### **SEEC FORM 20**

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

Page 1 of 17

		CO	/ L	K PA		9. j=\-\ H	y year Westerland			
1. NAME OF COMMITTEE				/	<i>J</i>	<i>v</i>				
John Gale 2019										
2. TREASURER NAME									1 :	Suffix
First		MI		Last					]	
Joseph	Language and March Street Language		Norwige 1	Gallant						
3. TREASURER ADDRESS			City			800,072 (2001) 1931 (2	100	State	Zip Cod	е
Street Address			_	ston				CT	0623	1
16 Bass Lake Road		YER CO I	assides.	Saland Nation (Car	Committee)				6. DISTR	ICT NUMBER
	5. OFFICE SOUC	HI (Comple	e only	у Силинине	Committee	agine a anneal, inglie ni e e a linea			(if applicable)	
(mm/dd/yyyy) 11/5/2019 ·	City Council			and the second of the second of the second						
7. CANDIDATE NAME (Complete only if C	Candidate or Explorate		W	74-24-94-94-94-94-94-94-94-94-94-94-94-94-94	endiane and a					Suffix
First		MI		Last						= : *
John		l o	4. V - C V	Gale				NOTEN STATE		
8. TYPE OF REPORT (Check One Box)										
O January 10 filing	7th day prece	ding prima	гу	_		ng referendum		nitial Cor P <i>ACs ONL</i> I		Disbursement
O April 10 filing	O30 days follo	wing prima	ry	O45	lays followi	ng referendum	O.	Amendme	nt to	
O July 10 filing	O7th day preceding election		O Def	icit		T	ype of Re	eport:		
October 10 filing	O12th day pred (State Central C	ceding elect	ion (y)	<b>O</b> Ter	mination		-			
O24 Hour Independent Expenditure OPrimary OElection	O45 days following election not held in November									
9. PERIOD COVERED				67 (20 (20 (57)) G (20 (5) (7)						
	Beginning D	ate			Endi	ing Date				
	A 14 10010			thus.	6/30/19					
	4/1/2019	<u>-</u>		thru	0/30/17		<u>-</u>			
		and the second of	18. S.	5 g oz. 1 (1) 2 (1) - 1 (1)			trilijni.			
10. CERTIFICATION										
I hereby certify and state, under possible Disclosure Statement for the period of the	penalties of false	e statement strue, acc	t, tha urate	t all of the	e information plete.	on set forth on t	this <b>Ite</b>	mized C	'ampaign F	inance
1 W/XT	-		- Arranda Maria	(0)		60/(40	H		7-	7-19
TREASURER ON DEPUTY TREASUR	ER (SIGNATURE)		PR	—U⊃€ BMAN TNI	OF SIGNER			<b></b>	DATE	(mm/dd/yyyy)
							AN A S			\$3.475.75+16-0-2-0-2-0-2-0-2-0-2-0-2-0-2-0-2-0-2-0-

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	
John Gale 2019	July 7 Filing	
	COLUMN A This Period	COLUMN B Aggregate
<ol> <li>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</li> </ol>		
12. Balance on hand at the beginning of Reporting Period	0.00	
13. Contributions Received from Individuals (Sections A and B)	15851.50	
14. Receipts from Other Committees (Sections C1 and C2)	250.00	
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
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)	16101.50	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	16101.5	
19. Expenses Paid by Committee (Section P)	584.74	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	15516.76	
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)	1	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
John Gale 2019	July & Filling		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15851.50		
B. Itemized Contributions from Individual	duals MI		
Last Name Cooper			
Residential Street Address 79 Girard Ave City Hartford	State Zip Code C 105		
Principal Occupation Name of Employer			
United  United			
or dependent child of a lobbyist?  does contributor or business he/she is associated with have a contract valued at more than \$5,000?  OYES  OYES	with said municipality		
If yes, list Event #	OLegislative No		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  Gold 19	Aggregate Contributions		
Last Namo Pirst Proce	MI		
Residential Street Address 121 Ramblewood Rd Mootestown	State Zip Code NT 68057		
Principal Occupation  Ctever Services			
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 does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	re officer of a municipality, with said municipality  Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state of government the contract is with:  Executive	O Legislative		
Method of Contribution:  OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order Class 2019	Aggregate Contributions \$\pm\$ 250		
Last Name  Koda, Cynthia  Cynthia  Cynthia	MI		
Residential Street Address (21 Randlewood Rd Moore Stown	N State Zip Code NJ 08057		
Principal Occupation  Reacher  Name of Employer  Severy	City School		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	ve officer of a municipality, twith said municipality  Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state the section L1?  If yes, indicate which branch or branches of government the contract is with:  Executive	Legislative PASO.		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received Aggregate Contributions  4-17-19  \$250			
SUBTOTAL Section B — This Page 600.00			
TOTAL of additional Section B Pages 15851.50			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  (585(.50			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
John Gale 2019	7/7/Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15851.50		
B. Itemized Contributions from Indiv			
Last Name First	MI		
Gale Residential Street Address City	State Zip Code		
1505 Allesandro ST LOS Ang	165 CA 90036		
Principal Occupation  Name of Employer  Too  Delayer  Too  Too  Too  Too  Too  Too  Too  T	esit v		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of 400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes Over	t with said municipality		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective statement of the section of government the contract is with:  OExecutive	OLegislative		
Method of Contribution:  OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order  Date Received  () 3 19	Aggregate Contributions		
Last Name Robert	MI		
Residential Street Address  83 Bloomfield Ave City Lura Ford	State Zip Code CT 06105		
LC0   e1	C Donahoe LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes	et with said municipality		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective surfaces of government the contract is with:  Executive Section L1?	e O Legislative		
Method of Contribution:  Ocash Opersonal Check Ocredit/Debit Card Opersonal Check Ocredit/Opersonal Check Ocredit	Aggregate Contributions  4 250		
Last Name Pirst David	State Zip Code		
Residential Street Address 1368 Asylvu Ave City Hartford Name of Employer	State Zip Code CT 06 105		
Reticed	tive officer of a municipality, Amount of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contravely valued at more than \$5,000?  Yes  No	nct with said municipality		
Ay yes, hist Event "	ve OLegislative		
Method of Contribution:  OCash OPersonal Check Occedit/Debit Card OPayroll Deduction OMoney Order  Date Received 5/3/19	Aggregate Contributions		
SUBTOTAL Section B — Th	is Page 450.50		
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Pa	s A + B) 15 <sub>1</sub> 851.50		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
JOHN Gale 2019	July 7 Filis		
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A \$ 15851.50		
·			
	ontributions from Individuals		
Last Name  CATONSON	First		
Residential Street Address 42 Newel ST	Brookton State Vip Code NOY (1) 333		
Principal Occupation  Financial Marison	Name of Employer  David Lerner Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a candidate for a chief executive officer of a municipality, le is associated with have a contract with said municipality  Oyes  Oyes		
	a state contractor or prospective state contractor?		
Method of Contribution: OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	Date Received Aggregate Contributions sy Order 5 ( 7 ( 9 4250		
Last Name V. Vi eC	First MI Stephen		
Residential Street Address  8 Rose C.C	City State Zip Code		
Principal Occupation	Name of Employer		
Dericed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/sho valued at more than \$5,000?	o to a candidate for a chief executive officer of a municipality, e is associated with have a contract with said municipality  O Yes  O No		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  If contributor a principal of a figure, indicate which broof government the contributor appropriate which appropriate			
Method of Contribution:  OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMone	Date Received Aggregate Contributions		
Last Name	First Thomas		
Residential Street Address  22 Courty Club Pl	City West Simsbusy CT D6092		
Principal Occupation  Wwwfe(	Name of Employer Williant Dono Loe LLC		
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?	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality  Yes  Yes		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which bra of government the contra			
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received Aggregate Contributions  \$\frac{5}{5}^{1} = \frac{4}{3} = \frac{3}{3} = 00000000000000000000000000000000000			
SUB*	TOTAL Section B — This Page 450		
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections A + B)  13. Column A of Summary Page Totals)  15. SO		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
John Gale 2019	July ? Felling		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15851.50		
B. Itemized Contributions from Indivi			
Last Name  First  Curisti  Curisti			
Residential Street Address  3 McKinley ST  City Norwalk	State Zip Code  CT Oke 853		
Principal Occupation Revised  Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ve officer of a municipality, t with said municipality		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Is contributor a principal of a state contractor or prospective state of government the contract is with:  Date Received	OLegislative Aggregate Contributions		
Cash Deisonal Check Octobroom Card Of ayour Deduction Card Of ayour Deduction	MI		
Residential Street Address  City  City	State Zip Code		
6 Old Tolland Take Coventry	CT 06238		
Timviput devapanon	herol Services		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes O No	t with said municipality		
1) yes, his byone	e O Legislative		
Method of Contribution:  OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order  Date Received  5'(6-19)	Aggregate Contributions  4 5 5		
Carter Caneron	MI		
Residential Street Address 452 Wethers Field Live Harr Ford	State Zip Code CT 06114		
Principal Occupation  Principal Occupation  Name of Employer  Fattle	, Whitney		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contravalued at more than \$5,000?  Yes Ono	ct-with said municipality		
	e O Legislative		
Method of Contribution:  OCash OPersonal Check Occedit/Debit Card OPayroll Deduction OMoney Order  Date Received  5 16 - 19	Aggregate Contributions  4 3 50		
SUBTOTAL Section B — Th	is Page \$375		
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Pag	(A+B)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
John Cale 2019	Joly > Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15851.50		
B. Itemized Contributions from Indivi	duals MI		
Last Name  St Germain  Debra	·		
Residential Street Address  2 Clevrout ST  City  Hartfor	State   Zip Code   C   O & 10 6		
Principal Occupation Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes or dependent child of a lobbyist?  Yes over the contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes Oxford	with said municipality		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Yes Is contributor a principal of a state contractor or prospective statement of government the contract is with:  Date Received	OLegislative  Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5-17-19	492		
Last Name Harrington First Chourus			
Residential Street Address Whitney St. City Hartford	State Zip Code CT 06105		
1	y college		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	we officer of a municipality, t with said municipality		
17700, 1001 2.100	ate contractor? Syes  O Legislative  Aggregate Contributions		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5 ^ 17-19	\$10		
Last Norma First Ellen	MI		
Residential Street Address 141 Elizabern ST City Harrford	State Zip Code CT OG 105		
Principal Occupation  Name of Employer  Hart	ird Hospital		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	x-with said municipality		
The Perginal	ate contractor? Syes  e O Legislative		
Method of Contribution:  OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order  Date Received  Aggregate initiations  Aggregate initiations			
SUBTOTAL Section B — Thi	s Page \$ >85		
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Pag	(A+B) \$ 15851.50		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
John Gala 2019	JUHY Tilly		
A Total Contributions from Small Contributors-Received	this Period ONLY BTOTAL SECTION A \$ 15851.50		
	ributions from Individuals    First		
Last Name Sermodez	Wildali Zip Code		
Residential Street Address  City  Ci	Hartford CT 06105		
Principal Occupation	Name of Employer City of Harrford		
or dependent child of a lobbyist? does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality  OYes  OYO		
event reported in Section L1?  If yes, list Event #  No  If yes, indicate which branch of government the contract is  Method of Contribution:	Date Received Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney O	Firet MI		
Martinez	Gilberto State Zip Code		
Residential Street Address 20 Griswold ST	(tartford CT 06114		
Principal Occupation	Name of Employer L-PATV INC		
or dependent child of a lobbyist? does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality  O Yes  No		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  If yes, indicate which brane of government the contract	is with: Executive C Legislative		
Method of Contribution: OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Contribution:	Order 5/23/19 #35		
Last Name	First Grey		
Residential Street Address 55 Mills LN	Stay Bloom Field State Zip Code CT 06002		
Principal Occupation Tor Ney	Name of Employer Travelers		
or dependent child of a lobbyist?  does contributor or business he/she i valued at more than \$5,000?	o a candidate for a chief executive officer of a municipality, s associated with have a contract with said municipality  Yes  No		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Yes No No If yes, indicate which bran of government the contract	t is with: O Executive O Legislative  Date Received Aggregate Contributions		
OCash OPersonal Check Operedit/Debit Card OPayroll Deduction OMoney	Order 5-88-19 \$150		
SUBI	OTAL Section B — This Page 51 110 —		
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	1 INDIVIDUALS (Sections A + B) 13, Column A of Summary Page Totals)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
John Ocle 2019	July 7 Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY  See Instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15851.50		
(See instructions for definition of Small Contributor)  SUBTOTAL SECTION A			
B. Itemized Contributions from Indi	viduals		
Last Name ( ) First	MI		
Hammoud Connie			
Residential Street Address  City Carmingt	ow State Zip Code CT 06032		
Principal Occupation Name of Employ			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a contributor or business he/she is a second o	act with said municipality to		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  OCash OPersonal Check Occadit/Debit Card OPayroll Deduction OMoney Order  Is contributor a principal of a state contractor or prospective If yes, indicate which branch or branches of government the contract is with:  Date Received  5 0 - 1 0	ve OLegislative #50		
- Vicet	1 \$150   MI		
Bernudez Eva	State Zip Code		
22 Bankside Trail Sandy	HOOK CT 06482		
Principal Occupation Name of Employer CSEA	SEIV		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social	ract with said municipality No		
Af yes, fist Exert "	tive O Legislative  Aggregate Contributions		
Method of Contribution:  OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order  Date Received  5. 31-19	\$100		
Last Name First Lee	MI		
Residential Street Address 15 Woodkand ST City Harrford	State Zip Code CT OG (05		
Principal Occupation  Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he/she is associated with have a convalued at more than \$5,000?  Yes O	tract with said municipality		
1) yes, list Event #	tive OLegislative		
Method of Contribution:  OCash OPersonal Check Occidit/Debit Card OPayroll Deduction OMoney Order 5 1 8 10	Aggregate Contributions		
SUBTOTAL Section B—1	11 12 -		
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary 1)	ons A + B) \$15851.50		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
	T 115 T 11		
301/	7014/1/11/1		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15 851.50		
B. Itemized Contributions from Indivi	duals		
Last Name First On:	MI		
Residential Street Address 96 Kenyow St Haraford	State Zip Code  CT O6 105		
Principal Occupation Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes ONO	with said municipality		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective stat If yes, indicate which branch or branches of government the contract is with:  OExecutive	OLegislative		
Method of Contribution:  OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order  Date Received  OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order	Aggregate Contributions		
Last Name  Christian  Teffrey	MI		
Residential Street Address 33 Suuser ter Dest Har	State Zip Code		
Principal Occupation  Name of Employer  Perincipal Occupation  Name of Employer  De Manche	e McChristian LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	with said municipality		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective sta If yes, indicate which branch or branches of government the contract is with:  Executive	te contractor? Syes \$100		
Method of Contribution:  OCash OPersonal Check Ociedit/Debit Card OPayroll Deduction OMoney Order  Date Received  5 (1919	Aggregate Contributions  \$\\\ \begin{align*} \text{\$\to\$} & \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Extrame Robert	MI		
Residential Street Address City 5 tantord	State Zip Code Ci 06 905		
Principal Occupation Name of Employer Sel			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No			
	OLegislative ONO		
Method of Contribution:  OCash OPersonal Check Operedit/Debit Card OPayroll Deduction OMoney Order  Date Received 5 ( Aggregate Contributions   Date Received 5 ( O			
SUBTOTAL Section B — This	Ha.a		
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page			

