Page 1 of 17

SEEC FORM 20

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



Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE								(G 05)	
McGee for Hartford									
2. TREASURER NAME									Suffix
First Sergio		МI P		ast latos					
3. TREASURER ADDRESS									
Street Address			City				State CT	Zip Co 061	
8 Brightwood Lane	■ A. State of the state of th			Hartford			C1		RICT NUMBER
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Comple	ete only if (Candidate	Committee)			(if applicable	Pedalemiwa.esawasanimwe.esamezani.
(mm/dd/yyyy) 11/05/2019	Mayor								
7. CANDIDATE NAME (Complete only if	Candidate or Explorate			,ast					Suffix
First Brandon		L L		/asi ∕IcGee					Jr.
8, TYPE OF REPORT (Check One Box)			L						
O January 10 filing	7th day prece	ding prima	ury	O 7th	day preceding referendum	0	nitial Cont	ribution o	r Disbursement
April 10 filing	30 days follo	wing prima	ary	O 45 c	ays following referendum		<i>PACs ONLY)</i> Amendmen	t to	:} :}
July 10 filing	7th day prece			O Def	icit	~	ype of Rep	<.270	e de e des e des e des
	O12th day pred	_		♠ Ter	nination		3	-5	- Ço
October 10 filing	(State Central C			•			(3)	ರು	
O Independent Expenditure Primary Election	O45 days follo not held in N		ion				3)	1172	
							T.		<u> </u>
9. PERIOD COVERED								<u>∵</u> -	
	Beginning D	ate			Ending Date				
	Jul 1, 2019			thru	Aug 31, 2019				
									
10. CERTIFICATION									
IU. CERTITICATION									-
I hereby certify and state, under	penalties of false	statement	t, that a	ll of the	information set forth or	ı this It o	emized Ca	ampaign	Finance
Disclosure Statement for the pe	eriod covered is t	rue, accura	ate and	comple	ic.				
			Serai	o Mato:	;			08/31	/2019
Jally Son					OF SIGNER			DATE	(mm/dd/yyyy)
TREASURER OF DEPUTY TREASUR	RER (SIGNATURE)		PKIN	I IVAIVIE	OF SIGNER			2111	
PENALTY FOR FALSE STATEMENT	T IS PUNISHABLE E	BY FINE NO	T TO EXC	CEED \$1,	000, OR IMPRISONMENT FO	OR NOT I	ORE THAN	ONE YEA	R, OR BOTH.

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
McGee for Hartford	7th day preceding primary	COLUMN B
	COLUMN A This Period	Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		o
12. Balance on hand at the beginning of Reporting Period	24,508.37	
13. Contributions Received from Individuals (Sections A and B)	3,240.06	45,984.91
14. Receipts from Other Committees (Sections C1 and C2)	1,000	1,250
15. Other Monetary Receipts (Sections D through K)	0	o
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	o	o
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) Municipal and Town Committees ONLY	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	4,240.06	47,234.91
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	28,748.43	47,234.91
19. Expenses Paid by Committee (Section P)	18,578.06	37,064.54
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	10,170.37	10,170.37
21. In-Kind Donations not Considered Contributions Received (Section L4)	o	0
22. In-Kind Contributions Received (Section M)	0	100
23. Refundable Deposit to Telephone Company (Section N)	0	0
24. Receipts of Organization Expenditures (Section O) OPTIONAL	o	o
25. Beginning Loan Balance	0	
25a. + Loans Received (Section D)	o	o
25b. + Interest and Penalties on Loan	o	0
25c Payments on Loan	o	0
25d. Total Outstanding Loan Amount	o	
26. Campaign Expenses Paid by Candidate (Section Q)	О	o
27. Expenses Incurred on Committee Credit Card (Section R)	o	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	O	

NAME OF COMMITTEE				TYPE OF REPORT		
McGee for Hartford				7th day preceding	primary	/
A. Total Contributions from See instructions for definition of Small			s Period ONLY TAL SECTION A	\$ 760		
	B. Itemized Co		itions from Indivi	iduals		
Last Name Vargas		Firs	it nado		-	MI
Residential Street Address		City	Tauo		Ta	[7] G
26 Paley Farms Road		Portla	nd		State	Zip Code 06480
Principal Occupation			Name of Employer	······································		
Attorney			VCW Law Firm			
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 canc	lidate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality		ount of Contribution
	Yes No Is contributor a principal of a If yes, indicate which bra of government the contract	nch or br	anohes	ote contractor? Yes	250	
Method of Contribution:			Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit	Card OPayroll Deduction OMoney	y Order	Jul 7, 2019	650.06		
Last Name		First	•		a transmission and a state of the state of t	MI
Vargas			ado			
Residential Street Address 26 Paley Farms Road		City Portlar	, d		State	Zip Code
Principal Occupation					СТ	06480
Attorney			Name of Employer VCW Law Firm			
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 cand is associa	idate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No Is contributor a principal of a If yes, indicate which bran of government the contract	nch or bra	nnohes	te contractor?		
Method of Contribution: Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMoney		Date Received 08/01/2019	Aggregate Contributions 650.06		
Last Name		First				MI
/argas		Am	ado			
Residential Street Address		City	W.A.		State	Zip Code
26 Paley Farms Road		Portlar	nd		C	06480
Principal Occupation Attorney			Name of Employer VCW Law Firm			•
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	to a candi is associa	idate for a chief executive ated with have a contract Yes No	officer of a municipality with said municipality	, Amo	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 2		ich or bre	nohes	te contractor? Yes OLegislative		
Method of Contribution: Ocash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney		Date Received 3/20/019	Aggregate Contributions 650,06		7.7
		SUBT	OTAL Section B —	- This Page 450.06		THE CONTRACT OF THE CONTRACT O
	$oldsymbol{1}$	'OTAL	of additional Secti	on B Pages 2,030		
TOTA	L OF ALL CONTRIBUTIONS		I INDIVIDUALS (Second on Line 13 of Summa)		6	

