#### **SEEC FORM 20**

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

Page 1 of 1

Do Not Mark in This Space For Official Use Only

	CUVI	ER PAGE		
1. NAME OF COMMITTEE				D. O.S.
CANNON FOX	Council			
2. TREASURER NAME First				
JOHN		Monacella	Suffix	Sattley
3. TREASURER ADDRESS	eran Kalkanis i vez (peresse i de 172			a se
Street Address 100 Wells 57, -(	JNIT820 H	Partled	State Zip Code	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	y if Candidate Committee)	6. DISTRICT NUM	REI
(mm/dd/yyyy) + 1 2 1 1   S 2019	City Counc	\	(f applicable)	10 mg
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)			
Theodore	MI	Cannon	Suffix	Marie .
8. TYPE OF REPORT (Check One Box)				
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Contribution or Disbursem	nent
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	(PACs ONLY)	
☑ July 10 filing	☐ 7th day preceding election	☐ Deficit	$\square$ Amendment to $ abla$ Type of Report:	
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination		
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November			
9. PERIOD COVERED				
	Beginning Date	Ending Date		
	592019	thru 6/30/2019		
	, , , , , , , , , , , , , , , , , , , ,		<del></del>	
0. CERTIFICATION				
I hereby certify and state, under per Disclosure Statement for the peri	nalties of false statement, that a	all of the information set forth on this	s Itemized Campaign Finance	1000
_flm wonace	oil.	hn W. Monacella	a katalang	
TREASURER OR DEPUTY TREASURER		NAME OF SIGNER	DATE (mm/dd/yyyy)	
				3.88
A person who is fo	und to have knowingly and will	lfully violated any provisions of the c	campaign finance statutes	323

faces a civil penalty or imprisonment or both.

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	
Cannon for Council	COLUMN A This Period	COLUMN B
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		Aggregate — C
12. Balance on hand at the beginning of Reporting Period	- C	
13. Contributions Received from Individuals (Sections A and B)	100.00	100.00
14. Receipts from Other Committees (Sections C1 and C2)		1,00,00
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	100.00	100.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising-Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)		
19. Expenses Paid by Committee (Section P)		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)		
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)	· · · · · · · · · · · · · · · · · · ·	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