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repository)	TYPE OF REPORT		
John Gile 2019		July 7 billing		
A. Total Contributions from Small Contrib (See instructions for definition of Small Contributor)	utors-Received this Period ONLY SUBTOTAL SECTION A	\$ 15851.50		
B.	Itemized Contributions from Individ	duals		
Last Name Gallavit	First Joseph			
Residential Street Address  (6 Bass Lake R	d City Auston	State   Zip Code   C 7   06 23		
Principal Occupation  Accountent	Name of Employer	n Suapiro		
Yes If contribution is	s in excess of \$400 to a candidate for a chief executive or business he/she is associated with have a contract han \$5,000?	e officer of a municipality, with said municipality		
Is this contribution associated with an event reported in Section L1?  Yes Is contribution If yes,	tor a principal of a state contractor or prospective state	e contractor? Syes  OLegislative		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Debit Card	Date Received	Aggregate Contributions		
Last Name	First	MI		
Qualw	Chery !	State Zip Code		
16 Lake Place North Danbury CT Octo				
Principal Occupation Rame of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is does contributor valued at more	s in excess of \$400 to a candidate for a chief executive or business he/she is associated with have a contract than \$5,000?  Yes  Yes	t with said municipality		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Date Received    Security   Page				
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll D	eduction OMoney Order 5 (10(19	\$ 100		
Last Name Swith	First	MI		
Residential Street Address 95 Elm 37	city Haraford	State Zip Code D & 106		
Principal Occupation	Name of Employer			
or dependent child of a lobbyist?  does contribute valued at more		et with said municipality		
event reported in Section L1? Do If yes		e O Legislative  Aggregate Contributions		
Method of Contribution  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received Aggregate Contributions  51719 \$\frac{1}{3}\$ 100				
SUBTOTAL Section B—This Page \$ \$00				
TOTAL of additional Section B Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$\int \big(\frac{1}{2}\) \big(\frac{1}{2}\) \big(\frac{1}{2}\)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository			
JOHN Gale 2019	July7 filing		
A. Total Contributions from Small Contributors-Reco	subtotal section A \$ 15851.50		
B. Itemized	Contributions from Individuals		
Last Name	First David		
Residential Street Address 51 Phillips Place	North Hauprow MA 01060		
Principal Occupation	Name of Employer		
or dependent child of a lobbyist? No does contributor or business he valued at more than \$5,000?	400 to a candidate for a chief executive officer of a municipality, /she is associated with have a contract with said municipality  OYes LONO		
event reported in Section L1?  If yes, list Event #  If yes, indicate which of government the contract of government the government of government of government the government of governme	of a state contractor or prospective state contractor?  branch or branches intract is with:    Date Received   Aggregate Contributions		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMe	oney Order 5.31-19 \$ 350		
Last Name Wite Wead	First Christine		
Residential Street Address	w Hartford CT 06117		
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?	400 to a candidate for a chief executive officer of a municipality, /she is associated with have a contract with said municipality  O Yes  No		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal  If yes, indicate which of government the co	ontract is with: Executive C Legislative		
Method of Contribution:  OCash Orersonal Check Ocredit/Debit Card OPayroll Deduction OM			
- Alom Odlom	First etec		
Residential Street Address Birch Tree LN	City Haraford CT 86107		
Principal Occupation Attorney	Baker Odvin & Ltyde		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?	Amount of Contribution e/she is associated with have a contract with said municipality  Yes  Yes		
event reported in Section L1?  If yes, list Event #  No  If yes, indicate which of government the co	ontract is with:		
Method of Contribution:  OCash Orersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  5.33.19  Aggregate Contributions  100			
SUBTOTAL Section B — This Page \$\\ \LOO			
то	TAL of additional Section B Pages		
TOTAL OF ALL CONTRIBUTIONS F	ROM INDIVIDUALS (Sections A + B) 15851.50		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
John Gale 2019	July 7 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50	
B. Itemized Contributions from Individuals    First   MI		
Mc Namata Tohn		
Residential Street Address  SG Brighton ST Wew Brita	State Zip Code	
Principal Occupation Name of Employer	community College	
Is contributor a lobbyist snouse Yes If contribution is in excess of \$400 to a candidate for a chief executive	ve officer of a municipality, Amount of Contribution	
or dependent child of a lobbyist?  One does contributor or business he/she is associated with have a contract valued at more than \$5,000?  One of the pendent child of a lobbyist?  One of the pendent child of a lobbyist?		
A yes, list to vent #	OLegislative TR 3 5	
Method of Contribution:  OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order  Date Received  5 3 3 - 19	Aggregate Contributions	
Last Name William	MI	
Residential Street Address  G Thicket LN  W Hartfol	rd State Zip Code CT OG 107	
Principal Occupation  Name of Employer  Horney  Motley	Rice LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes  No	et with said municipality	
2) 700; Mit 2 (100 )	e O Legislative	
Method of Contribution:  OCash OPersonal Check Occidet/Debit Card OPayroll Deduction OMoney Order  Date Received  5-33-19	# 100	
Last Name Youl Pirst Michael	MI	
Residential Street Address 1-13 Wood and ST Har-ford	State Zip Code CT OG 105	
Principal Occupation  Name of Employer  Self		
Is contributor a lobbyist, spouse, or depéndent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execute does contributor or business he/she is associated with have a contravalued at more than \$5,000?  Yes No	et with said municipality	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of a state contractor or prospective state in the section L1?  If yes, indicate which branch or branches of government the contract is with:  Executive	e OLegislative	
Method of Contribution:  OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order  Date Received  5-33-19	Aggregate Contributions	
SUBTOTAL Section B — Th	is Page 4005	
TOTAL of additional Section B Pages		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$15,851.50		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONL (See instructions for definition of Small Contributor) SUBTOTAL SECTION	Y A \$ 15,851.50
B. Itemized Contributions from Individuals  ast Name   First   MI	
Residential Street Aldress  33 Brittany Rd  City 6 (a stone	State Zip Code
Principal Occupation  School Security Office Hart  Ham of Employer  Hart  Is contributor a lobbyist, spouse, Oyes If contribution is in excess of \$400 to a candidate for a chief exce	old Board of Education entire of a municipality, Amount of Contribution
or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:    Mode of Contribution   Mode of Contribution   Mode of Contribution	ntract with said municipality No re state contractor? Yes No ntive OLegislative Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5.33-1  Last Name First La of a	9 \D 100
Residential Street Address  43 Grand Ave  Principal Occupation  Name of Employer	State Zip Code CT OG 105
Government WH+ airs  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he/she is associated with have a covalued at more than \$5,000?  Yes O Yes	ecutive officer of a municipality, Amount of Contribution
Method of Contribution:  Date Received	Aggregate Contributions
OCash OPersonal Check Defedit/Debit Card OPayroll Deduction OMoney Order 5 & 20-10  Last Name Named, Stowe Stowe	MI
Residential Street Address  39904507457  Principal Occupation  Residential Street Address  City Harrford  Name of Employer	State Zip Code C 7 06 (05
Owner Stsc.	
or dependent child of a lobbyist?  One does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a contributor or business he/she	ontract with said municipality No
Method of Contribution;  Date Received	Aggregate Contributions
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TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$15,851.50	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
John Gale 2019	July 7 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50	
B. Itemized Contributions from Indivi-	duals	
Last Name First	MI	
Residential Street Address City	State Zip Code	
38 Bates ST Hartford	CT 06 114	
Principal Occupation  Name of Employer  ESPN		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of sequence of s	with said municipality	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, list Event #  Section L1?  If yes, list Event #  Date Received	41	
Method of Contribution:  OCash OPersonal Check Occidit/Debit Card OPayroll Deduction OMoney Order  5-31-19	县100	
Last Name First Linda	State Zip Code	
Residential Street Address  Was Phillips Farm Rd E Harthe	ord CT 06/18	
Principal Occupation Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes  O Yes	t with said municipality	
Date Received	ate contractor? Syes  O Legislative  Aggregate Contributions	
OCash Opersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5-33-19 450		
Last Name Carreiro First Antonio		
Residential Street Address SILVET LN City E Hart	Tord State Zip Code CT 06 118	
Principal Occupation  Name of Employer  A Capito		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes	of with said municipality	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes is contributor a principal of a state contractor or prospective state of government the contract is with:  Executive	e OLegislative	
Method of Contribution:  Date Received  Date Received  Date Received	Aggregate Contributions	
SUBTOTAL Section B — Thi	is Page \$400	
TOTAL of additional Section B Pages		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$15,851.50		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
John Gale 2019	July 7 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50	
B. Itemized Contributions from Individuals  [First 4 A MI		
Tugg His Hide		
Residential Street Aldress 16 KNO (Wood Rd City Bloom Fie	1d State Zip Code CT 06 10 5	
Principal Occupation  Name of Employer  Low of Table 1  Is contributor a lobbyist, spouse, O Yes   If contribution is in excess of \$400 to a candidate for a chief executive	e officer of a municipality, Amount of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes ONo	with said municipality	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Mothod of Contribution:  Yes Is contributor a principal of a state contractor or prospective statement of the state contractor or prospective statement of government the contract is with:  Date Received	OLegislative Aggregate Contributions	
OCash Orersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5. (6-19	3 250   MI	
East Name Bale Wat		
Residential Street Address 1505 1/2 Alles and rost Los Ange	les State Zip Code 70036	
Principal Occupation Name of Employer TOOLE	Desyn	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes ONe	re officer of a municipality, twith said municipality	
	C Legislative	
Method of Contribution:  OCash OPersonal Check Ocredit/Debit Card OPayroli Deduction OMoney Order  Date Received  5 0 3 19	Aggregate Contributions  5 350.50	
Last Name Lankord Toseph	MI	
Residential Street Address City Lake side Dr Lake side	State CA POOTO	
Principal Occupation  Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executi does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes ONO	t with said municipality	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state of government the contract is with:  Executive	OLegislative ON6	
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  5 0 0 -10	Aggregate Contributions	
SUBTOTAL Section B — Thi	s.Page \$ 450	
TOTAL of additional Section B Pages		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$15,851.50		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
рестипация од т	
B. Itemized Contributions from Indiv	iduals
Last Name Colo	MI
Residential Street Address  Steele Rd City W Harr	FOID State Zip Code CT 06 (17
Principal desupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes   ONO   OYes   ONO	x with said indincipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state of government the contract is with:    Security   Date Received   Date Received	ate contractor? Pyes  Description   Pyes   P
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5 3 3-19	# 250
Last Name  Venny  Birst  Maura	
Residential Street Address 7 Princerow St What the	
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contra valued at more than \$5,000?  Yes No.	ot with said municipanty
Is this contribution associated with an event reported in Section L1?  If yes, list Event #    Is contributor a principal of a state contractor or prospective s   Is contributor a principal of a state contractor or prospective s   If yes, indicate which branch or branches of government the contract is with:   Date Received	ve O Legislative  Aggregate Contributions
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5-33-19	\$35
Last Name First Margar	
Residential Street Address City Harto	State Zip Code CT OG 105
Principal Occupation  Name of Employer  Uncite	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contribution of a lobbyist?  Yes does contributor or business he/she is associated with have a contribution of a lobbyist?  Yes does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or bus	act with said municipality
If yes, list Event #	state contractor? Syes ive O Legislative
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  5-33-19	
SUBTOTAL Section B — Ti	his Page 4 375
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Po	ns A + B) age Totals) \$15,851.50

