SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

TOWN & CITY CLERK

Page 1 of 17

2019 APR 10 PM 5:00

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE										
McGee for Mayor										
2. TREASURER NAME										
First	opening of the second	МІ	Last					Suffix		
Sergio		Р	Matos							
3. TREASURER ADDRESS		1								
Street Address	_	Ci	-			State	Zip Co			
8 Brightwood Lane	-	\W	est Hartfo	rd		CT	0611	10		
4, ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete or	nly if Candida	te Committee)			6, DISTE	RICT NUMBER		
(mm/dd/yyyy) 11/05/2019	Mayor						(if applicable)	ı		
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	characters of actual amountains to be provided to the					1			
First		MI	Last			*****		Suffix		
Brandon		L.	McGee					Jr.		
8. TYPE OF REPORT (Check One Box)										
O January 10 filing	O7th day preced	7th day preceding primary 7th day preceding referendum				O Initial Contribution or Disburse				
• April 10 filing	O30 days follow	ving primary	O 45	days following referendum	_ `	mendmen				
O July 10 filing	O7th day preced	ding election	O De	ficit	_	ype of Rep		,		
October 10 filing	O12th day prece		ОТе	rmination						
Independent Expenditure Primary Election	O45 days follow not held in No							ļ		
9. PERIOD COVERED										
	Beginning Dat	te		Ending Date						
	Jan 1, 2019		thru	thru Mar 31, 2019						
_										
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 TREASURE	TREASURER OR DEPUTY TREASURER (SIGNATURE) Sergio Matus PRINT NAME OF SIGNER DATE (mm/dd/yyyy)									
			2015 22.00							
PENALTY FOR FALSE STATEMENT I.	S PUNISHABLE BY I	FINE NOT TO E	EXCEED \$1,0	000, OR IMPRISONMENT FOR N	OT MOI	RE THAN O	NE YEAR,	OR BOTH.		

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE McGee for Mayor	TYPE OF REPORT April 10 filing				
	COLUMN A This Period	COLUMN B Aggregate			
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	o				
13. Contributions Received from Individuals (Sections A and B)	29,911.85	29,911.85			
14. Receipts from Other Committees (Sections C1 and C2)	250	250			
15. Other Monetary Receipts (Sections D through K)	0	o			
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	o	0			
16b. Per Public Act 11-48, effective January 1, 2012 Section L2 removed					
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) Municipal and Town Committees ONLY	o	0			
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	30,161.85	30,161.85			
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	30,161.85	30,161.85			
19. Expenses Paid by Committee (Section P)	2,864.05	2,864.05			
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	27,297.8	27,297.8			
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0			
22. In-Kind Contributions Received (Section M)	100	100			
23. Refundable Deposit to Telephone Company (Section N)	0	0			
24. Receipts of Organization Expenditures (Section O) OPTIONAL	o	0			
25. Beginning Loan Balance	o				
25a. + Loans Received (Section D)	o	o			
25b. + Interest and Penalties on Loan	o	o			
25c Payments on Loan	o	0			
25d. Total Outstanding Loan Amount	o				
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)	3,990				
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	3,990				

NAME OF COMMITTEE		TYPE OF REPORT					
McGee for Mayor			April 10 filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$ 2,892.85				
B. Itemized Co	ntrib	outions from Indivi	duals				
Last Name	F	irst		grad garbina — arv—	4041244 P1000	MI	
Joiner	K	(evin					
Residential Street Address	City			State	Zip C	Code ,	
75 Girard Ave	Hartf	ford		СТ	061	05	
Principal Occupation		Name of Employer					
Self-Employed		Attorney					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e officer of a municipality with said municipality	/, Amo	unt of	Contribution			
valued at more than \$5,000? Ye Is this contribution associated with a fundraising event listed in Section L1? Yes Is contributor a principal of a state contractor or principal or principal or principal of a state contractor or principal or princip			te contractor? Yes	;			
Method of Contribution:	th: OExecutive Date Received	Aggregate Contributions					
◆Cash Personal Check Ocredit/Debit Card Payroll Deduction Omone	y Order	Jan 29, 2019	270				
Last Name	Fi	irst				МІ	
Davis	M	1eric					
Residential Street Address			State	Zip C	ode		
27 Greenwich ST	City Hartf	ford		CT	061		
Principal Occupation Name of Employer							
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No				, Amoi	unt of	Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 Section L1? Section L1? If yes, list Event # 1 Section L1? Section L1.	anch or	branches	te contractor?				
Method of Contribution:			Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	Feb 28, 2019	100				
Last Name	Fi	irst				MI	
McGee	D	awn					
Residential Street Address	City			State	Zíp C	ođe!	
41 Warren ST	Harti	ford		CT	0612	20	
Principal Occupation	•	Name of Employer			I		
Machine Operator		Exela					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amou	unt of	Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1	inch or	branches	te contractor? Yes OLegislative				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	Date Received Feb 28, 2019	Aggregate Contributions 60				
	SHR	BTOTAL Section B —	This Page 260				
TOTAL of additional Section B Pages 26,759.							
TOTAL OF ALL CONTRIBUTION)M INDIVIDUALS (Se total on Line 13 of Summa	ctions A + B) ry Page Totals)	9,91	1.	85	

