SEEC FORM 30

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

140587

FILED SEEC

COVER PAGE

1. NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Visconti For Governor	⦿ Candidate Committee ◯ Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Susan	A	Lavelli	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
217 Arvidson RD	Woodstock	CT	06281

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER
(mm/dd/yyyy) 11-04-14	Governor	*(if applicable)*

8. CANDIDATE NAME *(Complete only if Candidate or Exploratory Committee)*

First	MI	Last	Suffix
Joseph	B	Visconti	

9. TYPE OF REPORT *(Check One Box)*

- ☐ January 10 filing
- ☑ April 10 filing
- ☐ July 10 filing
- ☐ October 10 filing
- ☐ 7th day preceding primary
- ☐ 30 days following primary
- ☐ 7th day preceding election
- ☐ 7th day preceding special election
- ☐ Initial Itemized Statement accompanying application for Public Grant
- ☐ Additional Itemized Statement in further support of application for Public Grant
- ☐ Post Primary Itemized Statement accompanying request for General Election Grant
- ☐ Supplemental Statement *(Specify Type)*
  - ☐ Primary ☐ Election
- ☐ Declaration of Excess Expenditures *(Specify Type)*
  - ☐ Primary ☐ Election
- ☐ Deficit
- ☐ Termination
- ☐ Amendment to Type of Report:

10. PERIOD COVERED

Beginning Date		Ending Date
01-01-14	thru	03-31-14

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)	Susan Lavelli PRINT NAME OF SIGNER	04-08-2014 DATE (mm/dd/yyyy)

SEEC FORM 30
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2012

Page 2 of 16

SUMMARY PAGE TOTALS

NAME OF COMMITTEE *(Provide Complete Name as Registered with Commission)*	TYPE OF REPORT	
	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	29.56	
14. Contributions Received from Individuals (Sections A and B)	8740.0	
15. Receipts from Other Committees (Sections C1 and C2)		
16. Other Monetary Receipts (Sections D through I)		
17. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section J1)		
18. Total Monetary Receipts (add totals for Lines 14 through 17)		
19. Subtotals (add totals in Line 13 + 18 in Column A; and in Line 12 + 18 in Column B)	8769.56	
20. Expenses Paid by Committee (Section N)	4645.10	
21. Balance on hand at close of Reporting Period (Subtract Line 20 from Line 19 in both Columns)	4113.46	
22. In-Kind Donations not Considered Contributions Received (Section J3)		
23. In-Kind Contributions Received (Section K)		
24. Refundable Deposit to Telephone Company (Section L)		
25. Receipts of Organization Expenditures (Section M) *OPTIONAL*		
26. Beginning Loan Balance		
26a. + Loans Received (Section D)		
26b. + Interest and Penalties on Loan		
26c. - Payments on Loan		
26d. Total Outstanding Loan Amount		
27. Campaign Expenses Paid by Candidate (Section O)		
28. Expenses Incurred on Committee Credit Card (Section P)		
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	3513.75	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	3513.75	

I. MONETARY RECEIPTS (Sections A — I)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Commission)*	TYPE OF REPORT
Visconti for Governor	

A. Total Contributions from Small Contributors-Received this Period ONLY	*For Nonparticipating Candidates ONLY* $ 8740.00

B. Itemized Contributions from Individuals

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? ○Yes ○No
If yes, indicate which branch or branches of government the contract is with: ○Executive ○Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○Yes ○No

Amount of Contribution

Is this contribution associated with a fundraising event listed in Section J1? ○Yes ○No
If yes, list Event #:

Method of Contribution: ○Cash ○Personal Check ○Money Order ○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? ○Yes ○No
If yes, indicate which branch or branches of government the contract is with: ○Executive ○Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○Yes ○No

Amount of Contribution

Is this contribution associated with a fundraising event listed in Section J1? ○Yes ○No
If yes, list Event #:

Method of Contribution: ○Cash ○Personal Check ○Money Order ○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? ○Yes ○No
If yes, indicate which branch or branches of government the contract is with: ○Executive ○Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○Yes ○No

Amount of Contribution

Is this contribution associated with a fundraising event listed in Section J1? ○Yes ○No
If yes, list Event #:

