

SEEC FORM 30

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



RECEIVED SEEC
2014 OCT 10 A 9 36
1413631

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 Arvidosn 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 07-01-14				Ending Date 09-30-14					
11. CERTIFICATION									
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.									
 TREASURER OR DEPUTY TREASURER (SIGNATURE)				Susan Sheldon PRINT NAME OF SIGNER		10-09-14 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	2631.79	
14. Contributions Received from Individuals (Sections A and B)	4690.14	
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)	4690.14	
19. Subtotals (add totals in Line 13 + 18 in Column A; and in Line 12 + 18 in Column B)	7321.93	
20. Expenses Paid by Committee (Section N)	8602.06	
21. Balance on hand at close of Reporting Period (Subtract Line 20 from Line 19 in both Columns)	-1280.13	
22. In-Kind Donations not Considered Contributions Received (Section J3)	1500	
23. In-Kind Contributions Received (Section K)		
24. Refundable Deposit to Telephone Company (Section L)		
25. Receipts of Organization Expenditures (Section M) OPTIONAL		
26. Beginning Loan Balance		
26a. + Loans Received (Section D)		
26b. + Interest and Penalties on Loan		
26c. - Payments on Loan		
26d. Total Outstanding Loan Amount		
27. Campaign Expenses Paid by Candidate (Section O)		
28. Expenses Incurred on Committee Credit Card (Section P)		
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	2515.13	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	2515.13	

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? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>			Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card			<input type="radio"/> Executive <input type="radio"/> Legislative				
Last Name			First			MI	Contribution ID #
Residential Street Address			City			State	Zip Code
Principal Occupation			Name of Employer				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>			Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card			<input type="radio"/> Executive <input type="radio"/> Legislative				
Last Name			First			MI	Contribution ID #
Residential Street Address			City			State	Zip Code
Principal Occupation			Name of Employer				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>			Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card			<input type="radio"/> Executive <input type="radio"/> Legislative				
SUBTOTAL Section B — This Page						4690.14	
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>						4690.14	

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			
Name of Cosigner/Guarantor <i>(if applicable)</i>							Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No		
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			
Name of Cosigner/Guarantor <i>(if applicable)</i>							Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No		
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 checked="" 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: 100px;" type="text" value="\$"/> <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: 100px;" type="text" value="\$"/> <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: 100px;" type="text" value="\$"/> <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 (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
-------------------------------------------------------------------------	----------------

J3. In-Kind Donations Not Considered Contributions

Name of Donor Peter C Schulze					
Street Address 17 Willow lane		City Clinton		State CT	Zip Code 06413
Donation Given By: <input checked="" type="radio"/> Individual <input type="radio"/> Business Entity <input type="radio"/> Sole Proprietorship	Description of Donation Shoot & edit 30 second spots for web			Fair Market Value of Donation 1500.00	
	Date Received 9-25-14	Event #	Aggregate Value for this Event 1500		
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By: <input type="radio"/> Individual <input type="radio"/> Business Entity <input type="radio"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By: <input type="radio"/> Individual <input type="radio"/> Business Entity <input type="radio"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By: <input type="radio"/> Individual <input type="radio"/> Business Entity <input type="radio"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By: <input type="radio"/> Individual <input type="radio"/> Business Entity <input type="radio"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
	Date Received	Event #	Aggregate Value for this Event		
SUBTOTAL Section J3 — This Page				1500.00	
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>				1500.00	

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? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input type="radio"/> No	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>	Fair Market Value of this Contribution
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Sole Proprietorship		<input type="radio"/> Executive <input type="radio"/> Legislative	
Date Received		Aggregate Contributions	
Name			
Street Address		City	State Zip Code
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input type="radio"/> No	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>	Fair Market Value of this Contribution
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Sole Proprietorship		<input type="radio"/> Executive <input type="radio"/> Legislative	
Date Received		Aggregate Contributions	
Name			
Street Address		City	State Zip Code
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input type="radio"/> No	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>	Fair Market Value of this Contribution
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Sole Proprietorship		<input type="radio"/> Executive <input type="radio"/> Legislative	
Date Received		Aggregate Contributions	