NAME OF COMMITTEE TYPE OF REPORT								
McGee for Mayor	**********				April 10 filing			
	C1. C	ontribution	is from Ot	her Comm	ittees			
Name of Committee				Name of Treasu	ігег			
Porter Pac	•							
Address			Is this contril	Is this contribution associated with a Yes No Amount of Con				
1 University PL			fundraising e	vent listed in Se	ection L1?	250		
City	State	Zip Code	Date Recei	ved	Aggregate Contributions			
New Haven	CT	06511-3240	0 Mar 28, 2019 250		250			
Name of Committee	A-P-A-VIII	**************************************	ann an dear an	Name of Treasu	irer			
Address			Is this contrib fundraising e	vent listed in Se	d with a Yes ONo ection L1?	Amount of Contribution		
City	State	Zip Code	Date Recei	ved	Aggregate Contributions			
Name of Committee	Lancaronau			Name of Treasu	ırer			
				i.				
Address			Is this contrib fundraising e	vent listed in Se	d with a Yes No ection L1?	Amount of Contribution		
City	State	Zip Code	Date Received Aggre		Aggregate Contributions			
Name of Committee	. .	I		Name of Treasu	rer			
Address			Is this contrib fundraising e	vent listed in Se	d with a Yes No ection L1?	Amount of Contribution		
City .	State	Zip Code	Date Receiv		Aggregate Contributions			
C2. Reimbursem	ents. Pav	ments, or S	Surplus Di	stributions	from other Committe	ees		
Name of Committee			**************************************	Name of T				
Address					Date Received	Amount of Receipt		
City	Stat	e Zip Co	de		ement for shared expense for goods and services distribution			
Name of Committee		•	· · ·	Name of T	reasurer	1		
Address					Date Received	Amount of Receipt		
City	Stat	e Zip Co	de	Reimburse Payment for Surplus Di	ement for shared expense for goods and services istribution			
			SUBTOTA	L Section C	— This Page 250			
		T (OTAL of a	dditional Se	ction C Pages 0			
TOTALO		OMMITTEE	CONTRIB	UTIONS AN	ND RECEIPTS 250			

NAME OF COMMITTEE McGee for Mayor				TYPE OF April 10		
	D.	Loans Rece	ived this Period			
Name of Lender			Source of Loan: OBank O Car	ndidate 🔿 Individus	d 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		and the second s	Source of Loan: OBank OCar	ndidate OIndivídua	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)				1		Amount Received
Street Address		City		State	Zip Code	
Name of Lender			Source of Loan; Bank OCar	ndidate OIndividua	d Other Committee	Date of Receipt
Street Address		City	1	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	
			ТО	TAL SECTION	D 0	
E. Receipts from	Entities other than I	ndividuals	or Other Comm	uittees (Referend	um Committees	ONLY)
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zîp Code	Aggregate Contril	outions	
Name of Entity					.,	
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	outions	
Name of Entity						
treet Address				Date Received		Amount Received
City	<u> </u>	State	Zip Code	Aggregate Contrit	outions	- - - - - - -
			Tro	OTAL SECTIO	NE 0	

