SEEC FORM 20

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

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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	2

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
07/1/2017	thru	09/30/2017

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	Gary J Klemyk, Jr	10/4/17

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	
	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	1402.32	
13. Contributions Received from Individuals (Sections A and B)	175.00	1915.00
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)	175.00	1915.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1577.32	1915.00
19. Expenses Paid by Committee (Section P)	1472.70	1810.38
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	104.62	104.62
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	Oct 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
Harger	Kathleen	

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

Principal Occupation	Name of Employer
Secretary	Kuhn Employment Opp.

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 150.00

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	Aggregate Contributions
08/12/2017	250.00

Last Name	First	MI
Kapchensky	Andrea	

Residential Street Address	City	State	Zip Code
23 Caswell 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

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	Aggregate Contributions
8/27/2017	

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? ○ 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

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

SUBTOTAL Section B — This Page	175.00
TOTAL of additional Section B Pages	0.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	175.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jodi for Council	Oct 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	**Amount of Receipt**
		○ Reimbursement for shared expense ○ Surplus Distribution	
Description			

Name of Committee			Name of Treasurer	
Address	City	State	Zip Code	

Date Received	Expenditure # *(if applicable)*	Payment Type	**Amount of Receipt**
		○ Reimbursement for shared expense ○ Surplus Distribution	
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	Oct 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	0.00

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	Oct 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	Oct 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	Oct 10

L1. Event Information

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

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	Oct 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	Oct 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	Oct 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
Jodi for Council	Oct 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	Oct 10

P. Expenses Paid by Committee

Name of Payee: Capital Promotions
Date of Payment: 07/31/2017
Method of Payment: ○ Check #_____ ◉ Debit Card ○ EFT
Street Address: PO Box 231
City: Glenside
State: PA
Zip Code: 19038
Purpose of Expenditure (by code): OTH
Description: Magnets
Event #:
Amount: 232.00
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: Sign Rocket
Date of Payment: 07/25/2017
Method of Payment: ○ Check #_____ ◉ Debit Card ○ EFT
Street Address: 340 Boradway ave
City: St Paul Park
State: MN
Zip Code: 55071
Purpose of Expenditure (by code): SIGN
Description: Lawn Signs
Event #:
Amount: 414.00
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: Discountmugs.com
Date of Payment: 7/6/2017
Method of Payment: ○ Check #_____ ◉ Debit Card ○ EFT
Street Address: 12610 NW 115th Ave
City: Miami
State: FL
Zip Code: 33178
Purpose of Expenditure (by code): OTH
Description: Pens
Event #:
Amount: 230.00
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: Hitchcok Primnting
Date of Payment: 8/21/2017
Method of Payment: ○ Check #_____ ◉ Debit Card ○ EFT
Street Address: 191 John Downey Dr
City: New Britain
State: CT
Zip Code: 06051
Purpose of Expenditure (by code): PRNT
Description: Printing of Door hangers
Event #:
Amount: 581.82
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	1457.82
TOTAL of additional Section P Pages	14.88
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)*	1472.70

IV. EXPENDITURES (Sections P—T)

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

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
Jod for Council	Oct 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	Oct 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)
○ Coordinated without reimbursement sought (in-kind contribution)

○ Independent ○ ○ ○ ○
○ 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)
○ Coordinated without reimbursement sought (in-kind contribution)

○ Independent ○ ○ ○ ○
○ 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)
○ Coordinated without reimbursement sought (in-kind contribution)

○ Independent ○ ○ ○ ○
○ 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 P. ADDITIONAL PAGE ____ of ____

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

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment:
Staples	8/28/2017	○ 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	Printer Ink		14.88

Expenditure # *(if applicable)*

Type of Expenditure ***(Itemization in Addendum P Required unless "None of the below" is checked)***

◉ None of the below (does not involve another candidate or committee)
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ Organization ○A ○B ○C ○D
○ Coordinated without reimbursement sought (in-kind contribution)

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 (does not involve another candidate or committee)
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ Organization ○A ○B ○C ○D
○ Coordinated without reimbursement sought (in-kind contribution)

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 (does not involve another candidate or committee)
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ Organization ○A ○B ○C ○D
○ Coordinated without reimbursement sought (in-kind contribution)

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 (does not involve another candidate or committee)
○ Coordinated with reimbursement sought (joint expenditure) ○ Independent ○ Organization ○A ○B ○C ○D
○ Coordinated without reimbursement sought (in-kind contribution)

SUBTOTAL Section P — This Page	14.88