Method of Contribution: ○Cash ○Personal Check ○Money Order ○Credit/Debit Card

Date Received

Aggregate Contributions

SUBTOTAL Section B — This Page	8740.00
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 14 of Summary Page Totals)*	8740.00

I. MONETARY RECEIPTS (Sections A — I)

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

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer	

Address	Is this contribution associated with a fundraising event listed in Section J1? ◯ Yes ◯No *If yes*, list Event # _____	**Amount of Contribution**

City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee	Name of Treasurer	

Address	Is this contribution associated with a fundraising event listed in Section J1? ◯ Yes ◯ No *If yes*, list Event # _____	**Amount of Contribution**

City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee	Name of Treasurer	

Address	Is this contribution associated with a fundraising event listed in Section J1? ◯ Yes ◯No *If yes*, list Event # _____	**Amount of Contribution**

City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee	Name of Treasurer	

Address	Is this contribution associated with a fundraising event listed in Section J1? ◯ Yes ◯ No *If yes*, list Event # _____	**Amount of Contribution**

City	State	Zip Code	Date Received	Aggregate Contributions	

C2. Reimbursements, Payments, or Surplus Distributions from other Committees

Name of Committee	Name of Treasurer	

Address	Date Received	**Amount of Receipt**

City	State	Zip Code	◯ Reimbursement for shared expense ◯ Payment for goods and services	

Name of Committee	Name of Treasurer	

Address	Date Received	**Amount of Receipt**

City	State	Zip Code	◯ Reimbursement for shared expense ◯ Payment for goods and services	

SUBTOTAL Section C — This Page	

TOTAL of additional Section C Pages	

I. MONETARY RECEIPTS (Sections A — I)

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

D. Loans Received this Period

Name of Lender		Source of Loan: ◯ Bank ◯ Candidate ◯ Individual ◯ Other			Date of Receipt
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	
Name of Lender		Source of Loan: ◯ Bank ◯ Candidate ◯ Individual ◯ Other			Date of Receipt
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	

TOTAL SECTION D	

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

Date of Receipt	Method of Payment: ◯ Cash ◯ Personal Check ◯ Credit/Debit Card	Amount
Date of Receipt	Method of Payment: ◯ Cash ◯ Personal Check ◯ Credit/Debit Card	Amount
Date of Receipt	Method of Payment: ◯ Cash ◯ Personal Check ◯ Credit/Debit Card	Amount

TOTAL SECTION E	

F. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

G. Interest from Deposits in Authorized Accounts

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	

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

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

Purpose of Grant: ○ Initial ○ Grant Adjustment ○ Supplemental/Post Election Deficit	Grant Cycle: ○ Primary ○ General Election ○ Special Election	Date Received	Amount
Purpose of Grant ○ Initial ○ Grant Adjustment ○ Supplemental/Post Election Deficit	Grant Cycle: ○ Primary ○ General Election ○ Special Election	Date Received	Amount
Purpose of Grant: ○ Initial ○ Grant Adjustment ○ Supplemental/Post Election Deficit	Grant Cycle: ○ Primary ○ General Election ○ Special Election	Date Received	Amount
Purpose of Grant: ○ Initial ○ Grant Adjustment ○ Supplemental/Post Election Deficit	Grant Cycle: ○ Primary ○ General Election ○ Special Election	Date Received	Amount

TOTAL SECTION H	

I. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction	Amount Received
Street Address	City	State Zip Code	
Description			
Name		Date of Transaction	Amount Received
Street Address	City	State Zip Code	
Description			
Name		Date of Transaction	Amount Received
Street Address	City	State Zip Code	
Description			

TOTAL SECTION I	

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through I)

Total Loans Received this Period (Section D)	+	
Total Amount of Personal Funds of the Candidate Received this Period (Section E)	+	
Total Amount of Interest from Deposits in Authorized Accounts (Section G)	+	
Total Public Grant Funds Received from the Citizens' Election Fund (Section H)	+	
Total Miscellaneous Monetary Receipts not Considered Contributions (Section I)	+	

TOTAL OF OTHER MONETARY RECEIPTS NOT CONSIDERED CONTRIBUTIONS

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

J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser Letter	Description

Location: Street Address	City	State	Zip Code

Was this fundraising event hosted at a personal residence?