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Section B ADDITIONAL PAGE 1 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	ig Repository)		TYPE OF REPORT			
McGee for Hartford			7th day preceding primary			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$760			
B. Ite	mized Conti	ributions from Indivi	duals			
Last Name		First			MI	
Fluker		Zillah				
Residential Street Address	City	•		State	Zip Code	
2262 Vaughn Lane	I _W	iontgomery		AL	36106	
Principal Occupation		Name of Employer				
Social Media Strategist		activate elevate, LL	.C			
	usiness he/she is a	a candidate for a chief executiv associated with have a contract OYes No		y, Amo	unt of Contribution	
event reported in Section L1? (6) No If yes, indica	principal of a state ate which branch ent the contract is		CLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deducti	tion OMoney Or	rder 7/11/19	250			
Last Name	ogselmoniajuses <u>anne malaistani</u>	First		electron de la companya de la compa	MI	
Hurst		Brandon				
Residential Street Address	City	у .		State	Zip Code	
296 Hancock Street	Br	rooklyn		NY	11216	
Principal Occupation		Nume of Employer	,	l		
CEO		BJH Hospitality				
or dependent child of a lobbyist? O No does contributor or but	does contributor or business he/she is associated with have a contract with said municipality			y, Amor	unt of Contribution	
event reported in Section L1? No If yes, indic	principal of a state cate which branch nent the contract is		te contractor? Yes No Legislative			
Method of Contribution:	non, the compact is	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deducti	ion OMoney Or	rder 7/21/19	250			
Last Name		First			MI	
Salmon		Ricardo				
Residential Street Address	City	y	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
15 Essex Ln	BI	loomfield		ст	06002	
Principal Occupation		Name of Employer			L	
Attorney		Healthcare Risk Ad	visors, Inc.			
	usiness he/she is a	a candidate for a chief executive associated with have a contract Yes O No		y, Amer	unt of Contribution	
event reported in Section L1? No If yes, indicate	principal of a state cate which branch tent the contract is		_ ÕNo			
Method of Contribution:	tent the contract is	s with:	Legislative Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deducti	lion OMoney Or	rder 8/13/19	510			
	SUBTO	TAL Section B — This	Page 710			
		of additional Section B l		100.000 TO THE REAL PROPERTY.	Title Urthethin liveland and annual Rid	
TOTAL OF ALL CONTRIBUTI	IONS FROM I	NDIVIDUALS (Sections	A+B) 2240.06			
(Enter)	total on Line 13,	Column A of Summary Page	Totals)			

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Section B ADDITIONAL PAGE $\frac{2}{2}$ of $\frac{7}{2}$