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
B. Itemized Contributions from Indivi	
Last Name Krayeske First Kenner	
Residential Street Address City Hartfor	d State Zip Code CT 66(05
Principal Occupation Horney Name of Employer	Law
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One will be a contributor of specific contributor or business he/she is associated with have a contract of the contributor of business he/she is associated with have a contract of the contributor of business he/she is associated with have a contract of the contributor of business he/she is associated with have a contract of the contributor of business he/she is associated with have a contract of the contributor of business he/she is associated with have a contract of the contributor of business he/she is associated with have a contract of the contributor of business he/she is associated with have a contract of the contributor of business he/she is associated with have a contract of the contributor of business he/she is associated with have a contract of the contributor of business he/she is associated with have a contract of the contributor of business he/she is associated with have a contract of the contributor of business he/she is associated with have a contract of the contributor of business he/she is associated with have a contract of the contributor of business he/she is associated with have a contract of the contributor of business he/she is associated with have a contract of the contributor of the contributor of business he/she is associated with have a contract of the contributor o	ve officer of a municipality, twith said municipality  Amount of Contribution
If yes, list Event #	OLegislative \$\frac{1}{3}\$
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  5-33-19	Aggregate Contributions
Last Name Long First 6 lonia	MI
Residential Street Address 14 Wallentan Mue City Hortfor	State Zip Code CT 06 105
Principal Occupation 2 + 170	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	t with said municipality
Date Received	ate contractor? Syes  e O Legislative  Aggregate Contributions
Method of Contribution:  OCash Opersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 503-19	\$10
Last Name Martoccia There.	l
Residential Street Address 124 N Bece con ST City Hart For	d C106102
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contravalued at more than \$5,000?  Yes ONO	ct with said municipality
ay yes, list by the state of th	e O Legislative SNo Society Aggregate Contributions
I Method of Contribution:	9 9 200
SUBTOTAL Section B — Th	is Page \$ 335
TOTAL of additional Section B	Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Pag	s A + B) se Totals) \$15,851.50

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
B. Itemized Contributions from Indivi	
Last Name Ward Pirst Devayth	N MI
Residential Street Address 600 Cold Spring Rd City Rocky	14;11 State Zip Code CT 0606>
Principal Occupation  Name of Employer  Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes ONO	t with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state of government the contract is with:  Date Received	OLegislative  Aggregate Contributions
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5 3 - 19	# 100
210 kower Sundia	MI State Zip Code
Residential Street Address Kenyaw St City Harton	1 State Zip Code CT 06 (05
Principal Occupation Name of Employer 2 to know ex	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	ve officer of a municipality, at with said municipality
Data Prospired	e O Legislative \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
OCash Orersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 5-33-19	\$40 MI
Last Name First John	State Zip Code
Residential Street Address  16 Oxford ST  Reinging Occuration  Name of Employer	CT 06105
HHOLNEY	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes O Yes	ct with said municipality
17 963, 1131 21 1011 17	ate contractor? Byes e O Legislative Aggregate Contributions
Method of Contribution  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  5 / 3 / 10	1 17 1
SUBTOTAL Section B — Thi	
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$15,851.50	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
	·
B. Itemized Contributions from Indivi	duals MI
East Name First Eileen	
Residential Street Address 69 Goodwin CIT City Hartfor	d State Zip Code CT 06 105
Principal Occupation  Homewaker  Se	17
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes  Yes	t with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective statement of the security of government the contract is with:    Is contributor a principal of a state contractor or prospective statement of the security of government the contract is with:    Is contributor a principal of a state contractor or prospective statement of the security of government the contract is with:	OLegislative 4 100
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  5 (3) 19	Aggregate Contributions  HOU  O  O  O  O  O  O  O  O  O  O  O  O
Last Name First Matt	MI
Residential Street Address 192 Whitney St City Harrfor	State Zip Code OG 105
Principal Occupation  Rame of Employer  600 CP	Aca Lour
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes Over	ve officer of a municipality, t with said municipality  Amount of Contribution
3790, 337	Co Legislative And Society Languages Contributions
OCash Opersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5/21/19	50 MI
Last Name First Brian	
Residential Street Address  237 Oxford ST  City Harrfo	C- 100 155
Principal Occupation Name of Employer Ltar	aford schools
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes ONO	et with said municipality
27 700, 100 21 (01)	ate contractor? Syes  e O Legislative \$50  Aggregate Contributions
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5/03/19	450
SUBTOTAL Section B — Thi	is Page \$ 300
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Pag	(A + B) (e Totals) \$15,851.50

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONL' (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	
B. Itemized Contributions from Inc	lividuals
Last Name First Geral G	dine
Residential Street Address  249 Oxford ST  City Harrfo	rd State Zip Code C T C 105
Principal Occupation Name of Employer	
Sandou de intere trans 40,000.	tragt with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Syes  No  No  Is contributor a principal of a state contractor or prospective fives, indicate which branch or branches of government the contract is with:  Date Received	e state contractor?
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5/33 [19	1 4 (50
Last Name Cato	MI
Residential Street Address Girard Rue City Harton	State   Zip Code   CT   O & 105
Principal Occupation  Name of Employer  Hatter	d Bd of Ed
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief exe does contributor or business he/she is associated with have a convalued at more than \$5,000?  Yes O	ntract with said municipality
Method of Contribution:  Date Received	utive O Legislative Aggregate Contributions
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction Oney Order 3 (3) (1)  Last Name First	9 \$100 F
St Hour Math	rey)
Residential Street Address  Gransworth  City  Waw Love	udon CT 06320
Selt 6	5elf
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  Yes  Yes  On dependent child of a lobbyist?  Yes  Yes  On dependent child of a lobbyist?  No  No  No  No  No  No  No  No  No  N	Amount of Contribution ntract with said municipality
Mathed of Contribution: Date Received	utive O Legislative No Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5 7 3 1	1/
SUBTOTAL Section B — '	This Page \$350
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$15,851.50	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
B. Itemized Contributions from Indivi	duals
Last Name Shawn	MI
Residential Street Address  Other Park Pl  City Hart-For	State Zip Code CT CC 106
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes Ono	with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of a state contractor or prospective state   If yes, indicate which branch or branches   If yes, indicate which branch or branches   OExecutive   OEXECU	O NO
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  5.2-19	Aggregate Contributions # 50
Last Name Odolsky First Raphan	MI
Residential Street Address 104 Beacon St Principal Occupation Name of Employer	State Zip Code CT 66 105
	gal Services
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes O No	
	O Legislative
Method of Contribution:  OCash OPersonal Check Ocredit/Debit Card OPayrol! Deduction OMoney Order  Date Received  5 . 3 3 - 15	Aggregate Contributions  \$\\$\{0\}\\$
Last Name Craix	MI
Residential Street Address 40 Muskey Trail Simsbury	State Zip Code CT 06070
Principal Occupation  Eugineer  SMC  Name of Employer	ariners
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes   No	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Executive	O Legislative  Aggregate Contributions
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received 5/23/19	Aggregate Contributions
SUBTOTAL Section B — This	Page \$400
TOTAL of additional Section B I	ages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
	A CONTRACTOR OF THE CONTRACTOR
B. Itemized Contributions from Indiv	
Last Name Pirst Helicen	
Thompson Melicen  Residential Street Address  40 Musket Trail Simsbury  Name of Fundaver	State Zip Code  CTOGOTO
Principal Occupation  Lawter  Litcht	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contravalued at more than \$5,000?  Yes Over	ct with said municipality
If yes, list Event#	re OLegislative Aggregate Contributions
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5 3 3 (9)	# 250
lass Mercik James	State Zip Code
Residential Street Address  La Cone St  Name of Employer	d CT 06105
Retire	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contravalued at more than \$5,000?  Yes ON	o said municipality
Deta Passiyad	ve O Legislative  Aggregate Contributions
Method of Contribution:  OCash Orersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  5.23.19	\$ 25   MI
Ellovich First Jack	
Residential Street Address  60 Cd ST  Name of Employer	State Zip Code OG 103
CP A	el+
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he/she is associated with have a contributor or business he/she is a second or busine	act with said municipality
Jyos, nat Zitak	ive O Legislative Aggregate Contributions
1 Method of Contribution	7 \$100
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TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$15,851.50	

NAME OF COMMITTEE. (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
B. Itemized Contributions from Indiv	iduais Mi
Beattie Mary El	len
Residential Street Address Howland Rd City W Har	- TFOR State Zip Code CT 0607
	blic schools
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes ONO	ve officer of a municipality, Amount of Contribution twith said municipality
Method of Contribution Date Received	Aggregate Contributions    Aggregate Contributions
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Last Namp tankord tevin	
Residential Street Address  Maple Are City Windsor	State   Zip Code   CT   0 6 095
Principal Occupation  Name of Employer	Hadin
Is contributor a lobbyist, spouse, O Yes   If contribution is in excess of \$400 to a candidate for a chief execution	ive officer of a municipality, Amount of Contribution
or dependent child of a lobbyist?  One does contributor or business he/she is associated with have a contract valued at more than \$5,000?  One does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ct with said municipality
1770s, Int. 21.01.	tate contractor? Syes  No  Aggregate Contributions
Method of Contribution:  OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 5.33-19	\$ 100
Last Name Your	LW MI
Residential Street Address City Hart Fo	State Zip Code C 06103
Principal Occupation  Name of Employer  Sel-	<u> </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execute does contributor or business he/she is associated with have a contravalued at more than \$5,000?  Yes Order	ct with said municipality
7,740,700	tate contractor?  Pe O Legislative  Aggregate Contributions
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TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$15,851.50	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
John Gale 2019	July 7 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50	
B. Itemized Contributions from Indivi	duals	
Last Name Bellocci First (+arry	MI	
Residential Street Address Lostbrook Rd City W Hart	Ford State Zip Code CT 06117	
Principal Occupation Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes  ONO  OYES	with said municipality	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state flyes, indicate which branch or branches of government the contract is with:  Date Received	OLegislative Aggregate Contributions	
OCash Orersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5-00-19	\$ 50	
Last Name Page First Marth	q MI	
Residential Street Address City Harrfol	State Zip Code 0 6 103	
Principal Occupation  Rame of Employer  Harto	nd Food System	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes  No	re officer of a municipality, with said municipality	
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Method of Contribution:  OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Date Received Aggregate Contributions  \$\int \text{UO}\$		
Last Name First Kathlee		
830 Rospeci Ave City Hartond	State Zip Code OG (05	
Principal Occupation  Name of Employer  Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes Yes Yes Yes	ve officer of a municipality, twith said municipality	
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$15,851.50		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
B. Itemized Contributions from Indivi-	duals   MI
Last Name Painter 1806	
Residential Street Address 25 Capital Ave City Harton	State Zip Code CT & (06
Principal Occupation Oct 100 Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Or dependent child of a lobbyist?	re officer of a municipality, with said municipality  Manual of Contribution
Types, list Event #	OLegislative Aggregate Contributions
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5'32 7	\$ 100
Last Namer First Lillian	)
Residential Street Address Beacon St City Hartfo	17d State Zip Code CT 06 105
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  O Yes	ve officer of a municipality, twith said municipality  Amount of Contribution
1) yes, interior	O Legislative
Method of Contribution:  OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Date Received  5-33-19	
Last Name Campbell First Richer	MI
Residential Street Address  6 High Gate CN  Name of Employer	State Zip Code CJ 06 107
Programmer CTST	are Colleges
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  No  If contribution is in excess of \$400 to a candidate for a chief executi does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes  No	t with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Is contributor a principal of a state contractor or prospective state of government the contract is with:  Date Received	ate contractor? Syes  Description of the contractor of the contrac
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TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Pag	(A + B) e Totals) \$15,851.50

