

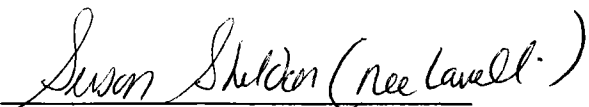
SEEC FORM 30

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

RECEIVED SEEC

41029
 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 (mm/dd/yyyy) 11-04-14		6. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> Governor				7. DISTRICT NUMBER <i>(if applicable)</i>			
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"/> April 10 filing <input checked="" type="checkbox"/> July 10 filing <input type="checkbox"/> October 10 filing		<input type="checkbox"/> 7th day preceding primary <input type="checkbox"/> 30 days following primary <input type="checkbox"/> 7th day preceding election <input type="checkbox"/> 7th day preceding special election		<input type="checkbox"/> Initial Itemized Statement accompanying application for Public Grant <input type="checkbox"/> Additional Itemized Statement in further support of application for Public Grant <input type="checkbox"/> Post Primary Itemized Statement accompanying request for General Election Grant		<input type="checkbox"/> Supplemental Statement <i>(Specify Type)</i> <input type="checkbox"/> Primary <input type="checkbox"/> Election <input type="checkbox"/> Declaration of Excess Expenditures <i>(Specify Type)</i> <input type="checkbox"/> Primary <input type="checkbox"/> Election		<input type="checkbox"/> Deficit <input type="checkbox"/> Termination <input type="checkbox"/> Amendment to Type of Report: _____	
10. PERIOD COVERED									
Beginning Date 04-01-14				Ending Date 06-30-14					
_____				thru _____					
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

Page 2 of 16

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) <i>OPTIONAL</i>		
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 type="radio"/> No	Amount of Contribution
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>		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 type="radio"/> No	Amount of Contribution
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>		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 type="radio"/> No	Amount of Contribution
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>		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 type="radio"/> No	Amount of Contribution
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>		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 <i>(Sections A + B) (Enter total on Line 14 of Summary Page Totals)</i>						7,424.14	

I. MONETARY RECEIPTS (Sections A — I)

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		Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner Guarantor <i>(if applicable)</i>					Amount Received
Street Address	City	State	Zip Code		
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		Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner Guarantor <i>(if applicable)</i>					Amount Received
Street Address	City	State	Zip Code		

TOTAL SECTION D

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

Date of Receipt	Method of Payment: <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

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

G. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Sections A — I)

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

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

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

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: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Description: _____		
Name: _____ Date of Transaction: _____ 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 style="width: 150px;" type="text"/> <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 style="width: 150px;" type="text"/> <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 style="width: 150px;" type="text"/> <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)

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:	Description of Donation	Fair Market Value of Donation			
<input type="radio"/> Individual <input type="radio"/> Business Entity <input type="radio"/> Sole Proprietorship	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 25%; padding: 5px;">Event #</td> <td style="width: 50%; padding: 5px;">Aggregate Value for this Event</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:	Description of Donation	Fair Market Value of Donation			
<input type="radio"/> Individual <input type="radio"/> Business Entity <input type="radio"/> Sole Proprietorship	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 25%; padding: 5px;">Event #</td> <td style="width: 50%; padding: 5px;">Aggregate Value for this Event</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:	Description of Donation	Fair Market Value of Donation			
<input type="radio"/> Individual <input type="radio"/> Business Entity <input type="radio"/> Sole Proprietorship	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 25%; padding: 5px;">Event #</td> <td style="width: 50%; padding: 5px;">Aggregate Value for this Event</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:	Description of Donation	Fair Market Value of Donation			
<input type="radio"/> Individual <input type="radio"/> Business Entity <input type="radio"/> Sole Proprietorship	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 25%; padding: 5px;">Event #</td> <td style="width: 50%; padding: 5px;">Aggregate Value for this Event</td> </tr> </table>	Date Received	Event #	Aggregate Value for this Event	
Date Received	Event #	Aggregate Value for this Event			

SUBTOTAL Section J3 — This Page	
--	--

TOTAL of additional Section J3 Pages	
---	--

TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 22 of Summary Page Totals)</i>	
--	--

III. NONMONETARY RECEIPTS (Sections K — M)

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? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #:</i>	Description of In-Kind Contribution
--	-------------------------------------

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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
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? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #:</i>	Description of In-Kind Contribution
--	-------------------------------------

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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
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? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #:</i>	Description of In-Kind Contribution
--	-------------------------------------

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Sole Proprietorship		Date Received
		Aggregate Contributions

