

SEEC FORM 30

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

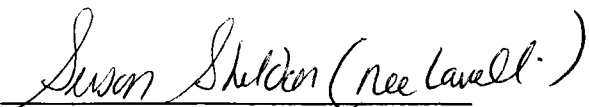
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RECEIVED SEEC

FILED SEEC

2014 JUL 14 PM 4 08

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Visconti for Governor				<input checked="" type="radio"/> Candidate Committee <input type="radio"/> Exploratory Committee	
3. TREASURER NAME					
First Susan	MI A	Last Sheldon (nee Lavelli)		Suffix	
4. TREASURER ADDRESS					
Street Address 217 Arvidson Rd		City Woodstock		State CT	Zip Code 06281
5. ELECTION DATE		6. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>			7. DISTRICT NUMBER
(mm/dd/yyyy) 11-04-14		Governor			(if applicable)
8. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>					
First Joseph	MI B	Last Visconti		Suffix	
9. TYPE OF REPORT <i>(Check One Box)</i>					
<input 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 <i>(Specify Type)</i> <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 <i>(Specify Type)</i> <input type="checkbox"/> Termination <input checked="" 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 04-01-14		Ending Date 06-30-14			
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 Sheldon nee Lavelli PRINT NAME OF SIGNER		06/11/14 DATE (mm/dd/yyyy)	

SEEC FORM 30**Itemized Campaign Finance Disclosure Statement**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

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SUMMARY PAGE TOTALS

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	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	4,113.46	
14. Contributions Received from Individuals (Sections A and B)	7,424.14	
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)	7,424.14	
19. Subtotals (add totals in Line 13 + 18 in Column A; and in Line 12 + 18 in Column B)	11,537.6	
20. Expenses Paid by Committee (Section N)	8,905.81	
21. Balance on hand at close of Reporting Period (Subtract Line 20 from Line 19 in both Columns)	2,631.79	
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)		
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)		

I. MONETARY RECEIPTS (Sections A — I)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY						<i>For Nonparticipating Candidates ONLY</i> \$	
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? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>		Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>		Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>		Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>		Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit Debit Card		Date Received		Aggregate Contributions	
SUBTOTAL Section B — This Page							
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 14 of Summary Page Totals)</i>						7,424.14	

I. MONETARY RECEIPTS (Sections A — I)

Page 4 of 16

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						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? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>		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? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>		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? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>		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? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>		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	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services		
Name of Committee					Name of Treasurer		
Address					Date Received		Amount of Receipt
City			State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> 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 <i>(Provide Complete Name as Registered with Commission)</i>					TYPE OF REPORT	
D. Loans Received this Period						
Name of Lender			Source of Loan <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other		Date of Receipt	
Street Address		City		State	Zip Code	
Name of Cosigner/Guarantor <i>(if applicable)</i>						Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code	
Name of Lender						Date of Receipt
Street Address		City		State	Zip Code	
Name of Cosigner/Guarantor <i>(if applicable)</i>						Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
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: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit Debit Card				Amount	
Date of Receipt	Method of Payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card				Amount	
Date of Receipt	Method of Payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit Debit Card				Amount	
TOTAL SECTION E						
F. Anonymous Contributions						
<p>Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> 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.</p>						
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	

I. MONETARY RECEIPTS (Sections A — I)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT
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H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant: <input type="radio"/> Initial <input type="radio"/> Grant Adjustment <input type="radio"/> Supplemental Post Election Deficit	Grant Cycle: <input type="radio"/> Primary <input type="radio"/> General Election <input type="radio"/> Special Election	Date Received	Amount
Purpose of Grant: <input type="radio"/> Initial <input type="radio"/> Grant Adjustment <input type="radio"/> Supplemental Post Election Deficit	Grant Cycle: <input type="radio"/> Primary <input type="radio"/> General Election <input type="radio"/> Special Election	Date Received	Amount
Purpose of Grant: <input type="radio"/> Initial <input type="radio"/> Grant Adjustment <input type="radio"/> Supplemental Post Election Deficit	Grant Cycle: <input type="radio"/> Primary <input type="radio"/> General Election <input type="radio"/> Special Election	Date Received	Amount
Purpose of Grant: <input type="radio"/> Initial <input type="radio"/> Grant Adjustment <input type="radio"/> Supplemental Post Election Deficit	Grant Cycle: <input type="radio"/> Primary <input type="radio"/> General Election <input type="radio"/> 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		

II. FUNDRAISING EVENT ACTIVITY (Sections J1 — J3)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>		TYPE OF REPORT	
J1. Fundraising Event Information			
Fundraising Event #	Description		
Date of Fundraiser	Letter		
Location: Street Address		City	State
			Zip Code
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes <i>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.</i> <input type="radio"/> 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?		<input type="radio"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i> <input type="radio"/> 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="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input type="radio"/> No	
		—————→ \$ 	
Fundraising Event #	Description		
Date of Fundraiser	Letter		
Location: Street Address		City	State
			Zip Code
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes <i>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.</i> <input type="radio"/> 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?		<input type="radio"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i> <input type="radio"/> 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="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input type="radio"/> No	
		—————→ \$ 	
Fundraising Event #	Description		
Date of Fundraiser	Letter		
Location: Street Address		City	State
			Zip Code
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes <i>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.</i> <input type="radio"/> 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?		<input type="radio"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i> <input type="radio"/> 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="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input type="radio"/> No	
		—————→ \$ 	
SUBTOTAL Section J1—Subpart 1 Total Receipts from Sale of Donated Items — This Page			
TOTAL of additional Section J1 Pages			

II. FUNDRAISING EVENT ACTIVITY (Sections J1 — J3)

Page 8 of 16

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 <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT

J3. In-Kind Donations Not Considered Contributions

Name of Donor			
Street Address	City	State	Zip Code

Donation Given By: <input type="radio"/> Individual <input type="radio"/> Business Entity <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Date Received</td> <td style="width: 30%;">Event #</td> <td style="width: 45%;">Aggregate Value for this Event</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>	Date Received	Event #	Aggregate Value for this Event				
Date Received	Event #	Aggregate Value for this Event						

Name of Donor			
Street Address	City	State	Zip Code

Donation Given By: <input type="radio"/> Individual <input type="radio"/> Business Entity <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Date Received</td> <td style="width: 30%;">Event #</td> <td style="width: 45%;">Aggregate Value for this Event</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>	Date Received	Event #	Aggregate Value for this Event				
Date Received	Event #	Aggregate Value for this Event						

Name of Donor			
Street Address	City	State	Zip Code

Donation Given By: <input type="radio"/> Individual <input type="radio"/> Business Entity <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Date Received</td> <td style="width: 30%;">Event #</td> <td style="width: 45%;">Aggregate Value for this Event</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>	Date Received	Event #	Aggregate Value for this Event				
Date Received	Event #	Aggregate Value for this Event						

Name of Donor			
Street Address	City	State	Zip Code

Donation Given By: <input type="radio"/> Individual <input type="radio"/> Business Entity <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Date Received</td> <td style="width: 30%;">Event #</td> <td style="width: 45%;">Aggregate Value for this Event</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>	Date Received	Event #	Aggregate Value for this Event				
Date Received	Event #	Aggregate Value for this Event						

SUBTOTAL Section J3 — This Page	
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TOTAL of additional Section J3 Pages	
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TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 22 of Summary Page Totals)</i>	
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III. NONMONETARY RECEIPTS (Sections K — M)