○ Yes   *If yes*, go to Section J3 **In-Kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.

○ No

Did this fundraiser include items donated by a business entity of up to $100 or items donated by an individual of up to $100?

○ Yes   *If yes*, go 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.)

○ No   → $ _____

Fundraising Event # Date of Fundraiser Letter	Description

Location: Street Address	City	State	Zip Code

Was this fundraising event hosted at a personal residence?

○ Yes   *If yes*, go to Section J3 **In-Kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.

○ No

Did this fundraiser include items donated by a business entity of up to $100 or items donated by an individual of up to $100?

○ Yes   *If yes*, go 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.)

○ No   → $ _____

Fundraising Event # Date of Fundraiser Letter	Description

Location: Street Address	City	State	Zip Code

Was this fundraising event hosted at a personal residence?

○ Yes   *If yes*, go to Section J3 **In-Kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.

○ No

Did this fundraiser include items donated by a business entity of up to $100 or items donated by an individual of up to $100?

○ Yes   *If yes*, go 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.)

○ No   → $ _____

SUBTOTAL Section J1—Subpart 1 Total Receipts from Sale of Donated Items — This Page	
TOTAL of additional Section J1 Pages	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section J2. removed*

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

J3. In-Kind Donations Not Considered Contributions

Name of Donor

Street Address	City	State	Zip Code

Donation Given By: ◯ Individual ◯ Business Entity ◯ Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code

Donation Given By: ◯ Individual ◯ Business Entity ◯ Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code

Donation Given By: ◯ Individual ◯ Business Entity ◯ Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code

Donation Given By: ◯ Individual ◯ Business Entity ◯ Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate Value for this Event	

SUBTOTAL Section J3 — This Page	
TOTAL of additional Section J3 Pages	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS *(Enter total on Line 22 of Summary Page Totals)*	

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

K. In-Kind Contributions

Name

Street Address	City	State	Zip Code

Is this contribution associated with a fundraising event listed in Section L1? *If yes*, list Event #:	○ Yes ○ No	Description of In-Kind Contribution

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: ○ Executive ○ Legislative ○ Yes ○ No	Fair Market Value of this Contribution

Type of Contributor: ○ Individual ○ Committee ○ Sole Proprietorship	Date Received	Aggregate Contributions

Name

Street Address	City	State	Zip Code

Is this contribution associated with a fundraising event listed in Section L1? *If yes*, list Event #:	○ Yes ○ No	Description of In-Kind Contribution

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: ○ Executive ○ Legislative ○ Yes ○ No	Fair Market Value of this Contribution

Type of Contributor: ○ Individual ○ Committee ○ Sole Proprietorship	Date Received	Aggregate Contributions

Name

Street Address	City	State	Zip Code

Is this contribution associated with a fundraising event listed in Section L1? *If yes*, list Event #:	○ Yes ○ No	Description of In-Kind Contribution

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: ○ Executive ○ Legislative ○ Yes ○ No	Fair Market Value of this Contribution

Type of Contributor: ○ Individual ○ Committee ○ Sole Proprietorship	Date Received	Aggregate Contributions

SUBTOTAL Section K — This Page	
TOTAL of additional Section K Pages	
TOTAL OF ALL IN-KIND CONTRIBUTIONS *(Enter total on Line 23 of Summary Page Totals)*	

L. Refundable Deposit to Telephone Company

Last Name of Individual	First	MI	Date Deposit Made

Residential Street Address	City	State	Zip Code	Amount of Deposit

Name of Telephone Company

Street Address	City	State	Zip Code

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

M. Non-Monetary Receipts of Organization Expenditures Made By
Legislative Leadership, Legislative Caucus and Party Committees — <u>OPTIONAL</u> *See Public Act 11-48*

Name of Committee *(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)*	Name of Treasurer		
Street Address		Date Notice Received	**Fair Market Value of Donation**
City	State / Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure *(see instructions)* ○A ○B ○C ○D ○E	

Name of Committee *(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)*	Name of Treasurer		
Street Address		Date Notice Received	**Fair Market Value of Donation**
City	State / Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure *(see instructions)* ○A ○B ○C ○D ○E	