# I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete N	ame as Registered with Filing Repositor			
	- Saytonary		TYPE OF REPORT	
A. Total Contributions from		STORES N. S. Darmer Association by Marie Association		
A. Total Contributions from (See instructions for definition of Small	Small Contributors-Rece Il Contributor)		X S	
		SUBTOTAL SECTION	* /00	
				A DESCRIPTION OF THE PROPERTY
	B. Itemized C	ontributions from In		
Last Name		First	anviduals.	arte de la la constitue de la co
CANNON		1-146000	VO C.	MI
Residential Street Address		THEODO	746	
22 CIRALD /	HIENNE	1 ,		State Zip Code
Principal Occupation		Name of Employer		LCT 0610S
Bond Broker			Λ Λ	
Is contributor a lobbyist, spouse. \( \square\) Yes	If contribution is in average of \$40	<u> Kerni</u>	N Agenc	$\underline{\mathcal{A}}$
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sh	to a candidate for a chief exe to is associated with have a con	cutive officer of a municipali	ty, Amount of Contributio
Is this contribution associated with an	1	L⊥Yes <u>M</u>	No	\$100,00
event reported in Section L1?	Yes Is contributor a principal of a No If yes, indicate which bra	a state contractor or prospective		s
If yes, list Event #	of government the contra		tive 🛘 Legislative 🔻 No	1
Method of Contribution:		Date Received	Aggregate Contributions	
□ Cash □ Personal Check □ Credit/Debit C	ard Payroll Deduction Mone	y Order 592010		
ast Name		First	1 100.00	
				MI
Residential Street Address		City		
				State Zip Code
rincipal Occupation		Name of Employer		
		Twine of Employer		
s contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a condidate for a 11 f		
r dependent child of a lobbyist?	coes continuated of publicas he/she	is associated with have a contr	unve officer of a municipality fact with said municipality	Amount of Contribution
this contribution associated with an	valued at more than \$5,000?	☐ Yes ☐ N	lo	
vent reported in Section L1?	Is contributor a principal of a  If yes, indicate which bra	state contractor or prospective		
If yes, list Event #	of government the contract	ct is with:	□ No ive □ Legislative	}
Method of Contribution:		Date Received	Aggregate Contributions	-
Cash Personal Check Credit/Debit Ca	rd □ Payroll Deduction □ Money	Order		
ast Name		First		MI
				****
esidential Street Address		City		State Zip Code
				Exp Code
incipal Occupation		Name of Employer		
contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400 to	to a candidate for a chief avenue	tive -CC C	<u> </u>
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	does contributor of business ne/sne i	is associated with have a contra	uve officer of a municipality, act with said municipality	Amount of Contribution
4.	valued at filote than \$5,000?	LI Yes LI No	<u> </u>	
this contribution associated with an Ye ent reported in Section L1?	1 toma to a principal of a si	tate contractor or prospective s		]
f yes, list Event #	of government the contract		□ No c □ Legislative	
ethod of Contribution:		Date Received	Aggregate Contributions	†
Cash Personal Check Credit/Debit Card	i □Payroll Deduction □Money (	Order		
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	SUBT	OTAL Section B — Thi	s Page	,
	TATAT	of published to		
	2 Control of the Cont	of additional Section B	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	
TOTAL OF AL	L CONTRIBUTIONS FROM	INDIVIDUALS (Sections	A + B)	
SHARO STATE A CAMPANA AND A	Anter wat on Line 13	l, Column A of Summary Page	e Totals)	ļ

