

SEEC FORM 20

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



RECEIVED
2017 OCT 27 PM 4:02
Do Not Mark in This Space For Official Use Only
TOWN AND CITY CLERK
BRISTOL, CT

COVER PAGE

1. NAME OF COMMITTEE

Josh Medeiros For City Council

2. TREASURER NAME

First: Lindsey MI: A Last: Rivers Suffix:

3. TREASURER ADDRESS

Street Address: 120 Mercier Ave City: Bristol State: CT Zip Code: 06010

4. ELECTION/REFERENDUM DATE 5. OFFICE SOUGHT (Complete only if Candidate Committee) 6. DISTRICT NUMBER

(mm/dd/yyyy) City Council (if applicable) 1st

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

First: Josh MI: T Last: Medeiros Suffix:

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: 10/1/17 Ending Date: 10/29/17 thru

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 Signature: Lindsey Rivers
PRINT NAME OF SIGNER: Lindsey Rivers
DATE (mm/dd/yyyy): 10/05/2017

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	
Josh Merleims for City Council	7 th day preceding election	
	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		—
12. Balance on hand at the beginning of Reporting Period	1764.37	
13. Contributions Received from Individuals (Sections A and B)	533.23	4276.00
14. Receipts from Other Committees (Sections C1 and C2)	675.00	825.00
15. Other Monetary Receipts (Sections D through K)	0	20.72
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	12.50
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	1268.23	5134.22
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	2972.60	5134.22
19. Expenses Paid by Committee (Section P)	2591.37	4752.99
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	381.23	381.23
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Josh Medeiros For City Council				7 th day preceding election			
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A			
				\$			
B. Itemized Contributions from Individuals							
Last Name		First		MI			
Cliff		Dale		W			
Residential Street Address			City		State	Zip Code	
1175 S. Main St #9			Plantsville		CT	06479	
Principal Occupation			Name of Employer				
Attorney			Steel + Cliff LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> 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?		Amount of Contribution	
				<input type="radio"/> Yes <input checked="" type="radio"/> No		50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
				<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:				Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				10/1/17		50.00	
Last Name		First		MI			
Chapron		Stephen		M			
Residential Street Address			City		State	Zip Code	
51 Ridge Rd.			Wethersfield		CT	06109	
Principal Occupation			Name of Employer				
Info tech			Travelers				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> 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?		Amount of Contribution	
				<input type="radio"/> Yes <input checked="" type="radio"/> No		25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
				<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:				Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				10/1/17		25.00	
Last Name		First		MI			
Gorski		Susan		M			
Residential Street Address			City		State	Zip Code	
125 South St. Ext.			Bristol		CT	06010	
Principal Occupation			Name of Employer				
Supervisor			Gateway Tours				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> 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?		Amount of Contribution	
				<input type="radio"/> Yes <input checked="" type="radio"/> No		40.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
				<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:				Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				10/4/17		40.00	
SUBTOTAL Section B — This Page						115.00	
TOTAL of additional Section B Pages						418.23	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>						533.23	

Section B ADDITIONAL PAGE 3A of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Josh Medeiros for City Council	7 th day Preceding
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Martin	First Ruth	MI J.
Residential Street Address 108 Plank Hill Rd.	City Bristol	State CT
		Zip Code 06010
Principal Occupation Paralegal	Name of Employer Law offices of Jefferson Jelly	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Date Received 10/5/17	Aggregate Contributions 25.00	

Last Name Fappiano	First Aubry	MI A.
Residential Street Address 31 S. Whittlesey Ave #2	City Wallingford	State CT
		Zip Code 06492
Principal Occupation Social Worker	Name of Employer N/A	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 20.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Date Received 10/5/17	Aggregate Contributions 20.00	

Last Name Thompson	First Zac	MI
Residential Street Address 155 Ashley Rd.	City Bristol	State CT
		Zip Code 06010
Principal Occupation Student	Name of Employer —	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 20.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Date Received 10/13/17	Aggregate Contributions 20.00	

SUBTOTAL Section B — This Page	65.00
TOTAL of additional Section B Pages	468.23
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	533.23

Section B ADDITIONAL PAGE 3b of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Josh Meedeiros for City Council	7th day Preceding
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Meedeiros	First Dave	MI
Residential Street Address 389 Indigo St.	City Mystic	State CT
	Zip Code 06355	
Principal Occupation Analyst	Name of Employer Rite - Solutions	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 80.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Date Received 10/13/17	Aggregate Contributions 80.00	

Last Name Schur	First Debra	MI
Residential Street Address 6 Pilgrim Rd.	City Bristol	State CT
	Zip Code 06010	
Principal Occupation office Manager	Name of Employer Brooks oil Service	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 10.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Date Received 10/13/17	Aggregate Contributions	

