

**SEEC FORM 30**

## Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015



Electronic Filing

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Page 1 of 36

**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
<b>Joe Visconti CT</b>				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
First <b>Matthew</b>		MI <b>D</b>	Last <b>O'Brien</b>		Suffix <b>Jr</b>
4. TREASURER ADDRESS					
Street Address <b>3400 Main St</b>		City <b>Coventry</b>		State <b>CT</b>	Zip Code <b>06238</b>
5. ELECTION DATE <b>11/06/2018</b>		6. OFFICE SOUGHT (Complete only if Candidate Committee) <b>Governor</b>			7. DISTRICT NUMBER (if applicable)
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Joseph</b>		MI <b>B</b>	Last <b>Visconti</b>		Suffix
9. TYPE OF REPORT <b>July 10 Filing - Original</b>					
10. PERIOD COVERED					
Beginning Date                      Ending Date  <b>04/09/2017</b> thru <b>06/30/2017</b>					
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
<b>Electronic Filing</b> SIGNATURE		<b>Matthew O'Brien</b> PRINT NAME OF THE SIGNER		<b>07/10/2017 8:37:57AM</b> DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

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

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original

**A. Total Contributions from Small Contributors-Received this Period ONLY**For Nonparticipating Candidates ONLY  
**\$0.00****B. Itemized Contributions from Individuals**

