Print Form

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement Connecticut STATE ELECTIONS ENGINEEMENT COMMISSION Revised January 2012

1029

Page 1 of 16

FILED SEEC 2014 JUL 14 FM **4** 08

			CC	<u>JVE</u>	R PAGE						
1. NAME OF COMMIT	ree		 					2. T	YPE O	F CO	MMITTEE
Visconti for Governo	r								⊙ C₂	ndidat	e Committee
visconti for Governo									O Exploratory Committee		
3. TREASURER NAME											
First			МІ		Last						Sullix
Susan			Α		Sheldon (nee i	Lavell	li) 				
4. TREASURER ADDRI	ESS										
Street Address				City				State	l	Zip Co	
217 Arvidson Rd Woodstock C						СТ		0628	1		
5. ELECTION DATE		6. OFFICE SOUG	HT (Com)	nlete only	if Candidase Committe	(يو			7. DISTRICT NUMB		
(mm/dd/yyyy) 11-04-14								(if app	olicable)		
8. CANDIDATE NAME	(Complete only if	Candidate or Explorato	ry Committ	lee)							
First			МІ		Last						Suffix
Joseph		·	В		Visconti						
9. TYPE OF REPORT (6	Theck One Box)				······································						
January 10 filing	7th day pr	eceding primary	נ		Itemized Stateme		Supplemental State (Specify Type)	tement	□ D	eficit	
accompanying application April 10 filing 30 days following primary for Public Grant Primary Election								☐ Termination		ation	
✓ July 10 filing	— ☐7th day pr	Additional Itemized Declaration of Excess ay preceding election Statement in further						cess			ment to
October 10 filing	_	eceding special cle	ction	Statement in further Expenditures support of application (Specify Type) for Public Grant Primary Election					T	ype of	f Report:
		3.	[Post I Stater reque	Primary Itemized nent accompanyin st for General on Grant	ıg					
10. PERIOD COVERED	 										
		Beginning Da	te		E	nding	g Date				
		04-01-14			thru 06-30-	14					
11. CERTIFICATION		· · · · · · · · · · · · · · · · · · ·					·				
I hereby certify and Disclosure Stateme						ation	set forth on this Ite	mized C	ampa	ign F	'inance
Susan s	Shelden (nee lavel	(·)	Su	san Sheli	Jorj	nee lan!	, ,	() b /	11/14
TREASURER OR DEPL	ITY TREASURE	ER (SIGNATURE)		PRIN	T NAME OF SIGNI	ER			DA	ATE/(n	am/dd/yyyy)

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT					
	COLUMN A This Period	COLUMN B Aggregate				
12. Balance on hand from day committee was formed		\$0.00				
13. Balance on hand at the beginning of Reporting Period	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)						

NAME OF COMMITTEE (Provide Complete Name of	AME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
A. Total Contributions from Small	l Contributors-Received	l this Pe	riod ONLY	S	For Nonparticip	ating Candidates ONLY
SA ARREST ALL THE ATTENDED SERVICE SERVICE AND ARREST ARRE						
	B. Itemized Contribu	utions fi	om Individua	ls	CONTRACTOR	римот повиши ре- широстролог наввотвано о его со наской соверите по со наской соверите на постоя со со со со с
Last Name		First			MI	Contribution ID =
Residential Street Address		City			•	State Zip Code
Principal Occupation	· · · · · · · · · · · · · · · · · · ·		Name of Employer			
	Executive OLegislative		Is contributor a lob or dependent child	of a lobbyist?	8 Yes No	Amount of Contribution
fundraising event listed in Section J1? O No	cthod of Contribution Cash Personal Check Money Order Credit Debit Ca		eerved	Aggregate Contrib	outions	
Last Name		First			МІ	Contribution ID =
Residential Street Address		City				State Zip Code
Principal Occupation			Name of Employer		<u>. l</u> .	
Is contributor a principal of a state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective state contractor? OYes	s ONe	Is contributor a lob or dependent child		8 Yes No	Amount of Contribution
fundraising event listed in Section J1? No	thod of Contribution. Cash		erved z	Aggregate Contrib	utions	
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 pro- If yes. indicate which branch or branches of government the contract is with:	spective state contractor? OYes Executive OLegislative	s ONo	Is contributor a lob or dependent child		8 Yes No	Amount of Contribution
fundraising event listed in Section J1? No	thod of Contribution. Cash Money Order Credit Debit Car		eived :	Aggregate Contrib	unons	
	SUBTOT	AL Sect	ion B — This	Page		
	TOTAL of	additio	nal Section B l	Pages		
	F ALL CONTRIBUTIO ections A + B) (Enter total on				4.14	
	, , , , , , , , , , , , , , , , , , , 					

NAME OF COMMITTEE (Provide Complete Name a	s Registered w	nth Commission	1)			TYPE OF RE	PORT	
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	C1. C	ontributio	ons f	from Ot	her Comm	ittees		
Name of Committee	A OF LIVE TO A VENT AND A VENT A V	NORTH BOOK STATE OF THE STATE O	POST DAWERS N		Name of Treasu	ILGI Marian Marian Marian Marian Marian Mari		F LANGUER (Black) in Arthur (Color) (Color) (Color) in Color) (Color) (Color) (Color) (Color) (Color) (Color) (Color)
Address			Te	thic contrib	oution accordate	d with a Vac O	No.	Amount of Contribution
			fù	indraising e	oution associated with a Yes ONo Amount of Contribution went listed in Section J1?			
	T .			<u> </u>		st Event #		
City	State	Zip Code		Date Recer	red	Aggregate Contribution	,	
						ļ		
Name of Committee		!			Name of Treasu	uer		
Address			Τ,		<u> </u>			Amount of Contribution
			fu fu	this contrit indraising e	oution associated vent listed in Se	d with a Yes O	No	Amount of Contribution
					If yes, lis	st Event #		
City	State	Zip Code		Date Recen	red	Aggregate Contribution	15	
	Ì			Į				
Name of Committee	L	1 .			Name of Treasu	uer		
·			<u> </u>					
Address			Is fu	this contrib	ution associated vent listed in Se	d with a Yes O	No	Amount of Contribution
			-			st Event #		
City	State	Zip Code		Date Recen	red	Aggregate Contribution	s	
	l							
Name of Committee	<u> </u>			l	Name of Treasu	rer		· · · · · · · · · · · · · · · · · · ·
Address			Is this contribution associated with a fundraising event listed in Section J.			d with a Yes O	a Yes ONo Amount of Contribu	
			144	ndraising e	If yes, lis			
City	State	Zip Code		Date Receiv	ed	Aggregate Contribution	5	
							ŀ	
				L		<u> </u>		
C2. Reimbursem	ents, Pay	ments, or	· Sui	rplus Di			mmittees	<u> </u>
Name of Committee					Name of T	reasurer		
Address						Date Received		Amount of Receipt
City	Sta	te Zip	Code			ment for shared expen	se	
					O Payment fo	or goods and services	ļ	
Name of Committee	4	!			Name of T	reasurer		· ,,
Address						Date Received		Amount of Receipt
								Amount of Kevelpt
City	Sta	te Zip	Code			<u> </u>		
				1	Reimburse Payment fo	ment for shared expen or goods and services	se	
		St	UBT	OTAL :	Section C -	— This Page		
						-		
		10	TAI	_ of add	itional Sect	tion C Pages		

NAME OF COMMITTEE (P)		TYPE OF REPORT				
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Name of Lender	Adersons conceptually server to be obtained and an extended of the desired at 125 \$7250 for Carbotta		Source of Loan OBank OCandidat	e OIndividu	al OOther	Date of Receipt
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner Guarantor in app	heables			- -		Amount Received
Street Address		City	· - · · · · · · · · · · · · · · · · · ·	State	Zip Code	
Name of Lender		<u> </u>	Source of Loan: Bank Candidat	e OIndividu	al OOther	Date of Receipt
Street Address		City		State	Zıp Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner Guarantor in appl	inable)					Amount Received
Street Address		Ciry		State	Zip Code	
			ТОТА	L SECTIO	ON D	
National Company of the Company of t	D 18 1 (4)	`!'.l		P 1 4 6		
L. Date of Receipt	Personal Funds of the C	andidate Receiv	vea this Perioa (C	andidate Co	mmniees ONLY	/ communication continues accommensus acco
Date of Receipt	O Cash	O Personal Che	eck O Credit I	Debit Card		Autount
Date of Receipt	Method of Payment:	O Personal Cha	eck Credit/I	Debit Card		Amount
Date of Receipt	Method of Payment:					Amount
Date of Receipt	· O Cash	O Personal Che	eck O Credit/I	Debit Card		Adount
			TOTAL	SECTIO	NE	
		F. Anonymous (Contributions		(1970年) 12 19 19 19 19 19 19 19 19 19 19 19 19 19	
	1-48, Anonymous Contr nymous contribution, the State Elections Enforce	e campaign trea	surer shall immed	diately rer	nit the contr	
	G. Interest	from Deposits	n Authorized Acc	ounts		
Name of Institution	KORANANA AMERITA SICETIS 32 EP 370 EN VECA SE ASIA I FRANCONI LI SUCCESSIONI CELLE ESCUE			Date Rece	11.5q	Amount
Street Address		City		State	Zip Code	
Name of Institution				Date Rece	ived	Amount
Street Address		Сиў		State	Zιp Code	