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
	July 71 mily
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
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	3.2-31.
B. Itemized Contributions from Indivi	uuais.
Mc Nail Linda	
Residential Street Address City	State Zip Code
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Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes 10No	with said municipality
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective stat	e contractor? Syes (6 / 2 c)
event reported in Section L1?  No  If yes, indicate which branch or branches of government the contract is with:  OExecutive	OLegislative (OC)
Method of Contribution:  Date Received	Aggregate Contributions
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Last Name Stavinsky First Kober	T
Residential Street Address 39 Worth Beacon ST Hartfor	State Zip Code  Ci OG 105
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state.	
event reported in Section L1?  No  If yes, indicate which branch or branches of government the contract is with:  Executive	O Legislative
Method of Contribution:  Date Received	Aggregate Contributions
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 5 0 3-19  Last Name First A	VI 50
Bissonnette Mark	
Residential Street Address  24 Cone ST  City  Harxford	State Zip Code CT 06105
Principal Occupation Name of Employer Spence	Will Brilling
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes ONO	
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state. If yes, indicate which branch or branches	OLegislative DNo DNo
Method of Contribution:  Date Received	Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5 3 3 19	1 4750
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TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections / (Enter total on Line 13, Column A of Summary Page	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period (See instructions for definition of Small Contributor)  SUBTOTAL SEC	
B. Itemized Contributions fro	m Individuals
	rard
Residential Street Address North Beacon St Har	State Zip Code C J OG 105
Kethed	•
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a c does contributor or business he/she is associated with ha valued at more than \$5,000?	ve a contract with said municipality s
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  No No If yes, indicate which branch or branches of government the contract is with:  Date Receive	DExecutive OLegislative
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order	OO   IMI
Last Name Barston First Jan	
Residential Street Address 135 Oxford 57 City Have	ratord ex 06 105
Principal Occupation Name of Em	
	ive a contract with said municipality
Method of Contribution:  Date Receive	Executive O Legislative  Aggregate Contributions
	0219 \$ 50 IMI
Last Name Young Pirst An	JN _
Residential Street Address  City Sur Li  Name of Em	in ton State Zip Code CT 06013
Timethan occupant of the	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a does contributor or business he/she is associated with he valued at more than \$5,000?	ave a contract with said municipality es O No
Method of Contribution:  Date Receiv	Executive O Legislative ded Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5 d	1 200
SUBTOTAL Section	
TOTAL of additional	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Enter total on Line 13, Column A of St.)	S (Sections A + B) mmary Page Totals) \$15,851.50

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
John Gale 2019	July 7 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50	
B. Itemized Contributions from Indivi-	duals	
Last Name Swaff Thomas	Š Mī	
Residential Street Address Bhultas PI City Harton	State Zip Code OG 144	
Principal Occupation Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No.	with said municipality	
If yes, his Event #	OLegislative Aggregate Contributions	
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  5' 0 5.1 9	\$ 320	
East Name First David	MI	
Residential Street Address  DX FORD  ST  City  Hartford	State   Zip Code   CT   OG (05	
Principal Occupation Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes O'Yes	ve officer of a municipality, Amount of Contribution with said municipality	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:    Executive   Legislative   Column   Column		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5-33-19	Aggregate Contributions	
Barrett 5:11	MI .	
Residential Street Address  257 Oxford ST  Hartord	State Zip Code  CT OG (0 5	
Principal Occupation  Name of Employer  Fitzger		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes ONO  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contributor or valued at more than \$5,000?  Yes ONO	ve officer of a municipality, twith said municipality  Amount of Contribution	
	OLegislative PNo \$ (80	
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  5 3-19	Aggregate Contributions  100	
SUBTOTAL Section B — This	s Page \$450	
TOTAL of additional Section B Pages		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page	A+B) Totals) \$15,851.50	

Page 3 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
John Gale 2019	July 7 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50	
B. Itemized Contributions from Indivi-	duals MI	
Last Name Titzgerald Pirst	, ""	
Residential Street Address 157 Oxford St City Harrford	State Zip Code CT OG 105	
Principal Occupation Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Order dependent child of a lobbyist?	with said municipality	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state of government the contract is with:  OExecutive	OLegislative	
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroli Deduction OMoney Order  Date Received  5 2 3 - 1 9	Aggregate Contributions # 150	
Last Name Rosomando First Raymou	MI	
Residential Street Address Steele Rd City W Har	rford State Zip Code CT OG 119	
Principal Occupation  Name of Employer  C E	A	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes Oxfo		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive O Legislative		
Method of Contribution:  OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 5 3 3-19	Aggregate Contributions (1) 50	
Last Name Pirst David	MI	
Residential Street Address Colonial WHartf	01d State Zip Code CT 06110	
Principal Occupation Name of Employer Sel	F	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes O Yes		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective statement of government the contract is with:  Executive	O Legislative	
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received Aggregate Contributions  \$\frac{1}{5} \frac{1}{3} - 19 \frac{1}{3} \frac{7}{5} \frac{1}{3} = 19 \frac{1}{3} \frac{1}{3} \frac{1}{3} \frac{1}{3} = 10 \frac{1}{3} \frac{1}{3} \frac{1}{3} = 10 \frac{1}{3}		
SUBTOTAL Section B — This Page 375		
TOTAL of additional Section B Pages		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$15,851.50		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
B. Itemized Contributions from Indivi	
Souza First Toha	MI .
Residential Street Address Brightwood LN City Hart	-07d State Zip Code CT 06110
Principal Occupation Rame of Employer Se	:14
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Is contributor a principal of a state contractor or prospective state for the properties of government the contract is with:  Date Received	OLegislative  Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5.33-19	\$ 100
Last Name Gervais First William	MI
277 Sat6rooke St City Harrford	State   Zip Code   CT   06 10 6
Principal Occupation   Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes  Yes  Yes  Valued at more than \$5,000?	
	O Legislative
Method of Contribution: OCash Oversonal Check Ocredit/Debit Card OPayroll Deduction Money Order Date Received 5'35-19	Aggregate Contributions  \$\int \lambda \to 00  \$\int \lambda \to 0
Last Name Hirst Hyles	MI
Residential Street Address Prospect Ave City Hart-Ford	State Zip Code CT OCe 105
Principal Occupation  Rame of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes ONO	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Is contributor a principal of a state contractor or prospective state flyes, indicate which branch or branches of government the contract is with:  Date Received	C Legislative  Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5-33-19 \$50	
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TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ON (See instructions for definition of Small Contributor) SUBTOTAL SECTION	accompanied & IN ON I NO
B. Itemized Contributions from  Last Name First A	Individuals
Lale Adri	enne
Residential Street Address  City  Hart  Principal Occupation  Name of Employe	Ford State Zip Code CT OG 105
Kettred	
	contract with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches of government the contract is with:  Date Received	ecutive OLegislative   Aggregate Contributions   Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5.33	
Last Name Horn Pint De65	a MI
Residential Street Address  16567014 Ave City Hart  Principal Occupation Name of Employer	
Courses	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief of does contributor or business he/she is associated with have a valued at more than \$5,000?  Yes	executive officer of a municipality, contract with said municipality
	ecutive O Legislative
Method of Contribution:  Date Received  S'ide  Lot News	19 6100
Last Name Carroll First Key	
Residential Street Address  State Cone State  Principal Occupation  Name of Employer	Ford State Zip Code CT O6 105
Attorney	Selt
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief of does contributor or business he/she is associated with have a cyalued at more than \$5,000?  Yes	executive officer of a municipality, contract with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospec If yes, indicate which branch or branches of government the contract is with:  Exercise 1.	ecutive OLegislative
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  5.33-	Aggregate Contributions 19 100
SUBTOTAL Section B —	-This Page \$300
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sec (Enter total on Line 13, Column A of Summar	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
B. Itemized Contributions from Indivi	duals
Last Name Vou PSOD First Bruce	MI
Residential Street Address 10 Orchard Brook Of Werhersti	eld State Zip Code Cog
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes ONO	with said municipality
If yes, that Event if	CLegislative  Aggregate Contributions
Method of Contribution:  Deash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  5 3 19	\$ 30
Last Name Wiseman First	MI
Residential Street Address 124 Beacon St Haraford	State   Zip Code   CT   06   0 (
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes O'NO	ve officer of a municipality, twith said municipality  Amount of Contribution
	O Legislative ONO # 30
Method of Contribution:  Office Ash Opersonal Check Occidet/Debit Card Opersonal Deduction Omoney Order  Date Received  5-33-19	Aggregate Contributions 4 3 0
Last Name Pirst Lillian	
Residential Street Address 57 W Beacon St City Harrfor	<u> </u>
	per k Miller
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a controc valued at more than \$5,000?  Yes  No	ve officer of a municipality, if with said municipality  Amount of Contribution
	ate contractor? Syes  O Legislative  Aggregate Contributions
Method of Contribution:  Date Received  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  Solution Of Solution	
SUBTOTAL Section B — Thi	s Page \$\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$15,851.50	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
B. Itemized Contributions from Indivi	MI
Beck Sandra	State Zip Code
Residential Street Address  DO Meadow Rd  City  Farmingto  Principal Occupation  Retired  Name of Employer	State Zip Code CG032
	ve officer of a municipality, Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes ONO	t with said municipality
Make de Contributions  Date Received	OLegislative Aggregate Contributions
OCash OPersonal Check Operedit/Debit Card OPayroll Deduction OMoney Order 5-33-19	\$ 50
Last Name Nel Mann	MI
Residential Street Address 55 61 rash We City Haraford	State Zip Code CT OC 105
	oustoetin)
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	et with said municipality
3/ yes, not 1/ tent 1/	e O Legislative  A Accregate Contributions  A Contributions
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 5'00-19	\$350
Dressler Tetre	/
	itain CT 9605
Principal Occupation  Rame of Employer  C, + +	of Horrfold
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contravalued at more than \$5,000?  Yes  OYES	ct wiff said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, list Event #  Section L1?  If yes, indicate which branch or branches of government the contract is with:  O Executive Section L1?	tate contractor?  No    Aggregate Contributions
Method of Contribution:  OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Date Received Aggregate Contributions  5-22-19 # 1000	
SUBTOTAL Section B — Th	is Page \$400
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Page)	s A + B) ge Totals) \$15,851.50

