

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
<b>Jepsen 2010</b>					<input checked="checked" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First	MI	Last	Suffix		
	<b>Kathleen</b>	<b>J</b>	<b>Kowalyshyn</b>			
4. TREASURER ADDRESS						
Street Address		City		State	Zip Code	
<b>28 Forster St</b>		<b>Hartford</b>		<b>CT</b>	<b>06106</b>	
5. ELECTION DATE		6. OFFICE SOUGHT ( if applicable )			7. DISTRICT CODE ( if applicable )	
<b>11/02/2010</b>		<b>Attorney General</b>				
8. CANDIDATE NAME						
Title	First	MI	Last	Suffix		
	<b>George</b>	<b>C.</b>	<b>Jepsen</b>			
9. TYPE OF REPORT						
<b>Supplemental Termination Report 1 (Non Standard) - Original</b>						
10. PERIOD COVERED						
Beginning Date                      Ending Date						
<b>02/01/2011                      thru                      02/26/2014</b>						
11. CERTIFICATION						
<input checked="checked" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.						
<b>Electronic Filing</b>		<b>Kathleen Kowalyshyn</b>		<b>03/04/2014 1:37:09PM</b>		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

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**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Jepsen 2010</b>		
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$384.53</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$76,971.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$7,550.00</b>
16. Other Monetary Receipts (Section D-I)	<b>\$0.00</b>	<b>\$750,270.48</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$0.00</b>	<b>\$834,791.48</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$384.53</b>	<b>\$834,791.48</b>
20. Expenses Paid by Committee (Section N)	<b>\$1,870.23</b>	<b>\$836,277.18</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$-1,485.70</b>	<b>\$-1,485.70</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$3,950.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$0.00</b>	<b>\$11,960.64</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$350.00</b>	

<b>I. MONETARY RECEIPTS (Section A-K)</b>											
NAME OF COMMITTEE								FILING DUE DATE			
Jepsen 2010											
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>							<b>Subtotal Section</b>				
<b>B. Itemized Contributions from Individuals</b>											
Last Name		First Name		MI	Name of Employer			<b>Amount of Contribution</b>			
Residential Street Address		City			State	Zip Code	Principal Occupation				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?						Yes No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Yes No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:						Yes      No Executive      Legislative	
Method of Contribution Cash      Personal Check      Credit/Debit Card      Payroll Deduction      Money Order					Date Received		Aggregate Contribution				
<b>Total of Section B</b>											
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>								(Sections A & B) <i>(Total on Line 14 of Summary Page)</i>			

**I. MONETARY RECEIPTS (Section A-I)**

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Jepsen 2010				
<b>C1. Contributions from Other Committees</b>				
Name of Committee			Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1?         Yes      If yes, list Event # No		Amount of Contribution
City	State	Zip Code	Date Received	
<b>Total of Section C1</b>				

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				FILING DUE DATE	
Jepsen 2010					
<b>C2. Reimbursements or Payments from other Committees</b>					
Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services		
<b>Total of Section C2</b>					

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

**D. Loans Received this Period**

Name of Lender				Source of Loan:  Bank  Candidate  Individual  Other  Committee	Is there a cosigner or Guarantor of this loan?  Yes  No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code			
				Date Received		

**Total of Section D**

I. MONETARY RECEIPTS (Section A-I)		
NAME OF COMMITTEE		FILING DUE DATE
Jepsen 2010		
E. Personal Funds of the Candidate Received this Period		
Date Received	Amount	Method of Payment
		Cash                      Personal Check                      Credit/Debit Card
		Total of Section E

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Jepsen 2010					
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					



<b>I. Monetary Receipts (Section A-I)</b>
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NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

<b>G. Interest from Deposits in Authorized Accounts</b>
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Name of Institution	Date Received	Total Amount Received
Street Address	City	
	State	Zip Code

<b>Total of Section G</b>	
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<b>I. MONETARY RECEIPTS (Section A-K)</b>			
NAME OF COMMITTEE			FILING DUE DATE
Jepsen 2010			
<b>H. Public Grant Funds Received from the Citizens' Election Fund</b>			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary                      General or Special Election	Primary                      General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary                      General or Special Election		
<b>Total of Section H</b>			

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE				FILING DUE DATE	
Jepsen 2010					
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>Total of Section I</b>					

## II. FUNDRAISING EVENT ACTIVITY

NAME OF	FILING DUE DATE
COMMITTEE Jepsen 2010	

### J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Description Letter	Location: Street Address	City	State	Zip Code
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Was this fundraising event hosted at a personal residence? Yes No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes No

Was this fundraiser a tag sale, auction, or other sale of donated items? Yes No

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

### J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser <i>(Individuals ONLY)</i>	Last Name	First Name	MI	Method of payment:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							
<b>Total of Section J2</b>							

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

### J3. In-Kind Donations Not Considered Contributions

Name of the Donor					Donation Given by:		Fair Market Value of Donation
					Individual	Business Entity	
Street Address		City		State	Zip Code	Aggregate value for this event	
Description of Donation				Date Received		Event #	

**Total of Section J3**

### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

#### K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State			
Type of Contributor:	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Yes No Executive Legislative	
Individual						
Committee						
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		Yes No	Description of In-Kind Contribution		Aggregate contributions	

**Total of Section K**

### III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

#### L. Refundable Deposit to Telephone Company

Last Name ( Individuals Only )	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
<b>Total of Section L</b>				



### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Jepsen 2010					
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>					
Name of Committee			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 A          B          C          D          E			
Total of Section M					

# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010							
N. Expenses Paid By Committee							
Name of Payee				Date of Payment	Method of Payment		Amount
Internal Revenue Service				02/07/2014	<input checked="" type="checkbox"/> Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>405173722</u>		
135 High St	Hartford	CT		OVHD	<input type="checkbox"/> Debit Card		
Description					Event #		
Payroll taxes							
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
						\$1,262.33	
Name of Payee				Date of Payment	Method of Payment		Amount
State of Connecticut				02/07/2014	<input checked="" type="checkbox"/> Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>405173733</u>		
20 Trinity St	Hartford	CT	06106	CEF	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
						\$607.90	
Total of Section N						\$1,870.23	

# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
O. Campaign Expenses Paid By Candidate								
Name of Payee					Date of Payment		Is Reimbursement Claimed?  Yes No	Amount
Street Address			City		State	Zip Code		
Purpose of Expenditure	Description					Event #		
Total of Section O								

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Jepsen 2010						
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa      Master Card      Discover      American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						

# IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Jepsen 2010						
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>						
Name of Creditor				Date Incurred		Event #
Street Address			City		State	Zip Code
Purpose of Expenditure	Description					Amount Incurred (Estimate or Actual)
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> </div>						
<div> <div>Yes</div> <div>No</div> </div>						
Total of Section Q						

# IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE		
Jensen 2010						
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant			Date of Payment		Method of Payment Check #  Debit Card	Amount
Secondary Payee			Purpose of Expenditure			
Street Address		City	State	Zip Code		
Description				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
Yes						
No						
Total of Section R						

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Jepsen 2010				
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				