NAME OF COMMITTEE (Provide Complete Name as a	Registered with Comm	ission)			TYPE OF REPOR	anne en
			CONTROL OF THE PROPERTY AND PRO		Bookerstor-wide to respect to the control of the co	opposate standische entwicklige entwicken eine entwickliche eine eine eine eine eine eine eine ei
H. Public	Grant Funds	Received from t	he Citizens' Ele	ction Fu	nd	
Purpose of Grant: O Initial O Grant Adjustment O Supplemental/Post Election Deficit	Grant Cycle: OPrimary	General Election	OSpecial Election	Date Receiv	ed	Amount
Purpose of Grant	Grant Cycle:			Date Receiv	ed	Amount
O Initial O Grant Adjustment O Supplemental Post Election Deficit	OPrimary	General Election	Special Election			
Purpose of Grant: O Initial O Grant Adjustment	Grant Cycle:			Date Receiv	ed	Amount
O Initial O Grant Adjustment O Supplemental Post Election Deficit	OPrimary	General Election	Special Election			
Purpose of Grant:	Grant Cycle:			Date Receiv	ed	Amount
O Initial O Grant Adjustment O Supplemental/Post Election Deficit	OPrimary	OGeneral Election	OSpecial Election	_		
		TO	TAL SECTION	H		
urrand (при при на безправника при	neous Monet	ary Receipts not	Considered Con	tributio	ns	WAY WAS AND REPORTED TO SERVE TO THE PROPERTY OF THE PROPERTY
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					· · · · · · · · · · · · · · · · · · ·	
Street Address		City		State	Zip Code	
Description		•] ·
Name				Da	nte of Transaction	Amount Received
Street Address		Спу		State	Zip Code	1
Description						
Name				D	ate of Transaction	Amount Received
Street Address		City		State	Zip Code	-
Description						-
			TOTAL SE	CTION	W. PROFESTION AND AND AND AND AND AND AND AND AND AN	
			geng were werend a diel Grand de Holle in in wester de Land de Holle in Grand de Hol			
SUMMARY OF	OTHER MO	ONETARY RE	CEIPTS (Secti	ons D tl	rough I)	
Total Loans Received this Period (Section D)		······································	 	+		
Total Amount of Personal Funds of the Candi	date Received th	nis Period (Section E)	+		
Total Amount of Interest from Deposits in Au	thorized Accour	nts (Section G)		+		
Total Public Grant Funds Received from the	Citizens' Election	n Fund (Section H)		+		
Total Miscellaneous Monetary Receipts not C	onsidered Contr	ibutions (Section I)		+		
TOTAL OF OTHER MONETARY F	RECEIPTS N	OT CONSIDER	ED CONTRIBU	TIONS		

II. FUNDRAISING EVENT ACTIVITY (Sections J1 — J3)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT					
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	J1. Fundraising Ev	ent l	Information							
Fundraising Event # Description Date of Fundraiser Letter	тому дочини недатиту посторо дод опоточново добе 12 добо добо по сторо недатиту до недатиту до недатиту добо добо добо добо добо добо добо доб									
Location: Street Address		City		•		State	Zıp Code			
Was this fundraising event hosted at a personal resi	_	Yes No	S 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.							
Did this fundraiser include items donated by a busi \$100 or items donated by an individual of up to \$10	00?	Yes No	and complete required information.							
Subpart 1: Was this fundraiser a tag sale, auction, or other sale with purchases from an individual of up to \$100?	e of donated items O		(If yes. enter Total Receipts here.)	→ [S					
Fundraising Event # Description Date of Fundraiser Letter										
Location: Street Address		City				State	Zıp Code			
Was this fundraising event hosted at a personal resi	_	Yes If yes, go to Section J3 In-Kind Donations not Considered Contribution and complete required information for purchases made by host(s) for foo beverage and invitations. No								
Did this fundraiser include items donated by a busi \$100 or items donated by an individual of up to \$10	00?	Yes No	Yes If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.							
Subpart 1: Was this fundraiser a tag sale, auction, or other sale with purchases from an individual of up to \$100?	_	Yes No	(If yes. enter Total Receipts here.)	 →	5					
Fundraising Event # Description Date of Fundraiser Letter										
Location: Street Address		City				State	Zip Code			
Was this fundraising event hosted at a personal residence?			If yes, go to Section J3 In-Kind Dor and complete required information for beverage and invitations.							
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?			ES If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.							
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? O No				→ [s						
SUBTOTAL Section J1—Subp	art 1 Total Receipts from S	Sale o	f Donated Items — This Page	Marie Company						
	ТОТ	ΓAL	of additional Section J1 Pages	A Commence of the Commence of						

II. FUNDRAISING EVENT ACTIVITY (Sections J1 — J3)

	Per Public Act 11-48, effect ual purchases from a com							
NAME OF COMMITTE	E (Provide Complete Name as Registe	red with Comnussion)	. Committee (Committee Committee Com	amphilannina milanashalifili kadi 35 km200mil ki ameriking mankatara kuta kadikeri. Sana samuta tampashalifili kadi 35 km200mil ki ameriking mankatara kuta kadikeri.	TYPE OF R	EPORT	ander 1944-de 1880 i Album (1940 i Album) en	
ON TO A THOUSAND SHOULD AND AN								
. Mile COSAV Jamping representation his total and an account of the COSAV MARKET States in inches and country	J3. In-K	Aind Donations N	ot Consider	ed Contributions	PARTING THE CONTRIBUTION OF	o presenta mendra protesta del constante e e de constante e e de constante e e de constante e e de constante e	Kinomapyaa siidekkiidinse, ya too yi dhees ay ay o	
Name of Donor								
Street Address			City			State	Zip Code	
Donation Given By: OIndividual	Description of Donation		•		Fair	r Market Val	ue of Donation	
OBusiness Entity OSole Proprietorship	Date Received	Event =	Aggregate Value for this Event					
Name of Donor	<u></u>							
Street Address		· · · · · · · · · · · · · · · · · · ·	City			State	Zip Code	
Donation Given By: OIndividual	Pail Statket value of Donate							
O Business Entity O Sole Proprietorship	Date Received	Event # Aggregate Value for this Event						
Name of Donor								
Street Address			City			State	Zip Code	
Donation Given By Individual	Description of Donation				Fair	Market Val	ue of Donation	
OSole Proprietorship	Date Received	Event =		Aggregate Value for this Event				
Name of Donor								
Street Address			City			State	Zıp Code	
Donation Given By: O Individual	Description of Donation		I		Fair	Market Vah	ie of Donation	
OBusiness Entity OSole Proprietorship	Date Received	Event ≠		Aggregate Value for this Event				
		SUE	BTOTAL Sec	tion J3 — This Page				
		ТОТА	AL of additio	nal Section J3 Pages				
TOTAL OF A	LL IN-KIND DONATIO			ONTRIBUTIONS Summary Page Totals)				