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
John Gale 2019	July 7 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50	
B. Itemized Contributions from Indivi	duals MI	
We'mer Dianne		
Residential Street Address  34 Uvcas Dr Mrston	State Zip Code CT 06231	
	K Hordwarp	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes  Ordor	with said municipality	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Security Is contributor a principal of a state contractor or prospective state flyes, indicate which branch or branches of government the contract is with:  Date Received	Q No U	
Method of Contribution:  OCash OPersonal Check Occidit/Debit Card OPayroll Deduction OMoney Order 5'38-17	\$ 200	
Last Name First Thomas	MI	
Residential Street Address City Ross	State Zip Code CA 94957	
Principal Occupation Compres Scientist Pixal	Animation Studios	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	e officer of a municipality, with said municipality  Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, list Event #  Security Diagram    If yes of government the contract is with:  Security Diagram    Executive    Legislative    Security Diagram    Legislative    Security Diagram    Legislative    Security Diagram    Legislative    Security Diagram    Legislative    L		
Method of Contribution:  OCash OPersonal Check Operation OPayroll Deduction OMoney Order  Date Received  5 3 7 (19	Aggregate Contributions  ### 250	
Last Name Donaldson First David	MI	
Residential Street Address 339 Houting Middleto	wn State Zip Code	
Principal Occupation  LASUrance Agent Sohn	Gloves Agency	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes  Yes		
	OLegislative ONO # 100	
Method of Contribution:  OCash OPersonal Check O'Credit/Debit Card OPayroll Deduction OMoney Order  Date Received  5.38-19	Aggregate Contributions  E 100	
SUBTOTAL Section B — This	s Page \$550	
TOTAL of additional Section B Pages		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$15,851.50		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
B. Itemized Contributions from Indiv	
20 HOla First Hearhe	
to Moune	itain State Zip Code CT 06052
	of Haraford
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contravalued at more than \$5,000?  Yes No	ct with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective statement of government the contract is with:  OExecutive	<b>O</b> MO (10)
Method of Contribution:  OCash OPersonal Check Occidet/Debit Card OPayroll Deduction OMoney Order  Date Received  5 3 3 - 19	\$100
Last Name First Toni	MI
Residential Street Address  96 Kenton St Hartford  Principal Occupation Name of Employer	State Zip Code CT 06105
Principal Occupation   Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  System of the pendent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contractive valued at more than \$5,000?  Other pendent child of a lobbyist?	ct with said municipality
	e O Legislative
OCash OPersonal Check Oeredit/Debit Card OPayroll Deduction OMoney Order 5/29/19	The state of the s
Last Name Kozlowski Beatric	
	006 State Zip Code CT 06 475
Principal Counties Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contra valued at more than \$5,000?  Yes No.	ct with said municipality
	e O Legislative Aggregate Contributions
Method of Contribution:  OCash OPersonal Check Occidit/Debit Card OPayroll Deduction OMoney Order  Date Received   Aggregate Contributions   Aggrega	
SUBTOTAL Section B — Th	is Page \$350
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$15,851.50	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  \$ 15,851.50	
B. Itemized Contributions from Indivi	
Last Name First Doris	MI
Residential Street Address 275 Steele Rd Whart	-ord State Zip Code C 6617
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes ONe	t with said municipality
1 yes, not been a	OLegislative SNo
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received 6 (3 (19))	Aggregate Contributions  \$\frac{1}{2} \frac{1}{2} \fra
Last Vanio First Charle	MI
Residential Street Address 131 Sunner hane Rocky 1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Principal Occupation  Name of Employer  Name of Employer  Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes ONO	we officer of a municipality,  with said municipality  Amount of Contribution
1977	O Legislative 946
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 5-30-19	Aggregate Contributions
Last Name Reid First Kelcie	
Residential Street Address Hopewell Rd City 5 6 (astout	State Zip Code CT 06073
Principal Occupation Name of Employer Cordon	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executi does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes ONO	et with said municipality
3,10,100	ate contractor? Syes  Description Aggregate Contributions
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  5.3(-19)	3(50)
SUBTOTAL Section B — Thi	s Page \$550
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page	A + B) e Totals) \$15,851.50

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
B. Itemized Contributions from Indi	
Lastiniano First Edward	MI
Residential Street Address 139 Waltenton Ave City Harrford	State Zip Code CT OG 105
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contributor or business he/she is a second or	act with said municipality
If yes, list Divilian	ve OLegislative ONo
Method of Contribution: OCash OPersonal Check Occedit/Debit Card OPayroll Deduction OMoney Order  Date Received 6-4-19	Aggregate Contributions
Last Name Duinn-Carey Print Stidge	
Residential Street Address City Lerto	rd State Zip Code CT OG 103
Principal Occupation  Name of Employer  Hartfol	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he/she is associated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/sh	act with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of a state contractor or prospective If yes, indicate which branch or branches of government the contract is with:  Execution	ive O Legislative
Method of Contribution:  OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order  Date Received  6 -13-14	VC -
Last Namart occia First Sosean	
Residential Street Address  Residential Street Address  Residential Street Address  Belchert	
	Mass Eldercare utive officer of a municipality. Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or b	ract with said municipality
	ive O Legislative
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Optioney Order Date Received 6-14-19	
SUBTOTAL Section B — T	his Page \$335
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Po	as A + B) age Totals) \$15,851.50

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  \$15,851.50	
B. Itemized Contribution	is from Individuals
Grabazs L	Danis
Residential Street Address PONOTH ST  City Selection	hertown MA 01807
Retired	e of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Standard does contributor or business he/she is associated valued at more than \$5,000?	with have a contract with said municipality OYes ONO
I Mathad of Contribution	OExecutive OLegislative  Received Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6	- (4-19 12350)
Last Name First	hillip
Residential Street Address  357 Girard Aie City H	artford 2706105
Rezired	e of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidat does contributor or business he/she is associated valued at more than \$5,000?	e for a chief executive officer of a municipality, with have a contract with said municipality  O Yes.  Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a state contract of government the contract is with:	tor or prospective state contractor?  O Executive O Legislative  Received Aggregate Contributions
Method of Contribution:  OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order	117/19 \$100
Last Name Cohen	OO G (C S
Residential Street Address City Lt.	artford CT 06105
Attornat	Brown Rudnick
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidated does contributor or business he/she is associated valued at more than \$5,000?	te for a chief executive officer of a municipality, with have a contract with said municipality  O Yes  O No
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  If yes, indicate which branch or branch of government the contract is with:	tor or prospective state contractor?  O Executive O Legislative  e Received   Aggregate Contributions
	5-19-19 \$ 350
SUBTOTAL S	ection B — This Page # 600
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$15,851.50	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
John Gale 2019	July 7 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  \$ 15,851.50		
B. Itemized Contributions from	Individuals	
Last Name First John	MI	
Residential Street Address City	State CT Zip Code	
Principal Occupation  Theorem of Employment  Theorem of Employment  Name of Employment  Went	worth Do Ayrelis	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Or dependent child of a lobbyist?	of executive officer of a municipality, Amount of Contribution	
Is this contribution associated with an  Yes Is contributor a principal of a state confractor or prosper types indicate which branch or branches	Executive OLegislative  Aggregate Contributions	
OCash OPersonal Check OCedit/Debit Card OPayroll Deduction OMoney Order 6 - (9-(9 \$\frac{4}{350}-) \]  Let Normal		
Leilmann Calli	State Zip Code	
Residential Street Address  29 Grovers Ave Stridge Principal Occupation  Name of Implo	PORT CT 06605	
Commonity Offanizer	50(1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a child does contributor or business he/she is associated with have valued at more than \$5,000?  Yes	ef executive officer of a municipality, a contract with said municipality  Description	
3,750,750	Executive O Legislative	
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 6-19-		
Zenan First Mar	/	
Residential Street Address LI3 ITOgois Rd W Ha	ratord State Zip Code CT 06117	
Name of Employer  Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate for a child does contributor or business he/she is associated with have valued at more than \$5,000?  Yes	ief executive officer of a municipality, e a contract with said municipality  ONO	
The Project	Executive O Legislative  Aggregate Contributions	
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  L 19	-19 \$100	
SUBTOTAL Section B—This Page \$ 600		
TOTAL of additional Section B Pages		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$15,851.50		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
	·
B. Itemized Contributions from Indivi	duals
Last Name First	MI
	State Zip Code
202 Conestoja St Windsor	CT 06095
Health Inspector CT Dept	of Public Health
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  OYES	with said municipality
If yes, list Event #	ØLegislative Ø Ko
Method of Contribution:    Date Received     Date Received	Aggregate Contributions
I Rivet	41 70   MI
Brenner Jessic	
Residential Street Address Descanso Dr Los Aug	eles CA 90036
Principal Occupation Student Name of Employer V	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	ve officer of a municipality,  Twith said municipality  Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution  Yes  Is contributor a principal of a state contractor or prospective state of government the contract is with:  Date Received	De O Legislative
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 6-3-19	1350
Last Name First Jasow	MI
Residential Street Address  Main ST  City Hartfo	1d State Zip Code CT 06/06
Principal Occupation Name of Employer	self.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	et with said municipality
1) yes, his niver	e OLegislative
Method of Contribution:  Date Received  One of Contribution:  Date Received  One of Contribution:  Date Received  One of Contribution:  One of Contribution:  Date Received	Aggregate Contributions
Ocash Opersonal Check Octedia Deale Card Or aylon Deduction Owners of the	1 4 ~ (V)
SUBTOTAL Section B — Thi	s Page D540
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections	(A + B) (a Totals) \$15,851.50

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
John Gale 2019	July 7 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50	
B. Itemized Contributions from Indivi-	duals Mi	
Levy First Colema	<u> </u>	
Residential Street Address Frondale Rd City W Ha	17 for State Zip Code CT OG 117	
Principal Occupation Name of Employer	Self	
Is contributor a lobbyist, sponse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes Otto	with said municipality	
Method of Contribution Date Received	te contractor? Yes  OLegislative  Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order	\$250	
Last Name  Rist  Avery		
Residential Street Address 69 600 dwin Cir Harnford	State Zip Code  CT OC 105	
Principal Occupation  Lavestment Advisor Morgan Stanley		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes Oxford	ve officer of a municipality, Amount of Contribution t with said municipality	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Is contributor a principal of a state contractor or prospective state figures. Is contributor a principal of a state contractor or prospective state figures. Is contributor a principal of a state contractor or prospective state figures. If yes, indicate which branch or branches of government the contract is with:  Date Received	ate contractor?  O Legislative  Aggregate Contributions	
OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order 6 / 5/19	1 2 250   MI	
Last Name Pirst Catricia	2	
Residential Street Address City Harrford	State CT OG 103	
Principal Occupation Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executi does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes O Yes	et with said municipality	
3,700,	ate contractor?  BYes  Legislative  Aggregate Contributions	
Method of Contribution:  OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order  Date Received Aggregate Contributions  Aggregate Contributions		
SUBTOTAL Section B — Thi	s Page	
TOTAL of additional Section B Pages		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections	(A + B) (a Totals) \$15,851.50	

NAME OF COMMITTEE. (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
B. Itemized Contributions from Indivi	duals
Schneider First Hollis	MI
Residential Street Address City Harriford	State Zip Code OG 163
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes  Orto	with said municipality
3750	OLegislative \$50
Method of Contribution:  OCash Opersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Date Received  6 - 25 - 19	Aggregate Contributions
Barco First Elizabet	
Residential Street Address City Hart for	d State Zip Code CT 06103
Principal Occupation Real to (Becks)	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  O Yes	e officer of a municipality, with said municipality
	O Legislative DNO \$25
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6-354	Aggregate Contributions
Last Name Vates First Krist	
Residential Sylvet Address City Hartor	State Zip Code CI OG 103
Instructional Desyn Manager Fratta	LDh'rrub/
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  Or dependent child of a lobbyist?  Or dependent child of a lobbyist?	
	O Legislative
Method of Contribution  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  6 D 5 119	Aggregate Contributions
SUBTOTAL Section B — This	Page \$125
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page	A+B) Totals) \$15,851.50