Last Name O'Brien Jr		First Matthew		MI D	Contribution ID # 0001
Residential Street Address 3400 Main St		City Coventry		State CT	Zip Code 06238
Principal Occupation Financial Advisor		Name of Employer Edward Jones Investments			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 04/19/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Rosenblit		First Linda		MI D	Contribution ID # 0002
Residential Street Address 23 Clifford Dr		City West Hartford		State CT	Zip Code 06107
Principal Occupation Homemaker		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/24/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Rosenblit		First Seth		MI E	Contribution ID # 0003
Residential Street Address 23 Clifford Dr		City West Hartford		State CT	Zip Code 06107
Principal Occupation Business Owner		Name of Employer Rosenblit Enterprises, LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/24/2017	Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Salomone</b>		First <b>Frank</b>		MI	Contribution ID # <b>0014</b>
Residential Street Address <b>30 Putnam Park</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830</b>
Principal Occupation <b>Financial Services</b>		Name of Employer <b>Segal Marco Advisors</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/05/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Solomine</b>		First <b>Letitia</b>		MI	Contribution ID # <b>0015</b>
Residential Street Address <b>5 Fitzgerald Ln</b>		City <b>Branford</b>		State <b>CT</b>	Zip Code <b>06405</b>
Principal Occupation <b>Medical Secretary</b>		Name of Employer <b>Metabolism Associates</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/07/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Lincoln</b>		First <b>Betty</b>		MI	Contribution ID # <b>0016</b>
Residential Street Address <b>246 Whistletown Rd</b>		City <b>East Lyme</b>		State <b>CT</b>	Zip Code <b>06333</b>
Principal Occupation <b>Retired</b>		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/07/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Lincoln Sr</b>		First <b>Sherwood</b>		MI	Contribution ID # <b>0017</b>
Residential Street Address <b>246 Whistletown Rd</b>		City <b>East Lyme</b>		State <b>CT</b>	Zip Code <b>06333</b>
Principal Occupation <b>Retired</b>		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/07/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Haims</b>		First <b>Natasha</b>		MI	Contribution ID # <b>0018</b>
Residential Street Address <b>15 Sherwood Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06117</b>
Principal Occupation <b>Business Liason</b>		Name of Employer <b>Haims Enterprises, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/08/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Deleonardo</b>		First <b>Stacey</b>		MI	Contribution ID # <b>0019</b>
Residential Street Address <b>8B Pilgrim's Hbr</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492</b>
Principal Occupation <b>CT Public Insurance Adjuster</b>		Name of Employer <b>Gables Insurance Recovery</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/08/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Natale</b>		First <b>Denise</b>		MI	Contribution ID # <b>0020</b>
Residential Street Address <b>11511 Paradise Ave</b>		City <b>Hamden</b>		State <b>CT</b>	Zip Code <b>06524</b>
Principal Occupation <b>Book Keeper, Accountant</b>		Name of Employer <b>JR Interiors</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/08/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Evans</b>		First <b>Cathy</b>		MI	Contribution ID # <b>0021</b>
Residential Street Address <b>1260 Galloping Hill Rd</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Retired</b>		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/08/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Anderson</b>		First <b>Mark</b>		MI	Contribution ID # <b>0022</b>
Residential Street Address <b>49 Hunt Glen Dr</b>		City <b>Granby</b>		State <b>CT</b>	Zip Code <b>06035</b>
Principal Occupation <b>Grad Student</b>		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/08/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Delissio</b>		First <b>George</b>		MI	Contribution ID # <b>0023</b>
Residential Street Address <b>7300 20th St Lot 562</b>		City <b>Vero Beach</b>		State <b>FL</b>	Zip Code <b>32966</b>
Principal Occupation <b>Plumbing Foreman</b>		Name of Employer <b>Azure Management</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/08/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Bimonte</b>		First <b>Gary</b>		MI	Contribution ID # <b>0024</b>
Residential Street Address <b>7 Riverside Dr</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Frank Pepe Development Co</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/09/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Vesco</b>		First <b>Mark</b>		MI	Contribution ID # <b>0025</b>
Residential Street Address <b>9 School Brook Ln</b>		City <b>Rockville</b>		State <b>CT</b>	Zip Code <b>06066</b>
Principal Occupation <b>Retired</b>		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/09/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Muskatello</b>		First <b>James</b>		MI <b>M</b>	Contribution ID # <b>0004</b>
Residential Street Address <b>51 W Pines Dr</b>		City <b>Southington</b>		State <b>CT</b>	Zip Code <b>06489</b>
Principal Occupation <b>Dev. Eng.</b>		Name of Employer <b>Smiths-Medical</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/14/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Knibbs</b>		First <b>Timothy</b>		MI <b>A</b>	Contribution ID # <b>0005</b>
Residential Street Address <b>22 Zwicks Farm Rd</b>		City <b>Plantsville</b>		State <b>CT</b>	Zip Code <b>06479</b>
Principal Occupation <b>Preloader</b>		Name of Employer <b>UPS</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>05/15/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Knickerbocker</b>		First <b>Richard</b>		MI <b>CT</b>	Contribution ID # <b>0026</b>
Residential Street Address <b>110 Capen St</b>		City <b>Windsor</b>		State <b>CT</b>	Zip Code <b>06095</b>
Principal Occupation <b>Office Attendent</b>		Name of Employer <b>Delamere Woods</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/22/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Wassmer</b>		First <b>Ron</b>		MI <b>CT</b>	Contribution ID # <b>0027</b>
Residential Street Address <b>1398 Millbrook Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457</b>
Principal Occupation <b>Engineer Surveyor</b>		Name of Employer <b>CT Civil Group</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/23/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Wassmer</b>		First <b>Karen</b>		MI	Contribution ID # <b>0028</b>
Residential Street Address <b>1398 Millbrook Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>05/23/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Concepcion</b>		First <b>Maria</b>		MI	Contribution ID # <b>0006</b>
Residential Street Address <b>65-01 Meetinghouse Vlg</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06450</b>
Principal Occupation <b>Retired</b>		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/19/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Concepcion</b>		First <b>Hector</b>		MI	Contribution ID # <b>0007</b>
Residential Street Address <b>65-01 Meetinghouse Vlg</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06450</b>
Principal Occupation <b>Retired</b>		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/19/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Santos</b>		First <b>Manuel</b>		MI <b>A</b>	Contribution ID # <b>0008</b>
Residential Street Address <b>216 Oxford Ct</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06450</b>
Principal Occupation <b>Analyst</b>		Name of Employer <b>United Health Group</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/23/2017</b>	Aggregate Contributions <b>\$30.00</b>	<b>\$30.00</b>