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				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? <i>If yes, list Event #:</i>		Description of In-Kind Contribution			
<input type="radio"/> Yes <input type="radio"/> No		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="radio"/> Executive <input type="radio"/> Legislative			Fair Market Value of this Contribution
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No			
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> 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? <i>If yes, list Event #:</i>		Description of In-Kind Contribution			
<input type="radio"/> Yes <input type="radio"/> No		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="radio"/> Executive <input type="radio"/> Legislative			Fair Market Value of this Contribution
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No			
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> 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? <i>If yes, list Event #:</i>		Description of In-Kind Contribution			
<input type="radio"/> Yes <input type="radio"/> No		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="radio"/> Executive <input type="radio"/> Legislative			Fair Market Value of this Contribution
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No			
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> 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? <i>If yes, list Event #:</i>		Description of In-Kind Contribution			
<input type="radio"/> Yes <input type="radio"/> No		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="radio"/> Executive <input type="radio"/> Legislative			Fair Market Value of this Contribution
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No			
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Sole Proprietorship			Date Received		Aggregate Contributions
Name					
Street Address			City		State
Zip Code					
SUBTOTAL Section K — This Page					
TOTAL of additional Section K Pages					
TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 23 of Summary Page Totals)</i>					
L. Refundable Deposit to Telephone Company					
Last Name of Individual			First		MI
Date Deposit Made					
Residential Street Address			City		State
Zip Code					
Name of Telephone Company					
Street Address			City		State
Zip Code					
Amount of Deposit					

III. NONMONETARY RECEIPTS (Sections K — M)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				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 <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			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 <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			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 <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			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 <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			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 <i>(see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
SUBTOTAL Section M — This Page					
TOTAL of additional Section M Pages					
TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES					

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
Visconti for Governor					
N. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment
Worldpay			4-25-14		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
600 Morgan Falls RD		Atlanta		GA	30350
Purpose of Expenditure <i>(by code)</i>	Description				Amount
WEB	data tool				14.24
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # <i>(if applicable)</i>		Event #	
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>					
Name of Payee			Date of Payment		Method of Payment
Melissa McCormick			4-3-14		<input type="radio"/> Check # 1,025 <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
21 Farm Dr		Farmington		CT	06032
Purpose of Expenditure <i>(by code)</i>	Description				Amount
CNSLT	Events Coordinator				200
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # <i>(if applicable)</i>		Event #	
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>					
Name of Payee			Date of Payment		Method of Payment
Sharon Visconti			4-3-14		<input type="radio"/> Check # 1,024 <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
49 Montclair Drive		West Hartford		CT	06127
Purpose of Expenditure <i>(by code)</i>	Description				Amount
PRNT	Printing /admin work				443.14
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # <i>(if applicable)</i>		Event #	
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>					
Name of Payee			Date of Payment		Method of Payment
Fineprint of New England					<input type="radio"/> Check # 1,033 <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
711 N Moutain RD		Newington		CT	06111
Purpose of Expenditure <i>(by code)</i>	Description				Amount
A-MAG	Ad in Patriot Magazine				151.79
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # <i>(if applicable)</i>		Event #	
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>					
SUBTOTAL Section N — This Page				809.17	
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections N — S)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
N. Expenses Paid by Committee					
Name of Payee QuickDiscs.Com LLC			Date of Payment 4-3-2014		Method of Payment: <input checked="" type="radio"/> Check # 1026 <input type="radio"/> Debit Card
Street Address 41 Crossroads Plaza # 167		City West Hartford		State CT	Zip Code 06117
Purpose of Expenditure (by code) Web	Description Web Services			Amount 678.01	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
Name of Payee QuickDiscs.com LLC			Date of Payment 4-17-2014		Method of Payment: <input checked="" type="radio"/> Check # 1028 <input type="radio"/> Debit Card
Street Address 41 Crossroads Plaza # 167		City West Hartford		State CT	Zip Code 06117
Purpose of Expenditure (by code) Web	Description Web Services			Amount 500.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
Name of Payee QuickDiscs.Com			Date of Payment 4-24-2014		Method of Payment: <input checked="" type="radio"/> Check # 1030 <input type="radio"/> Debit Card
Street Address 41 Crossroads Plaza # 167		City West Hartford		State CT	Zip Code 06117
Purpose of Expenditure (by code) WEB	Description Web services			Amount 500.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
Name of Payee QuickDiscs.com LLC			Date of Payment 5-9-14		Method of Payment: <input checked="" type="radio"/> Check # 1031 <input type="radio"/> Debit Card
Street Address 41 Crossroads Plaza # 167		City West Hartford		State CT	Zip Code 06117
Purpose of Expenditure (by code) Web	Description Web services			Amount 106.35	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
SUBTOTAL Section N — This Page				1784.36	
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page Totals)					

IV. EXPENDITURES (Sections N — S)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
N. Expenses Paid by Committee					
Name of Payee QuickDiscs.Com LLC			Date of Payment 5-29-14		Method of Payment: <input checked="" type="radio"/> Check # 1035 <input type="radio"/> Debit Card
Street Address 41 Crossroads Plaza # 167		City West Hartford		State CT	Zip Code 06117
Purpose of Expenditure (by code) Web	Description Web Services			Amount 500.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
Name of Payee CT Republican Party			Date of Payment 4-17-2014		Method of Payment: <input checked="" type="radio"/> Check # 1032 <input type="radio"/> Debit Card
Street Address 31 Pratt Street fourth floor		City Hartford		State CT	Zip Code 06103
Purpose of Expenditure (by code) Misc	Description Ad space, space, war room			Amount 650.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
Name of Payee McGough and Sons Consult			Date of Payment 5-29-14		Method of Payment: <input checked="" type="radio"/> Check # 1036 <input type="radio"/> Debit Card
Street Address 52 Martin Rd		City Bristol		State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Consultant			Amount 500.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
Name of Payee Melissa McCormick			Date of Payment 4-10-2014		Method of Payment: <input checked="" type="radio"/> Check # 1027 <input type="radio"/> Debit Card
Street Address 21 Farm Drive		City Farmington		State CT	Zip Code 06032
Purpose of Expenditure (by code) CNSLT	Description Consultant			Amount 100.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
SUBTOTAL Section N — This Page				1750.00	
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page Totals)					

