



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Abercrombie for State Rep.			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Nicole	MI J	Last Barillaro		Suffix	
4. TREASURER ADDRESS					
Street Address 45 Evelen Ct		City Cheshire		State CT	Zip Code 06410
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)		7. DISTRICT NUMBER (if applicable)	
11/06/2018		State Representative		R083	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Catherine	MI F	Last Abercrombie		Suffix	
9. TYPE OF REPORT					
Second Weekly Supplemental Filing General Election - Original					
10. PERIOD COVERED					
		Beginning Date	thru	Ending Date	
		10/17/2018		10/23/2018	
11. CERTIFICATION					
<input checked="" type="checkbox"/> 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.					
Electronic Filing		Nicole Barillaro		10/24/2018 4:03:43PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
<p>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</p>					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Abercrombie for State Rep.	Second Weekly Supplemental Filing General Election - Original	
	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	\$24,308.57	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$5,260.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$28,200.02
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$0.00	\$33,460.02
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$24,308.57	\$33,460.02
20. Expenses Paid by Committee (Section N)	\$7,311.99	\$16,443.44
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$16,996.58	\$17,016.58
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$50.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$50.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$200.00	\$822.69
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Abercrombie for State Rep.		Second Weekly Supplemental Filing General Election - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
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? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Yes No		Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If yes, list Event #			Yes No		
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution: Cash Personal Check Money Order Credit/Debit Card		Date Received	Aggregate Contributions

Total of Section B				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Total on Line 14, Column A of Summary Page)</i>				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Abercrombie for State Rep.				Second Weekly Supplemental Filing General Election - Original	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1? If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Abercrombie for State Rep.				Second Weekly Supplemental Filing General Election - Original	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT		
Abercrombie for State Rep.				Second Weekly Supplemental Filing General Election - Original		
D. Loans Received this Period						
Name of Lender			Source of Loan:		Date of Receipt	
			Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)						
Street Address		City	State	Zip Code	Amount Received	
Total of Section D						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Abercrombie for State Rep.		Second Weekly Supplemental Filing General Election - Original	
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
Total of Section E			

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Abercrombie for State Rep.		Second Weekly Supplemental Filing General Election - Original	
G. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
Street Address	City	State	Zip Code
Total of Section G			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Abercrombie for State Rep.		Second Weekly Supplemental Filing General Election - Original	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant:		Grant Cycle:	Date Received
Initial	Grant Adjustment	Primary	General Election
Supplemental/Post Election Deficit		Special Election	Amount
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Abercrombie for State Rep.				Second Weekly Supplemental Filing General Election - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Abercrombie for State Rep.				Second Weekly Supplemental Filing General Election - Original	
J1. Event Information					
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No		
Location: Street Address			City	State	Zip Code
Was this event hosted at a personal residence?		Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		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?		Yes	(If yes, enter Total Receipts here.)		
		No			
Total of Section J1					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Abercrombie for State Rep.	Second Weekly Supplemental Filing General Election - Original

J3. In-Kind Donations Not Considered Contributions

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

Total of Section J3**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Abercrombie for State Rep.	Second Weekly Supplemental Filing General Election - Original

J4. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host	Is this event supporting more than one candidate?		
	Yes	No	If yes, complete Itemization in Addendum J4
Street Address	City	State	Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Abercrombie for State Rep.	Second Weekly Supplemental Filing General Election - Original

K. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Is this contribution associated with an event reported in Section J1?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			
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:	Fair Market Value of this Contribution
Type of Contributor:		Date Received	Aggregate contributions
Individual Committee Sole Proprietorship			
		Executive Legislative	

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Abercrombie for State Rep.	Second Weekly Supplemental Filing General Election - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Total of Section L			

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Abercrombie for State Rep.	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee City of Meriden		Date of Payment 10/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>131</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 142 E Main St		City Meriden	State CT	Zip Code 06450
Purpose of Expend A-OTH	Description Ad for Markham Fly-In Event			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$75.00

Name of Payee Nicole Tomassetti		Date of Payment 10/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>135</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 261 Reservoir Ave		City Meriden	State CT	Zip Code 06451
Purpose of Expend RMB	Description Office Supplies, Postage, Envelopes, Ink			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$260.15

Name of Payee Nicole Tomassetti		Date of Payment 10/18/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>129</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 261 Reservoir Ave		City Meriden	State CT	Zip Code 06451
Purpose of Expend RMB	Description Toner/Phone Minutes/Water			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$256.97

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Abercrombie for State Rep.	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee CCM & Co.		Date of Payment 10/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>136</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1022 Boulevard # 329		City West Hartford	State CT	Zip Code 06119
Purpose of Expend A-DM	Description Mailer 1			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,379.64

Name of Payee BrownMillerGroup		Date of Payment 10/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>137</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 222 Broadway Fl 19		City New York	State NY	Zip Code 10038
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,000.00

Name of Payee CCM & Co.		Date of Payment 10/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>138</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1022 Boulevard # 329		City West Hartford	State CT	Zip Code 06119
Purpose of Expend A-DM	Description Mailer 2			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,573.08

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Abercrombie for State Rep.	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee Nicole Tomassetti		Date of Payment 10/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>139</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 261 Reservoir Ave		City Meriden	State CT	Zip Code 06451
Purpose of Expend WAGE	Description Campaign Manager			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$300.00

Name of Payee Prentis Printing Solutions, Inc.		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>140</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 35 Pratt St . P.O. Box 126		City Meriden	State CT	Zip Code 06450
Purpose of Expend PRNT	Description Postcards			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$267.15

Name of Payee Catherine F. Abercrombie		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>141</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 230 Westfort Dr		City Meriden	State CT	Zip Code 06451
Purpose of Expend RMB	Description USPS Postage			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$200.00

Total of Section N

\$7,311.99

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
Abercrombie for State Rep.						Second Weekly Supplemental Filing General Election - Original	
O. Expenses Paid By Candidate							
Name of Payee (Name of vendor who candidate paid directly)					Date of Payment		Is Reimbursement Claimed?
USPS					10/23/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code	Amount
190 Center St			Meriden		CT	06450	
Purpose of Expenditure (by code)	Description				Event #		\$200.00
POST							
Total of Section O						\$200.00	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
Abercrombie for State Rep.						Second Weekly Supplemental Filing General Election - Original	
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution					Type of Credit Card:		
					<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description				Expenditure # (if applicable)		Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Yes	No	
If yes, assign an Expenditure # and complete Itemization in Addendum							
Total of Section P							

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Abercrombie for State Rep.	Second Weekly Supplemental Filing General Election - Original

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor		Date Incurred	
Street Address	City	State	Zip Code
Purpose of Expenditure (bv code)	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			

Total of Section Q

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Abercrombie for State Rep.	Second Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card EFT
Name of Vendor Paid by Committee Worker/Consultant				
Street Address of Vendor		City		State
Zip Code				
Purpose of Expenditure (by code)	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Total of Section R**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Abercrombie for State Rep.	Second Weekly Supplemental Filing General Election - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				

Total of Section S

Section J4. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	
Name of Candidate	

Section N. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
N. Expenses Paid By Committee - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
R. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought