SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015

RECEIVED
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TOWN AND CITY CLERK
BRISTOL, CT

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COVER PAGE

1. NAME OF COMMITTEE

Jodi for Council

2. TREASURER NAME

First	MI	Last	Suffix
Gary	J	Klemyk	Jr

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
27 Harper CT	Bristol	CT	06010

4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	5. OFFICE SOUGHT *(Complete only if Candidate Committee)*	6. DISTRICT NUMBER *(if applicable)*
11/07/2017	Council	

7. CANDIDATE NAME *(Complete only if Candidate or Exploratory Committee)*

First	MI	Last	Suffix
Jodi		Zils-Gagne	

8. TYPE OF REPORT *(Check One Box)*

- ○ January 10 filing
- ○ April 10 filing
- ◉ July 10 filing
- ○ October 10 filing
- ○ 24 Hour Independent Expenditure ○ Primary ○ Election
- ○ 7th day preceding primary
- ○ 30 days following primary
- ○ 7th day preceding election
- ○ 12th day preceding election *(State Central Committees Only)*
- ○ 45 days following election not held in November
- ○ 7th day preceding referendum
- ○ 45 days following referendum
- ○ Deficit
- ○ Termination
- ○ Initial Contribution or Disbursement *(PACs ONLY)*
- ○ Amendment to Type of Report: _____

9. PERIOD COVERED

Beginning Date		Ending Date
04/01/2017	thru	06/30/2017

10. 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)	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
	Gary J Klemyk, Jr	6/30/2017

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT	
Jodi for Council	July 10	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0.00
12. Balance on hand at the beginning of Reporting Period	0.00	
13. Contributions Received from Individuals (Sections A and B)	1740.00	0.00
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00
15. Other Monetary Receipts (Sections D through K)	0.00	0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
16b. *Per Public Act 11-48, effective January 1, 2012 Section L2. removed*		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	1740.00	0.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1740.00	0.00
19. Expenses Paid by Committee (Section P)	337.68	0.00
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1402.32	
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00
23. In-Kind Contributions Received (Section M)	0.00	0.00
24. Refundable Deposit to Telephone Company (Section N)	0.00	0.00
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.00	0.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c. - Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10

A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A**	$ 0.00

B. Itemized Contributions from Individuals

Last Name	First	MI
Hamlin	David	

Residential Street Address	City	State	Zip Code
62 Haviland St	Bristol	CT	06010

Principal Occupation	Name of Employer
Auto Service	Hamelin & Sons

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Is this contribution associated with an event reported in Section L1? ○ Yes ◉ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
5/12/2017		50.00

Last Name	First	MI
Mastrobaitista	John	

Residential Street Address	City	State	Zip Code
58 Larsondale Ave	Bristol	CT	06010

Principal Occupation	Name of Employer
retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ◉ Yes ○ No

Is this contribution associated with an event reported in Section L1? ○ Yes ◉ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ○ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
5/11/207		25.00

Last Name	First	MI
Quinto	Robert	

Residential Street Address	City	State	Zip Code
360 Withces Rock Rd	Bristol	CT	06010

Principal Occupation	Name of Employer
Life Insurance	n/a

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Is this contribution associated with an event reported in Section L1? ○ Yes ◉ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
5/12/2017		50.00

SUBTOTAL Section B — This Page	125.00
TOTAL of additional Section B Pages	1615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	1740.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	JUly 10

C1. Contributions from Other Committees

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with an event reported in Section L1? ◯ Yes ◯ No *If yes*, list Event #		**Amount of Contribution**
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with an event reported in Section L1? ◯ Yes ◯ No *If yes*, list Event #		**Amount of Contribution**
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with an event reported in Section L1? ◯ Yes ◯ No *If yes*, list Event #		**Amount of Contribution**
City	State	Zip Code	Date Received	Aggregate Contributions	

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer		
Address			City	State	Zip Code
Date Received	Expenditure # *(if applicable)*	Payment Type ◯ Reimbursement for shared expense ◯ Surplus Distribution			**Amount of Receipt**
Description					