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
N. Expenses Paid by Committee					
Name of Payee Troy's Mobile			Date of Payment 5-4-14		Method of Payment: <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City W Hartford		State CT	Zip Code
Purpose of Expenditure <i>(by code)</i> TRVL	Description Gas				Amount 22.74
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure # <i>(if applicable)</i>		Event #	
Name of Payee Troys			Date of Payment 5-7-14		Method of Payment: <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address 2507 Albany Ave		City W hartford		State CT	Zip Code
Purpose of Expenditure <i>(by code)</i> TRVL	Description Gas				Amount 12.6
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure # <i>(if applicable)</i>		Event #	
Name of Payee Troys			Date of Payment 5-1-14		Method of Payment: <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City W Hartford		State CT	Zip Code
Purpose of Expenditure <i>(by code)</i> TRVL	Description Gas				Amount 50.54
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure # <i>(if applicable)</i>		Event #	
Name of Payee Troys			Date of Payment 5-14-14		Method of Payment: <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address 2507 Albany Ave		City W Hartford		State CT	Zip Code
Purpose of Expenditure <i>(by code)</i> TRVL	Description Gas				Amount 50.49
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure # <i>(if applicable)</i>		Event #	
SUBTOTAL Section N — This Page				136.37	
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
N. Expenses Paid by Committee					
Name of Payee Sunoco			Date of Payment 4-19-14		Method of Payment: <input checked="" type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 898 Farmington		City W Hartford		State CT	Zip Code 06111
Purpose of Expenditure (by code) TRVL	Description Gas			Amount 74.22	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # <i>(if applicable)</i>		Event #	
Name of Payee Sunoco			Date of Payment 4-16-14		Method of Payment: <input checked="" type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 44 Elm St		City W haven		State CT	Zip Code
Purpose of Expenditure (by code) TRVL	Description Gas			Amount 42.26	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # <i>(if applicable)</i>		Event #	
Name of Payee Hine Bros			Date of Payment 4-5-14		Method of Payment: <input checked="" type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address		City Southbury		State CT	Zip Code
Purpose of Expenditure (by code) TRVL	Description Gas			Amount 47.97	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # <i>(if applicable)</i>		Event #	
Name of Payee Troys			Date of Payment 4-27-14		Method of Payment: <input checked="" type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 2507 Albany Ave		City W Hartford		State CT	Zip Code
Purpose of Expenditure (by code) TRVL	Description Gas			Amount 48.72	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # <i>(if applicable)</i>		Event #	
SUBTOTAL Section N — This Page				213.17	
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
N. Expenses Paid by Committee					
Name of Payee Troys Mobile			Date of Payment 4-5-2014		Method of Payment <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 2507 Albany Ave		City W Hartford		State CT	Zip Code
Purpose of Expenditure (by code) TRVL	Description Gas			Amount 80.75	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
Name of Payee Sunoco			Date of Payment 4-8-14		Method of Payment <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address		City Farmington		State CT	Zip Code
Purpose of Expenditure (by code) TRVL	Description Gas			Amount 73.92	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
Name of Payee Elmwood			Date of Payment 4-5-14		Method of Payment <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 1137 New Britain		City Elmwood		State CT	Zip Code
Purpose of Expenditure (by code) TRVL	Description Gas			Amount 24	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
Name of Payee Elmwood			Date of Payment 4-12-14		Method of Payment <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 1137 New Britain		City Elmwood		State CT	Zip Code
Purpose of Expenditure (by code) TRVL	Description Gas			Amount 28	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
SUBTOTAL Section N — This Page				206.67	
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page Totals)					

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
N. Expenses Paid by Committee					
Name of Payee Fed ex			Date of Payment 4-2-2014		Method of Payment <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 544 Farmington Ave		City Hartford		State CT	Zip Code 06105
Purpose of Expenditure <i>(by code)</i> Post	Description Postage			Amount 28.75	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure # <i>(if applicable)</i>		Event #	
Name of Payee USPS			Date of Payment 4-4-14		Method of Payment <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address		City W Hartford		State CT	Zip Code 06110
Purpose of Expenditure <i>(by code)</i> post	Description stamps			Amount 49	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure # <i>(if applicable)</i>		Event #	
Name of Payee Troys Mobil			Date of Payment 6-26-14		Method of Payment <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 2507 Albany Ave		City W hartford		State CT	Zip Code
Purpose of Expenditure <i>(by code)</i> TRVL	Description Gas			Amount 89.76	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure # <i>(if applicable)</i>		Event #	
Name of Payee Food Bag			Date of Payment 6-23.-14		Method of Payment <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 109 Berlin Tpk		City berlin		State CT	Zip Code
Purpose of Expenditure <i>(by code)</i> TRVL	Description Gas			Amount 50	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure # <i>(if applicable)</i>		Event #	
SUBTOTAL Section N — This Page				217.51	
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
N. Expenses Paid by Committee					
Name of Payee office Depot			Date of Payment 5-8-2014		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address 1451 New Britain Ave		City W Hartford		State CT	Zip Code 06110
Purpose of Expenditure (by code) office	Description Supplies			Amount 136.1	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
Name of Payee Office depot			Date of Payment 6-29-14		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address 1451 New Britain Ave		City W Hartford		State CT	Zip Code 06110
Purpose of Expenditure (by code) Office	Description Office supplies			Amount 15.85	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
Name of Payee Staples			Date of Payment 4-16-14		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address 775 Main Street		City Southbury		State CT	Zip Code 06488
Purpose of Expenditure (by code) Office	Description office supplies			Amount 103.14	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
Name of Payee Dicks sporting goods			Date of Payment 6-24-14		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City Newington		State CT	Zip Code
Purpose of Expenditure (by code) OVHD	Description sun shade for campaign workers			Amount 127.57	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
SUBTOTAL Section N — This Page				382.66	
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page Totals)					

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
N. Expenses Paid by Committee					
Name of Payee Staples			Date of Payment 5-8-2014		Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address Pioneer Plaza 544		City Watertown		State CT	Zip Code 06795
Purpose of Expenditure (by code) office	Description Supplies			Amount 50.64	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure = (if applicable)		Event =	
Name of Payee Staples			Date of Payment 5-1-14		Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 1000 Boston Post Road		City Old Saybrook		State CT	Zip Code 06475
Purpose of Expenditure (by code) Office	Description Office supplies			Amount 29.13	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure = (if applicable)		Event =	
Name of Payee Staples			Date of Payment 4-16-14		Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 2550 Albany Ave		City W Hartford		State CT	Zip Code 06117
Purpose of Expenditure (by code) Office	Description office supplies			Amount 170.12	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure = (if applicable)		Event =	
Name of Payee Office depot			Date of Payment 5-29-14		Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 1451 New Britain Ave		City W Hartford		State CT	Zip Code 06110
Purpose of Expenditure (by code) Office	Description Office supplies			Amount 38.89	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure = (if applicable)		Event =	
SUBTOTAL Section N — This Page				288.78	
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page Totals)					

IV. EXPENDITURES (Sections N — S)

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
Jerry's Artarama			5-8-2014		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
1109 New Britain ave		W Hartford		CT	06110
Purpose of Expenditure <i>(by code)</i>	Description				Amount
office	Supplies				21.18
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure =		Event =	
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		if applicable			
Name of Payee			Date of Payment		Method of Payment
Staples			5-1-14		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
2550 Albany Ave		W Hartford		CT	06117
Purpose of Expenditure <i>(by code)</i>	Description				Amount
Office	Office supplies				18.54
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure =		Event =	
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		if applicable			
Name of Payee			Date of Payment		Method of Payment
Staples			4-30-14		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
775 Main st		Southbury		CT	06488
Purpose of Expenditure <i>(by code)</i>	Description				Amount
Office	office supplies				76.59
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure =		Event =	
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		if applicable			
Name of Payee			Date of Payment		Method of Payment
Office depot			5-05-2014		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
1451 New Britain Ave		W Hartford		CT	06110
Purpose of Expenditure <i>(by code)</i>	Description				Amount
Office	Office supplies				146.9
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure =		Event =	
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		if applicable			
SUBTOTAL Section N — This Page					263.21
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
N. Expenses Paid by Committee					
Name of Payee Jerry's Artarama			Date of Payment 4-4-2014		Method of Payment: <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address 1109 New Britain ave		City W Hartford		State CT	Zip Code 06110
Purpose of Expenditure (by code) office	Description Supplies			Amount 10.59	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure = (if applicable)		Event =	
Name of Payee Staples			Date of Payment 4-3-14		Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 2550 Albany Ave		City W Hartford		State CT	Zip Code 06117
Purpose of Expenditure (by code) Office	Description Office supplies			Amount 82.69	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure = (if applicable)		Event =	
Name of Payee Staples			Date of Payment 4-16-14		Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 2550 Albany Ave		City W Hartford		State CT	Zip Code 06117
Purpose of Expenditure (by code) Office	Description office supplies			Amount 27.19	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure = (if applicable)		Event =	
Name of Payee Staples			Date of Payment 4-29-14		Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 521 Connecticut Blvd		City E Hartford		State CT	Zip Code 06108
Purpose of Expenditure (by code) Office	Description Office supplies			Amount 139.72	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure = (if applicable)		Event =	
SUBTOTAL Section N — This Page				260.19	
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page Totals)					