## I. MONETARY RECEIPTS (Sections A—K)

		omprese riume as Registere	d with Filing Repo	sitory)	TYPE OF REPORT	rais divisions	
		e e	Contribut	ons from Other C	The state of the s		37.7
Vame of Commi	ttee		Contitouti	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	Ommittees f Treasurer		
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				To the state of the second	10H 1.17	Amou	nt of Contribu
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				event reported in Secti	on L1?	Amour	ıt of Contribu
,		State	Zip Code	Date Received	Aggregate Contributions		
ne of Committe	e			Name of	Treasurer		
ress			· · · · · · · · · · · · · · · · · · ·	Is this contribution asso	clated with an Yes No	Amoun	of Contribut
				event reported in Section	n L1? es, list Event #	Antomi	or Contribut
	_	State	Zip Code	Date Received	Aggregate Contributions	_	
	STATE OF THE STATE				l l		
	C2.	Reimbursement	s or Surplu	s Distributions fr	om other Committees		
e of Committee	<u>C2.</u>	Reimbursement	ts or Surplu	S Distributions fr	om other Committees		
	C2.	Reimbursemen	ts or Surplu	S Distributions fr	om other Committees reasurer		
	C2.	Reimbursement	is or Surplu	Is Distributions fr	om other Committees	State	Zip Code
253		Reimbursement	is or Surplu	Name of T	om other Committees	State	Zip Code
253	Expenditure #	Payment Type		Name of 1	om other Committees reasurer		
ess Received	Expenditure #			Name of 1	reasurer		Zip Code
ess Received	Expenditure #	Payment Type		Name of 1	reasurer		
ess Received	Expenditure #	Payment Type		City  City  Dense	teasurer		
Received iption	Expenditure #	Payment Type		Name of 1	teasurer		
Received ription of Committee	Expenditure #	Payment Type		City  Dense	teasurer	Amour	nt of Receipt
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Received iption of Committee	Expenditure # (If applicable)	Payment Type		City  Dense	teasurer	Amour	at of Receipt
ss  Received  ption  of Committee	Expenditure # (If applicable)	Payment Type ☐ Reimburseme	nt for shared exp	City  City  Name of T	bution	Amour	nt of Receipt
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Source of Loade	The second secon	gisterea wun xuung Aeposuory)		TYPE.	OF REPORT	
Source of Loade		D. Loans Rec	eived this Peri	od		
Plant   Conditions   City   State   Zip Code   Committee   Commi	Name of Lender		1	ANNO CONTRACTOR STATE OF THE CONTRACT OF THE C		Date of Receipt
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State   Zip Code   Date of Received   Date Date Date Date Date Date Date Date	value of Costguen Guarantor (17 applicable)					Amount Received
Date of Received   Date of Rec	Street Address	City	<u> </u>			]
Source of Loss:   Date of Receipt   Date Received				State	Zip Code	
Bank   Candidate   Individual   Other Committee	Jame of Lender		Course - £1			
State   Zip Code   Is there a Costigner (Gammator of the Committees   City   State   Zip Code   Committee   Comm				Candidate 🔲 Individ	ual 🗌 Other	Date of Receipt
ame of Cosigner/Quarantor (If applicable)  Tool Address  City  State  City  City  State  City  State  City  City  State  City  State  City  City  City  State  City  City  City  State  City  C	treet Address	City			Committee	To the second
Amount Received    City					2.p code	Guarantor of this loa
TOTAL SECTION D    State   Zip Code   Source of Loans:   City   State   Zip Code   Committee   Committ	ame of Cosigner/Guarantor (if applicable)					
ame of Leuter   Source of Loan.   Source of Loan.   Diter of Receipt   Test Address   City   State   Zip Code						Amount Received
Solute of Lonn:   Date of Receipt   Date of Re	Street Address	City		State	Zip Code	
Solute of Lonn:   Date of Receipt   Date of Re						
TOTAL SECTION D  E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)  Et Address  State    Date Received   Date Received   Amount Received	ame of Lender					Date of Receipt
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TOTAL SECTION D  E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLX)  et Address  Date Received  Amount Received  State Zip Code Aggregate Contributions  Amount Received  State Zip Code Aggregate Contributions  Amount Received	reet Address	City		State		Is there a Cosigner o
TOTAL SECTION D  E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)  et Address    State   Zip Code   Aggregate Contributions	50					Guarantor of this load
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)  et Address    Date Received   Amount Received	tile of Cosigner/Guarantor (if applicable)					
TOTAL SECTION D  E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)  et Address    Date Received   Amount Received	reet Address	1 City				
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)  at Address    Date Received   Amount Received		Chy		State	Zip Code	
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)  at Address    Date Received   Amount Received						
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et Address    Date Received   Amount Received     State   Zip Code   Aggregate Contributions     Date Received   Amount Received     State   Zip Code   Aggregate Contributions     State   Zip Code   Aggregate Cont	R Bacamis from Fultilloss	4				
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Date Received Amount Received						
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State Zip Code Aggregate Contributions						
					1	
		State	Zip Code	Aggregate Contribu	utions	