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
McGee for Hartford		7th day preceding	7th day preceding primary			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ONLY \$760					
B. Itemized Co	0.000 mm - 1/2	n Individuals				
Last Name	First		MI PJ			
Morgan	Perry					
Residential Street Address 1414 V Street NW Apt 407	City Washington		State Zip Code DC 20009			
Principal Occupation	Name of Emple	WAT				
Police Officer	DC Govern	•				
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?			ity, Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or branches		es			
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/20/19	150.00				
Last Name	First		MI			
Thames	Jasmin					
Residential Street Address	City		State Zip Code			
626 Riverside Drive, 23-F	New York		NY 10031			
Principal Occupation	Name of Emplo	yer				
City Carrier Assistant	USPS					
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 chi is associated with have Yes	ef executive officer of a municipality a contract with said municipality No	ty, Amount of Contribution 100			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branches	pective state contractor? Ye No Executive () Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 8/14/19	120				
Last Name	First	and provide the second	MI			
Thames	Jasmin					
Residential Street Address 626 Riverside Drive, 23-F	City New York		State Zip Code NY 10031			
Principal Occupation	Name of Emplo	UAP	10031			
City Carrier Assistant	USPS	yei				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she valued at more than \$5,000?	to a candidate for a chi- is associated with have O Yes	of executive officer of a municipality a contract with said municipality No	ity, Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which brain of government the contract	ich or branches	Dective state contractor? Executive OLegislative	s			
Method of Contribution:	Date Received	Aggregate Contributions				
Cash Personal Check Ocredit/Debit Card Payroll Deduction Money	Order 8/26/19	120				
SUB1	OTAL Section B	—This Page 270				
TOTAL	of additional Sec	ction B Pages 2210.06	akkan menangan mengampungkan pagambah kan mengambah mendapan menangan menangan men			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	I INDIVIDUALS (S		and the state of t			
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Section B ADDITIONAL PAGE 3 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	(Repository)			TYPE OF REPORT			
McGee for Hartford				7th day preceding primary			
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$760	earne and an and an 		MANAGAN (TA SUN TRANSPORTED AND ASSESSMENT
Add to a first a second and a second a first and a first a second and a second a second and a second and a second a secon			Radio (September 1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (19			3	
B. Iten	nized Con	trib	utions from Indivi	duals	international and the second		
Last Name	vano vinteta atabat Parti Antonio de	Fir	st	<u>Sources you was a representation of the Source of the Sou</u>	Opening skippy darker synt	(175221.1111.1111.1111.1111.1111.1111.111	М
Davis		Ve	ernelle				
Residential Street Address		City			State	Zip	Code
744 Tower Ave		Hartfo	ord		CT	06	112
Principal Occupation			Name of Employer				
Retired			Retired				
	siness he/she i		didate for a chief executive ciated with have a contract Yes ONo		y, A m		of Contribution
event reported in Section L1? No If yes, indicat	rincipal of a st te which bran nt the contract	ch or b		e contractor? SYes			
Method of Contribution:	in the comact	15 WIU	Date Received	Aggregate Contributions			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction	m (Money)	Order	7/27/19	100	ŀ		
Last Name	on Oriento)	Fin			erinan en		Tvi
Evans		1	naundel				MI C
Residential Street Address	lc	J City			State	Zin	Code
266 Pearl Street		, Hartfo	ord		СТ	1 "	103
Principal Occupation			Name of Employer			Щ.	
Senior consultant diversity and inclusion			Voya Financial				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in exc does contributor or bus valued at more than \$5	siness he/she is	o a cano	didate for a chief executive fated with have a contract Yes No	e officer of a municipalit with said municipality	y, Am		f Contribution
Is this contribution associated with an event reported in Section L1? Yes No If yes, indicated the section I is contributor a property of the section I is contributor as property in the section I is contributor.		ch or b	ntractor or prospective state	te contractor? SYes	3	•	
Method of Contribution:	in all contract	15 17111	Date Received	Aggregate Contributions			
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Last Name	gargariet Consinguaint (Assessation	Firs	31	ennen en e			Mi
Serrano		RI	chard				
Residential Street Address		ity			State	Zip	Code
113 Stage Coach Road		Wind:	sor		СТ	06	095
Principal Occupation			Name of Employer		! .		
Educator			CREC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excodes contributor or bus valued at more than \$5,	iness he/she is	a cano s assoc	didate for a chief executive intensity in the contract Yes No	e officer of a municipalit with said municipality	y, Am	-	f Contribution
event reported in Section L1? No If yes, indicate	rincipal of a state te which branch the contract	ch or b	stractor or prospective stateranches	e contractor? Yes No Legislative			
Method of Contribution:	• • • • • • • • • • • • • • • • • • • •		Date Received	Aggregate Contributions	┪		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	n OMoney (Order	7/26/19	100			
	SUBT	OTAI	L Section B — This	Page 300		te and the state of the state o	
	TOTAL	of ad	ditional Section B P	ages 2180.06		<u>john john serveren er </u>	
TOTAL OF ALL CONTRIBUTIO (Enter to			VIDUALS (Sections A				

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Section B ADDITIONAL PAGE 4 of 7