Name of Committee			Name of Treasurer		
Address			City	State	Zip Code
Date Received	Expenditure # *(if applicable)*	Payment Type ◯ Reimbursement for shared expense ◯ Surplus Distribution			**Amount of Receipt**
Description					

SUBTOTAL Section C — This Page	0.00
TOTAL of additional Section C Pages	0.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) ***(Enter total on Line 14, Column A of Summary Page Totals)***	0.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10

D. Loans Received this Period

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

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

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

TOTAL SECTION D	

E. Receipts from Entities other than Individuals or Other Committees *(Referendum Committees ONLY)*

Name of Entity				
Street Address			Date Received	**Amount Received**
City	State	Zip Code	Aggregate Contributions	

Name of Entity				
Street Address			Date Received	**Amount Received**
City	State	Zip Code	Aggregate Contributions	

Name of Entity				
Street Address			Date Received	**Amount Received**
City	State	Zip Code	Aggregate Contributions	

TOTAL SECTION E	0.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10

F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

Date of Receipt	Is this transaction associated with an event reported in Section L1?	Amount
	○ Yes ○ No *If yes,* list Event #	
	○ Yes ○ No *If yes,* list Event #	
	○ Yes ○ No *If yes,* list Event #	
	○ Yes ○ No *If yes,* list Event #	

TOTAL SECTION F 0.00

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)*

Date of Receipt	Date of Receipt	Date of Receipt
Amount	**Amount**	**Amount**

TOTAL SECTION G 0.00

H. Personal Funds of the Candidate Received this Period *(Candidate Committees ONLY)*

Date of Receipt	Method of payment:	Amount
	○ Cash ○ Personal Check ○ Credit/Debit Card	
	○ Cash ○ Personal Check ○ Credit/Debit Card	
	○ Cash ○ Personal Check ○ Credit/Debit Card	
	○ Cash ○ Personal Check ○ Credit/Debit Card	

TOTAL SECTION H 0.00

I. 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.

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10

J. 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	

TOTAL SECTION J	0.00

K. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				

TOTAL SECTION K	0.00

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)		0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	0.00
Total of Other Monetary Receipts **(Add Sections D through K)** ***(Enter total on Line 15, Column A of Summary Page Totals)***		0.00

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10

L1. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event?
5/24/2017	Fundraiser at Firefly Hollow Brewing	◉ Yes ○ No

Location: Street Address	City	State	Zip Code
139 Center St	Bristol	CT	06010

Subpart 1: (All Committees)

Was this event hosted at a personal residence? ○ Yes (*If yes*, go to Section L5 **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 goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100? ○ Yes (*If yes*, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information.) ◉ No

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

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? ○ Yes (*If yes*, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.) ◉ No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? ○ Yes (*If yes*, enter **Total Receipts** here.) → $ ○ No

Event # / Date of Event / Letter	Description	Was this a fundraising event?
		○ Yes ○ No

Location: Street Address	City	State	Zip Code

Subpart 1: (All Committees)

Was this event hosted at a personal residence? ○ Yes (*If yes*, go to Section L5 **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 goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100? ○ Yes (*If yes*, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information.) ○ No

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

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? ○ Yes (*If yes*, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.) ○ No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? ○ Yes (*If yes*, enter **Total Receipts** here.) → $ ○ No

SUBTOTAL Section L1—Subpart 1 (*All Committees*) Total Receipts from Sale of Donated Items — This Page	0.00
SUBTOTAL Section L1—Subpart 3 (*Town Committees ONLY*) Total Receipts from Food Purchases — This Page	0.00
TOTAL of additional Section L1 Pages	0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES *(Enter total on Line 16a, Column A of Summary Page Totals)*	0.00

II. EVENT ACTIVITY (Sections L1—L5)

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 L2. removed*

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser				Purchase Made By: ◯ Business Entity ◯ Other ◯ Individual/Sole Proprietorship
Street Address	City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser				Purchase Made By: ◯ Business Entity ◯ Other ◯ Individual/Sole Proprietorship
Street Address	City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser				Purchase Made By: ◯ Business Entity ◯ Other ◯ Individual/Sole Proprietorship
Street Address	City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser				Purchase Made By: ◯ Business Entity ◯ Other ◯ Individual/Sole Proprietorship
Street Address	City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser				Purchase Made By: ◯ Business Entity ◯ Other ◯ Individual/Sole Proprietorship
Street Address	City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page	0.00
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page	0.00
TOTAL of additional Section L3 Pages	0.00
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN ***(Enter total on Line 16c, Column A of Summary Page Totals)***	0.00