SUBTOTAL Section K — This Page

TOTAL of additional Section K Pages

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

L. Refundable Deposit to Telephone Company

Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address		City	State Zip Code	Amount of Deposit
Name of Telephone Company				
Street Address		City	State Zip Code	

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	
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:
Troys Mobile					02-11-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
2507 Albany Ave			W Hartford			CT	06117
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
TRVL		gas				77.54	
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					Date of Payment		Method of Payment:
Office Depot 2414					2-2-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
1451 New britain Ave			W Hartford			CT	06110
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Food		water				17.94	
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					Date of Payment		Method of Payment:
Town Of Newington					7-16-2014		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
131 Cedar Street			Newington			CT	06111
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
ATT		Space fee for event				50.00	
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					Date of Payment		Method of Payment:
Melissa McCormick					3-21-14		<input type="radio"/> Check # 1022 <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
21 Farm Drive			Farmington			CT	06032
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
MISC		Event Coordinator				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 # <i>(if applicable)</i>	Event #	
SUBTOTAL Section N — This Page							
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
Visconti for Governor							
N. Expenses Paid by Committee							
Name of Payee				Date of Payment		Method of Payment:	
Quickdiscs.com LLC				02-11-14		<input type="radio"/> Check # 1018 <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
41 Crossroads Plaza # 167			W Hartford			CT	06117
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
WEB		Graphic design				352.92	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Quickdiscs.com LLC				2-2-14		<input type="radio"/> Check # 1019 <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
41 Crossroads Plaza # 167			W Hartford			CT	06117
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
WEB		Design palm card				319.05	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Melissa McCormick				4-3-2014		<input type="radio"/> Check # 1025 <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
21 Farm Drive			Farmington			CT	06032
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
MISC		Event Coordinator				200.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Melissa McCormick				04-10-14		<input type="radio"/> Check # 1027 <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
21 Farm Drive			Farmington			CT	06032
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
MISC		Event Coordinator				100.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
SUBTOTAL Section N — This Page							
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE							
<i>(Enter total on Line 20 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
Visconti for Governor							
N. Expenses Paid by Committee							
Name of Payee				Date of Payment		Method of Payment:	
QuickDiscs.com LLC				8-30-2014		<input checked="" type="radio"/> Check # 1041 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
41 Crossroads Plaza # 167			W Hartford			CT	06117
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
WEB		Web svcs				1595.25	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
New Haven Independent				2-11-14		<input checked="" type="radio"/> Check # 1067 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
51 Elm Street			New Haven			CT	06511
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
OTH		Photo				250.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
PMS Printing & Design				2-26-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
2130 Silas Deane HWY			Rocky Hill			CT	06067
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
PRNT		Print cards				318.78	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
CT Republican Party				9-4-14		<input checked="" type="radio"/> Check # 1032 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
31 Pratt Street			Hartford			CT	06103
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
OVHD		war room fee ad book				650.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
SUBTOTAL Section N — This Page							
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
Visconti for Governor							
N. Expenses Paid by Committee							
Name of Payee				Date of Payment		Method of Payment:	
QuickDiscs.com LLC				09-22-14		<input checked="" type="radio"/> Check # 1046 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
41 Crossroads Plaza # 167			W Hartford			CT	06117
Purpose of Expenditure (by code)		Description				Amount	
WEB		Web svcs				563.50	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # (if applicable)		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Capitol Archives & records				9-22-14		<input checked="" type="radio"/> Check # 1048 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
133 Laurel Street			Hartford			CT	06106
Purpose of Expenditure (by code)		Description				Amount	
PRNT		copies				159.53	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # (if applicable)		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
PMS Printing & Design				9-22-24		<input checked="" type="radio"/> Check # 1047 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
2130 Silas Deane HWY			Rocky Hill			CT	06067
Purpose of Expenditure (by code)		Description				Amount	
PRNT		Print cards				517.60	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # (if applicable)		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Reunion of Crocodile Club				9-4-14		<input checked="" type="radio"/> Check # 1042 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)		Description				Amount	
ATT		Tickets for dinner				150.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # (if applicable)		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
SUBTOTAL Section N — This Page							
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE							
(Enter total on Line 20 of Summary Page Totals)							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
Visconti for Governor					
N. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Shell			7-4-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
905 Farmington Ave		W Hartford		CT	06119
Purpose of Expenditure <i>(by code)</i>	Description				Amount
TRVL	gas				75.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No			Expenditure # <i>(if applicable)</i>	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
Shell			7-17-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
905 Farmington Ave		W Hartford		CT	06119
Purpose of Expenditure <i>(by code)</i>	Description				Amount
TRVL	Gas				90.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No			Expenditure # <i>(if applicable)</i>	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
Citgo			7-19-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
2407 Berlin Tpk		Newington		CT	06111
Purpose of Expenditure <i>(by code)</i>	Description				Amount
TRVL	Gas				38.05
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No			Expenditure # <i>(if applicable)</i>	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
Stop & Shop			7-19-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
176 Newington Rd		W hartford		CT	
Purpose of Expenditure <i>(by code)</i>	Description				Amount
TRVL	Gas				83.05
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No			Expenditure # <i>(if applicable)</i>	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N					
SUBTOTAL Section N — This Page					
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