III. NONMONETARY RECEIPTS (Sections K — M) Page 9 of 16 TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) K. In-Kind Contributions Name Street Address State Zip Code City Is this contribution associated with a Yes Description of In-Kind Contribution O No fundraising event listed in Section L1? If yes. list Event #: OYes No Is contributor a principal of a state contractor or prospective state contractor? Fair Market Value 8 Yes No Is contributor a lobbyist, spouse, If yes, indicate which branch or branches of this Contribution or dependent child of a lobbyist? of government the contract is with: O Executive O Legislative Type of Contributor Date Received Aggregate Contributions O Individual O Committee Sole Proprietorship Name Zıp Code Street Address Cirv State Description of In-Kind Contribution 8 Yes Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event = OYes Is contributor a principal of a state contractor or prospective state contractor? Fair Market Value Is contributor a lobbyist, spouse, Yes If yes, indicate which branch or branches \bigcirc No of this Contribution or dependent child of a lobbyist? O No of government the contract is with Executive Legislative Type of Contributor: Date Received Aggregate Contributions Individual O Committee O Sole Proprietorship Name State Zip Code Street Address City Description of In-Kind Contribution)Yes Is this contribution associated with a O No fundraising event listed in Section L1? If ves. list Event #: Is contributor a principal of a state contractor or prospective state contractor? OYes Fair Market Value Is contributor a lobbyist, spouse, (Yes If yes, indicate which branch or branches of this Contribution or dependent child of a lobbyist? () No O Executive O Legislative of government the contract is with: Type of Contributor Date Received Aggregate Contributions O Individual Committee O Sole Proprietorship 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 МІ Date Deposit Made First Last Name of Individual Residential Street Address City State Zip Code Amount of Deposit

City

Zip Code

State

Name of Telephone Company

Street Address

III. NONMONETARY RECEIPTS (Sections K — M)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT			
M. Non-Monetary Receipts of Legislative Leadership, Legislative Caucus an					et 11-48
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	(Y)	Name of Treasure	eī		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation	<u> </u>			ose of Expenditure (see instructions) O B OC O D O E	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	LY)	Name of Treasure			
Street Address		<u></u>		Date Notice Received	Fair Market Value of Donation
City	State	Zıp Code		Aggregate Donations	
Description of Donation	ose of Expenditure (see instructions) OB OC OD OE				
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	LY)	Name of Treasure			
Street Address	Date Notice Received	Fair Market Value of Donation			
Cuy	State	Zip Code		Aggregate Donations	
Description of Donation		!		ose of Expenditure (see instructions) B OC OD OE	
Name of Committee (Legislative Leadership, Legislative Coucus, and Party Committees ONI	(.Y)	Name of Treasure	2r .		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation	<u> </u>		1 .	ose of Expenditure (see instructions) BOCODOE	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONL	.Y)	Name of Treasure	er		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation				ose of Expenditure (see instructions) B OC OD OE	
SU	втота	L Section N	4 —	This Page	
тот	'AL of a	dditional Se	ection	ı M Pages	
TOTAL DECEMBER OF ALL ODE	ARTETA	TION EVE	T'ATT	ITUNEC	

NAME OF COMMITT	EE (Provide Complete Name as Registered with Commission)	T	TYPE OF REPORT				
Visconti for Govern	or	tion and the Committee of the Committee	ris 4-20 GACCO Association de l'acceptant une souver est annove black d'over 2 du 19 februarie 20 d'44 fe 5 ° 2 ° 19 MB	(MANAGEM CAPACITY OF THE PROPERTY OF THE PROPE			
STORY SON PORTION WAS ASSOCIATED THE FOREIGN CONTRACTOR LATER	N. Expense	s Paid by Committe		транимини мургент на Абай (1831) и та в 72.21 матера при дена да под при			
Name of Payee			Date of Payment	_			
Worldpay			4-25-14	Check = Obebit Card			
Street Address		Спу		State Zip Code			
600 Morgan Falls R	D	Atlanta		GA 30350			
Purpose of Expenditure (by code)	Description			Amount			
WEB	data tool			14.24			
reimbursement is sough	× 1	Expenditure = vif applicable)	Event ≠				
Name of Payee			Date of Payment				
Melissa McCormicl	<		4-3-14	Check #			
Street Address		City		State Zip Code			
21 Farm Dr		Farmington		CT 06032			
Purpose of Expenditure	Description Events Coordinator			Amount			
CNSLT	200						
Is this expenditure coor reimbursement is sough If yes, assign an Expen							
Name of Pavee		· ·	Date of Payment	Method of Payment 1,024 Check =			
Sharon Visconti			4-3-14	Debit Card			
Street Address 49 Montclair Drive		State Zip Code CT 06127					
Purpose of Expenditure (by code) PRNT	Description Printing /admin work			Amount 443.14			
reimbursement is sough		Expenditure = (if applicable)	Event =				
Name of Payee	untile # and complete itemization in Addendum A		Date of Payment	Method of Payment 1,033			
Fineprint of New E	ngland			ODebit Card			
Street Address 711 N Moutain RD		City: Newington		State Zip Code CT 06111			
Purpose of Expenditure (by code) A-MAG	Description Ad in Patriot Magazine			Amount 151.79			
Is this expenditure coor- reimbursement is sough	dinated with another candidate for which Q Yes	Expenditure ≓ iif applicable≀	Event =				
	SUBT	OTAL Section N —	This Page 809.1	7			
	TOTAL	of additional Sectio	n N Pages				
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page Totals)							
	· · · · · · · · · · · · · · · · · · ·		- cae				

NAME OF COMMITT	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT			
	N. Ex	penses	Paid by Com	mittee		·	-	_		
Name of Payee					Date of Paym	ent	Method of I	Payment: 1026		
QuickDiscs.Com LI	LC				4-3-2014			heck # ebit Card		
Street Address			City	<u> </u>			State	Zip Code		
41 Crossroads Plaz	a # 167		West Hartford				СТ	06117		
Purpose of Expenditure	Description		<u> </u>					Amount		
(by code) Web	Web Services						678.01			
	I rdinated with another candidate for which Q Yes		xpenditure #	Ev	rent #					
reimbursement is sough	ht? On No No No Notiture # and complete Itemization in Addendum	' 1	f applicable)							
Name of Payee	atter to the complete remineration in Additional		<u> </u>		Date of Paym	ent	Method of I	Payment:		
QuickDiscs.com LI	_C				4-17-201	4		Payment: Check # Debit Card		
Street Address			City				State	Zip Code		
41 Crossroads Plaz	ra # 167		West Hartford	İ			СТ	06117		
Purpose of Expenditure Description								Amount		
(hy code) Web	Web Servcies						500.00)		
Is this expenditure coordinated with another candidate for which See No No No No No No No No No No No No No										
Name of Payer	diture # and complete Henrization in Addendari	1			Date of Paym	ent	Method of I	Payment:		
QuickDiscs.Com 4-24-201							Method of Payment: 1030 Check #			
Street Address			City				State	Zip Code		
41 Crossroads Plaz	a # 167		West Harford				ст	06117		
Purpose of Expenditure (by code)	Description	•						Amount		
WEB	Web services						500.00			
-	dinated with another candidate for which Yes		xpenditure # (applicable)	Ev	rent #					
reimbursement is sough Hives, assign an Expen	nt? One No diture # and complete Itemization in Addendum		<i>approach</i>							
Name of Payee			· · · · · · · · · · · · · · · · · · ·	L	Date of Payme	ent	Method of F	Payment: 1031		
QuickDiscs.com Ll	_C				5-9-14			heck # bebit Card		
Street Address			City		•		State	Zip Code		
41 Crossroads Plan	za # 167		West Hartford				CT	06117		
Purpose of Expenditure (by code)	Description							Amount		
Web	Web services						106.35			
reimbursement is sough	dinated with another candidate for which Section 12? No diture # and complete Itemization in Addendum	, iii	xpenditure # fapplicable)	Ev	ent#					
	S	UBTO	TAL Section	N — Thi	is Page 178	34.36				
	TO)TAL (of additional S	ection N	Pages	, , , , , , , , , , , , , , , , , , , 				
	TOTAL OF ALL EX							.		
·····	(Ente	er total d	on Line 20 of Sum	mary Page	Totals)					