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Mirkhani</b>		First <b>Paul</b>		MI <b>A</b>	Contribution ID # <b>0011</b>
Residential Street Address <b>11 Caesar St</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06851</b>
Principal Occupation <b>Accountant</b>		Name of Employer <b>IRM</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Kopp</b>		First <b>Wyatt</b>		MI <b>CT</b>	Contribution ID # <b>0031</b>
Residential Street Address <b>132 Great Neck Rd</b>		City <b>Waterford</b>		State <b>CT</b>	Zip Code <b>06385</b>
Principal Occupation <b>Law Clerk</b>		Name of Employer <b>Dubicki &amp; Camassar, LLP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/26/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Mackenzie</b>		First <b>Cameron</b>		MI <b>CT</b>	Contribution ID # <b>0029</b>
Residential Street Address <b>132 Great Neck Rd</b>		City <b>Waterford</b>		State <b>CT</b>	Zip Code <b>06385</b>
Principal Occupation <b>Court Clerk</b>		Name of Employer <b>CT Judicial Branch</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/26/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Wium</b>		First <b>Norman</b>		MI <b>CT</b>	Contribution ID # <b>0012</b>
Residential Street Address <b>972 Wolf Hill Rd</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>East Coast Mech</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Szypulski</b>		First <b>Stephen</b>		MI <b>G</b>	Contribution ID # <b>0013</b>
Residential Street Address <b>84 Isabelle Dr</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06450</b>
Principal Occupation <b>HVAC</b>		Name of Employer <b>The Star Supply Co</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Wium</b>		First <b>Dana</b>		MI <b>E</b>	Contribution ID # <b>0009</b>
Residential Street Address <b>268 Redwood Ln</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410</b>
Principal Occupation <b>Office Manager</b>		Name of Employer <b>East Coast Mechanical Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Mirkhani</b>		First <b>Peter</b>		MI <b>C</b>	Contribution ID # <b>0010</b>
Residential Street Address <b>371 Chestnutland Rd</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776</b>
Principal Occupation <b>Technical Mgr</b>		Name of Employer <b>Akzo Nobel</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>06/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Zeligzon</b>		First <b>Rafael</b>		MI <b>CT</b>	Contribution ID # <b>0030</b>
Residential Street Address <b>430 Burnside Ave</b>		City <b>East Hartford</b>		State <b>CT</b>	Zip Code <b>06108</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>The Drain Medic</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>06/28/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original

#### C1. Contributions from Other Committees

Name of Committee				Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1?			Amount of Contribution
			Yes No			
			If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions		

Total of Section C1

### I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original

#### C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee				Name of Treasurer		
Address				Date Received		Amount of Receipt
City		State	Zip Code	Payment Type		
				Reimbursement for shared expense		
				Surplus distribution from exploratory committee		
Expenditure #	Description					

Total of Section C2

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original

**D. Loans Received this Period**

Name of Lender		Source of Loan:				Date of Receipt	
		Bank	Candidate	Individual	Other		
Street Address		City		State	Zip Code	Is there a cosigner or Guarantor of this loan?	
						Yes      No	
Name of Cosigner/Guarantor (if applicable)						Amount Received	
Street Address		City		State	Zip Code		
<b>Total of Section D</b>							

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original

**E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

Date of Receipt	Method of Payment			Amount
	Cash	Personal Check	Credit/Debit Card	
<b>Total of Section E</b>				

**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original

**G. Interest from Deposits in Authorized Accounts**

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
<b>Total of Section G</b>				

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original

**H. Public Grant Funds Received from the Citizens' Election Fund**

Purpose of Grant:	Grant Cycle:	Date Received	Amount
<div>Initial</div> <div>Grant Adjustment</div> <div>Supplemental/Post Election Deficit</div>	<div>Primary</div> <div>General Election</div> <div>Special Election</div>		
<b>Total of Section H</b>			

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original

**I. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		
<b>Total of Section I</b>		

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Joe Visconti CT				July 10 Filing - Original	
<b>J1. Event Information</b>					
Event # Date of Event 04/29/2017	Letter A	Description Other Event		Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Street Address 1 Clifton Ave			City West Hartford	State CT	Zip Code 06107
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		<input type="checkbox"/> No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		<input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)		
		<input checked="" type="checkbox"/> No			\$0.00
<b>Total of Section J1</b>					<b>\$0.00</b>