Name of Committee *(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)*	Name of Treasurer		
Street Address		Date Notice Received	**Fair Market Value of Donation**
City	State / Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure *(see instructions)* ○A ○B ○C ○D ○E	

Name of Committee *(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)*	Name of Treasurer		
Street Address		Date Notice Received	**Fair Market Value of Donation**
City	State / Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure *(see instructions)* ○A ○B ○C ○D ○E	

Name of Committee *(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)*	Name of Treasurer		
Street Address		Date Notice Received	**Fair Market Value of Donation**
City	State / Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure *(see instructions)* ○A ○B ○C ○D ○E	

SUBTOTAL Section M — This Page	
TOTAL of additional Section M Pages	
TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES	

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

N. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment:
PO Box Service Fee	1-7-14	○ Check #_____ ● Debit Card

Street Address	City	State	Zip Code
102 Lasalle Rd	West Hartford	CT	06107

Purpose of Expenditure *(by code)*	Description	Amount
OVHD	PO BOx	48.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ● No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*   Event #

Name of Payee	Date of Payment	Method of Payment:
Fed Ex on Line	1-7-14	○ Check #_____ ● Debit Card

Street Address	City	State	Zip Code
544 Farmington Ave	Hartford	CT	06105

Purpose of Expenditure *(by code)*	Description	Amount
OVHD	Mailing costs	28.25

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ● No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*   Event #

Name of Payee	Date of Payment	Method of Payment:
PMS Printing	2-3-14	○ Check #_____ ● Debit Card

Street Address	City	State	Zip Code
2130 Silas Deane Hwy	Rocky Hill	CT	06067

Purpose of Expenditure *(by code)*	Description	Amount
PRNT	Palm Cards	318.78

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ● No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*   Event #

Name of Payee	Date of Payment	Method of Payment: 1013
PMS Printing	2-14-14	● Check # 1013 ○ Debit Card

Street Address	City	State	Zip Code
2130 Silas Deane Hwy	Rocky Hill	CT	06067

Purpose of Expenditure *(by code)*	Description	Amount
PRNT	Business cards	163.73

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ● No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*   Event #

SUBTOTAL Section N — This Page	558.76
TOTAL of additional Section N Pages	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 20 of Summary Page Totals)*	558.76

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

N. Expenses Paid by Committee

Name of Payee		Date of Payment	Method of Payment:
American Lung Association		2-26-14	⊙ Check # _____ ⊙ Debit Card

Street Address	City	State	Zip Code

Purpose of Expenditure *(by code)*	Description		Amount
Gift	Donation		100

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ⊙ No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*	Event #

Name of Payee		Date of Payment	Method of Payment:
Staples		3-27-14	○ Check # _____ ⊙ Debit Card

Street Address	City	State	Zip Code
2550 Albany Ave	West Hartford	CT	06117

Purpose of Expenditure *(by code)*	Description		Amount
Office	Office supplies		54.83

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ⊙ No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*	Event #

Name of Payee		Date of Payment	Method of Payment:
CCDL		2=26=14	○ Check # _____ ⊙ Debit Card

Street Address	City	State	Zip Code

Purpose of Expenditure *(by code)*	Description		Amount
ATT	Attendance to CCDL dinner		114.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ⊙ No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*	Event #

Name of Payee		Date of Payment	Method of Payment:
Dennis House 50 Party		2-26-14	○ Check # _____ ⊙ Debit Card

Street Address	City	State	Zip Code

Purpose of Expenditure *(by code)*	Description		Amount
ATT	Attend Party		53.74

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ⊙ No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*	Event #

SUBTOTAL Section N — This Page	322.57
TOTAL of additional Section N Pages	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 20 of Summary Page Totals)*	

NAME OF COMMITTEE *(Provide Complete Name as Registered with Commission)*	TYPE OF REPORT
Visconti for Govorner	

N. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment:
Stop & Shop	3-7-14	○ Check #_____ ● Debit Card

Street Address	City	State	Zip Code
176 Newington RD	W Hartford	CT	0611

Purpose of Expenditure *(by code)*	Description	Amount
TRVL	Gas	64.08

Is this expenditure coordinated with another candidate for which ○ Yes ● No reimbursement is sought?
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*   Event #

Name of Payee	Date of Payment	Method of Payment:
Sunoco	3-05-14	○ Check #_____ ● Debit Card

