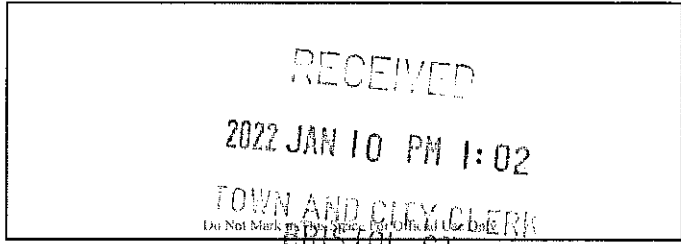


# SEEC FORM 20

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



## COVER PAGE

### 1. NAME OF COMMITTEE

Elect Jolene Lusitani for City Council

### 2. TREASURER NAME

First Denise	MI	Last Lusitani	Suffix
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### 3. TREASURER ADDRESS

Street Address 97 Winding Ln	City Avon	State CT	Zip Code 06001
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### 4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)  
11/02/2021

### 5. OFFICE SOUGHT (Complete only if Candidate Committee)

Councilor

### 6. DISTRICT NUMBER

(if applicable)  
District 1

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

First Jolene	MI	Last Lusitani	Suffix
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### 8. TYPE OF REPORT (Check One Box)

- |   |   |  |  |
|---|---|--|--|
| <input type="radio"/> January 10 filing               | <input type="radio"/> 7th day preceding primary                                   | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="radio"/> April 10 filing                 | <input type="radio"/> 30 days following primary                                   | <input type="radio"/> 45 days following referendum | <input checked="" type="radio"/> Amendment to                          |
| <input type="radio"/> July 10 filing                  | <input type="radio"/> 7th day preceding election                                  | <input type="radio"/> Deficit                      | Type of Report:  |
| <input type="radio"/> October 10 filing               | <input type="radio"/> 12th day preceding election (State Central Committees Only) | <input type="radio"/> Termination                  | <u>7th day prec election</u>   |
| <input type="radio"/> 24 Hour Independent Expenditure | <input type="radio"/> 45 days following election not held in November             |  |  |
| <input type="radio"/> Primary                         | <input type="radio"/> Election  |  |  |

### 9. PERIOD COVERED

Beginning Date	Ending Date
<u>10-01-2021</u>	thru <u>10-24-21</u>

### 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.

<u>Denise Lusitani</u>	Denise Lusitani	<u>01/08/2022</u>
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)

*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	
Elect Jolene Lusitani for City Council	7th 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		0
12. Balance on hand at the beginning of Reporting Period	4942.69	
13. Contributions Received from Individuals (Sections A and B)	0	5750
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
<i>16b. 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	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	0	5750
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	4942.69	5750
19. Expenses Paid by Committee (Section P)	2631.68	3438.99
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	2311.01	2311.01
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)		
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)	75	

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Elect Jolene Lusitani for City Council			7th day preceding election	
<b>P. Expenses Paid by Committee</b>				
Name of Payee		Date of Payment	Method of Payment:	
Steven Jacaruso		10/6/21	<input checked="" type="radio"/> Check #1008 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
173 Hard Hill Rd South		Bethlehem	CT	06751
Purpose of Expenditure (by code)	Description	Event #	Amount	
PRNT	lawn Sign design	n/a	50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
n/a	<input checked="" 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		Date of Payment	Method of Payment:	
Hitchcock printing		10/4/21	<input checked="" type="radio"/> Check #1006 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
191 John Downey Drive		New Britain	CT	06051
Purpose of Expenditure (by code)	Description	Event #	Amount	
PRNT	Palmcards	n/a	223.34	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
n/a	<input checked="" 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		Date of Payment	Method of Payment:	
Cara Pavalock		10/4/21	<input checked="" type="radio"/> Check #1007 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
182 Rossi Dr		Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #	Amount	
RMB	repay for signs purchased from signrocket.com	n/a	390	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
n/a	<input checked="" 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		Date of Payment	Method of Payment:	
Cara Pavalock		10/6/21	<input checked="" type="radio"/> Check #1009 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
182 Rossi Dr		Bristol	CT	06051
Purpose of Expenditure (by code)	Description	Event #	Amount	
RMB	Postcards	n/a	112.5	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
n/a	<input checked="" 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			
<b>SUBTOTAL Section P — This Page</b>			775.84	
<b>TOTAL of additional Section P Pages</b>			1855.84	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			2631.68	