Visconti for Governor							
N. Expenses Paid by Committee							
Name of Payee					Date of Payment		Method of Payment:
Troys Mobile					7-22-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
2507 Albany Ave			W Hartford			CT	06119
Purpose of Expenditure <i>(by code)</i>		Description					Amount
TRVL		gas					45.12
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee					Date of Payment		Method of Payment:
Troys Mobile					7-21-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
2507 Albany Ave			W Hartford			CT	06119
Purpose of Expenditure <i>(by code)</i>		Description					Amount
TRVL		Gas					29.76
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee					Date of Payment		Method of Payment:
Shell					7-29-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
905 Farmington Ave			W Hartford			CT	06119
Purpose of Expenditure <i>(by code)</i>		Description					Amount
TRVL		Gas					65.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee					Date of Payment		Method of Payment:
Sunoco					07-29-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
888 Farmington Ave			W Hartford			CT	
Purpose of Expenditure <i>(by code)</i>		Description					Amount
TRVL		Gas					54.82
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
SUBTOTAL Section N — This Page							
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					Date of Payment		Method of Payment:
Hess					7-24-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
2499 Berlin Tpk			Newington			CT	0611
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
TRVL		gas				35.38	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No					Expenditure # <i>(if applicable)</i>	Event #	
<i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>							
Name of Payee					Date of Payment		Method of Payment:
					7-21-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
2507 Albany Ave			W Hartford			CT	06119
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
TRVL		Gas				29.76	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No					Expenditure # <i>(if applicable)</i>	Event #	
<i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>							
Name of Payee					Date of Payment		Method of Payment:
					7-29-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
905 Farmington Ave			W Hartford			CT	06119
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
TRVL		Gas				65.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No					Expenditure # <i>(if applicable)</i>	Event #	
<i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>							
Name of Payee					Date of Payment		Method of Payment:
Lyons Phillips 66					9-4-2014		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
2526 Albany Ave			W hartford			CT	10063
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
TRVL		Gas				30.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No					Expenditure # <i>(if applicable)</i>	Event #	
<i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>							
SUBTOTAL Section N — This Page							
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
Visconti for Governor							
N. Expenses Paid by Committee							
Name of Payee				Date of Payment		Method of Payment:	
Gaetanos Italian Steakhouse				9-18-2014		<input checked="" type="radio"/> Check # 1045 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
1572 Boston Post Rd			Milford			CT	06460
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
FNRD	Buffet dinner					750.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Samuel Colt 200 Committee				7-18-14		<input type="radio"/> Check # 1037 <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
155 Wyllys Street			Hartford			CT	06106
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
ATT	Space rental for event					100.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
USPS				9-8-2014		<input type="radio"/> Check # 1043 <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
Lasalle Rd Branch			W Hartford			CT	06107
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
POST	PO box					71.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Fed Ex				7-7-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
554 Farmington Ave			Hartford			CT	06105
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
POST	postage					32.99	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
SUBTOTAL Section N — This Page							
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
Visconti for Governor							
N. Expenses Paid by Committee							
Name of Payee				Date of Payment		Method of Payment:	
Famous Pizza				7-17-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
1 PT Barnum SQ			Bethel			CT	06801
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
Food	Food					11.65	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Staples				7-28-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
2550 Albany Ave			W Hartford			CT	06117
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
Office	Envelopes					44.65	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Staples				7-24-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
2550 Albany Ave			W Hartford			CT	
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
Office	Ink					26.58	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Dannys Dawg House				5-21-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
food	food					13.03	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
SUBTOTAL Section N — This Page							
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
Visconti for Governor							
N. Expenses Paid by Committee							
Name of Payee					Date of Payment		Method of Payment:
The Center Deli					7-22-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Food		Food				46.87	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Expenditure # <i>(if applicable)</i>		Event #		
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>							
Name of Payee					Date of Payment		Method of Payment:
Dunkin Donuts					7-21-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
1234 Farmington Ave			W Hartford			CT	
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Food		Food				7.44	
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:
Rizzutos WFPK					7-17-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
			Bethel			CT	
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Food		Food				44.51	
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:
Ac Petersen					7-18-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
240 park Rd			W hartford			CT	06119
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
food		food				15.26	
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							
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE							
<i>(Enter total on Line 20 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
Visconti for Governor							
N. Expenses Paid by Committee							
Name of Payee				Date of Payment		Method of Payment:	
AC petersen				7-27-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
240 Park Rd			W Hartford			CT	06119
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Food		Food				22.80	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
<i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>							
Name of Payee				Date of Payment		Method of Payment:	
Tivoli Restaurant				7-25-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
			New Milford			CT	0677
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Food		Food				13.24	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
<i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>							
Name of Payee				Date of Payment		Method of Payment:	
Mikes Pizza Palace				7-29-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
28 Church street			Naugatuck			CT	06770
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Food		Food				65.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
<i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>							
Name of Payee				Date of Payment		Method of Payment:	
