered with Comr	nission)			TYPE OF RI	EPOR	T	
Joe Visconti CT						July 10 Filing - Original			
	R. Itemizatio	on of Reimbursements and	l Secondary Pa	ayees					
Last Name of Worker/Consultar						of Payment to Vendor 09/2017	Wor	ker/Consuion N:	imburse Committee Iltant as reported in Ek # 93
Name of Vendor Paid by Committee Worker/Consultant USPS]	EFT		
Street Address of Vendor 9 Charles Way			City Storrs					State CT	Zip Code 06268
Purpose of Expenditure (by code) Misc *	Description Post Office Box #784	Rental (6 mos) Storrs, CT					•		
Is this expenditure coordinated which reimbursement is sought' If yes, assign an Expenditure #	?	Yes X No	Expenditure # (if applicable)			Event#			Amount \$61.00
Last Name of Worker/Consultar O'Brien	nt	First Matthew		MI		of Payment to Vendor	Wor	ker/Consuion N:	cimburse Committee ciltant as reported in cik# 93 t Card
Name of Vendor Paid by Comn Dunkin Donuts	nittee Worker/Consultant								
Street Address of Vendor 365 Capitol Ave City Hartford State Zip Code CT 06106									
Purpose of Expenditure (by code) FOOD	Description Breakfast Coffee - (ca	andidate with a donor)							
Is this expenditure coordinated which reimbursement is sought' If yes, assign an Expenditure #	?	Yes X No	Expenditure # (if applicable)			Event #			Amount \$4.46

]	IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTEE	(Provide Complete N	ame as Registered with Comn	nission)			TYPE OF RE	EPORT	Т	
Joe Visconti CT						July 10 Filing - Original			
	R. Itemizatio	n of Reimbursements and	l Secondary Pa	ıyees					
Last Name of Worker/Consultant		First		MI	Date	of Payment to Vendor	Work	cer/Consul	imburse Committee Itant as reported in
O'Brien		Matthew			04/	19/2017	Section	_	
							Г	X Checl	
							Г	Debit	Card
Name of Vendor Paid by Committee Worker/Consultant									
Hartford Parking Authority	у								
Street Address of Vendor			City				s	State	Zip Code
11 Asylum St Hartford							(СТ	
Purpose of Expenditure	Description parking meter - state	capitol							
Is this expenditure coordinated wit which reimbursement is sought?	th another candidate for	Yes	Expenditure # (if applicable)			Event #			Amount
If yes, assign an Expenditure # and	d completes Itemization in Ad	X No							\$3.00
Last Name of Worker/Consultant		First		MI	Date	of Payment to Vendor	-		imburse Committee
O'Brien		Matthew			04/	24/2017	Section		num us reported in
								X Checl	k# 93
								Debit	Card
Name of Vendor Paid by Committe	was Washani Cananakan							EFT	
Walmart	tee worker/Consultant						_	_	
Street Address of Vendor			City				s	State	Zip Code
420 Buckland Hills Dr			Manchester				(СТ	06042
Purpose of Expenditure	Description Purchase of envelopes	s & binders for recordkeeping							
Is this expenditure coordinated wit which reimbursement is sought?	th another candidate for	Yes	Expenditure # (if applicable)			Event #			Amount
If yes, assign an Expenditure # and	d completes Itemization in Ad	X No	, ,,						\$9.15

		IV. EXPENDITURES	(Sections N -	S)						
NAME OF COMMITTE	E (Provide Complete N	ame as Registered with Comr	mission)			TYPE OF RE	EPORT	Γ		
Joe Visconti CT						July 10 Filing - Original				
	R. Itemizatio	on of Reimbursements and	d Secondary Pa	ayees						
Last Name of Worker/Consultant	1	First		MI	Date	of Payment to Vendor			imburse Committee Itant as reported in	
O'Brien		Matthew			05/	01/2017	Section	on N:		
								_	k# 93	
							Debit Card			
Name of Vendor Paid by Committee Worker/Consultant GoDaddy.com							<u> </u>	EFT		
Street Address of Vendor 14455 N Hayden Rd			City Scottsdale					State AZ	Zip Code 85260-6993	
Purpose of Expenditure (by code) WEB Description email registration										
Is this expenditure coordinated w which reimbursement is sought?		Yes X No	Expenditure # (if applicable)			Event#			Amount \$5.04	
Last Name of Worker/Consultant	<u> </u>	First	<u> </u>	MI	Data	of Payment to Vendor			imburse Committee	
O'Brien		Matthew		WII		03/2017	Work Section		Itant as reported in	
								X Check	k# 93	
								Ξ .	t Card	
Name of Vendor Paid by Commi GoDaddy.com	ittee Worker/Consultant							EFT		
Street Address of Vendor 14455 N Hayden Rd			City Scottsdale					State AZ	Zip Code 85260	
Purpose of Expenditure (by code) WEB	Description email registration									
Is this expenditure coordinated w which reimbursement is sought?	vith another candidate for	Yes	Expenditure # (if applicable)			Event #			Amount	
If yes, assign an Expenditure # an	nd completes Itemization in Ac	X No	(TF						\$5.04	

		IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTE	EE (Provide Complete N	fame as Registered with Comr	nission)			TYPE OF RI	EPOR	T	
Joe Visconti CT						July 10 Filing - Original			
	R. Itemizatio	on of Reimbursements and	l Secondary Pa	iyees					
Last Name of Worker/Consultant O'Brien MI Date of Payme 05/03/201					of Payment to Vendor	Worl Secti	ker/Consuion N:	imburse Committee Itant as reported in k # 93 t Card	
Name of Vendor Paid by Committee Worker/Consultant WordPress							<u> </u>	EFT	
Street Address of Vendor 60 29th St # 343			City San Francisco					State CA	Zip Code 94110
Purpose of Expenditure (by code) WEB Description basic managed wordpress subscription									
Is this expenditure coordinated which reimbursement is sought If yes, assign an Expenditure #	?	Yes X No	Expenditure # (if applicable)			Event #			Amount \$12.30
Last Name of Worker/Consultar O'Brien	nt	First Matthew		MI		of Payment to Vendor	Worl Secti	ker/Consu ion N:	imburse Committee Itant as reported in k # 93 t Card
Name of Vendor Paid by Comm GoDaddy.com	nittee Worker/Consultant								
Street Address of Vendor 14455 N Hayden Rd									
Purpose of Expenditure (by code) WEB	Description .org, private domain I	reg							
Is this expenditure coordinated which reimbursement is sought If yes, assign an Expenditure #	?	Yes X No	Expenditure # (if applicable)			Event #			Amount \$39.53

		IV. EXPENDITURES	(Sections N -	S)				
NAME OF COMMITTE	EE (Provide Complete N	ame as Registered with Comn	nission)			TYPE OF RE	PORT	
Joe Visconti CT						July 10 Filing - Original		
	R. Itemizatio	on of Reimbursements and	l Secondary Pa	iyees				
Last Name of Worker/Consultan	First MI Date of Payment to Vendor W					Worker/G Section N		
Name of Vendor Paid by Comm GoDaddy.com	nittee Worker/Consultant						<u></u>	Lit
Street Address of Vendor 14455 N Hayden Rd			City Scottsdale				Stat AZ	•
Purpose of Expenditure (by code) WEB	Description private domain reg (.0	com)						
Is this expenditure coordinated which reimbursement is sought. If yes, assign an Expenditure # a	?	Yes X No Idendum R	Expenditure # (if applicable)			Event #		Amount \$15.24
Last Name of Worker/Consultan	nt	First Matthew		MI		of Payment to Vendor 05/2017	-	l
Name of Vendor Paid by Comm GoDaddy.com	nittee Worker/Consultant			!		-		
Street Address of Vendor 14455 N Hayden Rd			City Scottsdale				Stat AZ	·
Purpose of Expenditure (by code) WEB	Description private domain reg (net)						
Is this expenditure coordinated which reimbursement is sought		Yes	Expenditure # (if applicable)			Event #		Amount
If yes, assign an Expenditure # a	and completes Itemization in Ac	X No						\$7.95
						Total of Section R		\$273.05

IV. EXPENDITURES (Sectuibs N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT		
Joe Visconti CT			July 10 F	July 10 Filing - Original		
S. Surplus Distribution of Equipment and Furniture						
Name of Recipient						
Street Address	City		State	Zip Code	Original Purchase Amount of Item	
Description of Item						
Total of Section S						
Section J4. ADDENDUM						
NAME OF COMMITTEE				TYPE OF REPORT		
J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum						
Event #						
Name of Candidate						
Section N. ADDENDUM						
NAME OF COMMITTEE				TYPE OF REPORT		
N. Expenses Paid By Committee - Addendum						
Expenditure #			Amount of	Expenditure		
Name of Candidate		Office Sought				

Section P. ADDENDUM						
NAME OF COMMITTEE	TYPE OF REPORT					
P. Expenses Incurred on Committee Credit Card - Addendum						
Expenditure #	Amount of Expenditure					
Name of Candidate	Office Sought					
Section Q. ADDENDUM						
NAME OF COMMITTEE	TYPE OF REPORT					
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum						
Expenditure #	Amount of Expenditure					
Name of Candidate	Office Sought					
Section R. ADDENDUM						
NAME OF COMMITTEE	TYPE OF REPORT					
R. Itemization of Reimbursements and Secondary Payees - Addendum						
Expenditure #		Amount of Expenditure				
Nama of Candidata	I	Office Sought				