NAME OF COMMITTEE				- 6, 6, 5, 5, 5,		TYPE OF REPO	TS	
McGee for Mayor						April 10 filing		
F. Am	ount Transferred	from Affili:	ated Bu	siness Trea	sury (Busine:	ss Entity Commit	tees ONLY)	
Date of Receipt	Is this transaction associ fundraising event listed		8Yes No	If yes, list Ever	nt #		Amount	
Date of Receipt	Is this transaction associ fundraising event listed		8Yes No	If yes, list Ever	nt#		Amount	
Date of Receipt	Is this transaction associ fundraising event listed					Amount		
Date of Receipt	Is this transaction associ fundraising event listed					Amount		
					TOTAL SI	ECTION F	0	
							Note the second	
G. Amount Transfo	erred from Affilia	ted Labor l	Union of	r Other Or	ganization T	Freasury (Orgo	nization Committees ONLY)	
Date of Receipt	Date of Receipt Date of Receipt							
Amount		Amount			· ·		Amount	
					TOTAL SI	ECTION G	0	
			all the state with the backer to	Komi přesobej žejemnovených kojemnou spr				
Н. І	Personal Funds of	the Candid	late Rec	eived this P	eriod (Cana	lidate Committee	s ONLY)	
Date of Receipt	Method of payment:	C) Personal	Check	Credit/Deb	it Card	Amount	
Date of Receipt	Method of payment:	C) Personal	Check	Credit/Debit Card		Amount	
Date of Receipt	Method of payment:) Personal	Check	Credit/Deb	it Card	Amount	
Date of Receipt	Method of payment:	C) Personal	Check	Credit/Deb	it Card	Amount	
					TOTAL SE	ECTION H	0	
I. Anonymous Contributions								
amount	Public Act 11-48, If a committee nediately remit the	receives ar	anony:	mous contr	ibution, the	e campaign tr	easurer shall	

for deposit in the General Fund.

	(,					
NAME OF COMMITTEE McGee for Mayor	14,5,11,110,11	TYPE OF REPORT						
			April 10 filing					
	om Deposits in Authorized Accoun	(Managara)	D11					
Name of Institution		Date	Received			Amount		
Street Address	City	State	Zip	Code	-			
Name of Institution	, ppt///	Date	Received		***************************************	Amount		
Street Address	City	State	Zip (Code				
					e er er 2 de se senemen er er en er en en en en en	ata a sa amanana a sa taona ana 2006 a 2007 a 1908 a .		
	TOTAL	SEC'	HONJ	0	H4909 W1557 W4564 W55			
K. Miscellaneous Mo	netary Receipts not Considered Co	ontri	butions					
Name			Date of Tra	nsaction	A	mount Received		
Street Address	City	Sta	ite 2	Zip Code				
Description								
Name			Date of Tra	nsaction				
					A	mount Received		
Street Address	City	Sta	te 2	Cip Code				
Description			İ					
Name			Date of Tra	nsaction	A	mount Received		
Street Address	C'.	Sta		ip Code				
Succe Address	City) bia	ie /	ap code				
Description	10-300011							
Nama			D-4£T					
Name			Date of Tra	nsaction	A	mount Received		
Street Address	City	Sta	te Ž	ip Code				
Description								
Description								
	TOTAL S	NACES	NON E	Ю				
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D	throug	hK)				
Total Loans Received this Period (Section D)				þ				
Total Receipts from Entities other than Individuals or Other	ner Committees (Section E)		+	o				
Total Amount Transferred from Affiliated Business Treas	sury (Section F)		+	0				
Total Amount Transferred from Affiliated Labor Union o	r Other Organization Treasury (Section G		+	0				
Total Amount of Personal Funds of the Candidate Receive			+	0				
Total Amount of Interest from Deposits in Authorized Accounts (Section J) + 0								
Total Miscellaneous Monetary Receipts not Considered C			+	8798				
Total of Other Monetary Receipts (Add Sections	s D through K) (Enter total on Line 15 of Sum	mary I	Page Totals	0				