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NAME OF COMMITTEE (Provide Complete	Name a	s Registered with Filing Repository)			TYPE OF REPORT			
McGee for Hartford		7th day preceding primary						
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$760		ki katalan da arang palaja paga ki bi				
	ammid y play gap ethica	and the second s				Titurining games		
		R. Itemized Co	ntri	butions from Indiv	iduala	Same and the same of the same		·
Last Name	ricement lighting		-	First	iouais			
Menendez				Luis				A A
Residential Street Address 22 Meadow Road			City			State	Zip	Code
Principal Occupation			Cro	mwell		CT	06	416
State Marshal				Name of Employer			,	
		THE RESERVE THE PARTY OF THE PA		State of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	do	contribution is in excess of \$400 pes contributor or business he/she alued at more than \$5,000?	to a c	andidate for a chief executive sociated with have a contract Yes ONo	e officer of a municipality with said municipality	ty, Am		of Contributio
Is this contribution associated with an event reported in Section L1?) Yes	Is contributor a principal of a if yes, indicate which brai	nch o	contractor or prospective stater	No No	;]	,	
If yes, list Event #		of government the contrac	ct is w		OLegislative			
Method of Contribution:		A		Date Received	Aggregate Contributions			
Cash	Card	OPayroll Deduction OMoney	/ Orde	r 7/25/19	100			
ast Name				Fust		*****	C-700	MI
ryer				Eddie				
Residential Street Address 35 Coleman Drive			City			State	Zip (Code
			Hart	tford		СТ	061	106
rincipal Occupation Maintainer				Name of Employer Town of Mancheste		•	<u></u>	
s contributor a lobbyist, spouse, Yes	1 10							
r dependent child of a lobbyist? No	1 406	contribution is in excess of \$400 tes contributor or business he/she in ued at more than \$5,000?	io a ca is asso	andidate for a chief executive ociated with have a contract Yes No	officer of a municipality with said municipality	7. Am	ount of	f Contributio
s this contribution associated with an vent reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ach or	branches	No.	~~		
Method of Contribution:		or government the contrac	t is w			-		
Cash OPersonal Check OCredit/Debit	Card (Payroll Deduction Money	Order		Aggregate Contributions 750			
ast Name	Sand Sandara			irst	750		Million and the same	
ryer			•	iddie			1	MI
esidential Street Address		lo	City			C4-4-	1 2: 5	
5 Coleman Drive		J.	Harti	ford		State	Zip C 061	
incipal Occupation				Name of Employer			100,	
1aintainer				Town of Mancheste	r			
contributor a lobbyist, spouse, dependent child of a lobbyist?	l ance	ontribution is in excess of \$400 to s contributor or business he/she is sed at more than \$5,000?	o a car s asso	ciated with have a contract v	officer of a municipality vith said municipality		unt of	Contribution
this contribution associated with an ent reported in Section I.1? fyes, list Event # 2		Is contributor a principal of a str If yes, indicate which branc of government the contract	ch or l	ntractor or prospective state branches	_ ONo	50		
ethod of Contribution:		1 8- common no contract	10 WILL	T	Legislative Aggregate Contributions	-		
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				lditional Section B Pa				
TOTAL OF A	LL (CONTRIBUTIONS FROM	INDI		+ B)	waterspierden werd	Maryly Ludy ma ry	
		temer total on Pius 12	, com	inin A of Summary Page To	rais)			

SEEC FORM 20 Revised Spanney 2015

Section B ADDITIONAL PAGE 5 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	v)	·	TYPE OF REPORT		
McGee for Hartford			7th day preceding primary		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$760		
			300000000000000000000000000000000000000		
B. Itemized C	Contrib	utions from Indivi	duals		<u>*************************************</u>
Last Name	Fi	irst	<u> </u>		MI
Brinson	c	Corey			
Residential Street Address	City			State	Zip Code
777 Main Street, 702	Hart	ford		СТ	06103
Principal Occupation		Name of Employer			
Criminal Justice Consultant		Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?				y, Amo 50	unt of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which to of government the con	branch or	branches _	_ ① No		
Control of the Contro	maci is wi	Date Received	Aggregate Contributions		
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	mey Order		100		
	and advantage of the			eisesses Liebeelditseesse (212) deel	
Last Name Brinson		ini Lorey			MI
Residential Street Address	City		**************************************	State	Zip Code
777 Main Street, 702	Harti	ford		СТ	06103
Principal Occupation		Name of Employer			
Criminal Justice Consultant Self Employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?				/, Amo:	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of If yes, indicate which of government the contributor of government the contributor.	branch or	branches	te contractor? Yes		
Method of Contribution:		Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order	8/28/19	100		
Last Name		rst			MI
Lesley	P	aylie aylie			
Residential Street Address	City			State	Zip Code
17 Heritage Dr.	Wind	isor		СТ	06095
Principal Occupation		Name of Employer			
Direct Care Associate		CRI			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?				/, Amo	unt of Contribution
event reported in Section L1?	<u> </u>				
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayrolf Deduction OMor	ney Order	8/20/19	100		
SUBTOTAL Section B — This Page 200					
ТОТ	AL of a	dditional Section B I	ages 2280.06		<u> </u>
TOTAL OF ALL CONTRIBUTIONS FR		IVIDUALS (Sections A			<u>aran yang ang ang ang ang ang ang ang ang ang </u>

SEEC FORM 20 Revised Jestscary 2015

Section B ADDITIONAL PAGE 6 of 7

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
McGee for Hartford		ĺ	7th day preceding primary			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) S	ed this Per SUBTOTAL	riod ONLY SECTION A	\$760			
			- MICHIGAN MARKATAN MARKATAN PARAMETER STATEMENT STATEME			
B. Itemized Con	atribution	s from Individ	luals			
Last Name	First				MI	
Irving	Andre					
Residential Street Address	City			State	Zip Code	
107 Bridge ST	Suffield			СТ	06078	
Principal Occupation	1	of Employer				
Broker		ng Group Realty				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	is associated v	with have a contract of OYes ONo	with said municipality	', Amor	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a s If yes, indicate which bran of government the contrac	nch or branch	es	Contractor? Yes OLegislative			
Method of Contribution:		Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 8/2	:0/19	100			
Last Name	First			***************************************	MI	
Yana	Beafor	d				
Residential Street Address City				State	Zip Code	
915 Main Street, #509			СТ	06103		
Principal Occupation	Name	e of Employer				
Pastor	Uni	on Baptist Chur	ch			
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?	is associated v	for a chief executive with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section 1.1? If yes, list Event # 2 Section 1.1? Yes Is contributor a principal of a If yes, indicate which bra of government the contraction of government the contraction of government of governme	inch or branch	hes	O Legislative			
Method of Contribution:	Date	Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 8/2	20/19	100		***************************************	
Last Name	First				MI	
Rey	Chris			,		
Residential Street Address	City	<u> </u>		State	Zip Code	
3714 Shannons Green Way	Alexandri			VA	22309	
Principal Occupation	1	e of Employer				
Director		rch of Dimes	200			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No life contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate is associated	e for a chief executiv with have a contract O Yes O No	with said municipality	100	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bra of government the contra	ınch or brancl	hes	te contractor? OLegislative			
Method of Contribution:	Date	Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order 7/2	20/19	100		de consession de la con	
SUB	TOTAL Se	ection B — This	Page 300			
TOTA	L of additi	onal Section B l	Pages 2180.06			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVID 13, Column A	UALS (Sections . 4 of Summary Page	A+B) Totals) 3240.06			