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
B. Itemized Contributions from Indivi	duals
Last Name Lubrose First Allen	MI
Residential Street Address 74 Union Pl City Hart For	State Zip Code C 1 66 10 3
Principal Occupation  Architect  Name of Employer  Sel-	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes  No	
	e contractor?  OLegislative  Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6-25.19	\$ 50
Last Name Young First Will	1 au
Residential Street Address City Hartfar	State Zip Code COS
Principal Occupation Now Potit Consulting Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	
	O Legislative ONo
OCash Orersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6-35-19	Aggregate Contributions
Last Namo First Lynn	MI
Residential Street Address Charter Oak Al City Ham For	State Zip Code C 106 106
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes ONO	e officer of a municipality, with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state for the security of government the contract is with:  Executive	OLegislative DNo USO
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  6-25-16	Aggregate Contributions \$1.50
SUBTOTAL Section B — This	Page # 200
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
John Gale 2019	July 7 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50	
B. Itemized Contributions from Indivi		
Last Name Seeley Virgin		
Residential Street Address Charter Oak Pl City Hartford	State Zip Code CT 66 106	
Principal Occupation Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes Ores	with said municipality	
If yes, hat Event #	te contractor?	
Method of Contribution.  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  655-19	Aggregate Communions	
Last Name La Porte First Sober	MI	
Residential Street Address City Hartfo	State Zip Code  OG 1 Q 3	
Principal Occupation Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contribute or business he/she is associated with have a contract valued at more than \$5,000?  Yes O'No	ve officer of a municipality, with said municipality	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive O Legislative		
Method of Contribution:  OCash Orersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order  Date Received Aggregate Contributions  Solution Of Contributions  Aggregate Contributions  Solution Of Contributions  Aggregate Contributions		
Last Name Pirs Reeves	MI	
Residential Street Address City Havn brd	State   Zip Code	
Principal Occupation Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	ve officer of a municipality, Amount of Contribution twith said municipality	
	O Legislative	
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received Aggregate Contributions  6-25-19  Aggregate Contributions		
SUBTOTAL Section B — Thi	s Page \$ 265	
TOTAL of additional Section B Pages		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$15,851.50		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
B. Itemized Contributions from Indivi	duals
Last Name: Bela First Jenni.	
Residential Street Address City Harto	State Zip Code C 1 66 (03
Principal Occupation  Attorney  Cran rote	Fitzperal & Meany
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract yatted at more than \$5,000?  Yes ONO	t with said municipality
If yes, ast byone if	OLegislative DNO
Method of Contribution:  Deash OPersonal Check Occedit/Debit Card OPayroll Deduction OMoney Order  Date Received  6-35.69	Aggregate Contributions
Last Name Pirst Victor	MI
Residential Street Address  Chaplin F)  Chaplin F)  Carton	State Zip Code OCo 114
Principal Occupation  Name of Employer  External Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes ONO	t with said municipality
A year, the same and the same a	e O Legislative
Method of Contribution:  OCash OPersonal Check Occidit/Debit Card OPayroll Deduction OMoney Order  Date Received  L-77-19	Aggregate Contributions
Last Name Gallocci, First Wancy	MI
Residential Street Address 6 lengiew Dr Newington	State $CT = \frac{\text{Cip Code}}{66(11)}$
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contravalued at more than \$5,000?  Yes ONO	ct with said municipality
	e OLegislative
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  6-30-19	Aggregate Contributions 50
SUBTOTAL Section B — Th	is Page £135
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$15,851.50	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 15,851.50
B. Itemized Contributions from Indi	viduals
Last Name  USSE (	MI
Residential Street Address 145 Warrenton Ave City Hary Fo	1d State Zip Code CT OG105
Principal Occupation Rame of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contributor or business he/she is a second or business	act with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a state contractor or prospective so If yes, indicate which branch or branches of government the contract is with:  Description of the principal of a state contractor or prospective so If yes, indicate which branch or branches of government the contract is with:	state contractor? Yes ve OLegislative
Method of Contribution  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order	Aggregate Contributions \$ 50
Last Name Condon First Willian	MI
Residential Street Address 17 Wasterton Are City Hamfo.	State Zip Code OG 105
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contributor or business he/she is a second or	et with said municipality
	state contractor?  No  No  Legislative
Method of Contribution  Cash Opersonal Check Occedit/Debit Card Opersonal Deduction Omoney Order  Date Received  C-21-19	Aggragate Contributions
Last Nam First Gordo	
Residential Street Address Waterhole D'City Cheste	State Zip Code CT 06 415
	Condoninium Cosp
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contributor or business he/she is a second or	act with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective so if yes, indicate which branch or branches of government the contract is with:  Output  Description:  Description:  Output  Des	ONO .
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  C-18-19	Aggregal Contributions
SUBTOTAL Section B — Th	is Page \$250
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections) (Enter total on Line 13, Column A of Summary Page)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
John Gale 2019	July 7 Filing	
A. Total Contributions from Small Contributors-Received this Period ON (See instructions for definition of Small Contributor) SUBTOTAL SECTION		
B. Itemized Contributions from I	ndividuals	
Mc Larney Heat	her	
Residential Street Address City Hart For	State CT Cip Code CO3	
Principal Occupation  Name of Employer  Operations Manager  Operations	The second secon	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 to a candidate for a chief educes contributor or business he/she is associated with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with he/she is a soci	executive officer of a municipality, contract with said municipality  Ono  Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Is contributor a principal of a state contractor or prospect of government the contract is with:  Date Received	ecutive OLegislative  Aggregate Contributions	
OCash OPersonal Check Operedit/Debit Card OPayroll Deduction OMoney Order 6-33-		
Hary l	-ee MI	
Residential Street Address 6 Columbia ST City Harr Fo	State   Zip Code   CT   D6 106	
Principal Occupation Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to a candidate for a chief e does contributor or business he/she is associated with have a contributor or business he/she is a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a soc	contract with said municipality	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		
Method of Contribution:  OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Date Received  6-33-	1 20 61	
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?  No  Yes  If contribution is in excess of \$400 to a candidate for a chief of does contributor or business he/she is associated with have a valued at more than \$5,000?  Yes		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of a state contractor or prospectively. If yes, indicate which branch or branches of government the contract is with:	ecutive OLegislative	
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date Received	Aggregate Contributions	
SUBTOTAL Section B — This Page \$150 -		
TOTAL of additional Section B Pages		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$15,851.50		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
John Gale 2019	July 7 Filing
A. Total Contributions from Small Contributors-Received this Period C (See instructions for definition of Small Contributor) SUBTOTAL SECT	1 % th 8h ( hi)
B. Itemized Contributions from  Last Name   First	, MI
Johnson	r <del>/</del>
Residential Street Address  LOD Kewaw 5t City  Principal Occupation  Name of Emple	State   Zip Code   CT   OQ 105
Principal Occupation  Learning & Development Manager Name of Emplo	avelers
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a child does contributor or business he/she is associated with have valued at more than \$5,000?  Yes	e a contract with said municipality
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prosequent reported in Section L1?  Yes Is contributor a principal of a state contractor or prosequent reported in Section L1?	O.No
If yes, list Event # of government the contract is with:  Method of Contribution:  Date Received	Executive O Legislative  Aggregate Contributions
OCash Orersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order	
Last Name First Na	T MI
Residential Street Address Alle Sandto ST City La Los	State Zip Code
Principal Occupation Name of Emplo	- Huseles CH 90026
Directo	10 DOSHIN
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No does contributor or business he/she is associated with have valued at more than \$5,000?  Yes  No does contributor or business he/she is associated with have valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a state contractor or prosecution of government the contract is with:	Executive O Legislative
Method of Contribution:  Date Received	Aggregate Contributions #150
OCash Orersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6-30	TMI MI
Residential Street Address City	State Zip Code
Principal Occupation Name of Emplo	эуст
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes ONO  If contribution is in excess of \$400 to a candidate for a child does contributor or business he/she is associated with have valued at more than \$5,000?  Yes	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of a state contractor or prosecute of government the contract is with:	pective state contractor?  Executive O Legislative
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order	Aggregate Contributions
SUBTOTAL Section B	This Page \$250
TOTAL of additional Se	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (	Sections A + B)
(Enter total on Line 13, Column A of Sumn	nary Page Totals)   \$15,001.50

NAME OF COMM John Gale 2019	MITTEE (Provide Complet )	e Name as Registered w	vith Filing Reposi	itory)		TYPE OF REPORT July 7 Filing		
		C1. C	ontributio	ons from C	ther Co	mmittees		
Name of Committee					Name of			
Matt Ritter PAG					Russell	l Jarem		
Address 83 Oxford Stre	ot			Is this cont	ted in Section	ociated with an Oyes ONo on L1?	Amount o	Contribution
	<del></del>	Ta.	1	Date Rec		ees, list Event #	_	
City		State	Zip Code	İ				
Hartford		CT	06105	5/14/		250.00		
Name of Committee					Name of	Treasurer		
Address				Is this cont	rted in Section	ociated with an Yes No on L1? ves, list Event #	Amount o	f Contribution
City		State	Zip Code	Date Rec		Aggregate Contributions		
Name of Committee					Name of	Treasurer		
Address					rted in Section	ociated with an Yes No on L1? yes, list Event #	Amount o	f Contribution
City		State	Zip Code	Date Re		Aggregate Contributions		
Name of Committee  Address	<i></i>	Cembur Senier		City		rom other Committees Treasurer	State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type OReimbursen	nent for shared	expense C	Surplus Dis	stribution	Amoun	t of Receipt
Description		<u> </u>						
Name of Committee					Name of	Treasurer		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	sement for shar	ed expense	OSurplus I	Distribution	Amour	at of Receipt
Description		1						
			SUBT	OTAL Sect	tion C — '	This Page \$250		
			TOTAL	of additio	nal Sectio	n C Pages		
	TOTAL O	F ALL COMMIT ns C1 + C2) (Enter	TTEE CON	TRIBUTIO	NS AND I	RECEIPTS \$250		
	(Ѕеспо)	IS C1 T C4) (Enter	wun on Line	14, Column A	oj summar)	AT HER TRIMINA		<del></del>

Revised January 2015 R. • 1 V.	OLUBIANT I	V 5 ( 5 ( 5 ( 5 ( 5 ( 5 ( 5 ( 5 ( 5 ( 5		and the first of the first of the second of	galerat agarti kalenduluk kultu	
NAME OF COMMITTEE (Provide Complete Name as Regis	tered with Filing Repositor	ry)		TYPE OF	KBIOKI	Andrew Antherses and a state of the Control of the
John Gale 2019				July 7 fil	ing	
	D. Loans I	Receiv	ed this Period			
Name of Lender	general construction of the Control	3 (FIST (FIST (FIST)	Source of Loan:	The state of the s	_	Date of Receipt
Thing of Estate			OBank O Cand	lidate 🔘 Individua	1 Other	
Street Address	City			State	Committee Zip Code	Is there a Cosigner or
olice voness	,				_	Guarantor of this loan?
					<u> </u>	O Yes O No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
Name of Lender		***************************************	Source of Loan:			Date of Receipt
, Millo of Estado			OBank O Cano	didate 🔿 Individua	Other Committee	
Street Address	City			State	Zip Code	Is there a Cosigner or
Pilest Address					*	Guarantor of this loan?
						O Yes O No
Name of Cosigner/Guarantor (if applicable)						Amount Received
						]
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan:			Date of Receipt
rights of London			OBank OCan	didate 🔘 Individu:	al Other	
Street Address	City			State	Committee Zip Code	Is there a Cosigner or
Street Address					•	Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City	· · ·		State	Zip Code	
						······································
			TOTAL SECT	TOND		
E. Receipts from Entities of	ther than Indivi	iduals	or Other Com	mittees <i>(Refere</i>	ndum Committe	ees ONLY)
Name of Entity						
•						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contr	ibutions	-
City			-			
	····					
Name of Entity						
						T
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contr	ibutions	
Name of Entity		1				
,						
Street Address				Date Received		Amount Received
Savet Floures						
g'.		State	Zip Code	Aggregate Cont	ributions	-
City		State	Zip Code	Aggregate Com		
		<u> </u>				
			TOTAL SEC	TION F		
			TOTAL SEC.	T T ( ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

Page 6 of 17

NAME OF COMMITTE	BE (Provide Complete Name as Register	red with Filing Repository)		TYPE OF REPORT	
John Gale 2019				July 7 filing	
Į	Amount Transferred	from Affiliated Bu	ısiness Treasury <i>(Busi</i>	iness Entity Committees ON	LY)
Date of Receipt	Is this transaction associa event reported in Section		If yes, list Event #		Amount
Date of Receipt	Is this transaction associa event reported in Section		If yes, list Event#		Amount
Date of Receipt	Is this transaction associate event reported in Section	78. ~ * "	If yes, list Event#		Amount
Date of Receipt	Is this transaction associate event reported in Section	<b>54</b>	If yes, list Event#		Amount
			TOTAL SECTION	DN F	
G. Amount T	ransferred from Affiliat	ed Labor Union o	or Other Organization	n Treasury (Organization	ı Committees ONLY)
Date of Receipt		Date of Receipt		Date of Receipt	
	Amount		Amount	Am	ount
			TOTAL SECTION	NG	
	H. Personal Funds of	the Candidate Re	ceived this Period (C	andidate Committees ONL)	)
Date of Receipt	Method of payment:  Cash	O Personal Cl	neck Credit/Deb	it Card	Amount
Date of Receipt	Method of payment:	O Personal Cl	heck Credit/Deb	it Card	Amount
Date of Receipt	Method of payment:	Personal C	heck Credit/Deb	it Card	Amount
Date of Receipt	Method of payment:	O Personal C	heck Credit/Deb	it Card	Amount
			TOTAL SECT	TON H	
		I. Anonymo	us Contributions		
ा स्टब्स्ट का विदेशको स्थापन हैं। व्यवस्था	Dou Dublic Act 11 48			onger he denosited in	(III V)

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.