Street Address	City	State	Zip Code
415 Farmington Ave	Farmington CT	CT	0611

Purpose of Expenditure *(by code)*	Description	Amount
TRVL	Gas	74.00

Is this expenditure coordinated with another candidate for which ○ Yes ● No reimbursement is sought?
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*   Event #

Name of Payee	Date of Payment	Method of Payment:
Troys Mountain	3-6-14	○ Check #_____ ● Debit Card

Street Address	City	State	Zip Code
2507 Albany Ave	W hartford	CT	

Purpose of Expenditure *(by code)*	Description	Amount
Trvl	Gas	59.45

Is this expenditure coordinated with another candidate for which ○ Yes ○ No reimbursement is sought?
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*   Event #

Name of Payee	Date of Payment	Method of Payment:
Troys Mountain	2-28-14	○ Check #_____ ● Debit Card

Street Address	City	State	Zip Code
2507 Alabany Ave	W Hartford	CT	

Purpose of Expenditure *(by code)*	Description	Amount
TRVL	Gas	71.34

Is this expenditure coordinated with another candidate for which ○ Yes ○ No reimbursement is sought?
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*   Event #

SUBTOTAL Section N — This Page	268.87
TOTAL of additional Section N Pages	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 20 of Summary Page Totals)*	

NAME OF COMMITTEE *(Provide Complete Name as Registered with Commission)*	TYPE OF REPORT
Visconti for Govorner	

N. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment:
Sunoco	3-03-14	○ Check # _____ ◉ Debit Card

Street Address	City	State	Zip Code
898 Farmington Ave	W Hartford	CT	0611

Purpose of Expenditure *(by code)*	Description	Amount
TRVL	Gas	70.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ◉ No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**
Expenditure # *(if applicable)*   Event #

Name of Payee	Date of Payment	Method of Payment:
Sunoco	1-10-14	○ Check # _____ ◉ Debit Card

Street Address	City	State	Zip Code
898 Farmington Ave	Farmington CT	CT	0611

Purpose of Expenditure *(by code)*	Description	Amount
TRVL	Gas	49.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ◉ No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**
Expenditure # *(if applicable)*   Event #

Name of Payee	Date of Payment	Method of Payment:
Troys Mountain	2-19-14	○ Check # _____ ◉ Debit Card

Street Address	City	State	Zip Code
2507 Albany Ave	W hartford	CT	

Purpose of Expenditure *(by code)*	Description	Amount
Trvl	Gas	78.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ○ No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**
Expenditure # *(if applicable)*   Event #

Name of Payee	Date of Payment	Method of Payment:
Shell	2-17-14	○ Check # _____ ◉ Debit Card

Street Address	City	State	Zip Code
338 park Rd	W Hartford	CT	

Purpose of Expenditure *(by code)*	Description	Amount
TRVL	Gas	60.70

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ◉ No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**
Expenditure # *(if applicable)*   Event #

SUBTOTAL Section N — This Page	258.00
TOTAL of additional Section N Pages	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 20 of Summary Page Totals)*	

NAME OF COMMITTEE *(Provide Complete Name as Registered with Commission)*		TYPE OF REPORT
Visconti for Govorner		

N. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment:
SunocoShell	02-09-14	◯ Check #_____ ⦿ Debit Card

Street Address	City	State	Zip Code
905 Farmington Ave	W Hartford	CT	06119

Purpose of Expenditure *(by code)*	Description	Amount
TRVL	Gas	65.82

Is this expenditure coordinated with another candidate for which ◯ Yes ⦿ No reimbursement is sought?
Expenditure # *(if applicable)*   Event #
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Name of Payee	Date of Payment	Method of Payment:
Xtra mart	02-07-14	◯ Check #_____ ⦿ Debit Card

Street Address	City	State	Zip Code
Rt 44 & 74	Ashford	CT	06278

Purpose of Expenditure *(by code)*	Description	Amount
TRVL	Gas	60.03

Is this expenditure coordinated with another candidate for which ◯ Yes ⦿ No reimbursement is sought?
Expenditure # *(if applicable)*   Event #
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Name of Payee	Date of Payment	Method of Payment:
Wheels	02-03-14	◯ Check #_____ ⦿ Debit Card