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
N. Expenses Paid by Committee					
Name of Payee Newington Mobil			Date of Payment 6-1-14		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address 3191 Berlin Tpk		City Newington		State CT	Zip Code
Purpose of Expenditure (by code) TRVL	Description Gas			Amount 40.01	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
Name of Payee stop & shop Gas			Date of Payment 5-27-14		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City W hartford		State CT	Zip Code
Purpose of Expenditure (by code) TRVL	Description Gas			Amount 60	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
Name of Payee Fenn Road Mobile			Date of Payment 5-21-14		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address 50 Fenn Rd		City Newington		State CT	Zip Code
Purpose of Expenditure (by code) TRVL	Description Gas			Amount 65	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
Name of Payee Fenn road			Date of Payment 5-21-14		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City Newington		State CT	Zip Code
Purpose of Expenditure (by code) TRVL	Description Gas			Amount 8.47	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
SUBTOTAL Section N — This Page				173.48	
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page Totals)					

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
N. Expenses Paid by Committee							
Name of Payee Dannys Dawg House					Date of Payment 5-21-14		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address			City Thomaston			State CT	Zip Code
Purpose of Expenditure (by code) Food	Description Food					Amount 13.03	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N			Expenditure # (if applicable)		Event #		
Name of Payee Diorio's					Date of Payment		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address			City Waterbury			State CT	Zip Code
Purpose of Expenditure (by code) Food	Description Food					Amount 196.75	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N			Expenditure # (if applicable)		Event #		
Name of Payee Tuscany					Date of Payment 5-17-14		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address			City Uncasville			State CT	Zip Code
Purpose of Expenditure (by code) Food	Description Food					Amount 44.29	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N			Expenditure # (if applicable)		Event #		
Name of Payee Sandpiper restuarant					Date of Payment 5-20-14		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address			City W Haven			State CT	Zip Code
Purpose of Expenditure (by code) Food	Description Food					Amount 30.47	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N			Expenditure # (if applicable)		Event #		
SUBTOTAL Section N — This Page						284.54	
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page Totals)							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
N. Expenses Paid by Committee							
Name of Payee Treva					Date of Payment 6-25-14		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address 982 farmington Ave				City W Hartford		State CT	Zip Code
Purpose of Expenditure <i>(by code)</i> Food		Description Food				Amount 60.11	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>				Expenditure # <i>(if applicable)</i>		Event #	
Name of Payee Mystic Pizza					Date of Payment 6-21-14		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address				City Mystic		State CT	Zip Code
Purpose of Expenditure <i>(by code)</i> Food		Description Food				Amount 44.97	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>				Expenditure # <i>(if applicable)</i>		Event #	
Name of Payee Luna Pizza					Date of Payment 6-19-14		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address 999 Farmington Ave				City W Hartford		State CT	Zip Code
Purpose of Expenditure <i>(by code)</i> Food		Description Food				Amount 23.09	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>				Expenditure # <i>(if applicable)</i>		Event #	
Name of Payee Starbucks					Date of Payment 5-22-14		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address 1449B New Britain				City W Hartford		State CT	Zip Code
Purpose of Expenditure <i>(by code)</i> Food		Description Food				Amount 6.49	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>				Expenditure # <i>(if applicable)</i>		Event #	
SUBTOTAL Section N — This Page						134.66	
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
N. Expenses Paid by Committee					
Name of Payee Saltonstall Pkwy			Date of Payment 6-28-14		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address 227 Saltonstall		City E Haven		State CT	Zip Code
Purpose of Expenditure (by code) TRVL	Description Gas			Amount 85	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
Name of Payee Shell			Date of Payment 6-19-14		Method of Payment <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 444 Saw Mill rd		City West haven		State CT	Zip Code
Purpose of Expenditure (by code) TRVL	Description Gas			Amount 50	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
Name of Payee Dunkin Donuts			Date of Payment 6-24-14		Method of Payment <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 1253 New Britain Ave		City W Hartford		State CT	Zip Code
Purpose of Expenditure (by code) Food	Description Food			Amount 4.14	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
Name of Payee dunkin donuts			Date of Payment 5-21-14		Method of Payment <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 41 S main St		City W hartford		State CT	Zip Code
Purpose of Expenditure (by code) Food	Description Food			Amount 4.19	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	
SUBTOTAL Section N — This Page				143.33	
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page Totals)					

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
Visconti for Governor					
N. Expenses Paid by Committee					
Name of Payee			Date of Payment	Method of Payment:	
A.C Petersen Farms			6-30-14	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address		City		State	Zip Code
240 Park Road		W Hartford		CT	
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
FOOD	food				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure = <i>(if applicable)</i>	Event =		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>					
Name of Payee			Date of Payment	Method of Payment:	
Treva			6-27-14	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address		City		State	Zip Code
980 Farmington Ave		W Hartford		CT	
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
FOOD	food				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure = <i>(if applicable)</i>	Event =		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>					
Name of Payee			Date of Payment	Method of Payment:	
Starbucks			5-16-14	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address		City		State	Zip Code
1 mohegan Sun Blvd					
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
Food	Food				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure = <i>(if applicable)</i>	Event =		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>					
Name of Payee			Date of Payment	Method of Payment:	
Cadillac Ranch			5-18-14	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address		City		State	Zip Code
45 Jude Lane		Southington		CT	06439
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
Food	Food				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure = <i>(if applicable)</i>	Event =		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>					
SUBTOTAL Section N — This Page				111.52	
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
Visconti for Governor							
N. Expenses Paid by Committee							
Name of Payee					Date of Payment		Method of Payment
first & Last Tavern					4-28-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
220 Main Street			Middletown			CT	
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
FOOD		food				83.92	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Expenditure # <i>(if applicable)</i>		Event #		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>							
Name of Payee					Date of Payment		Method of Payment
Bricco Trattoria					4-26-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
124 Hebron Ave			Glastonbury			CT	
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
FOOD		food				156.81	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Expenditure # <i>(if applicable)</i>		Event #		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>							
Name of Payee					Date of Payment		Method of Payment
99 Restaurant					4-22-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
1 South Main			torrington			CT	06790
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Food		Food				111.14	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Expenditure # <i>(if applicable)</i>		Event #		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>							
Name of Payee					Date of Payment		Method of Payment
Subway					6-26-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
# 19249						CT	06412
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Food		Food				7.92	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Expenditure # <i>(if applicable)</i>		Event #		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>							
SUBTOTAL Section N — This Page						359.79	
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
Visconti for Governor							
N. Expenses Paid by Committee							
Name of Payee					Date of Payment		Method of Payment
Dunkin donuts					5-6-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
77 Main st			Southbury			MA	
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
FOOD		food				51.32	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Expenditure = <i>(if applicable)</i>		Event =		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>							
Name of Payee					Date of Payment		Method of Payment
Dunkin Donuts					5-7-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
77 Main St			Southbury			CT	
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
FOOD		food				29.38	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Expenditure = <i>(if applicable)</i>		Event =		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>							
Name of Payee					Date of Payment		Method of Payment
Ceniccola's Italian Deli					4-17-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
36 Killingworth Tpk			Clinton			CT	06413
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Food		Food				252.49	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Expenditure = <i>(if applicable)</i>		Event =		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>							
Name of Payee					Date of Payment		Method of Payment
Cabo Tequila Grill					5-1-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
4 Water Street			Chester			CT	06412
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Food		Food				267.85	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Expenditure = <i>(if applicable)</i>		Event =		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>							
SUBTOTAL Section N — This Page						601.04	
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
Visconti for Governor					
N. Expenses Paid by Committee					
Name of Payee			Date of Payment	Method of Payment	
Subway			5-7-2014	<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card	
Street Address		City		State	Zip Code
Store 19249					
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
FOOD	food				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure = <i>(if applicable)</i>	Event =		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>					
Name of Payee			Date of Payment	Method of Payment	
Bartaco			5-5-14	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address		City		State	Zip Code
971 Farmington Ave		W Hartford		CT	
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
FOOD	food				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure = <i>(if applicable)</i>	Event =		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>					
Name of Payee			Date of Payment	Method of Payment	
The Tambascio's			4-30-2014	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address		City		State	Zip Code
385 Main Street South		W Hartford			
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
Food	Food				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure = <i>(if applicable)</i>	Event =		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>					
Name of Payee			Date of Payment	Method of Payment	
The Fireside			5-1-14	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address		City		State	Zip Code
810 Woodward Ave		new Haven		CT	06501
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
Food	Food				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure = <i>(if applicable)</i>	Event =		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>					
SUBTOTAL Section N — This Page				428.82	
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Visconti for Governor					
N. Expenses Paid by Committee					
Name of Payee			Date of Payment	Method of Payment	
Doody's			5-13-14	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address		City		State	Zip Code
465 Foxon Rd		North Branford		CT	06471
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
FOOD	food				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure = <i>(if applicable)</i>	Event =		
<input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>					
Name of Payee			Date of Payment	Method of Payment	
Dunkin Donuts			5-9-2014	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address		City		State	Zip Code
		W Hartford		CT	
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
FOOD	food				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure = <i>(if applicable)</i>	Event =		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>					
Name of Payee			Date of Payment	Method of Payment	
Shell				<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address		City		State	Zip Code
		W Hartford		CT	06119
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
Food	Grocery				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure = <i>(if applicable)</i>	Event =		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>					
Name of Payee			Date of Payment	Method of Payment	
Country diner			5-10-14	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address		City		State	Zip Code
111 Hazard Ave		Enfield		CT	06082
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
Food	Food				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure = <i>(if applicable)</i>	Event =		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>					
SUBTOTAL Section N — This Page				341.54	
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections N — S)