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Joe Visconti CT				July 10 Filing - Original	
<b>J3. In-Kind Donations Not Considered Contributions</b>					
Name of the Donor					
Street Address			City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation	
Individual					
Business Entity	Date Received	Event #	Aggregate value for this event		
Sole Proprietorship					
<b>Total of Section J3</b>					

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Joe Visconti CT

July 10 Filing - Original

**J4. In-Kind Donations Not Considered Contributions Associated with a House Party**

Name of Host

Joe Visconti

Is this event supporting more than one candidate?

☐ Yes☒ No

If yes, complete Itemization in Addendum J4

Street Address

1 Clifton Ave

City

West Hartford

State

CT

Zip Code

06107

Description of Donation

Medium Pizzas

Fair Market Value of Donation

Event #

04292017A

Aggregate value of this Event - all hosts

\$40.00

Aggregate value of all Events - this host/candidate

\$40.00

\$40.00

**Total of Section J4****\$40.00****III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Joe Visconti CT

July 10 Filing - Original

**K. In-Kind Contributions**

Name

Street Address

City

State

Zip Code

Is this contribution associated with an event reported in Section J1?

Yes

No

Description of In-Kind Contribution

If yes, list Event#

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?

Yes

No

Is contributor a principal of a state contractor or prospective state

contractor?  
If yes, indicate which branch or branches of government the contract is with:

Yes

No

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

**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
<b>L. Refundable Deposit to Telephone Company</b>	

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			Amount of Deposit
Street Address	City	State	
Total of Section L			