Section B ADDITIONAL PAGE 7 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			***************************************
McGee for Hartford			7th day preceding primary			
	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				**************	12 A 100 S & FOLK 10 S A 100 S
B. Itemized Con	atribu	tions from Indivi	duals	de de la companya de		ZANO-ZYLANI MADELLINIA
Last Name	Firs	•	en e		eriper rommer	MI
Mosley	Se	ean				
	City	(State	Zip C	ode
55 Deerwood Lane	Water	rbury		CT	067	04
Principal Occupation		Name of Employer			<u> </u>	
Teacher		City of Waterbury				•
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of	Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a s If yes, indicate which bran	ich or b	ranches	① No			
If yes, list Event # 2 of government the contract	t is with		OLegislative	_		
Method of Contribution: OCash	Order	Date Received 8/20/19	Aggregate Contributions			
Last Name	Firs	l It				М
Residential Street Address	City			State	Zip C	ode
Principal Occupation		Name of Employer	A CONTRACTOR OF THE CONTRACTOR		L	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Valued at more than \$5,000?				, Amoi	unt of	Contribution
Is this contribution associated with an event reported in Section L1? 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: Figure Fi						
Method of Contribution:		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoncy	Order					
Last Name	Firs	ensemperatura un mariora esperatura de la composito de la com	чиштелнику проделения при настрания нас			MI
Residential Street Address (City			State	Zip C	ođe
Principal Occupation		Name of Employer			<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	to a cand is associ	Lidate for a chief executive interest with have a contract Yes No	e officer of a municipality with said municipality	, Amoi	unt of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes No Is contributor a principal of a si If yes, indicate which bran of government the contract	ich or bi	ranches	Contractor? SYes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order				***************************************	·
SUBT	OTAI	L Section B — This	Page 50	Panifolog a a a marka a Mana markiki a Marka		
TOTAL	of ad	ditional Section B P	ages 2430.06			A A A A A A A A A A A A A A A A A A A
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.		VIDUALS (Sections A mn A of Summary Page 1				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE McGee for Hartford							TYPE OF		
ivicaee for narriord		<i>a</i>						receding p	orimary
Name of Committee	C1 ,	Contribu	utions	i from Ui	her Con				
Connecticut State Radiological Sc	ciety PAC				Harry Ha		;		
Address		· · · · · · · · · · · · · · · · · · ·	T	To afile a substitute				· · · · · · · · · · · · · · · · · · ·	Amount of Contribution
3 Roberts ST				Is this contri fundraising e	vent listed in	n Section L	.1?	⊙ No	
City	State	Zip Code		Date Recei		s, list Event	t # gate Contribut	ione	250
West Haven	СТ	06516		Jul 1, 20		500	gate Controll	IOIIS	
Name of Committee					Name of Tr	easurer		William to the formal section in section of the sec	
Connecticut State Radiological Sc	ciety PAC				Harry Ha	jedemos	i		
Address				Is this contri				•No	Amount of Contribution
3 Roberts ST			ŀ	fundraising e		n Scotion L r, list Event			250
City	State	Zip Code	-	Date Recei	ved	Aggre	gate Contribut	ions	1 230
West Haven	СТ	06516		Jul 25, 2	019	500			
Name of Committee	**************************************				Name of Tro	easurer	anganania miladi di mandala pada	heliconomic manufactura property and the	
Connecticut Association of Opton	netrists PAC				David Pa	lozej			
Address				Is this contril	oution associ	iated with a	O Yes (•)No	Amount of Contribution
4 Carolyn Circle	fundraising event listed in Section L1? If yes, list Event #				1?		250		
City	State	Zip Code		Date Recei				ions	1 0
Ellington	ст	06029		Jul 1, 20	19	500			
Name of Committee	A				Name of Tre	easurer	Annual Control Control Control		
Connecticut Association of Optom	etrists PAC				David Pa	lozej			
Address	·		1	ls this contrib	ution associ	ated with a	Yes (Amount of Contribution