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
Visconti for Governor							
N. Expenses Paid by Committee							
Name of Payee					Date of Payment		Method of Payment
Shell					5-17-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address				City		State	Zip Code
905 Farmington				W Hartford		CT	
Purpose of Expenditure <i>(by code)</i>		Description					Amount
FOOD		food					15
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee					Date of Payment		Method of Payment
							<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address				City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee					Date of Payment		Method of Payment
							<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address				City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee					Date of Payment		Method of Payment
					5-18-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address				City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
SUBTOTAL Section N — This Page						15 -	
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
O. Expenses Paid by Candidate					
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment	
				Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Event =	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment	
				Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Event =	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment	
				Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Event =	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment	
				Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Event =	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment	
				Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Event =	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment	
				Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Event =	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment	
				Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Event =	
SUBTOTAL Section O — This Page					
TOTAL of additional Section O Pages					
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 27 of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections N — S)

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other _____		
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum P</i>		Expenditure # <i>(if applicable)</i>	Event =		
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum P</i>		Expenditure # <i>(if applicable)</i>	Event =		
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum P</i>		Expenditure # <i>(if applicable)</i>	Event =		
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum P</i>		Expenditure # <i>(if applicable)</i>	Event =		
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum P</i>		Expenditure # <i>(if applicable)</i>	Event =		
SUBTOTAL Section P — This Page					
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD					

IV. EXPENDITURES (Sections N — S)

Page 14 of 16

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
Q. Expenses Incurred by Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount Incurred <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum Q		Expenditure = <i>(if applicable)</i>	Event =		
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount Incurred <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum Q		Expenditure = <i>(if applicable)</i>	Event =		
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount Incurred <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum Q		Expenditure = <i>(if applicable)</i>	Event =		
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount Incurred <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum Q		Expenditure = <i>(if applicable)</i>	Event =		
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount Incurred <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum Q		Expenditure = <i>(if applicable)</i>	Event =		
SUBTOTAL Section Q – This Page					
TOTAL of additional Section Q Pages					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 29 of Summary Page Totals)</i>					
Previously reported Expenses Unpaid and still Outstanding					

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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 <input type="radio"/> Check # <input type="radio"/> Debit Card
Secondary Payee						
Street Address			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum R		Expenditure # <i>(if applicable)</i>		Event #		
Last Name of Worker Consultant		First		MI	Date of Payment	Method of Payment <input type="radio"/> Check # <input type="radio"/> Debit Card
Secondary Payee						
Street Address			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum R		Expenditure # <i>(if applicable)</i>		Event #		
Last Name of Worker Consultant		First		MI	Date of Payment	Method of Payment <input type="radio"/> Check # <input type="radio"/> Debit Card
Secondary Payee						
Street Address			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum R		Expenditure # <i>(if applicable)</i>		Event #		
Last Name of Worker Consultant		First		MI	Date of Payment	Method of Payment <input type="radio"/> Check # <input type="radio"/> Debit Card
Secondary Payee						
Street Address			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum R		Expenditure # <i>(if applicable)</i>		Event #		
Last Name of Worker Consultant		First		MI	Date of Payment	Method of Payment <input type="radio"/> Check # <input type="radio"/> Debit Card
Secondary Payee						
SUBTOTAL Section R — This Page						
TOTAL of additional Section R Pages						
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS						

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
S. Surplus Distribution of Equipment and Furniture					
Name of Recipient					
Street Address		City		State	Zip Code
Description of Item					Original Purchase Amount of Item
Name of Recipient					
Street Address		City		State	Zip Code
Description of Item					Original Purchase Amount of Item
Name of Recipient					
Street Address		City		State	Zip Code
Description of Item					Original Purchase Amount of Item
Name of Recipient					
Street Address		City		State	Zip Code
Description of Item					Original Purchase Amount of Item
Name of Recipient					
Street Address		City		State	Zip Code
Description of Item					Original Purchase Amount of Item
Name of Recipient					
Street Address		City		State	Zip Code
Description of Item					Original Purchase Amount of Item
Name of Recipient					
Street Address		City		State	Zip Code
Description of Item					Original Purchase Amount of Item
TOTAL SECTION S					

EXPENDITURE CODE ADDENDUM

For use with Sections N, O, P, Q & R of the SEEC Form 30

Asterisk * adjacent to the left of the Expenditure Code indicates that **Description Field** is **Mandatory**

Warning: *The existence of a particular expenditure code does not mean that such expenditure is lawful. To determine lawfulness, Treasurers must read the committee guide applicable to their type of committee or contact the State Elections Enforcement Commission at 860-256-2925.*

Advertising: Each expenditure code beginning with "A-" is to be used to identify the delivery method for paid advertising, which includes advertising to solicit committee funds. Include the costs for *both* the **development** *and* the **delivery** of the message. A payment to a professional consultant to develop a message should be coded to the main advertising delivery method below, *not* as **Professional Consultant (CNSLT)**, which is a code that should only be used when no other expenditure code applies. If a single advertising message is developed for several of the delivery mechanisms listed below, use **A-OTH** for the cost of developing the message and then use the applicable code for the payments associated with the several delivery methods used. **Please Note:** The one **exception** to this advertising rule is when advertising content includes, as part of the message, an invitation to individuals to attend a fundraising event in return for a contribution or attendance fee. **Fundraising Event** advertising must be coded **FNDR** (see explanation below) irrespective of the advertising delivery method.