	F. Amount Transferro	ed from Affil	lated Busi	ness Treasury <i>(B</i>	usiness Entity Comp	sittees (NV.Y)
ate of Receipt	Is this transaction ass event reported in Sec	ociated with an		fyes, list Event #		Amount
ate of Receipt	Is this transaction asset event reported in Sect	ociated with an ion L1?	☐ Yes IJ	yes, list Event #		Amount
le of Receipt	Is this transaction asso event reported in Sect	ociated with an ion L1?	☐ Yes IJ	yes, list Event#		Amount
te of Receipt	Is this transaction asso event reported in Secti	ciated with an on L1?	□ Yes If	yes, list Event #		Amount
				TOTAL SECTI	ONF	
G. Amount'	Transferred from Affilia	ited Labor U	Inion or O	ther Organizatio	n Treasury (Orgi	inization Committees ONL)
or receipt		Date of Receipt			Date of Receipt	
	Amount		Атон	nf		
			22000	iit.		Amount
Stateshiyoy Sala						
				IOTAL SECTION	₹G.	
	H. Personal Funds of	the Candida	ite Receive	d this Period <i>(Ca</i>	undidate Committees	ONLY
of Receipt	Method of payment:					Amount
	☐ Cash	☐ Pen	sonal Check	☐ Credit/Debi	t Card	
f Receipt	Method of payment:					Amount
· · · · · · · · · · · · · · · · · · ·	☐ Cash	☐ Pers	onal Check	☐ Credit/Debit	Card	
f Receipt	Method of payment:		· · · · · · · · · · · · · · · · · · ·			Amount
	☐ Cash	☐ Pers	onal Check	☐ Credit/Debit	Card	
f Receipt	Method of payment:		<del></del>	· · · · · · · · · · · · · · · · · · ·		Amount
	☐ Cash	☐ Pers	onal Check	☐ Credit/Debit	Card	•
				TOTAL SECTION	ON H	
					am, com contable anni seguina (C	

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 Compl	lete Name as Registered with Filing Repository)	Type of	an response	rage / 01 1/
		1.11.P.O.	REPORT	
	J. Interest from Deposits in Authoriz	ed Accounts		
Name of Institution		Date Recei	ved	Amount
Street Address	Ch			
	City	State	Zip Code	
Name of Institution		Date Recei	/ed	Amount
Street Address				Amount
Sheet Address	City	State	Zip Code	
		SECTION J	V/372-15-0-15-15-15-15-15-15-15-15-15-15-15-15-15-	
Name	Miscellaneous Monetary Receipts not Consi	2 (1. ) [miles 2, 1.)	sactorial Mistavalist attitionistissi etti	
		Date o	f Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
N				
Name		Date of	f Transaction	Amount Received
Street Address	City	State	Zip Code	
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			······································	
Name		Date of	Transaction	Amount Received
treet Address	City	State	17-0-1	
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reet Address	I con			Amount Received
	City	State	Zip Code	
escription				-
		Salt Michigan		
	TOTAL SECT			——————————————————————————————————————
SUMMAI	RY OF OTHER MONETARY RECEIPTS	(Sections D throu	gh K)	
otal Loans Received this Period (Sect				
· · · · · · · · · · · · · · · · · · ·	ı Individuals or Other Committees (Section E)	+	· · · · · · · · · · · · · · · · · · ·	······································
otal Amount Transferred from Affilia		+	· · · · · · · · · · · · · · · · · · ·	
otal Amount Transferred from Affilia	ated Labor Union or Other Organization Treasury (S	Section G) +		
otal Amount of Personal Funds of the	Candidate Received this Period (Section H)	+		
tal Amount of Interest from Deposits	s in Authorized Accounts (Section J)	+	<del></del>	<del></del>
tal Miscellaneous Monetary Receipts	s not Considered Contributions (Section K)	+	·	
(Add S	Total of Other Mo ections D through K) (Enter total on Line 15, Column A o	onetary Receipts		