SUBTOTAL Section K — This Page

TOTAL of additional Section K Pages

TOTAL OF ALL IN-KIND CONTRIBUTIONS *(Enter total on Line 23 of Summary Page Totals)*

L. Refundable Deposit to Telephone Company

Last Name of Individual	First	MI	Date Deposit Made
-------------------------	-------	----	-------------------

Residential Street Address	City	State	Zip Code
----------------------------	------	-------	----------

Name of Telephone Company	Amount of Deposit
---------------------------	--------------------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

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		
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 type="radio"/> Check # _____ <input checked="" 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)

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 <i>(by code)</i> Web	Description Web Services					Amount 678.01	
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 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 <i>(by code)</i> Web	Description Web Services					Amount 500.00	
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 QuickDiscs.Com					Date of Payment 4-24-2014		Method of Payment: <input type="radio"/> Check # 1030 <input checked="" type="radio"/> Debit Card
Street Address 41 Crossroads Plaza # 167			City West Hartford			State CT	Zip Code 06117
Purpose of Expenditure <i>(by code)</i> WEB	Description Web services					Amount 500.00	
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 QuickDiscs.com LLC					Date of Payment 5-9-14		Method of Payment: <input type="radio"/> Check # 1031 <input checked="" type="radio"/> Debit Card
Street Address 41 Crossroads Plaza # 167			City West Hartford			State CT	Zip Code 06117
Purpose of Expenditure <i>(by code)</i> Web	Description Web services					Amount 106.35	
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						1784.36	
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 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 type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>				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 type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>				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 type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>				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 type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>				Expenditure # (if applicable)	Event #		
SUBTOTAL Section N — This Page						1750.00	
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 Troy's Mobile					Date of Payment 5-4-14		Method of Payment: <input type="radio"/> Check # _____ <input checked="" 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 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					Date of Payment 5-7-14		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 12.6	
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					Date of Payment 5-1-14		Method of Payment: <input type="radio"/> Check # _____ <input checked="" 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 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					Date of Payment 5-14-14		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 50.49	
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 =	
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 type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 898 Farmington			City W Hartford			State CT	Zip Code 06111
Purpose of Expenditure <i>(by codes)</i> TRVL	Description Gas					Amount 74.22	
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 Sunoco					Date of Payment 4-16-14		Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 44 Elm St			City W haven			State CT	Zip Code
Purpose of Expenditure <i>(by codes)</i> TRVL	Description Gas					Amount 42.26	
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 Hine Bros					Date of Payment 4-5-14		Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City Southbury			State CT	Zip Code
Purpose of Expenditure <i>(by codes)</i> TRVL	Description Gas					Amount 47.97	
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					Date of Payment 4-27-14		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 codes)</i> TRVL	Description Gas					Amount 48.72	
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						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 <i>(by code)</i> 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 <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>				Expenditure = <i>(if applicable)</i>		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 <i>(by code)</i> 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 <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>				Expenditure = <i>(if applicable)</i>		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 <i>(by code)</i> 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 <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>				Expenditure = <i>(if applicable)</i>		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 <i>(by code)</i> 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 <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>				Expenditure = <i>(if applicable)</i>		Event =	
SUBTOTAL Section N — This Page						206.67	
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	
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>	Description						Amount
Post	Postage						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			State	Zip Code
544 Farmington Ave			Hartford			CT	06110
Purpose of Expenditure <i>(by code)</i>	Description						Amount
post	stamps						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			City			State	Zip Code
2507 Albany Ave			W hartford			CT	
Purpose of Expenditure <i>(by code)</i>	Description						Amount
TRVL	Gas						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			City			State	Zip Code
109 Berlin Tpk			berlin			CT	
Purpose of Expenditure <i>(by code)</i>	Description						Amount
TRVL	Gas						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 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 Supplies				Amount 136.1	
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 # (if applicable)		Event #		
Name of Payee Office depot					Date of Payment 6-29-14		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 15.85	
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 # (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 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 type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>			Expenditure # (if applicable)		Event #		
Name of Payee Dicks sporting goods					Date of Payment 6-24-14		Method of Payment <input type="radio"/> Check # _____ <input checked="" 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 type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>			Expenditure # (if applicable)		Event #		
SUBTOTAL Section N — This Page						382.66	
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)

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 <i>(by code)</i> 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 <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure = <i>(if applicable)</i>	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 <i>(by code)</i> 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 <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure = <i>(if applicable)</i>	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 <i>(by code)</i> 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 <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure = <i>(if applicable)</i>	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 <i>(by code)</i> 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 <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure = <i>(if applicable)</i>	Event =		
SUBTOTAL Section N — This Page				288.78	
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>					