4 Carolyn Circle			f	fundraising e	vent listed in <i>If yes</i>	n Section L , list Event	1? #		250
City	State	Zip Code		Date Receiv			gate Contributi	ons	
Ellington 	CT	06029		Jul 24, 2	019	500			
	ursements, Pa	iyments,	or Su	ırplus Di	stributio	ns from	other C	ommittee	
Name of Committee					Name e	of Treasurer			
Address			 -		<u>l</u>	Date 1	Received		Amount of Receipt
			7: 0.1						
City	ľ	State 2	Zip Code			nt for goods	r shared expe and services		
Name of Committee		<u> </u>				of Treasurer	***	en i sem sam i inici bibbi bina accessi mani pas	
Address						Date 1	Received		Amount of Receipt
City		State 2	Zip Code				r shared expe		
		***************************************	H - Consideration		Surplus		s and services on	3	
			sı	ЈВТОТА	L Section	C—Th	is Page	1,000	
	P. S. Albander Sections V. S. Arberton Stocks are reasons		то	TAL of ac	lditional	Section (C Pages	0	
TC	TAL OF ALL (COMMIT'	TEE (CONTRIB	UTIONS	AND RE	CEIPTS	1,000	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE McGee for Hartford				TYPE OF 7th day p	REPORT preceding pri	mary
	D. Loans R	teceive	ed this Period			
Name of Lender			Source of Loan: OBank Cand	idate 🔘 Individual	Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)		النازار المحاور والمحاور والم	· · · · · · · · · · · · · · · · · · ·	<u> </u>		Amount Received
Street Address	City			State	Zip Code	
Name of Lender		Personal de la Constantina del Constantina de la Constantina del Constantina de la C	Source of Loan: OBank OCand	lidate OIndividua	1 Oother Committee	Date of Receipt
Street Address	City		***	State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City		****	State	Zip Code	
Name of Lender			Source of Loan: Bank Canc	lidate () Individua	ol Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					<u> </u>	Amount Received
Street Address	City			State	Zip Code	<u> </u>
			ТОТ	TAL SECTION	D 0	
E. Receipts from Entities oth	er than Individ	uals o	r Other Comm	ittees (Referend	lum Committee	s ONLY)
Name of Entity						
Street Address				Date Received		Amount Received
City	<u></u>	State	Zip Code	Aggregate Contri	butions	
Name of Entity			A CONTRACTOR OF THE CONTRACTOR			
Street Address			A	Date Received		Amount Received
City		State	Zip Code	Aggregate Contr	butions	1
Name of Entity		and an arm and a stronger by		annessen en e		
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contr	ibutions	
			T	OTAL SECTIO	ONE 0	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTE VIcGee for Hartford			TYPE OF RE 7th day pre	PORT ceding primary
F	. Amount Transferred from	n Affiliated Business T	reasury (Business Entity Com	mittees ONLY)
Date of Receipt	Is this transaction associated of fundraising event listed in Sec	vith a Yes <i>If yes</i> , list		Amount
Date of Receipt	Is this transaction associated fundraising event listed in Sec	C) 2 40 10 100 100	Event #	Amount
Date of Receipt	Is this transaction associated of fundraising event listed in Sec	G 100 1, 100, 100	Event #	Amount
Date of Receipt	Is this transaction associated to fundraising event listed in Sec	() J () J	Event #	Amount
			TOTAL SECTION F	0
G. Amount T	ransferred from Affiliated	Labor Union or Other	Organization Treasury (G	rganization Committees ONLY)
Date of Receipt	Date .	of Receipt	Date of Receipt	
É	Amount	Amount		Amount
			TOTAL SECTION G	0
	H. Personal Funds of the	Candidate Received th	is Period <i>(Candidate Commit</i>	itees ONLY)
Date of Receipt	Method of payment:			Amount
	○ Cash	Personal Check	Credit/Debit Card	
Date of Receipt	Method of payment:	Personal Cheok	Credit/Debit Card	Amount
Pate of Receipt	Method of payment:		TO CONTINUE TO THE CONTINUE TO	Amount
	Cash	Personal Check	Credit/Debit Card	
rate of Receipt	Method of payment:		Militar da da da ministra da propriesta por esta en esta en en entre en entre en entre en entre en entre en en	Amount
	Cash	Personal Check	Credit/Debit Card	
			TOTAL SECTION H	0
		I. Anonymous Contri	butions	
	Per Public Act 11-48, And tount. If a committee receimmediately remit the con	ives an anonymous co	ontribution, the campaign Elections Enforcement C	treasurer shall