Street Address	City	State	Zip Code
365 Old Gate Lane	Milford	CT	06460

Purpose of Expenditure *(by code)*	Description	Amount
Trvl	Gas	60.00

Is this expenditure coordinated with another candidate for which ◯ Yes ⦿ No reimbursement is sought?
Expenditure # *(if applicable)*   Event #
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Name of Payee	Date of Payment	Method of Payment:
Shell	1-31-14	◯ Check #_____ ⦿ Debit Card

Street Address	City	State	Zip Code
905 Farmington Ave	W Hartford	CT	06119

Purpose of Expenditure *(by code)*	Description	Amount
TRVL	Gas	50.18

Is this expenditure coordinated with another candidate for which ◯ Yes ⦿ No reimbursement is sought?
Expenditure # *(if applicable)*   Event #
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

SUBTOTAL Section N — This Page	236.03
TOTAL of additional Section N Pages	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 20 of Summary Page Totals)*	

NAME OF COMMITTEE *(Provide Complete Name as Registered with Commission)*	TYPE OF REPORT
Visconti for Govorner	

N. Expenses Paid by Committee

Name of Payee		Date of Payment	Method of Payment:
Long warf Mobile		01-30-14	○ Check #_____ ⊙ Debit Card

Street Address	City	State	Zip Code
200 Sargent Dr	New haven	CT	06511

Purpose of Expenditure *(by code)*	Description	Amount
TRVL	Gas	58.01

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ⊙ No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**
Expenditure # *(if applicable)* Event #

Name of Payee		Date of Payment	Method of Payment:
Troys Mountian		02-07-14	○ Check #_____ ⊙ Debit Card

Street Address	City	State	Zip Code
2507 Albany Ave	West Hartford	CT	

Purpose of Expenditure *(by code)*	Description	Amount
TRVL	Gas	68.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ⊙ No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**
Expenditure # *(if applicable)* Event #

Name of Payee		Date of Payment	Method of Payment:
Facebook Ad's		3-23-14	○ Check #_____ ⊙ Debit Card

Street Address	City	State	Zip Code

Purpose of Expenditure *(by code)*	Description	Amount
A-web	Facebook Ad	30.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ⊙ No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**
Expenditure # *(if applicable)* Event #

Name of Payee		Date of Payment	Method of Payment:
facebook Ad		2-14-14	○ Check #_____ ⊙ Debit Card

Street Address	City	State	Zip Code

Purpose of Expenditure *(by code)*	Description	Amount
A-web	Facebook ad	69.89

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ⊙ No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**
Expenditure # *(if applicable)* Event #

SUBTOTAL Section N — This Page	225.90
TOTAL of additional Section N Pages	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 20 of Summary Page Totals)*	

NAME OF COMMITTEE *(Provide Complete Name as Registered with Commission)*	TYPE OF REPORT
Visconti for Govorner	

N. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment:
Facebook Ad	2-16-14	○ Check # _____ ⦿ Debit Card

Street Address	City	State	Zip Code

Purpose of Expenditure *(by code)*	Description	Amount
A-web	facebook ad	252.75

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ⦿ No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*	Event #

Name of Payee	Date of Payment	Method of Payment:
Facebook Ad	2-13-14	○ Check # _____ ⦿ Debit Card

Street Address	City	State	Zip Code

Purpose of Expenditure *(by code)*	Description	Amount
A web	facebook ad	29.92

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ⦿ No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*	Event #

Name of Payee	Date of Payment	Method of Payment:
Facebook Ad's	3-13-14	○ Check # _____ ⦿ Debit Card

Street Address	City	State	Zip Code

Purpose of Expenditure *(by code)*	Description	Amount
A-web	Facebook Ad	291.44

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ⦿ No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*	Event #

Name of Payee	Date of Payment	Method of Payment:
		○ Check # _____ ⦿ Debit Card

Street Address	City	State	Zip Code

Purpose of Expenditure *(by code)*	Description	Amount
	Facebook ad	69.89

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ⦿ No
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*	Event #

SUBTOTAL Section N — This Page	644.00
TOTAL of additional Section N Pages	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 20 of Summary Page Totals)*	

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

N. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment:
Quickdiscs	3-10-14	⦿Check # 1020 ◯Debit Card