II. FUNDRAISING EVENT ACTIVITY (Sections L1-L4)

NAME OF COMMITTEE McGee for Mayor		TYPE OF REPORT April 10 filing							
	L1. Fundrais	er Event Information							
Fundraising Event #1 Date of Fundraiser Letter	Description								
Feb 28, 2019	Pheonix Society Club								
Location: Street Address		City		State	Zip Code				
729 Windsor ST		Hartford		ст	06120				
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence?		Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)							
	de items donated by a business entity of up to y an individual of up to \$100?	Yes (If yes, go to Section La and complete required No		onsidered	Contributions				
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items individual of up to \$100?	OYes (If yes, enter Total Rece	sipts here.)						
Were there purchases of sign associated with this		Yes (If yes, go to Section L	3 Purchases of Advertising lete required information.)	g Space in :	a Program Book				
Subpart 3: (Town Com Did your committee sell gathering held within the	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	Yes (If yes, enter Total Receipts here.) No							
Fundraising Event #2 Date of Fundraiser Letter	Description To St. of Co.								
Mar 7, 2019	50 Elm Cafe (Cafe & Spirits)								
Location: Street Address		City		State	Zip Code				
50 Elm ST		Hartford		СТ	06103				
Subpart 1: (All Committ Was this fundraising ever	rees) nt hosted at a personal residence?	OYes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) ONo							
	le items donated by a business entity of up to an individual of up to \$100?	OYes (If yes, go to Section L4 and complete required in	In-Kind Donations not Conformation.)	onsidered (Contributions				
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (<i>If yes</i> , enter Total Recei	pts here.)						
Subpart 2: (Town Comn Were there purchases of sign associated with this	nittees and Municipal Candidate Committees O advertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L3	Purchases of Advertising ete required information.)	Space in a	Program Book				
Subpart 3: (Town Comm. Did your committee sell gathering held within the	mittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	Yes (If yes, enter Total Reco	sipts here.)						
SUBTOTAL Sect	tion L1—Subpart 1 (<i>All Committees</i>) Total Recei <mark>j</mark>	ots 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 Sect	ion L1 Pages 0						
TOTAL OF ALL RE	CEIPTS FROM SMALL PURCHASES	(Enter total on Line 16a of Summar	y Page Totals) 0						

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

	er Public Act 11-48, effectional purchases from a comm	• .		**	•			
NAME OF COMMITTEE	, i				TYPE OF REPO	RT		
McGee for Mayor					April 10 filing		.,	
L3. Purcha	ses of Advertising in a	Program Bool	cor on a Sig	n (Municipal Can	didate and Tox	n Con	mittees ONI	(Y)
Name of Purchaser	В		. Y				e Made By:	
							siness Entity	OIndividual
					İ		le Proprietorsh	_
Street Address			City				State	Zip Code
_								
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	sc .	Amount of Sig	ın Purchase
Name of Purchaser				,		Purchas	e Made By:	
						OBu	siness Entity	O Individual
						OSol	e Proprietorsh	ip
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se	Amount of Sig	;u Purchase
Name of Purchaser		. La construe construe				OBu	e Made By: siness Entity	OIndividual
Street Address			C.F.			OSol	le Proprietorsh State	zip Code
Bucci Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se .	Amount of Sig	gn Purchase
Name of Purchaser		1				Purchas	e Made By:	
						OBu	siness Entity	○Individual
						OSol	le Proprietorsh	ip
Street Address			City				State	Zip Code
Date Received	#	1	6 111 = 1	1				
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se	Amount of Sig	in Purchase
Name of Purchaser		•				Purchas	e Made By:	
						OBu	siness Entity	O Individual
						Osol	e Proprietorshi	ip
Street Address			City		•		State	Zip Code
	•							
Date Received	Event #	Aggregate Purchases	for All Fivents	Amount of Dro	gram Ad Purcha		Amount of Sig	n Burchasa
Date Received	EVOIL#	Aggregate i iterases	IOI AH EVORES	Amount of Fro	grani Au Furtha	se	Amount of Sig	;n Furchase
	SUBTOTAL			tte and Town Com g in Program Boo				
				on L3 (<i>Town Com</i> vertising on a Sig				
			TOTAI	L of additional Se	ction L3 Pages	0		
ТО	TAL OF ALL PURCHASES			OGRAM BOOK on the second of th		0		