A-DM: expenditure to **advertise** through **direct mail**.

A-MAG: expenditure to **advertise** through a **magazine**.

A-NEWS: expenditure to **advertise** through a **newspaper**.

A-ATM: expenditure to advertise using an **automated telephone/fax message**, or an **automated telemarketing message**.

A-PH-BNK: expenditure for the use of **phone banks**, where people are speaking as distinguished from pre-recorded messages (*above*) and polls and surveys (*below*).

A-RAD: expenditure to **advertise** on **radio**.

A-SIGN: expenditure for the cost of preparing, printing, producing or distributing lawn or billboard **signs** visible from any street or highway.

A-TV: expenditure to **advertise** on **television**.

A-WEB: expenditure to advertise on the **World Wide Web**. This includes webcasting (sending audio and/or video live over the Internet), or any other form of advertising on the web. See **WEB** for other web-related expenditures.

A-OTH: expenditure for any **other advertising**, not listed above, like the cost of (a) posters, stickers, streamers, banners, etc. for distribution on or in buildings or vehicles (i.e. cars, buses, boats, aircraft, etc.); (b) campaign paraphernalia, such as pins, hats, potholders, tee shirts and other campaign giveaway items; (c) audio messages and the cost of transmitting them by speakers from vehicles or buildings; (d) ads placed in ad books, in schools or civic organizations' ad book pamphlets or bulletins; or (e) ads placed in ad books for fundraising events held by other committees.

***ATT:** expenditure for **attendance fee or entrance fee** for any person to a (1) fundraiser held by *any* committee; (2) an inaugural event of any candidate; (3) a charitable event; (4) an educational course or training seminar; etc. In the text box of the **Description Field**, which is **mandatory** under this expenditure category, identify the name and address of the individual who is attending the event as well as the date and location of the event and the name of the sponsoring committee or entity sponsoring the event.

BNK: expenditure to record any payment of **BANK fees, interest charges, or penalties** assessed by the bank on the committee's checking account only. Similar fees assessed by a credit card company should be listed under credit card charges in Section P of the SEEC Form 30, entitled "Expenses Incurred on Committee Credit Card."

CCP: expenditure to record **any payment of the Credit Card bill**, including partial payments, finance charges, and mid-cycle payments. See Section P of the SEEC Form 30, entitled "Expenses Incurred on Committee Credit Card," to record actual charges made against the credit card account, including any finance charges.

CEF: expenditure to record any payment to the State of Connecticut's **Citizens' Election Fund (CEF)**. Checks should be made payable to the **Citizens' Election Fund** and sent to the **State Elections Enforcement Commission, 20 Trinity Street, Hartford, CT 06106**. This expenditure code does not apply to the surplus distribution (**SRPLS**) expenditure code explained below.

CHAR: expenditure for a payment of committee funds to a tax-exempt **charitable** organization [26 U.S. Code § 501(c)(3)].

EXPENDITURE CODE ADDENDUM

For use with Sections N, O, P, Q & R of the SEEC Form 30

Asterisk * adjacent to the left of the Expenditure Code indicates that **Description Field** is **Mandatory**

CNSLT: expenditures to a professional **consultant**. Professional consultants are individuals or entities that are paid by the committee as independent contractors for their professional advice. They are not salaried employees and they are not individuals who are serving the committee as volunteers. Examples: management firms, public relations firms, lawyers and accountants, etc. However, for payments to professional consultants who design polls and surveys, or advertising messages, use the more specific code (ex. **A-DM**, **A-OTHR**, **POLLS**). If the payment to a professional consultant includes costs paid or incurred to some other vendor, following completion of the entry of this expenditure, go immediately to Section R, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of **Secondary Payees**.

CNTRB: expenditures that are **contributions to another committee**. The expenditure of a committee's funds to make a contribution to another committee is to be distinguished from an expenditure of committee funds to **pay the other committee (POC)** for shared expenses. *See explanation of POC below.*

***EFV:** expenditures for **equipment, furniture, and vehicles**. Record only the portion of the cost that is actually paid. Cost includes any costs associated with the delivery or installation of the item. Equipment includes computers, printers, phones, etc. The text box of the **Description Field**, which is **mandatory** in this situation, must list the item, and whether the expenditure is a purchase, rental or lease. *Please Note:* Vehicles may only be leased and may not be purchased.

FOOD: expenditures paid directly to a vendor for food and beverage, **except** if the vendor is paid for these items in association with the committee's own sponsored **fundraiser** (see **FNDR** below) or the committee's own sponsored **inaugural event** (see **INAUG** below).

***FNDR:** expenditures associated with holding a committee **fundraising event** (i.e. payments to restaurants, hotels, caterers, food and beverage vendors, invitations, entertainers performing at the event, paid speakers, etc.). Advertising content that includes as part of the message invitations to individuals to attend a committee fundraising event in return for a contribution or attendance fee must be coded **FNDR** irrespective of the advertising delivery method. *Please Note:* This expenditure category **must not include** expenditures of the committee's funds for the **attendance fees (ATT)** of any persons attending another entity's fundraising event.

***GIFT:** record the purchase of any item that is to be given as a **gift** to any individual or entity. Gifts to committee workers are generally limited to an aggregate of \$100 per recipient. *For committees that have received a CEP grant, the limit is \$5 per recipient.* The text box of the **Description Field**, which is **mandatory** in this situation, must identify the item purchased as well as the name and address of the individual or entity who is the recipient of the committee's gift.

INAUG: expenditures relating to the committee's costs for hosting an **inaugural event** for the committee's own candidate. This code does not include expenditures by the committee for attendance fees of individuals to another committee's inaugural event, which must be coded as an **attendance fee** (see **ATT** above).

LOAN: expenditures to record the payment of the committee's **LOAN**, whether principal, interest or both. *Please Note:* Any penalties assessed for non-payment on a loan, if not paid by the payment due date, must be disclosed as additional "Expenses Incurred by Committee but not Paid During This Period" in Section Q of the SEEC Form 30.

OFFICE: expenditures for **office supplies** such as paper, pens, printer cartridges, etc.

OVHD: expenditures of **overhead operating** costs, including the cost of renting office space, parking spaces, repairing or servicing office furniture and equipment used in connection with committee activities, related insurance, utility payments for committee headquarters, subscriptions and similar overhead operating expenses.

PETTY: expenditure to replenish the committee's **petty cash fund**.

POC: expenditures to record a **payment to another committee** at fair market value for goods, services or other things of value provided by that other committee as a reimbursement of a shared expense. Examples: payment for a mail list, contact list or email distribution list prepared and produced by the other committee, or for the cost of the salaries of the other committee's salaried employees who were loaned to the committee, etc. Absent payment to the other committee at fair market value for such benefits received, **within 45 days of receipt**, the committee would be receiving an **In-Kind Contribution** from the other committee. *Please Note:* **In-Kind Contributions** do not require an expenditure code because they are receipts of the committee, not expenditures. The **POC** expenditure code category must be distinguished from expenditures that are coded as **contributions to another committee (CNTRB)**.