Street Address	City	State	Zip Code
41 Crossroads Plaza # 167	West Hartford	CT	06117

Purpose of Expenditure *(by code)*	Description	Amount
PRNT	photo retouching	324.37

Is this expenditure coordinated with another candidate for which ◯ Yes ⦿ No reimbursement is sought?
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*	Event #

Name of Payee	Date of Payment	Method of Payment:
QuickDiscs	2-10-14	◯Check # 1019 ⦿Debit Card

Street Address	City	State	Zip Code
41 Crossroads Plaza # 167	West Hartford	CT	06117

Purpose of Expenditure *(by code)*	Description	Amount
PRNT	palm card design	319.05

Is this expenditure coordinated with another candidate for which ◯ Yes ⦿ No reimbursement is sought?
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*	Event #

Name of Payee	Date of Payment	Method of Payment:
QuickDiscs	2-3-14	⦿Check # 1018 ◯Debit Card

Street Address	City	State	Zip Code
41 Crossroads Plaza #167	West Harford	CT	06117

Purpose of Expenditure *(by code)*	Description	Amount
PRNT	Graphic Design	352.92

Is this expenditure coordinated with another candidate for which ◯ Yes ⦿ No reimbursement is sought?
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*	Event #

Name of Payee	Date of Payment	Method of Payment:
New haven Independent	2-14-14	⦿Check # ◯Debit Card

Street Address	City	State	Zip Code
51 Elm Street	new haven	CT	06511

Purpose of Expenditure *(by code)*	Description	Amount
OTH	Photo	250.00

Is this expenditure coordinated with another candidate for which ◯ Yes ⦿ No reimbursement is sought?
If yes, assign an **Expenditure #** and complete **Itemization in Addendum N**

Expenditure # *(if applicable)*	Event #

SUBTOTAL Section N — This Page	1,246.34
TOTAL of additional Section N Pages	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 20 of Summary Page Totals)*	

NAME OF COMMITTEE *(Provide Complete Name as Registered with Commission)*	TYPE OF REPORT
Visconti for Governor	

Q. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor		Date Incurred
Sharon Visconti Associates		2-15-14

Street Address	City	State	Zip Code
49 Montclair DR	W Hartford	CT	06107

Purpose of Expenditure *(by code)*	Description	Amount Incurred *(Estimate or Actual)*
Web	Web activity	475.00

Is this expenditure coordinated with another candidate for which ○ Yes ◉ No
reimbursement is sought?
If yes, assign an **Expenditure #** and complete **Itemization in Addendum Q**

Expenditure # *(if applicable)*   Event #

Name of Creditor		Date Incurred
Sharon Visconti Assoc		2-21-14

Street Address	City	State	Zip Code
49 Montclair Dr	W Hartford	CT	06107

Purpose of Expenditure *(by code)*	Description	Amount Incurred *(Estimate or Actual)*
Office	Staples Office depot	443.14

Is this expenditure coordinated with another candidate for which ○ Yes ◉ No
reimbursement is sought?
If yes, assign an **Expenditure #** and complete **Itemization in Addendum Q**

Expenditure # *(if applicable)*   Event #

Name of Creditor		Date Incurred
Melissa McCormick		3-31-14

Street Address	City	State	Zip Code
21 Farm Drive	Farmington	CT	06032

Purpose of Expenditure *(by code)*	Description	Amount Incurred *(Estimate or Actual)*
CNSLT	Event coordinator	400

Is this expenditure coordinated with another candidate for which ○ Yes ◉ No
reimbursement is sought?
If yes, assign an **Expenditure #** and complete **Itemization in Addendum Q**

Expenditure # *(if applicable)*   Event #

Name of Creditor		Date Incurred
QuickDiscs		3-31-14

Street Address	City	State	Zip Code
41 Crossroads Plaza # 167	W Hartford	CT	06117

Purpose of Expenditure *(by code)*	Description	Amount Incurred *(Estimate or Actual)*
ADV	Printed materials and graphic design	1678.01

Is this expenditure coordinated with another candidate for which ○ Yes ◉ No
reimbursement is sought?
If yes, assign an **Expenditure #** and complete **Itemization in Addendum Q**