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10

L4. In-Kind Donations Not Considered Contributions

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
◯ Business Entity ◯ Individual ◯ Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
◯ Business Entity ◯ Individual ◯ Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
◯ Business Entity ◯ Individual ◯ Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
◯ Business Entity ◯ Individual ◯ Sole Proprietorship	Date Received	Event #	Aggregate value for this Event	

SUBTOTAL Section L4 — This Page	0.00
TOTAL of additional Section L4 Pages	0.00
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ***(Enter total on Line 21, Column A of Summary Page Totals)***	0.00

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10

L5. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host			Is this event supporting more than one candidate or committee? ◯ Yes ◯ No *If yes*, complete **Itemization in Addendum L5**	
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*		

Name of Host			Is this event supporting more than one candidate or committee? ◯ Yes ◯ No *If yes*, complete **Itemization in Addendum L5**	
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*		

Name of Host			Is this event supporting more than one candidate or committee? ◯ Yes ◯ No *If yes*, complete **Itemization in Addendum L5**	
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*		

Name of Host			Is this event supporting more than one candidate or committee? ◯ Yes ◯ No *If yes*, complete **Itemization in Addendum L5**	
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*		

SUBTOTAL Section L5 — This Page	0.00
TOTAL of additional Section L5 Pages	0.00
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY ***(Enter total on Line 22, Column A of Summary Page Totals)***	0.00

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodu for Council	July 10

M. In-Kind Contributions

Name

Street Address | City | State | Zip Code

Type of contributor: ◯ Committee ◯ Individual / Sole Proprietorship ◯ Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ◯ Yes ◯ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ◯ Yes ◯ No

Fair Market Value of this Contribution

Is this contribution associated with an event reported in Section L1? ◯ Yes ◯ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ◯ Yes ◯ No
If yes, indicate which branch or branches of government the contract is with: ◯ Executive ◯ Legislative

Name

Street Address | City | State | Zip Code

Type of contributor: ◯ Committee ◯ Individual / Sole Proprietorship ◯ Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ◯ Yes ◯ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ◯ Yes ◯ No

Fair Market Value of this Contribution

Is this contribution associated with an event reported in Section L1? ◯ Yes ◯ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ◯ Yes ◯ No
If yes, indicate which branch or branches of government the contract is with: ◯ Executive ◯ Legislative

Name

Street Address | City | State | Zip Code

Type of contributor: ◯ Committee ◯ Individual / Sole Proprietorship ◯ Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ◯ Yes ◯ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ◯ Yes ◯ No

Fair Market Value of this Contribution

Is this contribution associated with an event reported listed in Section L1? ◯ Yes ◯ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ◯ Yes ◯ No
If yes, indicate which branch or branches of government the contract is with: ◯ Executive ◯ Legislative

SUBTOTAL Section M — This Page	0.00
TOTAL of additional Section M Pages	0.00
TOTAL OF ALL IN-KIND CONTRIBUTIONS ***(Enter total on Line 23, Column A of Summary Page Totals)***	0.00

N. 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

TOTAL SECTION N ***(Enter total on Line 24, Column A of Summary Page Totals)***	0.00

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Jodi for Council	July 10

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment
Staples	5-22-17	○ Check #_____ ◉ Debit Card ○ EFT

Street Address	City	State	Zip Code
871 Farmington Ave	Bristol	CT	06010

Purpose of Expenditure (by code)	Description	Event #	Amount
Office	Office Supplies		24.68

Expenditure # (if applicable)

Type of Expenditure *(Itemization in Addendum P Required unless "None of the below" is checked)*
- ◉ None of the below
- ○ Coordinated with reimbursement sought (joint expenditure)
- ○ Coordinated without reimbursement sought (in-kind contribution)
- ○ Independent
- ○ Organization ○ A ○ B ○ C ○ D