Treva				7-26-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
980 Farmington Ave			W hartord			CT	06107
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
food		food				47.86	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
<i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>							
SUBTOTAL Section N — This Page							
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE							
<i>(Enter total on Line 20 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
Visconti for Governor							
N. Expenses Paid by Committee							
Name of Payee				Date of Payment		Method of Payment:	
Abate Restaurant				7-23-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
129 Wooster Street						CT	
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
Food	Food					40.38	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Dunkin Donuts				7-26-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
305 Captain Thomas Blvd			W Haven			CT	
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
Food	Food					4.15	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Frank Pepe				7-28-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
1148 New Britain Ave			W Hartford			CT	06110
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
Food	Food					17.28	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
New Moon Chinese				7-26-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
Main ST			New Milford			CT	06776
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
food	food					101.39	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
SUBTOTAL Section N — This Page							
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
Visconti for Governor							
N. Expenses Paid by Committee							
Name of Payee				Date of Payment		Method of Payment:	
Luna Pizza				7-9-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
999 Farmington Ave			W Hartford			CT	06107
Purpose of Expenditure <i>(by code)</i>	Description			Amount			
Food	Food			50.57			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Dunkin Donuts				7-9-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
41 South Main			W Hartford			CT	
Purpose of Expenditure <i>(by code)</i>	Description			Amount			
Food	Food			4.19			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Shell						<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
905 Farmington Ave			W Hartford			CT	06119
Purpose of Expenditure <i>(by code)</i>	Description			Amount			
Food	Food			5.00			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Dunkin Donuts				7-15-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
			East Hampton			CT	
Purpose of Expenditure <i>(by code)</i>	Description			Amount			
food	food			10.78			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
SUBTOTAL Section N — This Page							
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE							
<i>(Enter total on Line 20 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
Visconti for Governor							
N. Expenses Paid by Committee							
Name of Payee					Date of Payment		Method of Payment:
Dunkin Donuts					7-5-2014		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
2601 Berlin TPK			newington			CT	
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Food		Food				7.21	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee					Date of Payment		Method of Payment:
Stop Cafe							<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
						CT	
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Food		Food				21.25	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee					Date of Payment		Method of Payment:
A C petersen					7-3-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
240 Park Rd			W hartford			CT	
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
FOOD		Food				17.34	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee					Date of Payment		Method of Payment:
Shell					9-25-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address			City			State	Zip Code
905 Farmington Ave			W Hartford			CT	06119
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Food		Food				2.50	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
SUBTOTAL Section N — This Page							
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
Visconti for Governor							
N. Expenses Paid by Committee							
Name of Payee				Date of Payment		Method of Payment:	
U-Haul				7-3-2014		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
164 South Rd			W Hartford			CT	06110
Purpose of Expenditure <i>(by code)</i>	Description						Amount
MISC	Tarp						10.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Starbucks				9-24-14		<input type="radio"/> Check # 1037 <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
1106 Barnum Ave			Stratford			CT	
Purpose of Expenditure <i>(by code)</i>	Description						Amount
Food	Coffee						9.94
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Frank Pepe				9-24-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
						CT	
Purpose of Expenditure <i>(by code)</i>	Description						Amount
FOOD	Pizza						55.87
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Starbucks				9-25-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
21 Lasalle Rd			W Hartford			CT	
Purpose of Expenditure <i>(by code)</i>	Description						Amount
Food	Coffee						30.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N							
SUBTOTAL Section N — This Page							
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
Visconti for Governor							
N. Expenses Paid by Committee							
Name of Payee				Date of Payment		Method of Payment:	
George Flonnes				2-4-2014		<input checked="" type="radio"/> Check # 1015 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
1532 Berlin Turnpike			Wethersfield			CT	06109
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
A- SIGN	Billboard trailer rent					250.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
Joe Greico				2-4-14		<input checked="" type="radio"/> Check # 1012 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
492 Judson Ave			Mystic			CT	
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
A-OTH	recording audio					150.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
QuickDiscs.com LLC				05-9-2014		<input checked="" type="radio"/> Check # 1031 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
41 Crossroads Plaza #167			W Hartford			CT	06107
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
WEB	graphic design					106.35	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
QuickDiscs.Com LLC				3-10-14		<input checked="" type="radio"/> Check # 1020 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
41 Crossroads Plaza # 167			W Hartford			CT	06117
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
						324.37	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
SUBTOTAL Section N — This Page							
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE							
<i>(Enter total on Line 20 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
Visconti for Governor							
N. Expenses Paid by Committee							
Name of Payee				Date of Payment		Method of Payment:	
Starbucks				5-22-14		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
14498 new Britain Ave			W Hartford			CT	
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
Food	Food					6.49	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
						<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
						<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
Name of Payee				Date of Payment		Method of Payment:	
						<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description					Amount	
food	food						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No				Expenditure # <i>(if applicable)</i>	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum N							
SUBTOTAL Section N — This Page							
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE							
<i>(Enter total on Line 20 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