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE McGee for Hartford			OF REPORT y preceding pri	mary
	J. Interest from Deposits in Author			
Name of Institution	J. Interest from Deposits in Auto-	Date Re	ceived	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Re	ceived	Amount
Street Address	City	State	Zip Code	
		TOTAL SECTI	ONJ 0	
K, Mis	scellaneous Monetary Receipts not C	Considered Contrib	utions	
Name		E	Pate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Ĺ	Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name	ACTION AND AND AND AND AND AND AND AND AND AN	I	Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name			Date of Transaction	Amount Received
Street Address	City	State	e Zip Code	
Description				
		TOTAL SECT	IONK 0	
SUMMAI	RY OF OTHER MONETARY REC	EIPTS (Sections D	through K)	
Total Loans Received this Period (Sec			þ	
	Individuals or Other Committees (Section	E)	+ 0	
Total Amount Transferred from Affilia	······································	reasury (Section G)	+ P + D	
	ated Labor Union or Other Organization To e Candidate Received this Period (Section I		+ 0	
Total Amount of Interest from Deposit			+ 0	
	ts not Considered Contributions (Section K))	+ 0	
	pts (Add Sections D through K) (Enter to		Page Totals) 0	

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE			TYPE OF REPORT		
McGee for Hartford			7th day preceding p	rimary	
	L1. Fundrais	ser Event Information			
Fundraising Event #7 Date of Fundraiser Letter	Description	anna maria di Albania di Sangara di Maria di Ma	2 () () () () () () () () () (
Jul 19, 2019	Fraternity and Friends Fundraiser				
Location: Street Address		City		State	Zip Code
		Washington		DC	1
Subpart 1: (All Commit	W1			Г	
1 · ·	nt hosted at a personal residence?	OYes (If yes, go to Section L and complete required beverage and invitation	information for purchases m	onsidered tade by hos	Contributions at(s) for food,
\$100 or items donated by	de items donated by a business entity of up to y an individual of up to \$100?	Yes (If yes, go to Section Land complete required No	information.)	onsidered (Contributions
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (<i>If yes</i> , enter Total Reco	eipts here.)		
Were there purchases of sign associated with this		Yes (If yes, go to Section L	.3 Purchases of Advertising plote required information.)	; Space in a	a Program Book
Subpart 3: (Town Com. Did your committee sell gathering held within the	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	Yes (<i>If yes</i> , enter Total Red No	ceipts here.)		
Fundraising Event # 2					
Date of Fundraiser Letter	Description				
Aug 20, 2015	Peoples State Inaugural Fundraiser				
Location: Street Address		City	And a	State	Zip Code
2071 Park ST		Hartford		СТ	06106
Subpart 1: (All Committed Was this fundraising even	ees) It hosted at a personal residence?	O Yes (If yes, go to Section L4 and complete required in beverage and invitations O No	nformation for purchases ma	nsidered C	Contributions (s) for food,
	e items donated by a business entity of up to an individual of up to \$100?	OYes (If yes, go to Section L4 and complete required in	In-Kind Donations not Conformation.)	nsidered C	Contributions
with purchases from an in-		OYes (If yes, enter Total Recei	ipts here.)		
Were there purchases of a sign associated with this f		Yes (If yes, go to Scotion L3	Purchases of Advertising lete required information.)	Space in a	Program Book
Subpart 3: (Town Comm. Did your committee sell f gathering held within the	ood or beverage at a fair or similar mass	Yes (If yes, enter Total Reco	sipts here.)		
SUBTOTAL Secti	ion L1—Subpart I (All Committees) Total Recei	, pts from Sale of Donated Items	— This Page 0		
SUBTOTAL Section	L1—Subpart 3 (<i>Town Committees ONLY</i>) Total	Receipts from Food Purchases	This Page 0		
		TOTAL of additional Secti	7	Maria de la companya	
TOTAL OF ALL RE	CEIPTS FROM SMALL PURCHASES	(Enter total on Line 16a of Summar	y Page Totals) 0		

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

11141 7 11141	parendoes from a comm						
NAME OF COMMITTEE				TYPE OF REPO			
McGee for Hartford				7th day prece			
	ses of Advertising in a l	Program Bool	cor on a Sign	(Municipal Candidate and Tov		THE PERSON NAMED OF THE PE	(. Y)
Name of Purchaser					_	se Made By:	Ox. distant
					_	siness Entity le Proprietorsh	OIndividual
Street Address			City		Usoi	State	Zip Code
Dittor Francess						State	Lip cour

Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise	Amount of Sig	gn Purchase
Name of Purchaser	And the second s		anne manuel de la companya de la co		Purchas	se Made By:	area per juma est per en equation de la como en est per en
					OBu	siness Entity	O Individual
					OSol	le Proprietorsh	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	se .	Amount of Sig	n Purchase
Name of Purchaser					Durches	se Made By:	and the state of t
Name of Pulchaser						siness Entity	OIndividual
						le Proprietorsh	•
Street Address			City		0	State	Zip Code
Deta Deciliad	T	Annual Dwebagg	For All Fugate	1 ep 11 p I.		A 4 6 6 1.	D
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purchs	ise .	Amount of Sig	in Purchase
Name of Purchaser	<u>Yang bakki samik wana bakaman kamina kamina kamina kamina mana ang ang paya kamana pamina pag</u>			No market to the control of the cont	Purchas	e Made By:	- market 1 - mar
					_	siness Entity	
			Lag		OSol	le Proprietorsh	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise .	Amount of Sig	n Purchase
Name of Purchaser					Purchas	e Made By:	
						siness Entity	O Individual
					OSol	le Proprietorsh	ip
Street Address			City	***************************************	L	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	180	<u>i</u> Amount of Sig	n Purchase
		25 0		, and a star of a second secon			,,, , , , , , , , , , , , , , , , , , ,
						a samual Managera a magasal mbanis ka	
	SUBTOTAL			<i>and Town Committees ONLY)</i> 1 Program Book — This Page			
		SUI	STOTAL Section	L3 (Town Committees ONLY)	0		egylir deliminin egyket tömülü eki alanma da alimine a a geke ele müst
		1 of al P		rtising on a Sign — This Page			
				of additional Section L3 Pages		· · · · · · · · · · · · · · · · · · ·	
TOT	AL OF ALL PURCHASES	OF ADVERTIS (E	SING IN A PROC Inter total on Line	RAM BOOK or ON A SIGN 16c of Summary Page Totals)	0		