#### II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	pository) TYPE OF REPO	) <b>D</b> Th
		W1
T. 4 1/	Event Information	
Date of Event Letter Description	· ·	Was this a fundraising even
Location: Street Address	City	State Zip Code
		Side Sip Code
Subpart 1: (All Committees)	·	
Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donatio Associated with a House Party and compurchases made by host(s) for food, bever	plete required information for a
oid this fundraiser include goods or services donated by a business en	□ No	
up to \$200 or items donated by an individual of up to \$100?	ntity Yes (If yes, go to Section L4 In-Kind Donatio and complete required information.)	ns not Considered Contribution
Vas this fundraiser a tag sale, auction, or other sale of donated items	☐ Yes (If yes, enter Total Receipts here.)	
rith purchases from an individual of up to \$100?	Do	→ \$
ubpart 2: (Party Committees, Municipal Candidates and Political Care there purchases of advertising space in a program book or one	Committees other than Exploratory Committees	
gn associated with this fundraiser?	Yes (If yes, go to Section L3 Purchases of Advoron a Sign and complete required infor	ertising Space in a Program Boo mation.)
id your committees ONLY) id your committee sell food or beverage at a fair or similar mass		
thering held within the state with this fundraiser?	Yes (If yes, enter Total Receipts here.)	→ \$
	□ No	
rent # Description te of Event Letter		
		Was this a fundraising ever
ation: Street Address	City	☐ Yes ☐ No
		State Zip Code
part 1: (All Committees)		
s this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations Associated with a House Party and comple	ete required information for any
	□ No	e and invitations.)
this fundraiser include goods or services donated by a business enti	ity Yes (If yes, go to Section L4 In-Kind Donations	s not Considered Contributions
up to \$200 or items donated by an individual of up to \$100?	and complete required information.) □ No	> 700 Countries Court Inditions
s this fundraiser a tag sale, auction, or other sale of donated items		
n purchases from an individual of up to \$100?	Yes (If yes, enter Total Receipts here.)	\$
ngut 2. (Bouts Committee M. 11.1.1.	□ No	
part 2: (Party Committees, Municipal Candidates and Political Core there purchases of advertising space in a program book or on a	ommittees other than Exploratory Committees)  Yes (If yes, go to Section L3 Purchases of Adver	rtising Space in a Program Roote
associated with this fundraiser?	or on a Sign and complete required inform	nation.)
part 3: (Town Committees ONLY)	□ 140	
your committee sell food or beverage at a fair or similar mass	☐ Yes (If yes, enter Total Receipts here.)	
ering held within the state with this fundraiser?	<del></del>	- [\$
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts	□ No	
SUBTOTAL Se	ection L1—Subpart 3 (Town Committees (NI.Y)	
Total Re	eccipts from Food Purchases — This Page	
	TOTAL of additional Section L. Pages	
TOTAL OF ALL REC (Enter total	EIPTS FROM SMALL PURCHASES on Line 16a, Column A of Summary Page Totals)	

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

· 医结合性 经基础 医多种性 医多种性 医多种性 医多种性 医多种性 医多种性 医多种性 医多种性	) <u>a</u> 1	Purchagon of A 3.			44520 - S. Warrier - T.		
Name of Purchaser	LV.	urchases of Adve	rtising in a Pro	ogram Book or on	a Sign	re design dr. sv. Sa sa sa sa sa sa	en Goderno sa Monte de la como
					Pu	rchase Made By	:
						Business Ent	ity 🛮 Oth
Street Address			City			Individual/So	ole Proprietor
			CRY			State	Zip Code
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## II. EVENT ACTIVITY (Sections L1—L5)

Page 10 of 17

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### III. NONMONETARY RECEIPTS (Sections M—O)

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#### Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed. SEEC FORM 20 IV. EXPENDITURES (Sections P-T) Page 13 of 17 NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT P. Expenses Paid by Committee Name of Payee Date of Payment Method of Payment: ☐ Check # ☐ Debit Card Street Address □ EFT City State Zip Code Purpose of Expenditure Description Event # (by code) Amount Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) Organization: OA OB OC OD Name of Payce Date of Payment Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT Street Address City State Zip Code Purpose of Expenditure Description Event # (by code) Amount Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) $\square$ None of the below $\square$ Coordinated with reimbursement sought (joint expenditure) ☐ Independent Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D Name of Payee Date of Payment Method of Payment: ☐ Check # ☐ Debit Card □ EFT Street Address City State Zip Code Purpose of Expenditure Description Event # (by code) Amount Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: o A OB OC OD Name of Payee Date of Payment Method of Payment: ☐ Check # Debit Card □ EFT Street Address City Zip Code Purpose of Expenditure Description Event # Amount (by code) Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) ☐ None of the below

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TOTAL OF ALL EXPENSES PAID BY COMMITTEE

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Organization: OA OB OC OD

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