



**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Harrigan 2018			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Martin	MI E	Last Cobern		Suffix	
4. TREASURER ADDRESS					
Street Address 7 Carriage House Way		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		R089	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Anne	MI M	Last Harrigan		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 <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
Electronic Filing		Maura Esposito		10/24/2018 9:09:41PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
<p><b>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.</b></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	
<b>Harrigan 2018</b>	Second Weekly Supplemental Filing General Election - Original	
	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>\$24,196.03</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$5,898.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$17.77</b>	<b>\$17.77</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$28,110.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$17.77</b>	<b>\$34,025.77</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$24,213.80</b>	<b>\$34,025.77</b>
20. Expenses Paid by Committee (Section N)	<b>\$0.00</b>	<b>\$9,811.97</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$24,213.80</b>	<b>\$24,213.80</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$0.00</b>	<b>\$0.00</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<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>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$105.55</b>	<b>\$490.14</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>\$0.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Harrigan 2018		Second Weekly Supplemental Filing General Election - Original	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>			For Nonparticipating Candidates ONLY
<b>B. Itemized Contributions from Individuals</b>			

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?				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
Yes      No If yes, indicate which branch or branches of government the contract is with:      Executive      Legislative				Yes      No	
Is this contribution associated with an event reported in Section J1?		Method of contribution:		Date Received	Aggregate Contributions
Yes		Cash      Personal Check			
No		Money Order      Credit/Debit Card			
If yes, list Event #					

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Harrigan 2018		Second Weekly Supplemental Filing General Election - Original		
<b>C1. Contributions from Other Committees</b>				
Name of Committee Dan Fontaine for the 90th		Name of Treasurer Peter M Cunningham		
Address 2 Martin Trl		Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
		If yes, list Event #      10012018A		
City Wallingford	State CT	Zip Code 06492	Date Received 10/22/2018	Aggregate Contributions \$17.77
<b>Total of Section C1</b>				<b>\$17.77</b>

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

NAME OF COMMITTEE				TYPE OF REPORT	
Harrigan 2018				Second Weekly Supplemental Filing General Election - Original	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>					
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				
<b>Total of Section C2</b>					

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

NAME OF COMMITTEE				TYPE OF REPORT	
Harrigan 2018				Second Weekly Supplemental Filing General Election - Original	
<b>D. Loans Received this Period</b>					
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	<b>Amount Received</b>
<b>Total of Section D</b>					

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

NAME OF COMMITTEE	TYPE OF REPORT
Harrigan 2018	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	
<b>Total of Section E</b>				

**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Harrigan 2018	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
<b>Total of Section G</b>		

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

NAME OF COMMITTEE	TYPE OF REPORT
Harrigan 2018	Second Weekly Supplemental Filing General Election - Original

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		
<b>Total of Section H</b>			

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

NAME OF COMMITTEE				TYPE OF REPORT	
Harrigan 2018				Second Weekly Supplemental Filing General Election - Original	
<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. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Harrigan 2018				Second Weekly Supplemental Filing General Election - Original	
<b>J1. Event Information</b>					
Event # Date of Event 10/01/2018	Letter A	Description Meet and Greet Event			Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location: Street Address 240 Maple Ave			City Cheshire	State CT	Zip Code 06410
Was this event hosted at a personal residence?		<input type="checkbox"/> 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.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)		\$0.00
<b>Total of Section J1</b>					<b>\$0.00</b>

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Harrigan 2018	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
Harrigan 2018	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
Harrigan 2018	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:	Yes No Executive   Legislative
Type of Contributor:		Date Received	Aggregate contributions
Individual      Committee      Sole Proprietorship			
<b>Total of Section K</b>			

**III. Non Monetary Receipts (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Harrigan 2018	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			
Street Address	City	State	Zip Code
<b>Total of Section L</b>			Amount of Deposit



**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Harrigan 2018	Second Weekly Supplemental Filing General Election - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee		Date of Payment	Method of Payment Check # Debit Card EFT	
Street Address		City		State
Purpose of Expend	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Yes No	Expenditure # (if applicable)	Event #	

**Total of Section N**

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Harrigan 2018	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?		
Ann Harrigan		10/22/2018	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address		City	State	Zip Code	<b>Amount</b>
720 Ward Ln		Cheshire	CT	06410	
Purpose of Expenditure (by code)	Description	Event #		\$70.00	
POST	stamps				
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?		
RJ Anderson		10/23/2018	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address		City	State	Zip Code	<b>Amount</b>
51 Woodridge Rd		Cheshire	CT	06410	
Purpose of Expenditure (by code)	Description	Event #		\$35.55	
FOOD	Food for a meet and greet				
<b>Total of Section O</b>				<b>\$105.55</b>	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Harrigan 2018	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			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	
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
Harrigan 2018	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 (by 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
Harrigan 2018	Second Weekly Supplemental Filing General Election - Original

#### R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Harrigan	First Anne	MI	Date of Payment to Vendor 10/22/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1025 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
Cheshire Post Office

Street Address of Vendor MAPLE AVE	City Cheshire	State CT	Zip Code 06410
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Purpose of Expenditure (by code) POST	Description stamps
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$70.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Anderson	First RJ	MI	Date of Payment to Vendor 10/23/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1026 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
Big Y

Street Address of Vendor South Main Street	City Cheshire	State CT	Zip Code 06410
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Purpose of Expenditure (by code) FOOD	Description Food for a meet and greet
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable) 327633	Event #	Amount \$35.55
If yes, assign an Expenditure # and completes Itemization in Addendum R			

**Total of Section R**

**\$105.55**

**IV. EXPENDITURES (Sectuibs N - S)**

<b>IV. EXPENDITURES (Sectuibs N - S)</b>			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT
Harrigan 2018			Second Weekly Supplemental Filing General Election - Original
<b>S. Surplus Distribution of Equipment and Furniture</b>			
Name of Recipient			
Street Address	City	State	Zip Code
Description of Item			Original Purchase Amount of Item
<b>Total of Section S</b>			

**Section J4. ADDENDUM**

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

**Section N. ADDENDUM**

<b>Section N. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>N. Expenses Paid By Committee - Addendum</b>	
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
Harrigan 2018	Second Weekly Supplemental Filing General Election - Original
R. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure #	Amount of Expenditure
327633	\$35.55
Name of Candidate Dan Fontaine	Office Sought State Representative