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTE	F			TYPE OF REI	PORT			
McGee for Mayor				April 10 filin	· · · · · · · · · · · · · · · · · · ·			
	I	4. In-Kind Donatio	ns Not Cons	idered Contributions				
Name of Donor			1945-1946-1946-1947-1946-1947-1946-1947-1946-1946-1946-1946-1946-1946-1946-1946					
						1.		
Street Address			City			State	Zip Code	
Donation Given By:	Description of Donation				1,			
OBusiness Entity	Description of Donation					Market Val	ue of Donation	
OIndividual	Date Received	Event#	Event # Aggregate Value for					
OSole Proprietorship								
Name of Donor				лети по повед по повед на повед на повед на повед на повед на повед на повед на повед на повед на повед на пов Повед на повед на по				
Street Address			City			State	Zip Code	
						<u> </u>	<u> </u>	
Donation Given By: Business Entity	Description of Donation				Fair I	Market Val	ue of Donation	
OIndividual	Date Received	Event #		Aggregate Value for this Event				
Sole Proprietorship								
Name of Donor								
÷								
Street Address			City			State	Zip Code	
Donation Given By: OBusiness Entity	Description of Donation				Fair Market Value of Donation			
OIndividual	Date Received	Event#		Aggregate Value for this Event				
Sole Proprietorship				55 0				
Name of Donor		<u> </u>						
Street Address			Cîty			State	Zip Code	
Donation Given By: Business Entity	Description of Donation				Fair I	Aarket Val	ue of Donation	
O Individual	Date Received	Event#		Aggregate value for this Event	_			
OSole Proprietorship		_,,,		56 - 5				
	<u> </u>		CEDTOTA	L Section L4—This Page 0	1		, .	
			SUBTUTA	L Section L4—This Page 0				
			TOTAL of a	dditional Section L4 Pages 0				
	TOTAL OF ALL I			ERED CONTRIBUTIONS Of the first of the second secon				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE TYPE OF REPORT								
McGee for Mayor			April 10	filing				
M. In-Kind Contributions								
Name C. Eric Hollis								
Street Address		1	City		State	Zip Code		
99 Westminster ST			Hartford ————————————————————————————————————		СТ	06112		
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kind Contribution					
Ondividual / Sole Proprietorship Other		100	DJ Services					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	does contributor or	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 a fundraising event listed in Section L1? If yes, list Event #1	No If yes,	s Is contributor a principal of a state contractor or prospective state contractor? If pes, indicate which branch or branches of government the contract is with: Executive Legislative			100			
Name						***************************************		
Street Address		(City		State	Zip Code		
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kind Contribution					
OIndividual / Sole Proprietorship OOther								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes								
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	s this contribution associated with a undraising event listed in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches							
Name								
	•							
Street Address			City		State	Zip Code		
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind Contribution			1		
OIndividual / Sole Proprietorship OOther								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		business he/she is associat	ate for a chief executive officer of a red with have a contract with said mur			Market Value Contribution		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	No If yes, i		ntractor or prospective state contractor anches	Ō№				
	1 22 80 14							
		اناد	BTOTAL Section M — This Pa	ge 100				
		TOT	AL of additional Section M Pa	ges ()				
TOTAL OF ALL I	N-KIND CONTR	IBUTIONS (Enter tota	nl on Line 22 of Summary Page Tota	<i>ls)</i> 100				
	N. Refund	lable Deposit to Te	lephone Company					
Last Name of Individual		First		MI	Date Deposi	t Made		
Residential Street Address		City	State	Zip Code	- 4	Amount of Deposit		
Name of Telephone Company								
Street Address City State				Zip Code				
	TOTAL S	ECTION N (Enter total	d on Line 23 of Summary Page Tota	15) 0				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REI	PORT	
McGee for Mayor	t in the second second section	stration to contract or one development	NAMES OF THE PARTY	April 10 filir	Same had the market of the state of the stat	
O. Non-Monetary Receipts o Legislative Leadership, Legislative Caucus a						111-48
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees O?	V <i>LY)</i>	Name of Treasure	er	emining and a state of the stat		
Street Address				Date Notice Recei	ved	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations		
Description of Donation			1	se of Expenditure (
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees Of		and the second s				
Street Address		. .		Date Notice Recei	ved	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donation	ons	
Description of Donation	Description of Donation P					
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees Of	VLY)	Name of Treasure	er	·····	······································	
Street Address				Date Notice Recei	ved	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donation	ons	
Description of Donation			Purpose of Expenditure (see instructions) A OB C OD E			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees Of	(LY)	Name of Treasure	er			
Street Address				Date Notice Received		Fair Market Value of Donation
City	State	Zip Code		Aggregate Donatio	ons	
Description of Donation	- 		1	se of Expenditure (
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	(LY)	Name of Treasure	er			
Street Address				Date Notice Receiv	ved	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donatio	ns	
Description of Donation			1	se of Expenditure (· [
	SUI	BTOTAL Sectio	n O —	-This Page)	
	ТОТА	L of additional	Sectio	n O Pages ()	
TOTAL RECEIPTS OF ALL		IZATION EX on Line 24 of Sur)	

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE McGee for Mayor				TYPE OF REPORT April 10 filing			
P. Expenses Paid by Committee							
Name of Payce	1. Expenses	Take by Committee	egogia en gagneroa.	Date of Payment	Method of P	ayment:	
Citizens Bank				Mar 31, 2019	OCheck # ODebit Card		
Street Address City					State	Zip Code	
190 Trumbull ST		Hartford			СТ	06103	
Purpose of Expenditure (by code)	Description Event # Bank Service Charges			f	Amount		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought () Independ	_		th reimbursement sought			
Name of Payec	466			Date of Payment	Method of Payment: OCheck #		
The Art of Yum				Mar 29, 2019	ODebit Card		
Street Address 146 Grand ST		City Waterbury			State CT	Zip Code 06702	
Purpose of Expenditure	Description		Event #	<u></u>	<u>. </u>		
(by code)	Food		I I Com is			Amount 309.53	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sought Oldendum P Required Coordinated without reimbursement sought Coordinated without Coordin					303.33	
Name of Payee				Date of Payment	Method of Payment:		
				Mar 24, 2019	Method of Payment: Check # Debit Card		
Street Address		City			State	Zip Code	
75 Girard Ave		Hartford			СТ	06105	
Purpose of Expenditure (by code)	Description Special Performance by Anoyd	·			Amount		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required						
Name of Payee				Date of Payment	Method of I	Payment: 1201	
Robert Williston J	r.			Mar 24, 2019		heck # bebit Card	
Street Address		City			State	Zip Code	
36 Tyler ST		Bloomfield	CT 06002			06002	
Purpose of Expenditure (by code)	Description DJ Services	Event # 3			Amount		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required						
		SUBTOTAL Section	n P —	This Page 1,463.53			
TOTAL of additional Section P Pages 1,400.52						>	
TOTAL OF	ALL EXPENSES PAID BY COMMITTEE (E.	nter total on Line 19 of Sum	ımary P	age Totals) 2,864.05			
				, , , , , , , , , , , , , , , , , , ,			

NAME OF COMMITTEE McGee for Mayor				TYPE OF REPORT April 10 filing			
	Q. Campaigi	n Expenses Paid by	/ Candidat	e			
Name of Payee (Name of V				Is reim	bursement claimed?		
						Yes O No	
Street Address		City		.	State	Zip Code	
Purpose of Expenditure	Description		Event			Amount	
(by code)						Amount	
Name of Payce (Name of V	endor who candidate paid directly)			Date of Payment	Is reim	bursement claimed?	
						Yes O No	
Street Address		City			State	Zip Code	
		City			State	Zip Code	
Purpose of Expenditure	Description		Event	:#		Amount	
(by code)							
Name of Payee (Nume of V	endor who candidate paid directly)			Date of Payment	Is reimbursement clair		
						Yes O No	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	enditure Description Event#			#	Amounf		
Name of Payce (Name of V	endor who candidate paid directly)			Date of Payment	Is reimbursement claimed?		
					O Yes O No		
Street Address		City				Zip Code	
		Chy			State	Zip Code	
Purpose of Expenditure	Description	<u> </u>	Event	.#		Amount	
(by code)							
Name of Paves (Name of V	endor who candidate paid directly)			Date of Payment Is reimbursement cl		. 1. 10	
0114,00 (1 0) 7 4	muo ma camaanie pain in eerig)						
						Yes No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event	#		Amount	
(by code)	Boothysion	į Evot		π		Анопи	
Name of Payee (Name of Ve	endor who candidate paid directly)			Date of Payment	Is reim	pursement claimed?	
				·		Yes No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event	ш		1	
(by code)	Description		Even	n-		Amount	
		SUBTOTAL	Section Q —	-This Page 0			
		TOTAL of add	itional Sectio	n Q Pages 0	2.00		
TOTAL OF	ALL EXPENSES PAID BY CANDIDA	TE (Enter total on Line :	26 of Summary	Page Totals) 0			

