

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised January 2012



140049

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COVER PAGE

1. NAME OF COMMITTEE		2. TYPE OF COMMITTEE	
CRISCO 2014		2014 JAN 6 AM 8 42	
		<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME			
First VIVCENT	MI J.	Last CLEARY	Suffix III
4. TREASURER ADDRESS			
Street Address 90 GARWOOD ROAD		City TRUMBULL	State CT
		Zip Code 06611	
5. ELECTION DATE (mm/dd/yyyy)	6. OFFICE SOUGHT (Complete only if Candidate Committee)		7. DISTRICT NUMBER (if applicable)
11/04/2014	STATE SENATE		17
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First JOSEPH	MI J.	Last CRISCO	Suffix JR.
9. TYPE OF REPORT (Check One Box)			
<input checked="" type="checkbox"/> January 10 filing <input type="checkbox"/> 7th day preceding primary <input type="checkbox"/> Initial Itemized Statement accompanying application for Public Grant <input type="checkbox"/> Supplemental Statement (Specify Type) <input type="checkbox"/> Deficit <input type="checkbox"/> April 10 filing <input type="checkbox"/> 30 days following primary <input type="checkbox"/> Additional Itemized Statement in further support of application for Public Grant <input type="checkbox"/> Declaration of Excess Expenditures (Specify Type) <input type="checkbox"/> Termination <input type="checkbox"/> July 10 filing <input type="checkbox"/> 7th day preceding election <input type="checkbox"/> Post Primary Itemized Statement accompanying request for General Election Grant <input type="checkbox"/> Amendment to Type of Report: <input type="checkbox"/> October 10 filing <input type="checkbox"/> 7th day preceding special election			
10. PERIOD COVERED			
Beginning Date		Ending Date	
11 DECEMBER 2014 ⁴ thru		31 DECEMBER 2013	
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.			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		PAT CRISCO PRINT NAME OF SIGNER	12/31/2014 DATE (mm/dd/yyyy)

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SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
CRISCO 2014	Jan. 10 filings	
	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	
14. Contributions Received from Individuals (Sections A and B)	50. —	50 —
15. Receipts from Other Committees (Sections C1 and C2)	0	0
16. Other Monetary Receipts (Sections D through I)	0	0
17. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section J1)	0	0
18. Total Monetary Receipts (add totals for Lines 14 through 17)	50. —	50. —
19. Subtotals (add totals in Line 13 + 18 in Column A; and in Line 12 + 18 in Column B)	50. —	50. —
20. Expenses Paid by Committee (Section N)	0	0
21. Balance on hand at close of Reporting Period (Subtract Line 20 from Line 19 in both Columns)	50. —	50. —
22. In-Kind Donations not Considered Contributions Received (Section J3)	0	0
23. In-Kind Contributions Received (Section K)	0	0
24. Refundable Deposit to Telephone Company (Section L)	0	0
25. Receipts of Organization Expenditures (Section M) <i>OPTIONAL</i>	0	0
26. Beginning Loan Balance	0	
26a. + Loans Received (Section D)	0	0
26b. + Interest and Penalties on Loan	0	0
26c. - Payments on Loan	0	0
26d. Total Outstanding Loan Amount	0	
27. Campaign Expenses Paid by Candidate (Section O)	0	0
28. Expenses Incurred on Committee Credit Card (Section P)	0	0
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	0	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	0	

I. MONETARY RECEIPTS (Sections A — I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
CRISCO 2014		Jan. 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY		\$ For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals			
Last Name CRISCO	First PAT	MI	Contribution ID # ... 011
Residential Street Address 1205 ROCESTERWOOD ROAD	City WOODBRIDGE	State CT	Zip Code 06525
Principal Occupation TAX COLLECTOR		Name of Employer TOWN OF WOODBRIDGE	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 50. —	
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 12/16/2014	
Aggregate Contributions			
Last Name	First	MI	Contribution ID #
Residential Street Address	City	State	Zip Code
Principal Occupation		Name of Employer	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received	
Aggregate Contributions			
Last Name	First	MI	Contribution ID #
Residential Street Address	City	State	Zip Code
Principal Occupation		Name of Employer	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received	
Aggregate Contributions			
SUBTOTAL Section B — This Page			50. —
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 14 of Summary Page Totals)			50. —