Last Name Roalf	First Michele	MI A
Residential Street Address 205 Minnesota Ln.	City Bristol	State CT
	Zip Code 06010	
Principal Occupation Admin	Name of Employer mckenna ortho.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 20.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Date Received 10/13/17	Aggregate Contributions	

SUBTOTAL Section B — This Page	110.00
TOTAL of additional Section B Pages	423.23
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	533.23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Josh Medeiros for City Council	TYPE OF REPORT 7th day Preceding
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$

B. Itemized Contributions from Individuals

Last Name Minor		First Laura		MI 8
Residential Street Address 88 Anderson Ave		City Bristol	State CT	Zip Code 06010
Principal Occupation Staff Manager		Name of Employer Wheeler Clinic		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		20.00	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/13/17	Aggregate Contributions	

Last Name Dumelin		First Bruce		MI
Residential Street Address 114 Upper State St.		City North Haven	State CT	Zip Code 06473
Principal Occupation Retired		Name of Employer _____		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		20.00	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/13/17	Aggregate Contributions	

Last Name Rathbun		First Jeremy		MI P
Residential Street Address 5 Vars Ave.		City Pawcatuck	State CT	Zip Code 06010
Principal Occupation Data Analyst		Name of Employer Pfizer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		78.23	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/13/17	Aggregate Contributions 78.23	

SUBTOTAL Section B — This Page	118.23
TOTAL of additional Section B Pages	415.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>	533.23

Section B ADDITIONAL PAGE 3D of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Josh Medeiros for City Council	TYPE OF REPORT 7th day Preceding
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Aubin	First Elizabeth	MI M
Residential Street Address 3 Mills Ln.	City Canton	State CT
Principal Occupation N/A	Name of Employer N/A	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	25.00
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 10/16/17	Aggregate Contributions 25.00

Last Name Thompson Michael	First Michael	MI S
Residential Street Address 71 Debra Lane	City Bristol	State CT
Principal Occupation Manager	Name of Employer Rite Aid	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	25.00
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 10/13/17	Aggregate Contributions 25.00

Last Name Duchaine	First Susan	MI B
Residential Street Address 102 Anthony Dr.	City Bristol	State CT
Principal Occupation Outpatient Coder	Name of Employer Yale New Haven Health	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	25.00
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 10/23/17	Aggregate Contributions 25.00

SUBTOTAL Section B — This Page	75.00
TOTAL of additional Section B Pages	458.23
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	533.23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Josh Meckeiros for City Council	7 th day preceding
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name <u>Wayten</u>		First <u>Matthew</u>		MI <u>R</u>	
Residential Street Address <u>87 Pepperidge Dr.</u>		City <u>Southington</u>		State <u>CT</u>	Zip Code <u>06010</u>
Principal Occupation <u>Para</u>		Name of Employer <u>Southington Public Schools</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <u>25.00</u>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>10/24/17</u>			

Last Name <u>McCuster</u>		First <u>Sarah</u>		MI <u>S.</u>	
Residential Street Address <u>3 Burlwood Dr.</u>		City <u>Burlington</u>		State <u>CT</u>	Zip Code <u>06013</u>
Principal Occupation <u>Librarian</u>		Name of Employer <u>Town of Canton</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <u>25.00</u>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>10/20/17</u>			

Last Name		First		MI	
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received			

SUBTOTAL Section B — This Page	<u>50.00</u>
TOTAL of additional Section B Pages	<u>483.23</u>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<u>533.23</u>

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
Josh Madeiros for City Council						7th day Preceding	
C1. Contributions from Other Committees							
Name of Committee					Name of Treasurer		
AFT Connecticut					Edward Leary Jr.		
Address				Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
35 Marshall Rd.				<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		375.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
Rocky Hill	CT	06067	10/2/17	375.00			
Name of Committee					Name of Treasurer		
AFSCME Connecticut Council 4					Sal Luciano		
Address				Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
444 East Main St.				<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		300.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
New Britain	CT	06051	10/25/17	300.00			
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
				<input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>			
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 # <i>(if applicable)</i>	Payment Type		Amount of Receipt			
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
Name of Committee					Name of Treasurer		
Address				City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type		Amount of Receipt			
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
SUBTOTAL Section C — This Page						075.00	
TOTAL of additional Section C Pages						—	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>						075.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> Josh Meadeins for City Council	TYPE OF REPORT 7th day preceding
--	---

D. Loans Received this Period

Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee			Date of Receipt
Street Address	City	State	Zip Code		Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address	City	State	Zip Code		
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee			Date of Receipt
Street Address	City	State	Zip Code		Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address	City	State	Zip Code		
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee			Date of Receipt
Street Address	City	State	Zip Code		Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address	City	State	Zip Code		

TOTAL SECTION D	0
------------------------	----------

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
------------------------	----------

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Josh Medeiros for City Council	TYPE OF REPORT 74th day preceding
---	---

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? <input type="radio"/> Yes <i>If yes, list Event #</i> <input checked="" type="radio"/> No	Amount
TOTAL SECTION F		0

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

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

Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
TOTAL SECTION H		0

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.