**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee WEBSTER BANK MERCH SERV		Date of Payment 05/03/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 Webster Bank			Amount  \$6.96
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee MATTHEW O'BRIEN		Date of Payment 05/12/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>93</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 opening expenses			Amount  \$273.05
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee KEITH JAMES		Date of Payment 05/12/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 706 Prospect Ave		City West Hartford	State CT	Zip Code 06107
Purpose of Expend EFV *	Description Telephone Purchase			Amount  \$400.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee BARTACO		Date of Payment 05/12/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 971 Farmington Ave		City West Hartford	State CT	Zip Code 06107
Purpose of Expend FOOD	Description			Amount  \$30.46
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Facebook.com		Date of Payment 05/12/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Hacker Way		City Menlo Park	State CA	Zip Code 94025
Purpose of Expend A-WEB	Description			Amount  \$50.05
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee GoDaddy.com		Date of Payment 05/15/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 14455 N Hayden Rd		City Scottsdale	State AZ	Zip Code 85260-6993
Purpose of Expend WEB	Description			Amount  \$59.31
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee BUSINESS SOLUTIONS 101		Date of Payment 05/15/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>92</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 128 Fitzgerald Rd		City Brooklyn	State CT	Zip Code 06234
Purpose of Expend PRNT	Description Donations Forms Printing			Amount  \$216.53
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee GoDaddy.com		Date of Payment 05/15/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 14455 N Hayden Rd		City Scottsdale	State AZ	Zip Code 85260-6993
Purpose of Expend WEB	Description			Amount  \$32.53
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Amazon.com		Date of Payment 05/15/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 410 Terry Ave N		City Seattle	State WA	Zip Code 98109
Purpose of Expend EFV *	Description cellular phone case			Amount  \$10.62
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Bridgeport RTC		Date of Payment 05/18/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>95</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Crown St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNTRB	Description Bridgeport RTC Donation			Amount  \$50.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Facebook.com		Date of Payment 05/22/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Hacker Way		City Menlo Park	State CA	Zip Code 94025
Purpose of Expend A-WEB	Description			Amount  \$25.32
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee BUSINESS SOLUTIONS 101		Date of Payment 05/22/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>94</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 128 Fitzgerald Rd		City Brooklyn	State CT	Zip Code 06234
Purpose of Expend PRNT	Description Printing of donation packets and envelopes			Amount  \$187.89
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee WEBSTER BANK		Date of Payment 05/31/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 65 Lasalle Rd		City West Hartford	State CT	Zip Code 06107
Purpose of Expend BNK	Description Monthly Serv Chg			Amount  \$21.95
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Facebook.com		Date of Payment 06/01/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Hacker Way		City Menlo Park	State CA	Zip Code 94025
Purpose of Expend A-WEB	Description			Amount  \$19.12
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee TOWNLINE DINER		Date of Payment 06/01/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80 Town Line Rd		City Rocky Hill	State CT	Zip Code 06067
Purpose of Expend FOOD	Description			Amount  \$30.35
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee GoDaddy.com		Date of Payment 06/01/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 14455 N Hayden Rd		City Scottsdale	State AZ	Zip Code 85260-6993
Purpose of Expend WEB	Description			Amount  \$5.04
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee SUPREME GAS		Date of Payment 06/02/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 141 Park Rd		City West Hartford	State CT	Zip Code 06119
Purpose of Expend TRVL	Description			Amount  \$50.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee GoDaddy.com		Date of Payment 06/02/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 14455 N Hayden Rd		City Scottsdale	State AZ	Zip Code 85260-6993
Purpose of Expend WEB	Description			Amount  \$5.04
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Cafeteria Services - Connecticut General Assembly		Date of Payment 06/06/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 300 Capitol Ave		City Hartford	State CT	Zip Code 06106
Purpose of Expend FOOD	Description			Amount          \$1.97
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee WEBSTER BANK		Date of Payment 06/06/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 65 Lasalle Rd		City West Hartford	State CT	Zip Code 06107
Purpose of Expend BNK	Description NSF			Amount          \$37.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee WEBSTER BANK		Date of Payment 06/13/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 65 Lasalle Rd		City West Hartford	State CT	Zip Code 06107
Purpose of Expend BNK	Description NSF			Amount          \$37.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee WEBSTER BANK		Date of Payment 06/19/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 65 Lasalle Rd		City West Hartford	State CT	Zip Code 06107
Purpose of Expend BNK	Description Overdraft Fees - June 2017			Amount  \$30.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee ANEDOT LLC		Date of Payment 06/30/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 438 Main St		City Baton Rouge	State LA	Zip Code 70801
Purpose of Expend BNK	Description Credit Card Processing Transaction Fees 4/1/17 - 6/30/17			Amount  \$50.66
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee WEBSTER BANK		Date of Payment 06/30/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 65 Lasalle Rd		City West Hartford	State CT	Zip Code 06107
Purpose of Expend BNK	Description Monthly Service Charge			Amount  \$21.95
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**Total of Section N****\$1,652.80**



**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original

**O. Expenses Paid By Candidate**

Name of Payee (Name of vendor who candidate paid directly) Cumberland Farms			Date of Payment 05/20/2017		Is Reimbursement Claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1290 W Broad St		City Stratford		State CT	Zip Code 06615	
Purpose of Expenditure (by code) TRVL	Description Gasoline Expense For Campaign Travel			Event #		Amount  \$20.00
Name of Payee (Name of vendor who candidate paid directly) Citgo			Date of Payment 06/09/2017		Is Reimbursement Claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 178 Park Rd		City West Hartford		State CT	Zip Code 06119	
Purpose of Expenditure (by code) TRVL	Description Gasoline Expense For Campaign Travel			Event #		Amount  \$30.00
Name of Payee (Name of vendor who candidate paid directly) Gulf			Date of Payment 06/27/2017		Is Reimbursement Claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 398 Center St		City Wallingford		State CT	Zip Code 06492	
Purpose of Expenditure (by code) TRVL	Description Gasoline For Campaign Travel			Event #		Amount  \$25.00
<b>Total of Section O</b>						<b>\$75.00</b>

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original

**P. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution		Type of Credit Card: <div> <input type="checkbox"/> Visa           <input type="checkbox"/> Master Card           <input type="checkbox"/> Discover           <input type="checkbox"/> American Express         </div> <input type="checkbox"/> Other	
Name of Vendor			Date of Transaction
Street Address		City	<div> <div>State</div> <div>Zip Code</div> </div>
Purpose of Expenditure (by code)	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </div> If yes, assign an Expenditure # and complete Itemization in Addendum		<div> <div>Expenditure # (if applicable)</div> <div>Event #</div> </div>	