NAME OF COMMITT	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT			
	N. Expen	ses Paid by Commi	ittee							
Name of Payee			-	Date of Payme	int	Method of P				
QuickDiscs.Com LI	_C			5-29-14			heck # ebit Card			
Street Address		City				State	Zip Code			
41 Crossroads Plaz	a # 167	West Hartford				CT	06117			
Purpose of Expenditure (by code)	Description						Amount			
Web	Web Services					500.00				
Is this expenditure coor reimbursement is sough	rdinated with another candidate for which Yes No	Expenditure # (if applicable)	Event #	¥						
If yes, assign an Expen	diture # and complete Itemization in Addendum N									
Name of Payee			ľ	Date of Payme	nt l	Method of F	heck #_1032			
CT Republican Par	ty		ŀ	4-17-201	4		ebit Card			
Street Address		City				State	Zip Code			
31 Pratt Street fou	irth floor	Hartford				CT	06103			
Purpose of Expenditure Description							Amount			
Misc Ad space, space, war room						650.00	1			
Is this expenditure coordinated with another candidate for which Yes Expenditure # [Vapplicable]										
reimbursement is sough	nt? diture # and complete Itemization in Addendum N	(у аррисане)								
Name of Payee	action and complete services in reducing in	<u>. </u>		Date of Payme	ent	Method of I	Payment: 1036			
McGough and Sons Consult 5-				5-29-14	OCheck Debit (IICCK #			
Street Address		City				State	Zip Code			
52 Martin Rd		Bristol				СТ				
Purpose of Expenditure (by code)	Description						Amount			
CNSLT	Consultant	•				500.00				
	dinated with another candidate for which Q Yes	Expenditure # (if applicable)	Event #	‡			•			
reimbursement is sough	nt?	(i) appricable)								
Name of Payee		1	<u></u>	Date of Payme	nt	Method of P	Payment: 1027			
Melissa McCormic	k			4-10-2014			heck # ebit Card			
Street Address		City	L			State	Zip Code			
21 Farm Drive		Farmington				CT	06032			
Purpose of Expenditure	Description						Amount			
(hy code) CNSLT	Consultant					100.00				
	dinated with another candidate for which Yes	Expenditure # (if applicable)	Event #	#						
reimbursement is sough If yes, assign an Expen	diture # and complete Itemization in Addendum N	13 374								
	SUB	TOTAL Section N	— This P	age 175	0.00					
	TOTA	L of additional Sec	ction N Pa	ages						
	TOTAL OF ALL EXPE	NSES PAID BY CO	OMMITT	EE						
		tal on Line 20 of Summi								

NAME OF COMMITT	EE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Transferrence (mark) (m	N. Expenses	Paid by Committee	enymynet attentionne timer tok eks nu tekstrone tik	2000年1000年10日日日日日日日日日日日日日日日日日日日日日日日日日日日日	
Name of Payee		en en en en en en en en en en en en en e	Date of Paymer	_	
Troy's Mobile			5-4-14	Check = Debit Card	
Street Address		City		State Zip Code	
		W Hartford		CT	
	In the second se				
Purpose of Expenditure	Description			Amount	
TRVL	Gas			22.74	
Is this expenditure coor reimbursement is sough	× 1	xpenditure = (applicable)	Event =	 	
_	diture # and complete Itemization in Addendum N				
Name of Payee			Date of Paymer	nt Method of Payment OCheck ≠	
Troys			5-7-14	Debit Card	
Street Address		City		State Zip Code	
2507 Albany Ave		W hartford		СТ	
Purpose of Expenditure	Description	<u> </u>		Amount	
TRVL	TRVL Gas				
Is this expenditure coor		xpenditure =	Event =		
reinbursement is sough	nt?	f applicable:			
Name of Pavee	draft wand complete steamzation in Additional S		Date of Paymer	Method of Payment	
Troys			5-1-14	Check # Debit Card	
Street Address		City		State Zip Code	
		W Hartford		ст	
Purpose of Expenditure	Description			Amount	
TRVL	Gas			50.54	
<u> </u>		xpenditure = [appheable]	Event =		
reimbursement is sough If yes, assign an Expen	nt?	арунсия			
Name of Payee			Date of Paymer	_ `	
Troys			5-14-14	Check ≠ Debit Card	
Street Address		City		State Zip Code	
2507 Albany Ave		W Hartford		СТ	
Purpose of Expenditure	Description			Amount	
TRVL	Gas			50.49	
		xpenditure = applicable	Event =		
reimbursement is sough If yes, assign an Expen	it? No diture # and complete Itemization in Addendum N	арристие			
		TAL Section N — T	his Page 136.	37	
	TOTAL	of additional Section	N Pages		
	TOTAL OF ALL EXPENS				
	(Enter total o	on Line 20 of Summary Pa	ge Totals)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT
			e Constitution of the Cons	
	N. Expenses	Paid by Committee		обращения в довременный проставления проставления обращения обращения по проставления по проставления обращения обращения по проставления
Name of Pavee		ar managaran managaran managaran managaran managaran ar managaran managaran ar managaran managaran managaran m	Date of Paymer	nt Method of Payment:
Sunoco			4-19-14	Check # Debit Card
Street Address		City		State Zip Code
898 Farmington		W Hartford		CT 06111
Purpose of Expenditure	Description			
(by code) TRVL	Gas			Amount 74.22
				74.22
reimbursement is sough	× 1.	Xpenditure ≈ [1 Capplicabler	Event ≠	
· · · · · · · · · · · · · · · · · · ·	diture # and complete Itemization in Addendum N		To an	N/ I D D
Name of Payee Sunoco			Date of Paymer	nt Method of Payment ○Check =
		· · · · · · · · · · · · · · · · · · ·	4-16-14	ODebit Card
Street Address		City		State Zip Code
44 Elm St		W haven		СТ
Purpose of Expenditure	Description			Amount
TRVL	Gas			42.26
		xpenditure = 11	Event ≠	
reimbursement is sough If yes, assign an Expen	nt?			
Name of Pavee	Method of Payment			
Hine Bros 4-5-14				Check #Debit Card
Street Address	State Zip Code			
Southbury				СТ
Purpose of Expenditure	Description			Amount
(b) code) TRVL	Gas			47.97
Is this expenditure coor	dinated with another candidate for which Yes	xpenditure =	Event ≠	
reimbursement is sough	it? O No 🗥	applicables		
Name of Pavee	diture # and complete Itemization in Addendum N		Date of Paymer	nt Method of Payment:
Troys			4-27-14	OCheck #
Street Address		City		ODebit Card State Zip Code
2507 Albany Ave		W Hartford		CT
		VV Franciora		
Purpose of Expenditure	Description Gas			Amount
TRVL				48.72
Is this expenditure coor- reimbursement is sough	· × 1	kpenditure = F applicable)	Event =	
-	diture # and complete Itemization in Addendum N			
	SUBTO	TAL Section N — Th	nis Page 213.	17
-7. **	TOTAL	of additional Section	N Pages	
	TOTAL OF ALL EXPENS	FS PAID RV COMM	ITTFF	
		on Line 20 of Summary Pag		