EXPENDITURE CODE ADDENDUM

For use with Sections N, O, P, Q & R of the SEEC Form 30

Asterisk * adjacent to the left of the Expenditure Code indicates that **Description Field** is **Mandatory**

POLLS: expenditures associated with **conducting polls and surveys**. This category is to be distinguished from phone banks (**A-PH-BNK**) because the information is not just delivered to the public but opinion is carefully being sought and collected from the public in some manner to produce a poll or survey result or report. If a professional consultant is both designing *and* conducting the poll or survey, use **POLLS** as the expenditure code, not **CNSLT** (*see above*).

POST: expenditures for **postage**, such as stamps, bulk mail permits, post office boxes and envelopes, United Parcel Service, Federal Express, etc.

PRNT: expenditures associated with the costs of **printing**, photocopying or reproducing literature, stationery, invitations and the like.

RCW: expenditures to **reimburse committee workers**, which may include a candidate. This is when the cost of payment for something needed by the committee is advanced by the committee worker and reimbursement is sought and obtained from the committee's Treasurer who authorized the payment within 45 days of receipt of the paid for item. *Please Note:* Absent reimbursement to the committee worker **within 45 days of receipt** of the paid for item, the committee would be receiving an **In-Kind Contribution** from the committee worker. After making payment to the worker, reporting this item also requires full reporting of the **Secondary Payees** appearing on the payment slip of the committee worker. Go immediately to Section R, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of Secondary Payees. *Further Note:* When reimbursing the candidate, report the purchase in Section O of the SEEC Form 30, entitled "Campaign Expenses Paid by the Candidate."

REF: **refunds** are expenditures of any committee funds that were deposited into the committee's checking account and then returned to a contributor or any other revenue source for any reason.

SRPLS: expenditures which are **surplus distributions** in connection with the termination and dissolution of the committee.

TRVL: expenditures for an individual's **transportation** costs and **lodging** authorized by the Treasurer, such as the cost of gasoline, other transportation fare, and lodging. The cost of **attending** any event should be coded as **attendance** (*see ATT above*) and **any separate payment for food** outside the cost of the attendance fee should be coded as **FOOD**.

WAGE: expenditures for **wages and benefits** paid to the committee's staff. This is to be distinguished from payments to professional consultants (**CNSLT**) who are independent contractors.

WEB: expenditures for accessing and having a presence on the **WEB**. This includes payments to develop or maintain: (a) a committee website and homepage; (b) an internet provider; (c) a domain name on the internet; (d) payments to a merchant account processor or a payment gateway provider to enable the committee to receive online credit and debit card contributions over the internet; and (e) similar costs relating to use of the internet. This is not to be used for any costs related to advertising on the web (*see A-WEB above*).

***MISC:** expenditures of **Miscellaneous** items that are not listed above. The text box of the **Description Field**, which is mandatory in this situation, must explain in narrative form, with sufficient clarity, the purpose of this expenditure.

If additional pages are needed to complete all information required in each section of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the section.

Additional Pages are located at the back of the SEEC Form 30.

	Prefix	First Name	Middle Initial	Last Name	Suffix	Address 1	Address 2	City	State	Zip	Email
1		Jeff		Hodgkin		72 Bunnell St		Colebrook	CT	06098	jeff.hodgkin@gmail.com
2	Mr.	David	C	Ragozzine		17 Mountain View Ter		Winchester	CT	06098	Dave6890127@gmail.com
3	Mr.	Luke	G	Gardner		177 Old Mill Ln		Stamford	CT	06902	lggardner@me.com
4		Kim		Perna		119 Thompson St		Glastonbury	CT	06073	Realtorkimperna@gmail.com
5	Mr.	enrico		digioia		697 3rd Ave		West Haven	CT	06516	enricodigioia15@gmail.com
6		Gregory	S	Hopkins		8 Wiebe Ave		Stratford	CT	06614	greg@greghopkins.com
7		Michele		Gregorio		26 Fairview Ave		West Haven	CT	06516	micheleppgregorio@gmail.com
8		Sheila		Foster		538 Laurel Hill Rd		Norwich	CT	06360	SHFoster1550@yahoo.com
9		Charlie		Scherer		84 Sprain Brook Rd		Woodbury	CT	06798	newwct@charter.net
10		Debra		Catuccio		70 Ivy Mountain Rd		Goshen	CT	06756	tucctwo@aol.com
11		david		ahern		79 Sunken Meadow Rd		Northport	NY	11768	davidahern@aol.com
12		Jack	S	Cook	JR	13 Weekepeemee Rd		Bethlehem	CT	06751	jscookjr@gmail.com
13		Merle		Sprague		340 Rimmon Hill Rd		Beacon Falls	CT	06403	merle.email@gmail.com
14		Rich		Flint		55 Albrecht Rd		Torrington	CT	06790	richaf@optonline.net
15		William		Morey		3 Westomere Ter		New London	CT	06320	moreywilliam@hotmail.com
16		Matthew		Corey		181 Center St		Manchester	CT	06040	coreymatthew79@hotmail.com
17	Mr.	Chris	A	Ford		74 Main St N	Apt 3-5	Woodbury	CT	06798	palinsmith2012@aol.com
18	Mrs.	Betty	J	Lincoln		246 Whistletown Rd		East Lyme	CT	06333-1030	fshnut@sbcglobal.net
19		Joseph		Breen		70 Timothy Ter		Windsor	CT	06095	BreenJ@aol.com
20		James C		Moir		105 Johnny Cake Ln		Glastonbury	CT	06033	jmjimg@gmail.com
21		Mark		Wilczak		171 West St		Seymour	CT	06483	ufsuxbig1@aol.com
22		Michele		McBrien		183 Concord Ct		Beacon Falls	CT	06403	widowmaker8704@gmail.com
23		mike		santangelo		220 Straitsville Rd		Prospect	CT	06712	msanta50@yahoo.com
24		Michael		Babij		398 S Main St		New Britain	CT	06051	ramair66_442@yahoo.com
25		Jan		Brezovsky		438 Henry Ave		Stratford	CT	06614	gabberattack@gmail.com
26	Dr.	kyle		richards		73 Bonair Hill Rd		Tolland	CT	06084	karichards@hotmail.com
27		Lee		Letourneau		47 Wildwood Ter		West Haven	CT	06516	bigbuddyilbuddy@gmail.com
28	Mr.	Daniel	J	Cewe, Jr.	Jr	6 Gayfeather Ln		Glastonbury	CT	06033	dan.cewe@yahoo.com
29		Charlie		Scherer		84 sprain brook Rd		Woodbury	CT	06798	newwct@charter.net
30		Linda		Czaplinski		30 Freeman Rd		oxford	CT	06478	Lindaczaplinski@Sbcglobal.Net
31		Patrick		Lacy		41 Dogwood Rd		Moodus	CT	06469	Patrick.Lacyii@Gmail.Com
32	Mr.	Chris	A	Ford		74 Main St N	Apt 3-5	Woodbury	CT	06798	palinsmith2012@aol.com
33		Robin		Tofield		361 Hinman Rd		Watertown	CT	06795	byrd56@aol.com