Expenditure # *(if applicable)*   Event #

SUBTOTAL Section Q – This Page	2996.15
TOTAL of additional Section Q Pages	517.60
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID *(Enter total on Line 29 of Summary Page Totals)*	
Previously reported Expenses Unpaid and still Outstanding	3513.75

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

Q. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor			Date Incurred
QuickDiscs			03-25-14

Street Address	City	State	Zip Code
41 Crossroads Plaza # 167	West Harford	CT	06117

Purpose of Expenditure *(by code)*	Description	Amount Incurred *(Estimate or Actual)*
PRNT	PRNT graphic design and literature	1678.01

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ● No *If yes*, assign an **Expenditure #** and complete **Itemization in Addendum Q**	Expenditure # *(if applicable)*	Event #

Name of Creditor			Date Incurred
PMS Printing			03-31-14

Street Address	City	State	Zip Code
2130 Silas Deane Hwy	Rocky Hill	CT	06067

Purpose of Expenditure *(by code)*	Description	Amount Incurred *(Estimate or Actual)*
PRNT	Palm cards and business cards	517.60

Is this expenditure coordinated with another candidate for which reimbursement is sought? ○ Yes ○ No *If yes*, assign an **Expenditure #** and complete **Itemization in Addendum Q**	Expenditure # *(if applicable)*	Event #

Name of Creditor			Date Incurred

Street Address	City	State	Zip Code

Purpose of Expenditure *(by code)*	Description	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 complete **Itemization in Addendum Q**	Expenditure # *(if applicable)*	Event #

Name of Creditor			Date Incurred

Street Address	City	State	Zip Code

Purpose of Expenditure *(by code)*	Description	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 complete **Itemization in Addendum Q**	Expenditure # *(if applicable)*	Event #

SUBTOTAL Section Q – This Page	517.60
TOTAL of additional Section Q Pages	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID *(Enter total on Line 29 of Summary Page Totals)*	
Previously reported Expenses Unpaid and still Outstanding	

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

R. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First		MI	Date of Payment	Method of Payment: ◯ Check #_____ ◯ Debit Card

Secondary Payee

Street Address	City	State	Zip Code

Purpose of Expenditure *(by code)*	Description	Amount

Is this expenditure coordinated with another candidate for which reimbursement is sought? ◯ Yes ◯ No *If yes*, assign an **Expenditure #** and complete **Itemization in Addendum R**	Expenditure # *(if applicable)*	Event #	

Last Name of Worker/Consultant	First		MI	Date of Payment	Method of Payment: ◯ Check #_____ ◯ Debit Card

Secondary Payee

Street Address	City	State	Zip Code

Purpose of Expenditure *(by code)*	Description	Amount

Is this expenditure coordinated with another candidate for which reimbursement is sought? ◯ Yes ◯ No *If yes*, assign an **Expenditure #** and complete **Itemization in Addendum R**	Expenditure # *(if applicable)*	Event #	

Last Name of Worker/Consultant	First		MI	Date of Payment	Method of Payment: ◯ Check #_____ ◯ Debit Card

Secondary Payee

Street Address	City	State	Zip Code

Purpose of Expenditure *(by code)*	Description	Amount

Is this expenditure coordinated with another candidate for which reimbursement is sought? ◯ Yes ◯ No *If yes*, assign an **Expenditure #** and complete **Itemization in Addendum R**	Expenditure # *(if applicable)*	Event #	

SUBTOTAL Section R — This Page	
TOTAL of additional Section R Pages	
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS	

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

S. Surplus Distribution of Equipment and Furniture

Name of Recipient

Street Address	City	State	Zip Code	**Original Purchase Amount of Item**

Description of Item

Name of Recipient

Street Address	City	State	Zip Code	**Original Purchase Amount of Item**

Description of Item

Name of Recipient

Street Address	City	State	Zip Code	**Original Purchase Amount of Item**

Description of Item

Name of Recipient

Street Address	City	State	Zip Code	**Original Purchase Amount of Item**

Description of Item

Name of Recipient

Street Address	City	State	Zip Code	**Original Purchase Amount of Item**

Description of Item

Name of Recipient

Street Address	City	State	Zip Code	**Original Purchase Amount of Item**

Description of Item

TOTAL SECTION S