SEEC FORM 20 Revised January 2015	I. MONETARY RECEIP	18 (Sections A—K)		rage / or 1 /
NAME OF COMMITTEE (Provide Complete No.	ame as Registered with Filing Repository)	ТҮРЕ О	F REPORT	
John Gale 2019		July 7 f	iling	
	J. Interest from Deposits in Aut	horized Accounts		
Name of Institution		Date Rec	eived	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Rec	eived	Amount
Street Address	City	State	Zip Code	
	7	TOTAL SECTION J		
K. Mi	scellaneous Monetary Receipts not	t Considered Contribu	tions	
Name		Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description	<u> </u>			
Name		Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description	<u> </u>			
Name		Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description			<b>I</b>	
	TOTA	AL SECTION K		
SUMMAI	RY OF OTHER MONETARY RE	CEIPTS (Sections D th	rough K)	
Total Loans Received this Period (Sect				
	Individuals or Other Committees (Section			
Total Amount Transferred from Affilia	ated Business Treasury (Section F)  Ated Labor Union or Other Organization	+ Freasury (Section G) +		
	Candidate Received this Period (Section			
Total Amount of Interest from Deposit		+		
	s not Considered Contributions (Section k	κ) +		
(Add :	Total of ( Sections D through K) (Enter total on Line 15,	Other Monetary Recei		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)  John Gale 2019	(4) A.					
JOHN Gale 2019				NATE AND A START		
To The	nt Information	July 7 ming				
Event # Description	Ht 14101 Mation		I			
Date of Event Letter Spigot Cafe			Was this a fundraising event  OYes  ONo			
Location: Street Address	City		State	Zip Code		
468 Prospect Ave	Hartford		СТ	06105		
Subpart 1: (All Committees)  Was this event hosted at a personal residence?	OYes (If yes, go to Section L.  Associated with a Hot purchases made by hos  No	ise Party and complet	e required infor			
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 L and complete required No		not Considered	Contributions		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Rec  No	eipts here.)	\$			
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Purchases of Advert		Program Book		
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 ( <i>If yes</i> , enter <b>Total Rec</b>	eipts here.)	\$			
Event # Description						
Event # Date of Event Letter 6/25/19  Description  Jack Ellovich			Was this a fur	ndraising event? ONo		
Location: Street Address	City		State	Zip Code		
One Gold Street	Hartford		СТ	06103		
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L.:  Associated with a Houpurchases made by hos	se Party and complete	e required infor			
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 L and complete required No		not Considered	Contributions		
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 Rec  No	eipts here.)	\$			
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	· · · · · · · · · · · · · · · · · · ·	Purchases of Advert		Program Book		
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 Reco	eipts here.)	\$			
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts i	from Sale of Donated Items —	This Page				
SUBTOTAL Sec	ction L1—Subpart 3 <i>(Town Commi</i> ceipts from Food Purchases —					
SUBTOTAL Sec		This Page		***************************************		

	Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
John Gale 2019		July 10 filing					
	tatigan na nati <sup>3</sup> 1 jeda se manesaa je a sambilitari ne mane ne malan ne primjenim interior	l Information					
Event # Date of Event Letter	Description		Was this a fundraising event?				
6-23-2019	Aaron Gill		☑ Yes ☐ No				
Location: Street Address		City	State Zip Code				
387 Capitol A	venue	Hartford	C† 06106				
Subpart 1: (All Committe							
Was this event hosted at a	a personal residence?	✓ Yes (If yes, go to Section L5 In-Kind Donations Associated with a House Party and compl purchases made by host(s) for food, beverag  No	ete required information for any				
	e goods or services donated by a business entity nated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donation: and complete required information.)  No	s not Considered Contributions				
Was this fundraiser a tag	sale, auction, or other sale of donated items	Yes (If yes, enter Total Receipts here.)					
with purchases from an in	dividual of up to \$100?	√ No	<b>\$</b>				
Subpart 2: (Party Comm Were there purchases of a sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?						
Subpart 3: (Town Comm		Vog (If was auton Total Pessints have)					
	food or beverage at a fair or similar mass state with this fundraiser?	Yes (If yes, enter Total Receipts here.)					
guthoring now with the		🛛 No					
	I		<b>I</b>				
Event # Date of Event Letter	Description		Was this a fundraising event? ☐ Yes ☐ No				
Location: Street Address		City	State Zip Code				
Subpart 1: (All Committee Was this event hosted at a		☐ Yes (If yes, go to Section L5 In-Kind Donation Associated with a House Party and compl purchases made by host(s) for food, beverag ☐ No	ete required information for any				
Did this fundraiser included of up to \$200 or items do	le goods or services donated by a business entity nated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donation and complete required information.) ☐ No	ns not Considered Contributions				
Was this fundraiser a tao	sale, auction, or other sale of donated items	☐ Yes (If yes, enter Total Receipts here.)					
with purchases from an in	ndividual of up to \$100?	□ No	\$				
Subpart 2: (Party Comm	nittees, Municipal Candidates and Political Com						
Were there purchases of	advertising space in a program book or on a	☐ Yes (If yes, go to Section L3 Purchases of Adve					
sign associated with this	fundraiser?	or on a Sign and complete required infor □ No	шаноп.)				
Subpart 3: (Town Comm. Did your committee sell gathering held within the	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.)	\$				
J		□No					
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fr	rom Sale of Donated Items — This Page					
		tion L1—Subpart 3 (Town Committees ONLY) cipts from Food Purchases — This Page					
		TOTAL of additional Section L1 Pages					
		CIPTS FROM SMALL PURCHASES in Line 16a, Column A of Summary Page Totals)					

Pe indiv	er Public Act 11-48 idual purchases fro	B, effective January 1, 2012 con om a committee tag sale, auction	nmittees are no longer requ n, or a sale of donated item	ired to itemize small s. Section L2. removed
NAME OF COMMIT	TEE (Provide Complete Name	e as Registered with Filing Repository)	TYPE OF REPO	RT
John Gale 2019			July 7 filing	
	L3. P	urchases of Advertising in a Pro	gram Book or on a Sign	
Name of Purchaser		9	9	Purchase Made By:
				Business Entity Other
				O Individual/Sole Proprietorship
Street Address		City		State Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purcha	se Amount of Sign Purchase
Name of Purchaser				Purchase Made By:
				OBusiness Entity Other
				O Individual/Sole Proprietorship
Street Address		City		State Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purcha	se Amount of Sign Purchase
Name of Purchaser				Purchase Made By:
				OBusiness Entity Other
				O Individual/Sole Proprietorship
Street Address		City		State Zip Code
Date Received	Event#	Aggregate Purchases for All Events	Amount of Program Ad Purcha	se Amount of Sign Purchase
Name of Purchaser				Purchase Made By:
				OBusiness Entity Other
				O Individual/Sole Proprietorship
Street Address		City		State Zip Code
Date Received	Event#	Aggregate Purchases for All Events	Amount of Program Ad Purcha	Amount of Sign Purchase
Name of Purchaser				Purchase Made By:
- In Daniel				OBusiness Entity Other
				O Individual/Sole Proprietorship
Street Address		City		State Zip Code
Date Received	Event#	Aggregate Purchases for All Events	Amount of Program Ad Purch	Amount of Sign Purchase
	SUBTOTAL Sec	tion L3 Total Purchases of Advertising	in Program Book — This Page	
	SUBTO	FAL Section L3 Total Purchases of Adv	vertising on a Sign — This Page	
		TOTAL	of additional Section L3 Pages	
T	OTAL OF ALL PURC	HASES OF ADVERTISING IN A PRO (Enter total on Line 16c, Col	OGRAM BOOK or ON A SIGN umn A of Summary Page Totals)	

<u>L</u> 4: In-I	and Donations		July 7 filir	ng		
L4. In-I	Cind Donations	AND HAVE THE PROPERTY OF A STANFALL				
	ZHU DUHAHUHS	s Not Consi	dered Contributions			
	0					
		City			State	Zip Code
iption of Donation				Fair l	Market V	alue of Donatio
Received	Event#	• • • • • • • • • • • • • • • • • • • •	Aggregate Value for this Event			
			A STATE OF THE STA			de Wei M
		City			State	Zip Code
ription of Donation				Fair	Market V	alue of Donatio
				:		
Received	Event#		Aggregate Value for this Event			
				, , , , , , , , , , , , , , , , , , ,		
		City			State	Zip Code
ription of Donation				Fair	 Market V	alue of Donatio
Received	Event #		Aggregate Value for this Event			
					······································	
		City			State	Zip Code
ription of Donation				Fair	Market V	alue of Donatio
Received	Event #		Aggregate value for this Event			
	SUI	BTOTAL Sect	ion L4 — This Page			
	ТОТ	[AL of additio	nal Section L4 Pages			
)F ALL IN-KIND DOI (Ente	NATIONS NOT C er total on Line 21,	ONSIDERED Column A of S	CONTRIBUTIONS ummary Page Totals)		· ·	
	ription of Donation  Received  ription of Donation  Received  ription of Donation  Received	ription of Donation  Received Event #  ription of Donation  Received Event #  ription of Donation  Received Event #  SUI	Received Event #  City  ription of Donation  Received Event #  City  ription of Donation  Received Event #  City  TOTAL of addition  TOTAL of addition	Received Event # Aggregate Value for this Event  City  Tiption of Donation  City   Pair   Pair	Received Event # Aggregate Value for this Event   Fuir Market V.	

NAME OF COMMITTEE (Pro	ovide Complete Name as Registered with Filing Rep	oository)			TYPE OF RE	PORT	
John Gale 2019					July 7 filing	)	,
L5.3	In-Kind Donations Not Conside	ered (	Contributions Associa	ted with a I	Iouse Part	y	
Name of Host  Jack Ellovich			, , , , , , , , , , , , , , , , , , ,	Is this event committee?		ore than o	ne candidate or
Street Address			City	If yes, co	яприсс невых	State	Zip Code
One Gold Street			Hartford			СТ	006106
Description of Donation					Fair Mar	ket Value	of Donation
Snacks					\$100		
Event #	Aggregate Value of this Event—all hosts \$100	l -	gregate Value of all Events <i>—this h</i> 100	ost/candidate			
Name of Host	1100	······		committee?	OYes ON	0	ne candidate or
			City	If yes, co	omplete Itemiza	State	Zip Code
Street Address			City			State	zip couc
Description of Donation					Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aį	gregate Value of all Events—this h	ost/candidate			
Name of Host		<u> </u>		committee?	supporting management of New ON	o	ne candidate or
Street Address			City	<u> </u>		State	Zip Code
Description of Donation					Fair Mar	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	A	ggregate Value of all Events—this I	nost/candidate			
Name of Host		<u>.                                    </u>		committee?	supporting m OYes ON omplete Itemiz	О	ne candidate or
Street Address			City	IJ yes, C	ompicie Menna	State	Zip Code
Sueci Address							
Description of Donation				<del></del>	Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	A	ggregate Value of all Events—this i	nost/candidate			
		SUI	3TOTAL Section L5	This Page	1.		
		тот	AL of additional Section	ı L5 Pages			
TOTAL O ASSOCIATED WITH A	F ALL IN-KIND DONATIONS N A HOUSE PARTY (Enter total or		ONSIDERED CONTR 22, Column A of Summary				