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE C			TYPE OF REPORT		
NEEDWALLEE TITLENBEEDWALLONG LONG NAMEN WHATELEE TO STORE OF THE TO SHARE TO GOT THE TAIL YES.	N. Expenses	Paid by Committee	eut di editazi en 1964 votente e 24 aprili 1964 de periodo preni arcidel de	та потиме <mark>нтически пис</mark> е выстра до дойна в 2000-000 в доманиров в примерення дойна может пот во 1944 г. бода тактиче 1979-7.72 дадне,	
Name of Payee		ANNALISMAN MERINAGEN TIPEN 20 MET SIG PARTINEN ING CHAPTER MERINATURE (MET SIG TANT LICE PARTINEN MET	Date of Paymer		
Troys Mobile			4-5-2014	Check # Debit Card	
Street Address		City		State Zip Code	
2507 Albany Ave		W Hartford		СТ	
Purpose of Expenditure	Description			Amount	
TRVL	Gas			80.75	
reimbursement is sough	× 1	spenditure = Eapplicabler	Event =		
Name of Payee	· · · · · · · · · · · · · · · · · · ·	!	Date of Paymer		
Sunoco			4-8-14	Check #	
Street Address		City	I	State Zip Code	
		Farmington		СТ	
Purpose of Expenditure	Description			Amount	
TRVL	Gas			73.92	
Is this expenditure coordinated with another candidate for which No Server Serv					
Name of Pavee			Date of Paymen		
Elmwood			4-5-14	Check # Debit Card	
Street Address		City		State Zip Code	
1137 New Britain Elmwood			СТ		
Purpose of Expenditure (by code)	Description			Amount	
TRVL	Gas			24	
Is this expenditure coor reimbursement is sough	× I.	xpenditiwe = [appheable:	Event =		
	diture # and complete Itemization in Addendum N				
Name of Payee			Date of Paymen	nt Method of Payment Check ≠	
Elmwood			4-12-14	Debit Card	
Street Address		City		State Zip Code	
1137 New Britain	<u>,</u>	Elmwood		СТ	
Purpose of Expenditure	Description			Amount	
TRVL	Gas			28	
reimbursement is sough	× 1	xpenditure = appleable)	Event =		
	SUBTO	TAL Section N — T	his Page 206.	67	
	TOTAL	of additional Section	N Pages		
	TOTAL OF ALL EXPENS	ES PAID BY COMM on Line 20 of Summary Pa	1		
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NAME OF COMMITT	EE (Provide Complete Name as Registered with Commission)			TYPE OF REPO	ORT	anne en en en en en en en en en en en en
AZZEROVNETO VITO MOZNOM POTO TO AZZEROVNETO NA CORP. NA CORP. CORP	N. Expense	s Paid by Committee	CONTENT PROPERTY (SEE IN 1902) AND AND AND AND AND AND AND AND AND AND	THE STREET, MANUSCO, ON MICE AND PERMITTED AND CONTINUES.	O CHARLES PARTIES OF THE PARTIES OF	eringgagan gapagagagagagagagagagagaga
Name of Payee		KANTAN TANDAN PARANCAN Date of Payme	ent Met	hod of Pa	meni	
Fed ex			4-2-2014		OCho Dei	eek ≇ oit Card
Street Address		City		Stat	ie .	Zip Code
544 Farmington Av	/e	Hartford		СТ		06105
Purpose of Expenditure (b) code)	Description				A	mount
Post	Postage			28	8.75	
reimbursement is sough	-	Expenditure = rif applicabler	Event #			
	diture # and complete Itemization in Addendum N		[D : 2D		1 . 1 . 2 D	
Name of Payee USPS			Date of Payme 4-4-14	ent Met	thod of Par Che Del	
Street Address		City		Star		Zip Code
W Hartford			ст	Г	06110	
Purpose of Expenditure	Description				A	mount
post	post stamps					
Is this expenditure coordinated with another candidate for which of the condition of the coordinated with another candidate for which of the coordinated with another candidate for which of the coordinated with another candidate for which of the coordinated with another candidate for which of the coordinated with another candidate for which of the coordinated with another candidate for which of the coordinated with another candidate for which of the coordinated with another candidate for which of the coordinated with another candidate for which of the coordinated with another candidate for which of the coordinated with another candidate for which of the coordinated with another candidate for which of the coordinated with another candidate for which of the coordinated with another candidate for which of the coordinated with another candidate for which of the coordinated with another candidate for which of the coordinated with another candidate for which of the coordinated with a coordinate coordinate with a coordinate coordinate with a coordinate coordinate with a coordinate coordinate coordinate with a coordinate coo						
If yes, assign an Expen	diture # and complete Itemization in Addendum N		Date of Payme	int Mar	hod of Pa	
*			6-26-14	THE MEE		
Troys Mobil			0-20-14		⊙ Del	oit Card
Street Address		City		Stat	e .	Zip Code
2507 Albany Ave W hartford			СТ			
Purpose of Expenditure (by code)	Description				A	mount
TRVL	Gas			89	9.76	
reimbursement is sough	nt? Ö No	Expenditure # (if applicable)	Event ≠			
	diture # and complete Itemization in Addendum N				1 1 25	
Name of Payee Food Bag			Date of Payme 6-23,-14	ent Met.	hod of Pay Che Det	
Street Address		City		Stat	ė ,	Zip Code
109 Berlin Tpk		berlin		ст	-	
Purpose of Expenditure	Description				A	mount
TRVL Gas			50			
Is this expenditure coor reimbursement is sough	~ · · · · · · · · · · · · · · · · · · ·	Expenditure = iif applicable)	Event =			
	diture # and complete Itemization in Addendum N					
	SUBT	OTAL Section N — '	This Page 217	.51		
	TOTAL	of additional Section	n N Pages			
	TOTAL OF ALL EXPEN					· · · · · · · · · · · · · · · · · · ·
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NAME OF COMMITT	EE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
eta arrayonna darrayonta o manonna kirik mush da 2000 bib da 46070 a tilikkiri 1900 a			ni vidania filia ar 4,55 kilo (1960) filia filia (1960) f	and an annual service of contract and an analysis of the contract of the contr	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
interpretation to a security of the first of the first of the contraction of the security of t	N. Expenses	Paid by Committee	zwyce gwelonosoko orddiwnoù estamo wynas en bestat, estaniał 1900 (1904)	CONTROLLEGIES Y MORNING MARIEN (SAL PRIVATE OF CONTROLLEGIES AND REAL ROOMS AND AND AND AND AND AND AND AND AND AND	ndekundelilikki serdiy oc valikadi indek esetti indeka menseli dek Perdekilik sistem e
Name of Payee		AN ARTHUR CONTRACTOR C	Date of Paymer	nt Method of F	JAMEM.
office Depot			5-8-2014	1 34	heck #
<u> </u>					ebit Card
Street Address		Cny		State	Zīp Code
1451 New Britain A	ve	W Hartford		СТ	06110
Purpose of Expenditure	Description				Amount
office	Supplies			136.1	
Is this expenditure coor	rdinated with another candidate for which O Yes E	xpenditure =	Event =		
reimbursement is sough	nt? O No	applicabler			
	diture # and complete Itemization in Addendum N		- In 35		
Name of Payee			Date of Paymer		'ayment heck #
Office depot			6-29-14		ebit Card
Street Address		City		State	Zip Code
1451 New Britain A	ve	W Hartford		СТ	06110
Purpose of Expenditure	Description				Amount
Office	Office supplies			15.85	
Is this expenditure coordinated with another candidate for which \(\infty\) Yes \(\text{Expenditure} = \text{Event} \neq					
reimbursement is sough	nt? O No	fapplicablei			
Name of Pavee	diture # and complete Itemization in Addendum N		Date of Paymer	nt Method of F	
· ·					heck#
Staples			4-16-14	QD	ebit Card
Street Address		Cuy		State	Zip Code
775 Main Street		Southbury		СТ	06488
Purpose of Expenditure	Description				Amount
(by code) Office	office supplies			103.14	
Is this expenditure coor	dinated with another candidate for which Yes	xpenditure =	Event =		
reimbursement is sough	ιτ? Ο Νο	appheable;			
	diture # and complete Itemization in Addendum N				
Name of Payee			Date of Paymer		ayment: heck #
Dicks sporting god	ods		6-24-14		ebit Card
Street Address		Cuy		State	Zıp Code
		Newington		СТ	
Purpose of Expenditure	Description				Amount
OVHD	sun shade for campaign workers			127.57	
Is this expenditure coor	dinated with another candidate for which O Yes Es	(penditure =	Event =		-
reimbursement is sough		applicable)			
ij yes. assign an Expen	urture # and complete Hemization in Addendam N			1	
	SUBTO	TAL Section N — T	his Page 382.	66	
	TOTAL	of additional Section	N Pages		
	TOTAL OF ALL EXPENS	ES PAID BY COMM	11TTEE		
		on Line 20 of Summary Pa			