Phone Number	Employer	Occupation	Donation	Type	Date Time
1 860-605-0331	Emdeon	Computer Programmer	\$55.00	Credit Card	5/1/2014 11:28
2 2039886989	Self Employed	Second Hand Dealer of antiques and collectibles	\$60.00	Credit Card	5/1/2014 15:30
3 2033233645	Self	Attorney	\$55.00	Credit Card	5/1/2014 16:52
4 860-753-0050	Coldwell Banker Residential Brokerage	Realtor	\$100.00	Credit Card	5/2/2014 17:12
5 2034641942	skf automotive	owner	\$100.00	Credit Card	5/3/2014 17:35
6 2035227610	Penske auto	Parts sales	\$100.00	Credit Card	5/5/2014 13:53
7 203-231-7274	BIC Corp	accountant	\$100.00	Credit Card	5/5/2014 18:42
8 8608872436	USDA	Animal Health Tech	\$25.00	Credit Card	5/6/2014 5:32
9 203-217-7575	self	remodeling	\$25.00	Credit Card	5/9/2014 18:11
10 860 482-1995	State of CT	Emergency Response	\$100.00	Credit Card	5/10/2014 17:35
11 631-663-3401	one courier inc	owner/manager	\$20.14	Credit Card	5/14/2014 14:14
12 203-266-7417	Bentley Systems	Executive	\$50.00	Credit Card	5/15/2014 9:56
13 2032579887	Sikorsky	Avionics Checkout Technician	\$50.00	Credit Card	5/15/2014 10:16
14 860.307.1012	Seimon Comapny	Automation Technician	\$50.00	Credit Card	5/15/2014 12:05
15 860-451-6205	RETIRED	Retired	\$50.00	Credit Card	5/15/2014 16:37
16 8605739777	Mckinnons	self employed	\$100.00	Credit Card	5/15/2014 16:53
17 203-263-8950	N/A	RETIRED	\$319.00	Credit Card	5/15/2014 17:07
18 8607393555	none	retired	\$100.00	Credit Card	5/15/2014 18:09
19 8602850499	Breen Aviation	Pilot	\$100.00	Credit Card	5/15/2014 18:28
20 8606337721	Self employed	Farmer/landscaper	\$15.00	Credit Card	5/15/2014 18:37
21 203889931	crown bolt	merchandiser	\$50.00	Credit Card	5/15/2014 21:33
22 203-645-2116	n/a	disabled	\$25.00	Credit Card	5/16/2014 0:02
23 2035279605	self	carpenter	\$25.00	Credit Card	5/16/2014 7:45
24 860-827-8624	Richard Chevrolet	parts counterman	\$100.00	Credit Card	5/17/2014 4:28
25 2037069034	Long Ridge of Stamford	Physical therapist asistant	\$25.00	Credit Card	5/18/2014 8:13
26 8603770166	pioneer valley cardiology	cardiologist	\$1,500.00	Credit Card	5/23/2014 10:23
27 2039961982	Self	Small Business Owner	\$50.00	Credit Card	5/31/2014 16:57
28 8603680166	Aetna	Systems Engineer	\$25.00	Credit Card	5/31/2014 18:21
29 203-217-7575	self	remodeling	\$25.00	Credit Card	5/31/2014 20:02
30 203 518 2763	WealthTouch	Client Service Director	\$25.00	Credit Card	6/1/2014 15:38
31 8608733251	Self - AGS Dist	Sales & Dist	\$25.00	Credit Card	6/2/2014 6:02
32 203-263-8950	N/A	RETIRED	\$500.00	Credit Card	6/16/2014 10:46
33 203 228 4432	Woodbury Fire Dept	Admin Asst	\$25.00	Credit Card	6/17/2014 12:32

	Prefix	First Name	Middle Initial	Last Name	Suffix	Address 1	Address 2	City	State	Zip	Email
34		Dominick		Agron		PO BOX 10		Dingamns Ferry	PA	18328	domagron@hotmail.com
35		Merle		Sprague		340 Rimmon hill Rd		Beacon Falls	CT	06403	merle.email@gmail.com
36		Merle		Sprague		340 Rimmon hill Rd		Beacon Falls	CT	06403	merle.email@gmail.com
37		G David		Dorian		41 ASHWELL Ave		Rocky Hill	CT	06067-2415	davedorian@cox.net
38 Mr.		Ralph		Russo		563 glenbrook Rd		Stamford	CT	06006	RRUSO3116@GMAIL.com
39 Mr.		steve		bartholomew		15 canaan Way		Simsbury	CT	06070	steveubartholomew@gmail.com
40		Donald	E	Hawley		PO box 352		EastHartland	CT	06027	bobcatdh@cox.net
41		Rex	T	Myers		153 crystal lake Rd		Ellington	CT	06029	rexmyers@sbcglobal.net
42 Mrs.		Betty	J	Lincoln		246 Whistletown Rd		East Lyme	CT	06333	fshnut@sbcglobal.net
43 Mr.		dennis		drown		605 berkshire Rd		southbury	CT	06488	drownnd1@att.net
44 Mrs.		Betty	J	Lincoln		246 Whistletown Rd		East Lyme	CT	06333-1030	fshnut@sbcglobal.net
45		robert		vincent		49 tremper Dr		wallingford	CT	06492	robertvincent49@att.net
46		David		Liedlich		656 Roxbury Rd		Southbury	CT	06488	davel.2@netzero.net
47		Venerando		Sequenzia Jr		2032 Kaylas Ct		Orlando	FL	32817	vsequenzia@gmail.com
48		Robert		Drew		518 Route 81		Killingworth	CT	06419	rodrew@gmail.com
49		Peggie		Bushey		227 Loblolly Ln		Myrtle Beach	SC	29579	peggiebushey@yahoo.com
50		Cheryl		Hill		46 Aspetuck Pines Dr		New milford	CT	06776	speakstrong32@gmail.com

Phone Number	Employer	Occupation	Donation	Type	Date Time
34 2034000745	Regeneron	Managerial	\$250.00	Credit Card	6/18/2014 10:15
35 2032579887	Sikorsky	Avionics Checkout Technician	\$10.00	Credit Card	6/19/2014 17:35
36 2032579887	Sikorsky	Avionics Checkout Technician	\$10.00	Credit Card	6/19/2014 17:36
37 8609068870	STATE OF CONNECTICUT	CONTRACT ADMINISTRATOR	\$25.00	Credit Card	6/19/2014 18:01
38 9179299514	Entenmann's	Driver	\$25.00	Credit Card	6/19/2014 19:33
39 860-843-1201	EBA&D	Engineer	\$50.00	Credit Card	6/19/2014 21:08
40 860-653-5633	None	None	\$25.00	Credit Card	6/20/2014 6:24
41 8608179710	na	retired	\$10.00	Credit Card	6/20/2014 7:48
42 8607393555	none	retired	\$100.00	Credit Card	6/20/2014 8:29
43 7.54659E+11	not needed	privacy intrusion	\$50.00	Credit Card	6/21/2014 5:38
44 8607393555	none	retired	\$25.00	Credit Card	6/23/2014 10:18
45 203-213-6415	tri-lift, inc.	sales manager	\$10.00	Credit Card	6/24/2014 13:22
46 203-000-0000	State	CM	\$25.00	Credit Card	6/26/2014 16:50
47 305-525-9322	Data Supplies Inc.	Account Manager	\$100.00	Credit Card	6/27/2014 1:00
48 860-663-1570	Summit Technical	Software Engineer	\$25.00	Credit Card	6/27/2014 20:44
49 843-796-9041	N/A	Retired	\$25.00	Credit Card	6/28/2014 13:32
50 8609211810	N/A	Protecting my children and community from Common Core	\$25.00	Credit Card	6/28/2014 22:20

Total
\$4,814.14

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First Name	Last Name
Amount <input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$100 <input type="radio"/> \$250 <input type="radio"/> \$1000 <input type="radio"/> \$2,500 <input type="radio"/> \$3,500 Other \$ <input type="text"/>	
Country United States	Credit card number
Address	

City	State	Postal code	Expires	Security code (on back)
			2014 4 - April	

Email	Phone	Occupation
<input checked="" type="checkbox"/> Send email updates		
Employer		

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