Name of Payee	Date of Payment	Method of Payment
Howe for Council	5/26/2017	◉ Check #89 ○ Debit Card ○ EFT

Street Address	City	State	Zip Code
31 South St Ext	Bristol	CT	06010

Purpose of Expenditure (by code)	Description	Event #	Amount
FNDR	Joint fundraiser with "Howe for Council" on 5/24/2017	01	100.00

Expenditure # (if applicable)

Type of Expenditure *(Itemization in Addendum P Required unless "None of the below" is checked)*
- ○ None of the below
- ◉ Coordinated with reimbursement sought (joint expenditure)
- ○ Coordinated without reimbursement sought (in-kind contribution)
- ○ Independent
- ○ Organization ○ A ○ B ○ C ○ D

Name of Payee	Date of Payment	Method of Payment
Howe for Council	6/1/2017	◉ Check #90 ○ Debit Card ○ EFT

Street Address	City	State	Zip Code
31 South St Ext	Bristol	CT	06010

Purpose of Expenditure (by code)	Description	Event #	Amount
FNDR	Joint Fundraiser with "How for Council" on 5/24/2017	01	213.00

Expenditure # (if applicable)

Type of Expenditure *(Itemization in Addendum P Required unless "None of the below" is checked)*
- ○ None of the below
- ◉ Coordinated with reimbursement sought (joint expenditure)
- ○ Coordinated without reimbursement sought (in-kind contribution)
- ○ Independent
- ○ Organization ○ A ○ B ○ C ○ D

Name of Payee	Date of Payment	Method of Payment
		○ Check #_____ ○ Debit Card ○ EFT

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount

Expenditure # (if applicable)

Type of Expenditure *(Itemization in Addendum P Required unless "None of the below" is checked)*
- ○ None of the below
- ○ Coordinated with reimbursement sought (joint expenditure)
- ○ Coordinated without reimbursement sought (in-kind contribution)
- ○ Independent
- ○ Organization ○ A ○ B ○ C ○ D

SUBTOTAL Section P — This Page	337.68
TOTAL of additional Section P Pages	0.00
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)*	337.68

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10

Q. Campaign Expenses Paid by Candidate

Name of Payee (*Name of Vendor, Person or Entity who candidate paid directly*)		Date of Payment	Is reimbursement claimed? ○ Yes ○ No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**

Name of Payee (*Name of Vendor, Person or Entity who candidate paid directly*)		Date of Payment	Is reimbursement claimed? ○ Yes ○ No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**

Name of Payee (*Name of Vendor, Person or Entity who candidate paid directly*)		Date of Payment	Is reimbursement claimed? ○ Yes ○ No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**

Name of Payee (*Name of Vendor, Person or Entity who candidate paid directly*)		Date of Payment	Is reimbursement claimed? ○ Yes ○ No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**

Name of Payee (*Name of Vendor, Person or Entity who candidate paid directly*)		Date of Payment	Is reimbursement claimed? ○ Yes ○ No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**

Name of Payee (*Name of Vendor, Person or Entity who candidate paid directly*)		Date of Payment	Is reimbursement claimed? ○ Yes ○ No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**

SUBTOTAL Section Q — This Page	0.00
TOTAL of additional Section Q Pages	0.00
TOTAL OF ALL EXPENSES PAID BY CANDIDATE *(Enter total on Line 26, Column A of Summary Page Totals)*	0.00

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	**Type of Credit Card:** ○ Visa ○ Master Card ○ Discover ○ American Express ○ Other:

Name of Vendor, Person or Entity			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**	
Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum R Required unless "None of the below" is checked)*** ○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization: ○ A ○ B ○ C ○ D			

Name of Vendor, Person or Entity			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**	
Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum R Required unless "None of the below" is checked)*** ○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization: ○ A ○ B ○ C ○ D			

Name of Vendor, Person or Entity			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**	
Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum R Required unless "None of the below" is checked)*** ○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization: ○ A ○ B ○ C ○ D			