NAME OF COMMITT	TYPE OF REPORT			
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Name of Payee			Date of Payme	nt Method of Payment:
Staples 5-8-2014			Check # Debit Card	
Street Address		City		State Zip Code
Pioneer Plaza 544		Watertown		CT 06795
Purpose of Expenditure	Description			Amount
office	Supplies			50.64
reimbursement is sough	rdinated with another candidate for which Ses No No iditure # and complete Itemization in Addendum N	Expenditure = -if-applicable:	Event =	
Name of Payee	r		Date of Payme	
Staples			5-1-14	Check # Debit Card
Street Address		City		State Zip Code
1000 Boston Post f	Road	Old Saybrook		CT 06475
Purpose of Expenditure (by code)	Description			Amount
Office	Office supplies			29.13
Is this expenditure coor reimbursement is sough If yes, assign an Expen				
Name of Payee		<u>-</u>	Date of Payme	_
Staples			4-16-14	Check # Debit Card
Street Address 2550 Albany Ave		City W Hartford		State Zip Code CT 06117
Purpose of Expenditure (by code)	Description			Amount
Office	office supplies			170.12
reimbursement is sough		Expenditure = of applicables	Event =	
If yes, assign an Expen Name of Pavee	diture # and complete Itemization in Addendum N		Date of Payme	nt Method of Payment:
Office depot			5-29-14	Check =
Street Address		Сиу	<u> </u>	State Zip Code
1451 New Britain	Ave	W Hartford		CT 06110
Purpose of Expenditure (b) coder Office	Description Office supplies			Amount 38.89
		P II	Event =	
reimbursement is sough	dinated with another candidate for which Yes n? No diture # and complete Itemization in Addendum N	Expenditure = iif applicable;	Even -	
	SUBT	TOTAL Section N —	- This Page 288	.78
. –	TOTAL	L of additional Section	on N Pages	
,	TOTAL OF ALL EXPEN	ISES PAID BY CON		
	(Emer tota	u on Line 20 of Summary	rage rotats)	
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NAME OF COMMITT	EE (Provide Complete Name as Registered with Commission)		T	TYPE OF REPORT	
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Name of Pavee		t entre plant at the second se	Date of Payment	I	
Jerry's Artarama			5-8-2014	Check # Debit Card	
Street Address		City		State Zip Code	
1109 New Britain a	ve	W Hartford		CT 06110	
Purpose of Expenditure	Description			Amount	
office	Supplies			21.18	
reimbursement is sough		xpenditure = Eve applicables	ent =		
Name of Payee			Date of Payment	1 -	
Staples			5-1-14	Check # Debit Card	
Street Address		City	<u> </u>	State Zip Code	
2550 Albany Ave		W Hartford		CT 06117	
Purpose of Expenditure	Description	<u> </u>		Amount	
Office	18.54				
Is this expenditure coordinated with another candidate for which Yes reimbursement is sought? Expenditure = nf applicable. Expenditure = nf applicable.					
Name of Payee		<u>, , , , , , , , , , , , , , , , , , , </u>	Date of Payment	l	
Staples			4-30-14	Check # Debit Card	
Street Address 775 Main st		Southbury		State Zip Code CT 06488	
Purpose of Expenditure	Description			Amount	
Office	office supplies			76.59	
Is this expenditure coor reimbursement is sough	× 1	xpenditure = Eve l'applicabler	ent =		
	diture # and complete Itemization in Addendum N		I Day of Days and	Mark of a Charge	
Name of Payee Office depot			Date of Payment 5-05-2014	Method of Payment: Check # Debit Card	
Street Address		City		State Zip Code	
1451 New Britain /	Ave	W Hartford		CT 06110	
Purpose of Expenditure 'by code: Office	Description Office supplies			Amount 146.9	
reimbursement is sough		spenditure = Eve applicable)	nt ≓		
	SUBTO	TAL Section N — This	s Page 263.2	1	
	TOTAL	of additional Section N	Pages	. The second second second second second second second second second second second second second second second	
	TOTAL OF ALL EXPENS	ES PAID BY COMMIT on Line 20 of Summary Page	ž.		
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NAME OF COMMITT	TYPE OF REPORT				
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Name of Payee			Date of Paymen		
Jerry's Artarama			4-4-2014	Ocheck ≆ ODebit Card	
Street Address		City		State Zip Code	
1109 New Britain a	ve	W Hartford		CT 06110	
Purpose of Expenditure	Description		<u> </u>	Amount	
office	Supplies			10.59	
reimbursement is sough	ht? No	Expenditure = af applicabler	Event =		
Name of Pavee	diture # and complete Itemization in Addendum N		Date of Paymen	nt Method of Payment	
Staples			4-3-14	Check = Debit Card	
Street Address	······································	City	<u>.</u>	State Zip Code	
2550 Albany Ave		W Hartford		CT 06117	
Purpose of Expenditure	Description			Amount	
Office	Office supplies			82.69	
Is this expenditure coordinated with another candidate for which Section 1. Section 2. If yes, assign an Expenditure # and complete Itemization in Addendum N					
Name of Pavee	Method of Payment				
Staples 4-16-14				Check # Debit Card	
Street Address 2550 Albany Ave		W Hartford		State Ztp Code CT 06117	
Purpose of Expenditure (by code)	Description			Amount	
Office	office supplies			27.19	
Is this expenditure coor reimbursement is sough		Expenditure = of applicables	Event =		
· · · · · · · · · · · · · · · · · · ·	diture # and complete Itemization in Addendum N	·	1		
Name of Payee			Date of Paymen	Method of Payment: OCheck #	
Staples			4-29-14	①Debit Card	
Street Address 521 Connecticut B	ilvd	Caty E Hartford		State Zip Code CT 06108	
Purpose of Expenditure	Description				
Office	Office supplies			Amount 139.72	
reimbursement is sough	× 1	Expenditure = of applicables	Event =		
	· · · · · · · · · · · · · · · · · · ·	OTAL Section N —	This Page 260.	19	
	TOTAL	of additional Sectio	n N Pages		
	TOTAL OF ALL EXPENS	SES PAID BY COM	MITTEE		
·"··		on Line 20 of Summary	4		