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
--	----------------

Josh Medeiros for City Council

7th day preceding

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

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

TOTAL SECTION K

0

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)		<i>0</i>
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	<i>0</i>
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	<i>0</i>
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	<i>0</i>
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	<i>0</i>
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	<i>0</i>
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	<i>0</i>
Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)		<i>0</i>

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Josh Medeiros for City Council			7 th day Preceding	
L1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No	
10/31/17	A	Hallo-Winning Costume Party		
Location: Street Address		City	State	Zip Code
168 Maple Ave		Bristol	CT	06010
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?			<input checked="" type="radio"/> 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.) <input type="radio"/> 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?			<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> No	
			\$ <input style="width: 100px;" type="text"/>	
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?			<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> 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?			<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> No	
			\$ <input style="width: 100px;" type="text"/>	
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="radio"/> Yes <input checked="" type="radio"/> No	
10/5/17	B	Volunteer Social Night		
Location: Street Address		City	State	Zip Code
430 North Main St.		Bristol	CT	06010
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?			<input type="radio"/> 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.) <input checked="" type="radio"/> 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?			<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> No	
			\$ <input style="width: 100px;" type="text"/>	
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?			<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> 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?			<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> No	
			\$ <input style="width: 100px;" type="text"/>	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			0	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			0	
TOTAL of additional Section L1 Pages			0	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			0	

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 <i>(Provide Complete Name as Registered with Filing Repository)</i> Josh Medeiros for City Council	TYPE OF REPORT 7th day Preceding
--	---

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

Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page	0
TOTAL of additional Section L3 Pages	0
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>	0

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT		
Josh Medeiros for City Council				7 th day Preceding		
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	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> 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	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> 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	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> 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	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> 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	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received		Event #	Aggregate value for this Event		
Name of Donor						
Street Address			City		State	Zip Code
SUBTOTAL Section L4 — This Page				0		
TOTAL of additional Section L4 Pages				0		
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>				0		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Josh Medeiros for City Council			7 th day preceding	
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? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
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? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
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? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
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? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
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	
TOTAL of additional Section L5 Pages			0	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>			0	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Josh Medeiros For City Council		7th day preceding	
P. Expenses Paid by Committee			
Name of Payee Sarah Sullivan		Date of Payment 10/5/17	Method of Payment: <input checked="" type="radio"/> Check # 97 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 155 Ashley Rd.		City Bristol	State CT Zip Code 06010
Purpose of Expenditure (by code) Reimb.	Description Pizza	Event # 10/5/17 B	Amount 44.35
Expenditure # (if applicable) -	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Automated Mailing Services LLC		Date of Payment 10/14/17	Method of Payment: <input checked="" type="radio"/> Check # 89 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 1687 Reinhard Rd.		City Cheshire	State CT Zip Code 06410
Purpose of Expenditure (by code) Postage	Description Postage	Event # -	Amount 1190.30
Expenditure # (if applicable) -	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Image Ink		Date of Payment 10/26/17	Method of Payment: <input checked="" type="radio"/> Check # 90 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 102 Pane Rd.		City Bristol Newington	State CT Zip Code 06111
Purpose of Expenditure (by code) -	Description Mailer	Event # N/A	Amount 1301.72
Expenditure # (if applicable) -	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Dunphys Ice Cream		Date of Payment 10/26/17	Method of Payment: <input checked="" type="radio"/> Check # 91 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 912 Stafford Ave		City Bristol	State CT Zip Code 06010
Purpose of Expenditure (by code) Food	Description Ice Cream	Event # 10/5/17 B	Amount 55.00
Expenditure # (if applicable) -	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page		2591.37	
TOTAL of additional Section P Pages		-	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>		2591.37	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Josh Medeiros for City Council		7 th Day Proceeding	
Q. Campaign Expenses Paid by Candidate			
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount
SUBTOTAL Section Q — This Page			0
TOTAL of additional Section Q Pages			0
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>			0

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Josh Medeiros for City Council				7 th day Preceding	
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 <i>(Estimate or Actual)</i>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				
<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred <i>(Estimate or Actual)</i>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				
<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred <i>(Estimate or Actual)</i>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				
<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred <i>(Estimate or Actual)</i>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				
<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
SUBTOTAL Section S-This Page				0	
TOTAL of additional Section S Pages				0	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>				0	
Previously reported Expenses Unpaid and still Outstanding				0	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>				0	