**Total of Section P**

<p align="center"><b>IV. EXPENDITURES (Sections N - S)</b></p>	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT
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Joe Visconti CT

July 10 Filing - Original

<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>
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Name of Creditor	
George Flonnes	

Date Incurred	05/09/2017
---------------	------------

Street Address	
6 Spur Ln	

City  
Newington

State
CT

Zip Code
06111

Purpose of Expenditure (bv code)
TRVL

Description
Valero Gas Expense

Amount Incurred  
(Estimate or Actual)

Is this expenditure coordinated with another candidate for which reimbursement is sought?

☐ Yes

☒ No

If yes, assign an Expenditure # and completes Itemization in Addendum Q

Expenditure #  
(if applicable)

Event #

\$45.09

Name of Creditor	Hector Concepcion
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Date Incurred	06/03/2017
---------------	------------

Street Address	398 S Main St Fl 2
----------------	--------------------

City  
Wallingford

State
CT

Zip Code  
06492

Purpose of Expenditure (bv code)
FOOD

Description
Lenny's On The Beach - Restaurant

Amount Incurred  
(Estimate or Actual)

Is this expenditure coordinated with another candidate for which reimbursement is sought?

☐ Yes

☒ No

If yes, assign an Expenditure # and completes Itemization in Addendum Q

Expenditure #  
(if applicable)

Event #
---------

\$39.56

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Visconti CT	July 10 Filing - Original
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>	

Name of Creditor George Flonnes		Date Incurred 06/24/2017	
Street Address 6 Spur Ln		City Newington	State CT
		Zip Code 06111	
Purpose of Expenditure (bv code)  TRVL	Description  Citgo Gas Expense		Amount Incurred (Estimate or Actual)          \$30.22
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	

<b>Total of Section Q</b>	<b>\$114.87</b>
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### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

Joe Visconti CT

TYPE OF REPORT

July 10 Filing - Original

### R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant

O'Brien

First

Matthew

MI

Date of Payment to Vendor

04/09/2017

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:☒ Check # 93☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

GoDaddy.com

Street Address of Vendor

14455 N Hayden Rd

City

Scottsdale

State

AZ

Zip Code

85260

Purpose of Expenditure  
(by code)

WEB

Description

joeviscontict.com registration

Is this expenditure coordinated with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

\$11.34

If yes, assign an Expenditure # and completes Itemization in Addendum R

Last Name of Worker/Consultant

O'Brien

First

Matthew

MI

Date of Payment to Vendor

04/09/2017

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:☒ Check # 93☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

WordPress

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 Subscription

Is this expenditure coordinated with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

\$99.00

If yes, assign an Expenditure # and completes Itemization in Addendum R

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

Joe Visconti CT

TYPE OF REPORT

July 10 Filing - Original

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant

O'Brien

First

Matthew

MI

Date of Payment to Vendor

04/09/2017

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:☒ Check # 93☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

USPS

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 with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

\$61.00

If yes, assign an Expenditure # and completes Itemization in Addendum R

Last Name of Worker/Consultant

O'Brien

First

Matthew

MI

Date of Payment to Vendor

04/19/2017

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:☒ Check # 93☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Dunkin Donuts

Street Address of Vendor

365 Capitol Ave

City

Hartford

State

CT

Zip Code

06106

Purpose of Expenditure  
(by code)  
FOOD

Description

Breakfast Coffee - (candidate with a donor)

Is this expenditure coordinated with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

\$4.46

If yes, assign an Expenditure # and completes Itemization in Addendum R

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

Joe Visconti CT

TYPE OF REPORT

July 10 Filing - Original

### R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant

O'Brien

First

Matthew

MI

Date of Payment to Vendor

04/19/2017

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:☒ Check # 93☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Hartford Parking Authority

Street Address of Vendor

11 Asylum St

City

Hartford

State

CT

Zip Code

Purpose of Expenditure  
(by code)