Newington Mobil Street Address Date of Payment State Amount	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE				TYPE OF REPORT
Newington Mobil Street Address 3191 Berlin Tpk Purpose of Expenditure of Pave stop & Shop Gas Street Address Street Address Street Address TRVL Street Address Street A	GHALLIMAN CONTRACTOR THE CONTRACTOR OF CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRA				
Newington Mobil Street Address 3191 Berlin Tpk Purpose of Expenditure of Pave stop & Shop Gas Street Address Street Address Street Address TRVL Street Address Street A	nterminante (MASSITUTE SPACES PROGRAMENTO PROGRAM DE SANTES PROGRAMENTO DE LA COMPANSIONE DE LA COMPANSIONE DE	N. Expenses	Paid by Committee	уууунуу уучыналага башийн тайш төвөгөн тайтаат төгөөгө төгөөгө төгөөгө төгөөгө төгөөгө төгөөгө төгөөгө төгөөгө	
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Street Address Stre				6-1-14	
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Treimbursement is sought? Method of Pavment Stare Star	TRVL	Gas			40.01
Name of Pavee stop & shop Gas Street Address City W hartford City W hartford Date of Pavment State State Zip Code CT Amount 60 State Zip Code CT Amount 60 State Since Address Si	reimbursement is soug	tht? One of		Event =	
Street Address Street Address City W hartford City W hartford Purpose of Expenditure (b) code) TRVL Gas List this expenditure expenditure # and complete Itemization in Addendum N Name of Pavee Fenn Road Mobile Street Address Street Address City Newington City Newington Street Address City Newington Date of Payment Street S			·- ·· · · · · · · · · · · · · · · · · ·	Date of Paymer	nt Method of Payment
Purpose of Expenditure become a fixed with another candidate for which rembursement is sought? Is this expenditure and complete Itemization in Addendum N Name of Pavee Fenn Road Mobile Street Address 50 Fenn Rd Purpose of Expenditure Gas Civ Newington Civ	stop & shop Gas			5-27-14	
Purpose of Expenditure this expenditure occordinated with another candidate for which No Nome of Pavee Fenn Road Mobile Street Address Street Address For Fenn Rd Purpose of Expenditure # and complete Itemization in Addendum N Street Address Fund TRVL Purpose of Expenditure # and complete Itemization in Addendum N Purpose of Expenditure # and complete Itemization in Addendum N Purpose of Expenditure # and complete Itemization in Addendum N Purpose of Expenditure # and complete Itemization in Addendum N Fenn Road Mobile Street Address For Fenn Rd Purpose of Expenditure Description Desc	Street Address		City		State Zip Code
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N Name of Pavee Fenn Road Mobile Street Address 50 Fenn Rd Purpose of Expenditure (by code) TRVL Gas City Newington CT			W hartford		СТ
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rembursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N Name of Payee Fenn Road Mobile Street Address Street Address Street Address Date of Payment Street Address City Newington CT Amount TRVL Gas		Gas			60
Fenn Road Mobile Street Address Street Address Street Address Street Address Street Address Street Address Newington Purpose of Expenditure (by codo) TRVL Part Description Gas City Newington CT Amount 65	reimbursement is soug				
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So Fenn Rd Purpose of Expenditure (by code) TRVL Part So Fenn Rd Description Gas CT Amount 65	⁻ enn Road Mobile	•		5-21-14	
Purpose of Expenditure (by code) TRVL Gas Amount 65	street Address		City		State Zip Code
TRVL Gas 65	0 Fenn Rd		Newington		СТ
TRVL Gas 65		Description			Amount
		Gas			65
reimbursement is sought? One of applicables	reimbursement is soug	tht? • No •	Expenditure = if applicable:	Event =	
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Fenn road 5-21-14 Check # Debit Card	•				OCheck #
Street Address City State Zip Code	treet Address		Črty		State Zip Code
Newington CT			Newington		СТ
Purpose of Expenditure Description Amount		Description			Amount
TRVL Gas 8.47	TRVL	Gas			8.47
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TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page Totals)	<u> </u>				
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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			ΙΥ	TYPE OF REPORT		
-magayayay gaalaan ka da	N. Exnense	s Paid by Committee	payment out of the second of t	nemanananan mahikkista 7,000 mila 1900 mila 19		
Name of Pavee		MCT LANGUAGE PROPERTY OF THE CONTRACT AND THE PROPERTY OF THE CONTRACT AND	Date of Payment	Method of Pavment		
Dannys Dawg Hou	ise		5-21-14	Check # Debit Card		
Street Address		City		State Zip Code		
		Thomaston		СТ		
	Ţ	Thomaston				
Purpose of Expenditure	Description			Amount		
Food	Food			13.03		
		Expenditure = (if applicable)	Event =			
reimbursement is sough If yes. assign an Expen	nt? Iditure # and complete Itemization in Addendum N	g approximen				
Name of Payee			Date of Payment	Method of Payment		
Diorio's				Check # Debit Card		
Street Address		City		State Zip Code		
		Waterbury		CT		
- Are Press	T	1101017				
Purpose of Expenditure (by code)	Description			Amount		
Food	Food			196.75		
Is this expenditure coor reimbursement is sough						
If yes, assign an Expen	ht? ONO Moditure # and complete Itemization in Addendum N					
Name of Payee			Date of Payment	Method of Payment Check #		
Tuscany			5-17-14	Debit Card		
Street Address		City	<u></u>	State Zip Code		
		Uncasville		ст		
Purpose of Expenditure	Description			Amount		
Food	Food			44.29		
	~ 1	Expenditure =	Event =			
reimbursement is sough	nt? ONO (diture # and complete Itemization in Addendum N	if appheable:				
Name of Pavee	orure # and complete fremization in Adocudum .		Date of Payment	Method of Payment:		
Sandpiper restuara	ant		5-20-14	OCheck =		
Street Address		Te		Debit Card		
Street Address		City		State Zip Code		
		W Haven		СТ		
Purpose of Expenditure	Description			Amount		
Food Food			30.47			
		Expenditure =	Event =			
reimbursement is sough If ves. assign an Expen	nt?	if applicable:				
37 y co. 113 ag., 111 22 ap a			CELLAND	. 711		
SUBTOTAL Section N — This Page 284.54						
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NAME OF COMMITT	EE (Provide Complete Name as Registered with Commission)	a dia contrologia di la contrologia di		TYPE OF REPORT
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Name of Pavee			Date of Paymen	et Method of Payment.
Treva			6-25-14	QCheck #
				①Debit Card
Street Address		City		State Zip Code
982 farmington Av	e	W Hartford		СТ
Purpose of Expenditure	Description			Amount
Food	Food			60.11
Is this expenditure coor	dinated with another candidate for which O Yes	xpenditure =	Event =	
reimbursement is sough	nt? O No	f applicabler		
	diture # and complete Itemization in Addendum N		Date of Paymen	t Method of Payment
Name of Payee			· ·	Check =
Mystic Pizza			6-21-14	①Debit Card
Street Address		City		State Zip Code
		Mystic		СТ
Purpose of Expenditure	Description	<u></u>		Amount
(bv code) Food	Food			44.97
Is this expenditure coor	dinated with another candidate for which Yes	xpenditure =	Event =	
reimbursement is sough	nt? O No	fappheabler		
	diture # and complete Itemization in Addendum N		In the	
Name of Pavee			Date of Paymen	Method of Payment: Check #
Luna Pizza			6-19-14	Debit Card
Street Address		City		State Zip Code
999 Farmington Av	ve	W Hartford		СТ
Purpose of Expenditure	Description			Amount
ibv codei Food	Food			23.09
Is this expenditure coor		xpenditure =	Event =	
reimbursement is sough	it? O No 🤼	f appheables		
If yes, assign an Expen	diture # and complete Itemization in Addendum N		Date of Paymen	Method of Payment.
			'	OCheck #
Starbucks			5-22-14	• Debit Card
Street Address		City		State Zip Code
1449B New britain		W Hartford		СТ
Purpose of Expenditure	Description			Amount
Food	Food			6.49
Is this expenditure coor		xpenditure =	Event =	· · · · · · · · · · · · · · · · · · ·
reimbursement is sough	it? (*) No (*)	(applicable)		
If yes, assign an Expen	diture # and complete Itemization in Addendum N			
	SUBTO	OTAL Section N — T	his Page	134.66
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··· : -	TOTAL OF ALL EXPENS			
	(Enter total o	on Line 20 of Summary Pa	ige roiais)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					REPORT	
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Name of Pavee		ACTION CONTRACTOR AND AND AND AND AND AND AND AND AND AND	Date of Payme	111	Method of P	assurement in the second secon
Saltonstall Pkwy			6-28-14	·	Oc	heck # ebit Card
Street Address		City			State	Zıp Code
227 Saltonstall		E Haven			ст	
Purpose of Expenditure	Description					Amount
TRVL	Gas				85	
reimbursement is sough	× 1	xpenditure	vent =			
Name of Pavee	r		Date of Payme	ทเ	Method of F	avment
Shell			6-19-14		l Oc	heck #ebit Card
Street Address		City			State	Zip Code
444 Saw Mill rd		West haven			СТ	
Purpose of Expenditure	Description					Amount
(bv code) TRVL	Gas				50	
Is this expenditure coordinated with another candidate for which Section 1. Section 2. If yes, assign an Expenditure # and complete Itemization in Addendum N						
Name of Payee			Date of Payme	nt	Method of F	ayment
Dunkin Donuts			6-24-14			heck # ebit Card
Street Address Cuv				State	Zip Code	
1253 New Britain Ave W Hartford					ст	
Purpose of Expenditure	Description					Amount
Food	Food				4.14	
reimbursement is sough	× 1	xpenditure = E applicable:	vent =			
Name of Pavee	unute # and complete Hemization in Addendari A	<u></u>	Date of Payme	ni	Method of P	ayment
dunkin donuts			5-21-14		l Qc	heck =ebit Card
Street Address		City			State	Zip Code
41 S main St		W hartford			СТ	
Purpose of Expenditure	Description					Amount
Food	Food				4.19	
reimbursement is sough	× 1	xpenditure = E	vent =			
	SUBTO	OTAL Section N — Th	is Page	143	33	
	TOTAL	of additional Section 1	N Pages			
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NAME OF COMMITI	TYPE OF REPO					
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	N. Expense	es Paid by Committe	engapanggapan unumunum unumunum unumunum unumunum unumunum	era ar regionale de la estada de estada de estada de estada de estada de estada de estada de estada de estada d	IR British Gain screams anns Anistein Bei deur seon de trei (1000 Miles von 1977 (1700 Aniste	
Name of Pavee		THE REPORT OF THE PROPERTY OF	Date of Payme	nt Metl	nod of Payment:	
A.C Petersen Farm	S		6-30-14		Check # Debit Card	
Street Address		City	<u> </u>	State	Zip Code	
240 Park Road		W Hartford		СТ		
Purpose of Expenditure (by code)	Description food			15	Amount	
reimbursement is soug	rdinated with another candidate for which Yes ht? No nditure # and complete Itemization in Addendum N	Expenditure = of applicable:	Event =			
Name of Payee			Date of Payme	nt Met	nod of Payment	
Treva			6-27-14		Check # Debit Card	
Street Address		City		State	e Zip Code	
980 Farmington A	ve	W Hartford		СТ		
Purpose of Expenditure (b) code)		Amount				
FOOD	66	5.38				
Is this expenditure cooreimbursement is soug If yes, assign an Exper						
Name of Payee	nt Meti	nod of Payment				
Starbucks			5-16-14		Check # Debit Card	
Street Address		City		State	e Zip Code	
1 mohegan Sun Bl	vd 					
Purpose of Expenditure (by code)	Description				Amount	
Food	Food			9.	47	
reimbursement is soug	-	Expenditure = (if applicable)	Event ≠			
	nditure # and complete Itemization in Addendum N		<u></u>			
Name of Payee			Date of Paymer	nt Meil	od of Payment: OCheck #	
Cadillac Ranch			5-18-14		Debit Card	
Street Address		City		State	1	
45 Jude Lane		Southington		СТ	06439	
Purpose of Expenditure	Description				Amount	
Food	Food			20		
Is this expenditure coor reimbursement is sough If yes, assign an Expen						
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NAME OF COMMITT	EE (Provide Complete Name as Registered with Commission)			TYPE OF R	F REPORT							
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first & Last Tavern			4-28-14			heck #ebit Card						
Street Address		City			State	Zip Code						
220 Main Street		Middletown			CT							
Purpose of Expenditure	Description					Amount						
FOOD	food				83.92							
Is this expenditure coor			Event =									
reimbursement is sough	\mathbf{O} No \mathbf{O}	fappheabler										
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· ·			4-26-14	nt		heck =						
Bricco Trattoria			4-26-14		⊙ D	ebit Card						
Street Address		Čitv			State	Zip Code						
124 Hebron Ave		Glastonbury			CT							
Purpose of Expenditure			Amount									
FOOD		156.81										
Is this expenditure coor reimbursement is sough If yes, assign an Expen												
Name of Pavee	nt	Method of P	ayment									
99 Restaurant	4-22-14			heck # ebit Card								
Street Address		City	<u></u>		State	Zip Code						
1 South Main		torrington			ст	06790						
Purpose of Expenditure	Description			,		Amount						
(by code) Food	Food				111.14							
reimbursement is sough	nt? No	xpenditure = f applicables	Event =									
	diture # and complete Itemization in Addendum N											
Name of Payee			Date of Payme	nt	Method of P	ayment: heck #						
Subway			6-26-14			ebit Card						
Street Address		City			State	Zıp Code						
# 19249			<u> </u>		СТ	06412						
Purpose of Expenditure	Description				-	Amount						
Food	Food				7.92							
Is this expenditure coordinates reimbursement is sough If yes, assign an Expenditure.												
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NAME OF COMMITT	EE (Provide Complete Name as Registered with Commission)	IN	YPE OF REPORT								
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Name of Pavce	A. Expense		Date of Payment	Method of Payment							
Dunkin donuts			5-6-14	OCheck #							
			3-0-14	● Debit Card							
Street Address		City		State Zip Code							
77 Main st		Southbury		MA							
Purpose of Expenditure	Description			Amount							
FOOD	food			51.32							
Is this expenditure coor	dinated with another candidate for which \(\int \) Yes	Expenditure =	Event =								
reimbursement is sough	reimbursement is sought? One of applicables										
	If yes, assign an Expenditure # and complete Itemization in Addendum N Date of Payer										
Name of Payee		Method of Payment: OCheck #									
Dunkin Donuts			5-7-14	ODebit Card							
Street Address		State Zip Code									
77 Main St		СТ									
Purpose of Expenditure	Description			Amount							
FOOD	(br code)										
Is this expenditure coor	Is this expenditure coordinated with another candidate for which Yes Expenditure = Event =										
reumbursement is sough	ļ										
If yes, assign an Expen											
Name of Pavee	Date of Payment	Method of Payment Check #									
Ceniccola's Italian	Deli		4-17-14	O Debit Card							
Street Address		City		State Zip Code							
36 Killingworth Tpl	(Clinton		CT 06413							
Purpose of Expenditure	Description			Amount							
(by code) Food	Food			252.49							
Is this expenditure coor	dinated with another candidate for which O Yes I	xpenditure =	Event =								
reimbursement is sough	nt?	if applicables									
If yes, assign an Expen	diture # and complete Itemization in Addendum N		Date of Payment	Method of Payment:							
•			5-1-14	OCheck #							
Cabo Tequila Grill				ODebit Card							
Street Address		City		State Zip Code							
4 Water Street		Chester		CT 06412							
Purpose of Expenditure /by codes	Description			Amount							
Food	Food			267.85							
Is this expenditure coor		xpenditure = if applicable)	Event =								
reimbursement is sough	· · · · · · · · · · · · · · · · · · ·										
ij yes, assign an Expen	diture # and complete Itemization in Addendum N										
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NAME OF COMMITT	TYPE OF R	EPOR I								
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Name of Payee		BEET I HILL CLEUWING MERCHEL MERCHELONGERMEICH, EIGEN MERCH MERCH AUS AN AND AN AN AN AN AN AN AN AN AN AN AN	Date of Payme	111	Method of Payment					
Subway			5-7-2014		OCheck ≈ ODebit Card					
Street Address		City			State Zip Code					
Store 19249										
Purpose of Expenditure (by code)	Description				Amount					
FOOD	food				10.64					
reimbursement is sough	nt? No	Expenditure = if applicables	Event ≈							
	diture # and complete Itemization in Addendum N		Day 6 Day		Method of Payment					
Name of Payee Bartaco			5-5-14	m	Check = Debit Card					
Street Address		City								
971 Farmington Av	ve	W Hartford		State Zip Code CT						
Purpose of Expenditure	·	-	Amount							
/bv code) FOOD		35.78								
Is this expenditure coor reimbursement is sough If yes, assign an Expen										
Name of Pavee	nt	Method of Payment								
The Tambascio's	4-30-2014	1	Check # Debit Card							
Street Address		City			State Zip Code					
385 Main Street So	uth	W Hartford								
Purpose of Expenditure	Description				Amount					
Food	Food				34.4					
reimbursement is sough	× 1.	Expenditure ≠ if applicablei	Event =							
Name of Payee			Date of Payme	nī.	Method of Payment:					
The Fireside			5-1-14		Check # Debit Card					
Street Address		City			State Zip Code					
810 Woodward Av	<i>r</i> e	new Haven			CT 06501					
Purpose of Expenditure	Description				Amount					
Food	Food		Event =	<u></u>	348					
Is this expenditure coor reimbursement is sough If yes. assign an Expen										
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	TOTAL	of additional Section	N Pages							
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NAME OF COMMITT	TYPE OF R	EPORT								
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Name of Payee	AND CONTRACTOR OF THE PROPERTY	Andrews verificated and the descent adviced the security of the Company of the Co	Date of Payms	cnt	Method of P					
Doody's			5-13-14			heck #ebit Card				
Street Address		City		[State	Zip Code				
465 Foxon Rd		North Branford			СТ	06471				
Purpose of Expenditure (by code)	Description food				254	Amount				
Is this expenditure coo	ordinated with another candidate for which Q Yes	Expenditure =	Event =			ļ				
reimbursement is sough	pht? • No Inditure # and complete Itemization in Addendum N	rif applicabler								
Name of Payee	ent	Method of P	'avment:							
Dunkin Donuts			5-9-2014		Qci	heck # ebit Card				
Street Address		City			State	Zip Code				
		W Hartford			СТ	ļ				
Purpose of Expenditure	Description					Amount				
FOOD		8.38								
Is this expenditure coor reimbursement is sough If yes, assign an Exper										
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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.