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

IV. EXPENDITURES (Sections N — S)

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

TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
Q. Expenses Incurred by Committee but Not Paid During this Period							
Name of Creditor McGough and Sons Consulting						Date Incurred 1-1-14	
Street Address 52 Martin Rd				City Bristol		State CT	Zip Code
Purpose of Expenditure <i>(by code)</i> CNSLT		Description Consultant				Amount Incurred <i>(Estimate or Actual)</i>	
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 Q</i>						1500.00	
Expenditure # <i>(if applicable)</i>						Event #	
Name of Creditor Sharon Visconti/ Visconti & Assoc						Date Incurred 11-15-13	
Street Address 49 Montclair DR				City W Hartford		State CT	Zip Code 06107
Purpose of Expenditure <i>(by code)</i> OFFICE		Description Copies / admin				Amount Incurred <i>(Estimate or Actual)</i>	
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 Q</i>						936.00	
Expenditure # <i>(if applicable)</i>						Event #	
Name of Creditor QuickDiscs LLC						Date Incurred 9-22-14	
Street Address 41 Crossroads Plaza 167				City W Hartford		State CT	Zip Code 06117
Purpose of Expenditure <i>(by code)</i> WEB		Description Design				Amount Incurred <i>(Estimate or Actual)</i>	
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 Q</i>						79.13	
Expenditure # <i>(if applicable)</i>						Event #	
Name of Creditor						Date Incurred	
Street Address				City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description				Amount Incurred <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum Q</i>							
Expenditure # <i>(if applicable)</i>						Event #	
SUBTOTAL Section Q – This Page						2515.13	
TOTAL of additional Section Q Pages							
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID						2515.13	
<i>(Enter total on Line 29 of Summary Page Totals)</i>							
Previously reported Expenses Unpaid and still Outstanding							

IV. EXPENDITURES (Sections N — S)

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