SUBTOTAL Section R — This Page	0.00
TOTAL of additional Section R Pages	0.00
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD ***(Enter total on Line 27, Column A of Summary Page Totals)***	0.00

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10

S. 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	Event #	**Amount Incurred** *(Estimate or Actual)*	
Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum S Required unless "None of the below" is checked)*** ○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization: ○A ○B ○C ○D			

Name of Creditor			Date Incurred	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount Incurred** *(Estimate or Actual)*	
Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum S Required unless "None of the below" is checked)*** ○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization: ○A ○B ○C ○D			

Name of Creditor			Date Incurred	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount Incurred** *(Estimate or Actual)*	
Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum S Required unless "None of the below" is checked)*** ○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Coordinated without reimbursement sought (in-kind contribution) ○ Independent ○ Organization: ○A ○B ○C ○D			

SUBTOTAL Section S-This Page	0.00
TOTAL of additional Section S Pages	0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID ***(Enter total on Line 28, Column A of Summary Page Totals)***	0.00
Previously reported Expenses Unpaid and still Outstanding	0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID ***(Enter total on Line 28a, Column A of Summary Page Totals)***	0.00

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: ○ Check #_____ ○ Debit Card ○ EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount

Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum T Required unless "None of the below" is checked)***
	○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ Coordinated without reimbursement sought (in-kind contribution) ○ Organization: ○ A ○ B ○ C ○ D

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: ○ Check #_____ ○ Debit Card ○ EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount

Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum T Required unless "None of the below" is checked)***
	○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ Coordinated without reimbursement sought (in-kind contribution) ○ Organization: ○ A ○ B ○ C ○ D

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: ○ Check #_____ ○ Debit Card ○ EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount

Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum T Required unless "None of the below" is checked)***
	○ None of the below ○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ Coordinated without reimbursement sought (in-kind contribution) ○ Organization: ○ A ○ B ○ C ○ D

SUBTOTAL Section T — This Page	0.00
TOTAL of additional Section T Pages	0.00
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	0.00

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Revised January 2015

Section B ADDITIONAL PAGE 1 of 10

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10
A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A**	$ 0.00

B. Itemized Contributions from Individuals

Last Name	First	MI
Haberfield	David	

Residential Street Address	City	State	Zip Code
110 Divinity St	Bristol	CT	06010

Principal Occupation	Name of Employer
Real Estate	Lanlord Solutions

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 25.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

Last Name	First	MI
Zils	Patricia	

Residential Street Address	City	State	Zip Code
82 Roberston St	Bristol	CT	06010

Principal Occupation	Name of Employer
Clerk	Uconn

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 25.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

Last Name	First	MI
Goldwasser	Marvin	

Residential Street Address	City	State	Zip Code
163 Cronin	Bristol	CT	06010

Principal Occupation	Name of Employer
Marketing	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 25.00

Is this contribution associated with an event reported in Section L1? ○ Yes ◉ No
If yes, list Event #

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/22/2017

Aggregate Contributions:

SUBTOTAL Section B — This Page	75.00
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

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Revised January 2015

Section B ADDITIONAL PAGE 2 of 10

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10
A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A**	$ 0.00

B. Itemized Contributions from Individuals

Last Name	First	MI
Simoneau	Karen	

Residential Street Address	City	State	Zip Code
109 Hopmeadow Rd	Bristol	CT	06010

Principal Occupation	Name of Employer
Clerk	Stop and Shop

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 25.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

Last Name	First	MI
Harger	Kate	

Residential Street Address	City	State	Zip Code
123 Butternut Lane	Bristol	CT	06010

Principal Occupation	Name of Employer
Secretary	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

Last Name	First	MI
D'Amato	Lori	

Residential Street Address	City	State	Zip Code
29 Patrica Dr	Bristol	CT	06010

Principal Occupation	Name of Employer
retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

SUBTOTAL Section B — This Page	225.00
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

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Revised January 2015

Section B ADDITIONAL PAGE 3 of 10

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10
A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A**	$ 0.00