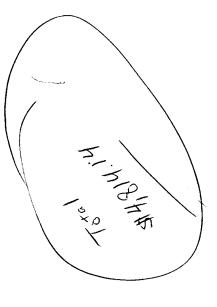
Additional Pages are located at the back of the SEEC Form 30.

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	lieus,	domagron@hotmail.com	merle.email@gmail.com	merle.email@gmail.com	06067-2415 davedorian@cox.net	RRUSSO3116@GMAIL.com	stevewbartholomew@gmail.com	bobcatdh@cox.net	rexmyers@sbcglobal.net	fshnut@sbcglobal.net	drownd1@att.net	06333-1030 fshnut@sbcglobal.net	robertvincent49@att.net	davel.2@netzero.net	vsequenzia@gmail.com	rodrew@gmail.com	peggiebushey@yahoo.com	speakstrong32@gmail.com
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holike alusio	Managerial	Avionics Checkout Technician	Avionics Checkout Technician	CONTRACT ADMINISTRATOR	Driver	Engineer	None	retired	retired	privacy intrution	retired	sales manager	CM	Account Manager	Software Engineer	Retired	Protecting my children and community from Common Core
togothy oroth	34 2034000745 Regeneron	35 2032579887 Sikorsky	36 2032579887 Sikorsky	37 8609068870 STATE OF CONNECTICUT	38 9179299514 Entenmann's	39 860-843-1201 EBA&D	40 860-653-5633 None	41 8608179710 na	42 8607393555 none	43 7.54659E+11 not needed	44 8607393555 none	45 203-213-6415 tri-lift, inc.	46 203-000-0000 State	47 305-525-9322 Data Supplies Inc.	48 860-663-1570 Summit Technical	49 843-796-9041 N/A	50 8609211810 N/A



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