NAME OF COMMITTEE McGee for Mayor				TYPE OF REPORT April 10 filing				
		R. Expenses Incu	rred on Commi	tee Credit Card				
ł			Type of Credit Card: O Visa O Master Card O Discover O American Express Other:					
Name of Vendor					Date of Transaction			
Street Address City S					State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#			Amount		
Expenditure # (if applicable)	Type of Expenditure (If applicable) Itemization in Addendum R Required							
Name of Vendor	edicinate Authorite Notice					Date of Transaction		
Street Address			City		 	State	Zip Code	
Purpose of Expenditure (by code)	Description			Event#			Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Ite		• •	OA OB OC OD	_			
Name of Vendor	L	• • • •				Date of Ti	ransaction	
Street Address			City	1		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required Coordinated with reimbursement sought Coordinated without reimbursement sought Organization: A B C D E							
Name of Vendor						Date of T	ansaction	
Street Address			City			State	Zip Code	
Purpose of Expenditure (by code)	Description		<u> </u>	Event#			Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required							
			SUBTOTAL S	ection R — This Page	0			
			TOTAL of additi	onal Section R Pages	0		,	
	TOTAL OF ALL EXP			EE CREDIT CARI of Summary Page Totals				

NAME OF COMMITTEE TYPE OF REPORT McGee for Mayor April 10 filing								
	S. Expen	ses Incurred by Comn	nittee but Not Paid l	During this Period				
Name of Creditor						red		
The North Consulting						5, 2019		
Street Address			City		State	Zip Code		
19 S 1st ST, Suite	B3		Minneapolis		MN	55401		
Purpose of Expenditure (by code)	Description Consultant and Web	site Development		Event #		Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)		Type of Expenditure (if applicable) Itemization in Addendum S Required			ought 3,500	3,500		
Name of Creditor					Date Incur	Date Incurred		
Red Rock Tavern					Feb	Feb 28, 2019		
Street Address			City		State	Zip Code		
369 Capitol Aveni	ne		Hartford		CT	06106		
Purpose of Expenditure (by code)	Description Food			Event #		Amount Incurred (Estimate or Actual)		
Expenditure # (If applicable)						150		
Name of Creditor					Date Incur	Date Incurred		
Red Rock Tavern					Mai	Mar 2, 2019		
Street Address			City		State	Zip Code		
369 Capitol Aven	ue		Hartford		СТ	06106		
Purpose of Expenditure (by code)	Description Food		l	Event#		iount Incurred timate or Actual)		
Expenditure #	Type of Expenditure (if applica	ble) Itemization in Addendum S	Required Coordin	I ated with reimbursement se	ought 150			
(if applicable)	Coordinated without rein	nbursement sought O Independ	ent Organization OA (OB OC OD OE				
Name of Creditor					1	Date Incurred		
Sun Splash Bar &	Grill				Mar	Mar 31, 2019		
Street Address 428 Franklin Ave			City Hartford		State CT	Zip Code 06114		
Purpose of Expenditure (by code)	Description Food			Event #		nount Incurred timate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required							
			SUBTOTAL Sect	ion S-This Page 3,99	90			
TOTAL of additional Section S Pages 0						A		
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28 of Summary Page Totals)					90			
Previously reported Expenses Unpaid and still Outstanding 0								
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a of Summary Page Totals) 3,990								

IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT McGee for Mayor	TEE				YPE OF REPORT			
MCGee for Mayor			_		oril 10 filing			
		tion of Reimbursements	to Committee V	Sydiographic desired and the control of the control				
Last Name of Worker/Consultant First		First		MI	Date of Payment		of Payment: Check #	
Secondary Payee						. 		
Street Address			City			State	Zip Code	
Purpose of Expenditure (by code)	Description	· · · · · · · · · · · · · · · · · · ·		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization: OA OB OC OD OE							
Last Name of Worker/Co	ensultant	First		MI	Date of Payment	(of Payment: Check # Debit Card	
Secondary Payee					_ I	 l 		
Street Address			City			State	Zip Code	
Purpose of Expenditure (by code)	Description			Event#			Amount	
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required							
Last Name of Worker/Consultant First				МІ	Date of Payment		of Payment: Check # Debit Card	
Secondary Payee								
Street Address			City			State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required							
						•		
			SUBTOTAL Se	etion T — Tl	iis Page ()			
			TOTAL of additi	onal Section	T Pages 0			
TOTAL OF	ALL REIMBURSE	MENT TO COMMITTEE	WORKERS ANI	D CONSUL	TANTS 0			