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

Page 12 of 17

Revised January 2885	II. IAOL	ATAROX	, NAME AL PORTON D		A Bild.	TT TO (Section	12 IAT—	-0)			
NAME OF COMMITTEE (Provide Complete	Name as Regi	stered with	Filing Repository	<i>)</i>			TYPE C	F REPOR	T		
John Gale 2019							July 7 f	filing			
			M. In-Ki	nd Con	tril	butions					
Name											
Street Address			<del> </del>		City	,				State	Zip Code
Type of contributor: OCommittee	Date Receive	ed	Aggregate Cont	tributions		Description of In-Kind O	Contributio	n			1
OIndividual / Sole Proprietorship OOther											
Is contributor a lobbyist, spouse,  Yes						for a chief executive o					
or dependent child of a lobbyist? O No		more than		is associate		vith have a contract with Mayor No	in said mi	inicipanty			Aarket Value Contribution
Is this contribution associated with an						actor or prospective sta	ite contra	ctor?	QYes No		
cvent reported in Section L1?  If yes, list Event #	O No		indicate which ernment the con-			O Executive	C Legisl	ative	Q <sub>No</sub>		
Name								· · · · · · · · · · · · · · · · · · ·			Name of the last o
Street Address				]	City					State	Zip Code
Type of contributor:  Committee	Date Receive		Aggregate Contr	ributions		Description of In-Kind (	Contributio	n		1	
Type of contributor:	Date Recons	au .	VERIORIIO CO	Houtions		Description of 1a 1and	,UHU IUU IIV.	H			
	If contrib	oution is in	excess of \$400	0 to a candi	date	for a chief executive of	officer of	a municip	ality,	Fair N	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does cont		business he/she		ted v	with have a contract w Yes No					Contribution
Is this contribution associated with an	<del>' -                                   </del>			of a state co		ector or prospective sta	te contra	etor? (	)Yes		
event reported in Section L1?  If yes, list Event #	Q No	If yes, i	indicate which	branch or I	bran		_	(	S <sub>No</sub>		
Name		01 80	minon, me co_	1401 25		<u> </u>	<u></u>	461.70	L		
Street Address			<del>,</del>	-	City					State	Zip Code
		<del></del>	<del>1 </del>								
Type of contributor: Committee  Ondividual / Sole Proprietorship Oother	Date Receive	.d	Aggregate Conti	ributions		Description of In-Kind (	Contribution	n			
	If contrib	ution is in	evess of \$400	to a candic	date	for a chief executive of	officer of	e municin	ality	Foir 1	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cont	tributor or	business he/she		ted y	with have a contract w					Market Value Contribution
Is this contribution associated with an	<u>'</u>	more than	<del> </del>	of a state co		Yes No  ctor or prospective sta	te contrac	tor?	)Yes		
event reported listed in Section L1?  If yes, list Event #	8 No	<i>If yes</i> , i	indicate which rnment the cont	branch or l	bran		_	(	2 <sub>No</sub>		
If yes, list Event #		Or Boses		V 42 - 52 V 39 - 52	d) Haw	<u> </u>		dive			
			SUB	TOTALS	Sect	tion M — This Pag	e .				·
			TOTA	L of addi	tior	nal Section M Page	.s	_	_		
TOTAL OF ALL IN-KIND CON	TRIBUTI	IONS (E	nter total on Lii	ne 23, Colun	11 II Z	4 of Summary Page To	(als)				
	N.	Refunc	dable Depo	eit to Tr	-lei	phone Compan	17				
Last Name of Individual		****	CONTRACTOR	First	K. C. C.	MANU XVIII	<i>y</i>	М	ı İ	Date Deposit	Made
Residential Street Address			City				State	Zip Code	<u>l</u>	<del></del>	·
											Amount of Deposit
Name of Telephone Company								<u> </u>		$\dashv$	
Street Address	<del></del>		City	·		T	State	Zip Code	·····	_	
•											
		: 67 (8) (8)			8V898		88587A				
TOTAL SE	CTION N	N (Enter t	total on Line 24	4, Column 4	A of	Summary Page Total	ls)				

SEEC FORM 20

#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
John Gale 2019			July 7 filing			
	P. Expenses	Paid by Committee				
Name of Payee			Date of Payment	I	f Payment: sk #100	
Hartford Prints			6/7/19	ODcbi		
Street Address		City		State	Zip Code	
42 1/2 Pratt Street		Hartford		СТ	06103	
Purpose of Expenditure (by code)	Description Campaign flyers	E	vent #	420.7	Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	aless "None of the below" is ch	ecked)	420.7	_	
(if applicable)	None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	re) Independer Organizatio	nt nOAOBOCOD			
Name of Payee			Date of Payment	1	f Payment:	
Nationbuilder.com	า		N/A	O Chec		
Street Address		City		State	Zip Code	
520 S Grand Ave		Los Angeles		CA	90071	
Purpose of Expenditure	Description	Е	vent #		Amount	
(by code)	Bank Charges			148.20		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e) Independen				
Name of Payee	O constrained without to mine the control of the co	Organizatio	Date of Payment		f Payment:	
Square				Check # O Debit Card		
Street Address		City		State	Zip Code	
1455 Market Stree	r Suite 600	San Francisco		CA	94103	
Purpose of Expenditure (by code)	Description Merchant Fees	E	event#	154.0	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditute) Coordinated without reimbursement sought (in-kind con	ure) Independe				
Name of Payee			Date of Payment	O Che		
Street Address		City	<u> </u>	O Deb State	it Card DEFT Zip Code	
Strott Hadden						
Purpose of Expenditure (by code)	Description	E	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) Independe				
		SUBTOTAL Section P — '	This Page			
	Τ	OTAL of additional Section	i P Pages			
		ENSES PAID BY COM! te 19, Column A of Summary F		<del></del>		

NAME OF COMMITT	BE (Provide Complete Name as Registered with Filing Re	pository)	TYPE OF	REPORT			
John Gale 2019			July 7 fil	July 7 filing			
	Q. Campaign	Expenses Paid by Ca	ndidate				
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payr	nent	Is reimbursement claimed?		
			O Yes			es O No	
Street Address		City		Si	State Zip Code		
Purpose of Expenditure	Description		Event #			mount	
(by code)	,						
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Pays	ment	Is reimbu	rsement claimed?	
					O Y	es O No	
Street Address		City	. <u>.                                   </u>	Si	tate	Zip Code	
Purpose of Expenditure	Description		Event #		1	Amount	
(by code)	•						
N Charge (Name of I	endor, Person or Entity who candidate paid directly)		Date of Pay	ment	Is reimbt	usement claimed?	
Name of Payee (Name of V	епиог, гензоп от глицу who синашие раш анесну)		Date of Fay		O Y		
		O't-				Zip Code	
Street Address		City		8	tate	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		£	Amount	
Name of Payce (Name of V	    endor, Person or Entity who candidate paid directly		Date of Payment		Is reimbursement claimed?		
			ĺ		O Y	es 🕜 No	
Street Address		City		S	late	Zip Code	
	In the		Event #			<b>\mount</b>	
Purpose of Expenditure (by code)	Description		Dvene "		1	imount	
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)				rsement claimed?		
					0 7	es No	
Street Address		City		S	tate	Zip Code	
Purpose of Expenditure	Description		Event #		I	Amount	
(by code)							
Name of Payee (Name of V	l endor, Person or Entity who candidate paid directly)		Date of Pay	ment	Is reimb	rsement claimed?	
					0 7	es No	
Street Address		City	<u> </u>	s	tate	Zip Code	
Purpose of Expenditure (by code)	Description		Event#		,	Amount	
		SUBTOTAL Section	Q — This Page				
		TOTAL of additional S	ection Q Pages				
	TOTAL OF ALI (Enter total	EXPENSES PAID BY I on Line 26, Column A of Sum	CANDIDATE mary Page Totals)				

#### IV. EXPENDITURES (Sections P-T)

	EE (Provide Complete Name as Registered with Filing	Repository)	TYPE OF REPO	ORT	
John Gale 2019		•	July 7 filing		
		ncurred on Committe			
Name of Issuing Insti	tution	Type of Credit Car	ra: Master Card O Discover O	American Express	Other:
Name of Vendor, Person of	or Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	· · · · · · · · · · · · · · · · · · ·	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R  None of the below  Coordinated with reimbursement sought (ice  Coordinated without reimbursement sought	oint expenditure)	below" is checked) Independent Organization A B OC	с Ор	
Name of Vendor, Person	or Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	L	Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R  None of the below Coordinated with reimbursement sought (i) Coordinated without reimbursement sought	oint expenditure)	e below" is checked)  Independent Organization (A O B O	СОР	
Name of Vendor, Person	or Entity			Date of T	ransaction
Street Address		City		State	Zîp Code
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R  None of the below  Coordinated with reimbursement sought (j  Coordinated without reimbursement sough	oint expenditure)	e below" is checked)  Independent  Organization: OA OB O	е Ов	
		SUBTOTAL Section	n R — This Page		
		TOTAL of additional	Section R Pages		
TO	TAL OF ALL EXPENSES INCURR (Enter to	ED ON COMMITTEE tal on Line 27, Column A of S			

NAME OF COMMIT	EE (Provide Complete Name as Registered with	Filing Repository)	TYPE OF REPOI	YT.
John Gale 2019			July 7 filing	<b></b>
	S. Expenses Incurr	ed by Committee but Not P	aid 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 # (f/ applicable)	Type of Expenditure (Itemization in Addendation of the below Coordinated with reimbursement sou Coordinated without reimbursement sources.)	ght (joint expenditure)	elow" is checked) Independent Organization:  OB OC	OB
Name of Creditor				Date Incurred
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	<u> </u>	Event #	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendation of the below Coordinated with reimbursement sour Coordinated without reimbursement sour Coordinated without reimbursement sour Coordinated without reimbursement sour Coordinated without reimbursement sour Coordinated without reimbursement sources.	ght (joint expenditure)	elow" is checked) Independent Organization OA OB OC	Ор
Name of Creditor	<u> </u>			Date Incurred
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	<u> </u>	Event #	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendary) None of the below Coordinated with reimbursement sou Coordinated without reimbursement	ight (joint expenditure)	elow" is checked) Independent Organization: OA OB OC	Op
		SUBTOTAL Se	ection S-This Page	
		TOTAL of addition	al Section S Pages	
TOTAL OF ALL	EXPENSES INCURRED BY COMM	HTTEE DURING THIS PERIO (Enter total on Line 28, Column A of	D BUT NOT PAID Summary Page Totals)	
	Previously	reported Expenses Unpaid and	still Outstanding	
		S INCURRED BY COMMITTE Enter total on Line 28a, Column A of		

# IV. EXPENDITURES (Sections P—T)

	E (Provide Complete Name as Registered with Filing Reposi	itory)	Alternative and the second second second second second second second second second second second second second	pe of R ly 7 filir			
ohn Gale 2019	T. Itemization of Rein	nbursements :		ALCHE STATE		68 (8) (2)	
Last Name of Worker/Consultant		First First			MI Date of Payment Person or Entity		Payment to Vendor, or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					t to Reimburse I in Section P: neck #	Committee Worker/Consultant as  Debit Card DEFT	
treet Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City		<u>.</u> I		State	Zip Code
Purpose of Expenditure by code)	Description		Event #				Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum T Req. None of the below Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-	expenditure)	of the below" is checked,  Independent O Organization: o A		$\overset{\circ}{\circ}\overset{\circ}{\circ}\overset{\circ}{\circ}$	والمراجعة والمراجعة والمراجعة	
Last Name of Worker/Cons	sultant	First			М		f Payment to Vendor, or Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant			reporte	nt to Reimburse d in Section P: heck #	_	Worker/Consultant a
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 Recomplete Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	expenditure)	Independent Organization: o	^	0 0		
Last Name of Worker/Con	t nsuliant	First			М		of Payment to Vendor, n or Entity
Name of Vendor, Person	or Entity Paid by Committee Worker/Consultant			report	ent to Reimburs led in Section P Check #	;	ce Worker/Consultant
Street Address of Vendor	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
Purpose of Expenditure (by code)	Description	<u></u>	Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Re  None of the below Coordinated with reimbursement sought (join) Coordinated without reimbursement sought (in	t expenditure)	Independent Organization: o	0	, O O	D	
546		SUBTOTA	AL Section T — This	Page		·-	
		TOTAL of	additional Section T P	ages			
TOTAL OF AL	L REIMBURSEMENT TO COMMITT	EE WORKERS	AND CONSULTA	NTS			