TRVL

Description

parking meter - state capitol

Is this expenditure coordinated with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

\$3.00

If yes, assign an Expenditure # and completes Itemization in Addendum R

Last Name of Worker/Consultant

O'Brien

First

Matthew

MI

Date of Payment to Vendor

04/24/2017

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:☒ Check # 93☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Walmart

Street Address of Vendor

420 Buckland Hills Dr

City

Manchester

State

CT

Zip Code

06042

Purpose of Expenditure  
(by code)

OFFICE

Description

Purchase of envelopes &amp; binders for recordkeeping

Is this expenditure coordinated with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

\$9.15

If yes, assign an Expenditure # and completes Itemization in Addendum R

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

Joe Visconti CT

TYPE OF REPORT

July 10 Filing - Original

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant

O'Brien

First

Matthew

MI

Date of Payment to Vendor

05/01/2017

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:☒ Check # 93☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

GoDaddy.com

Street Address of Vendor

14455 N Hayden Rd

City

Scottsdale

State

AZ

Zip Code

85260-6993

Purpose of Expenditure  
(by code)  
WEBDescription  
email registrationIs this expenditure coordinated with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

\$5.04

If yes, assign an Expenditure # and completes Itemization in Addendum R

Last Name of Worker/Consultant

O'Brien

First

Matthew

MI

Date of Payment to Vendor

05/03/2017

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:☒ Check # 93☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

GoDaddy.com

Street Address of Vendor

14455 N Hayden Rd

City

Scottsdale

State

AZ

Zip Code

85260

Purpose of Expenditure  
(by code)  
WEBDescription  
email registrationIs this expenditure coordinated with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

\$5.04

If yes, assign an Expenditure # and completes Itemization in Addendum R



**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

Joe Visconti CT

TYPE OF REPORT

July 10 Filing - Original

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant

O'Brien

First

Matthew

MI

Date of Payment to Vendor

05/03/2017

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:☒ Check # 93☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

WordPress

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 with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

\$12.30

If yes, assign an Expenditure # and completes Itemization in Addendum R

Last Name of Worker/Consultant

O'Brien

First

Matthew

MI

Date of Payment to Vendor

05/04/2017

Payment to Reimburse Committee  
Worker/Consultant as reported in  
Section N:☒ Check # 93☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

GoDaddy.com

Street Address of Vendor

14455 N Hayden Rd

City

Scottsdale

State

AZ

Zip Code

85260-6993

Purpose of Expenditure  
(by code)  
WEB

Description

.org, private domain reg

Is this expenditure coordinated with another candidate for  
which reimbursement is sought?☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

\$39.53

If yes, assign an Expenditure # and completes Itemization in Addendum R

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

Joe Visconti CT

TYPE OF REPORT

July 10 Filing - Original

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant

O'Brien

First

Matthew

MI

Date of Payment to Vendor

05/05/2017

Payment to Reimburse Committee Worker/Consultant as reported in Section N:

☒ Check # 93☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

GoDaddy.com

Street Address of Vendor

14455 N Hayden Rd

City

Scottsdale

State

AZ

Zip Code

85260-6993

Purpose of Expenditure  
(by code)  
WEB

Description

private domain reg (.com)

Is this expenditure coordinated with another candidate for which reimbursement is sought?

☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

\$15.24

If yes, assign an Expenditure # and completes Itemization in Addendum R

Last Name of Worker/Consultant

O'Brien

First

Matthew

MI

Date of Payment to Vendor

05/05/2017

Payment to Reimburse Committee Worker/Consultant as reported in Section N:

☒ Check # 93☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

GoDaddy.com

Street Address of Vendor

14455 N Hayden Rd

City

Scottsdale

State

AZ

Zip Code

85260-6993

Purpose of Expenditure  
(by code)  
WEB

Description

private domain reg (.net)

Is this expenditure coordinated with another candidate for which reimbursement is sought?

☐ Yes☒ NoExpenditure #  
(if applicable)

Event #

Amount

\$7.95

If yes, assign an Expenditure # and completes Itemization in Addendum R

**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 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
Name of Candidate	Office Sought