B. Itemized Contributions from Individuals

Last Name	First	MI
Tagariello	Demitra	

Residential Street Address	City	State	Zip Code
175 Gridley St	Bristol	CT	06010

Principal Occupation	Name of Employer
	Hartford BOE

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 25.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

Last Name	First	MI
Holton	Bryan	

Residential Street Address	City	State	Zip Code
32 Winding Brook Rd	Bristol	CT	06010

Principal Occupation	Name of Employer
	DXC Techs

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 20.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

Last Name	First	MI
Brnes, Sr	Thomas	

Residential Street Address	City	State	Zip Code
1900 Oerkins St	Bristol	CT	06010

Principal Occupation	Name of Employer
Barnes Group, Inc.	Chair of the Board

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 250.00

Is this contribution associated with an event reported in Section L1? ○ Yes ◉ No
If yes, list Event #

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/23/2017

Aggregate Contributions:

SUBTOTAL Section B — This Page	295.00
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

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Revised January 2015

Section B ADDITIONAL PAGE 4 of 10

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10
A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A**	$ 0.00

B. Itemized Contributions from Individuals

Last Name	First	MI
Bartlett	Anne	

Residential Street Address	City	State	Zip Code
40 South St Unit 20	Bristol	CT	06010

Principal Occupation	Name of Employer
N/a	N/A

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 25.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

Last Name	First	MI
Fitzgerald	Jon	

Residential Street Address	City	State	Zip Code
99 Gregory Rd	Bristol	CT	06010

Principal Occupation	Name of Employer
Attorney	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 25.00

Is this contribution associated with an event reported in Section L1? ○ Yes ◉ No
If yes, list Event #

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/30/2017

Aggregate Contributions:

Last Name	First	MI
Martin	Henri	

Residential Street Address	City	State	Zip Code
7 Ipswitch Rd	Bristol	CT	06010

Principal Occupation	Name of Employer
Broker	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50.00

Is this contribution associated with an event reported in Section L1? ○ Yes ◉ No
If yes, list Event #

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 6/3/2017

Aggregate Contributions:

SUBTOTAL Section B — This Page	100.00
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

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Revised January 2015

Section B ADDITIONAL PAGE 5 of 10

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10
A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A**	$ 0.00

B. Itemized Contributions from Individuals

Last Name	First	MI
Thibeault	Cheryl	

Residential Street Address	City	State	Zip Code
73 Yarder Dr	Bristol	CT	06010

Principal Occupation	Name of Employer
Controller	Community Solutions

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ● No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ● No

Amount of Contribution 25.00

Is this contribution associated with an event reported in Section L1? ● Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ● No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ● Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

Last Name	First	MI
Nielsen	Eric	

Residential Street Address	City	State	Zip Code
115 Inwood Ln	Bristol	CT	06010

Principal Occupation	Name of Employer
Handler	McKesson

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ● No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ● No

Amount of Contribution 25.00

Is this contribution associated with an event reported in Section L1? ● Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ● No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ● Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

Last Name	First	MI
Bouffard	Rickey	

Residential Street Address	City	State	Zip Code
455 Witches Rock Rd	Bristol	CT	06010

Principal Occupation	Name of Employer
Engineer	State of CT

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ● No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ● No

Amount of Contribution 50.00

Is this contribution associated with an event reported in Section L1? ● Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ● No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ● Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

SUBTOTAL Section B — This Page	100.00
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

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Section B ADDITIONAL PAGE 6 of 10

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10

A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A**	$ 0.00

B. Itemized Contributions from Individuals

Last Name	First	MI
Williams	James	

Residential Street Address	City	State	Zip Code
16 Welch Dr	Bristol	CT	06010

Principal Occupation	Name of Employer
N/A	Central Ct State

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 30.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

Last Name	First	MI
Caggiano	Jeff	

Residential Street Address	City	State	Zip Code
27 Cricket Mill Rd	Bristol	CT	06010

Principal Occupation	Name of Employer
Sales	N/A

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 90.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

Last Name	First	MI
Zils	Kelly	

Residential Street Address	City	State	Zip Code
34 Somer Set Cr	Bristol	CT	06010

Principal Occupation	Name of Employer
Para Professional	E Granby BOE

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

SUBTOTAL Section B — This Page	170.00
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

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Section B ADDITIONAL PAGE 7 of 10

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10

A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A**	$ 0.00

B. Itemized Contributions from Individuals

Last Name	First	MI
Hamzy	William	

Residential Street Address	City	State	Zip Code
2 Minor Rd	Terryville	CT	06786

Principal Occupation	Name of Employer
Attorney	Hamzy law Firm

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Is this contribution associated with an event reported in Section L1? ○ Yes ◉ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/14/2017

Aggregate Contributions:

Amount of Contribution 50.00

Last Name	First	MI
Betts	Geroge	

Residential Street Address	City	State	Zip Code
1924 Perkins St	Bristol	CT	06010

Principal Occupation	Name of Employer
Legislator	State of CT

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Is this contribution associated with an event reported in Section L1? ○ Yes ◉ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/12/2017

Aggregate Contributions:

Amount of Contribution 100.00

Last Name	First	MI
Simoni	Alex	

Residential Street Address	City	State	Zip Code
95 Smith St	Bristol	CT	06010

Principal Occupation	Name of Employer
Landscaper	Alexis Landscaping

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Is this contribution associated with an event reported in Section L1? ○ Yes ◉ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/26/2017

Aggregate Contributions:

Amount of Contribution 100.00

SUBTOTAL Section B — This Page	250.00
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

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NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10
A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A**	$ 0,00

B. Itemized Contributions from Individuals

Last Name	First	MI
Hick	Thomas	

Residential Street Address	City	State	Zip Code
991 Jerome Ave	Bristol	CT	06010

Principal Occupation	Name of Employer
Project Lead	Aetna

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 50.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received 5/24/2017

Aggregate Contributions

Last Name	First	MI
Carrier	Jake	

Residential Street Address	City	State	Zip Code
19 Winston CT	Bristol	CT	06010

Principal Occupation	Name of Employer
Builder	Carrier Group

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received 5/24/2017

Aggregate Contributions

Last Name	First	MI
Carrier	Francine	

Residential Street Address	City	State	Zip Code
19 Winston Ct	Bristol	CT	06010

Principal Occupation	Name of Employer
Manager	Carrier Group

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 100.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received 5/24/2017

Aggregate Contributions

SUBTOTAL Section B — This Page	250.00
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

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NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10

A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A**	$ 0.00

B. Itemized Contributions from Individuals

Last Name	First	MI
Bielert	Tracy	

Residential Street Address	City	State	Zip Code
110 Diane Ln	Bristol	CT	06010

Principal Occupation	Name of Employer
Manager	Hartford Healthcare

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 25.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

Last Name	First	MI
Mills	David	

Residential Street Address	City	State	Zip Code
185 Oakland St	Bristol	CT	06010

Principal Occupation	Name of Employer
Councilman	City of Bristol

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 25.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

Last Name	First	MI
Zils	John	

Residential Street Address	City	State	Zip Code
82 Roberston St	Bristol	CT	06010

Principal Occupation	Name of Employer
Retried	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 25.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

SUBTOTAL Section B — This Page	75.00
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

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Revised January 2015

Section B ADDITIONAL PAGE 10 of 10

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	July 10
A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A**	$ 0.00

B. Itemized Contributions from Individuals

Last Name	First	MI
Morgan	Jeff	

Residential Street Address	City	State	Zip Code
403 Witches Rock Rd	Bristol	CT	06010

Principal Occupation	Name of Employer
Owner	Express Tees

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 25.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

Last Name	First	MI
Albert	Denise	

Residential Street Address	City	State	Zip Code
41 Donovon Ct PO Box 323	Bristol	CT	06010

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 25.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

Last Name	First	MI
Albert	Jim	

Residential Street Address	City	State	Zip Code
41 Donovon Ct PO Box 323	Bristol	CT	06010

Principal Occupation	Name of Employer
Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ○ Yes ◉ No

Amount of Contribution 25.00

Is this contribution associated with an event reported in Section L1? ◉ Yes ○ No
If yes, list Event # 01

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ◉ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 5/24/2017

Aggregate Contributions:

SUBTOTAL Section B — This Page	75.00
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	