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

Cape For Hartford This Apy preceding primary State Cape State Cape State Cape Cape State Cape C
Treet Address
City State Zip Code
City Pair Market Value of Donation Pair Market Value of Donation Description of Donation
City State Zip Code City City
Business Entity Date Received Brent # Aggregate Value for this Event
Business Entity Date Received Brent # Aggregate Value for this Event
Discription of Donor
Sole Proprietorship Sole Proprietorship Sole Proprietorship Description of Donation Description of Donation Description of Donation Date Received Event # Aggregate Value for this Event Description of Donation City State Zip Code Full Market Value of Donation Sole Proprietorship Description of Donation City State Zip Code Fair Market Value of Donation Pair Market Value of Donation Description of Donation City State Zip Code City City City State Zip Code City City
reet Address City State Zip Code Conation Given By: Description of Denation Date Received Date Received Date Received City State Zip Code Fair Market Value of Donation City State Zip Code City State Zip Code Conation Given By: Description of Donation City State Zip Code Fair Market Value of Donation Description of Donation City State Zip Code Fair Market Value of Donation City State Zip Code Fair Market Value of Donation City State Zip Code Fair Market Value of Donation Date Received State Zip Code Fair Market Value of Donation Date Received State Zip Code Fair Market Value of Donation Date Received
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City State Zap Code Constion Given By: Description of Donation Date Received Date Received Event # Aggregate Value for this Event State Value of Bonation City State Zap Code City State Zap Code City State Zap Code City State Zap Code Fair Market Value of Donation Date Received Date Received Date Received State St
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Date Received Event # Aggregate Value for this Event Aggregate Value for this Event
Date Received Event # Aggregate Value for this Event
Date Received Event # Aggregate Value for this Event Aggregate Value for this Event State Zip Code
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City State Zip Code Donation Given By: Date Received Date Received Beent # Aggregate Value for this Event City State Zip Code Fair Market Value of Donation Fair Market Value of Donation Sole Proprietorship Treet Address City State Zip Code City State Zip Code Fair Market Value of Donation Sole Proprietorship
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ame of Donor treet Address City State Zip Code Donation Given By: Description of Donation Fair Market Value of Donation Sole Proprietorship Date Received Event # Aggregate value for this Event
City State Zip Code Conation Given By: Description of Donation Business Entity Date Received Event # Aggregate value for this Event Aggregate value for this Event
Donation Given By: Description of Donation Business Entity Individual Date Received Event # Aggregate value for this Event Aggregate value for this Event
Donation Given By: Description of Donation Business Entity Individual Date Received Event # Aggregate value for this Event Aggregate value for this Event
Business Entity Individual Date Received Event # Aggregate value for this Event Aggregate value for this Event
Business Entity Individual Date Received Event # Aggregate value for this Event Aggregate value for this Event
Tendividual Sole Proprietorship Date Received Event # Aggregate value for this Event
Sole Proprietorship
SUBTOTAL Section 1.4 — This Page 0
TOTAL of additional Section L4 Pages 0
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS 0
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page Totals)

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE						TYPE C)F RE	PORT		
McGee for Hartford						7th da	y pre	ceding pr	imary	
			M. In-Kind Con	tri	butions					
Name						CONTRACTOR OF THE CONTRACTOR O				
Street Address				City	entranounia entranounia entranounia entranounia entranounia entranounia entranounia entranounia entranounia en E				State	Zip Code
Type of contributor: Committee	Date Received		Aggregate Contributions		Description of In-Kind (Contributio	n			J
Olndividual / Sole Proprietorship Other										
		is in e	excess of \$400 to a candi	date	for a chief executive	officer of	a mun	icinality	Fair !	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		or or b	usiness he/she is associa	ted						Contribution
Is this contribution associated with a			or a principal of a state oc			te contra	ctor?	O Yes		
fundraising event listed in Section L1? If yes, list Event #			dicate which branch or b ment the contract is with		ohes (Executive (T enic	lative	O^{N_0}		
Name	best and a state of the state o	60,411	MINORE CHO OWNER CONTROL OF THE		O EXCOUNTY Y	J 110510				
rvano										
Street Address				City		*			State	Zip Code
Type of contributor: OCommittee	Date Received	1	Aggregate Contributions		Description of In-Kind (ontributio	n			
Olndividual / Sole Proprietorship OOther										
Is contributor a lobbyist, spouse, Yes			excess of \$400 to a candi						Fair I	Market Value
or dependent child of a lobbyist? No	does contribute valued at more		usiness he/she is associal \$5,000?		with have a contract w Yes No	ith said n	nuniciį	ality	of this	Contribution
Is this contribution associated with a fundraising event listed in Section L1?			r a principal of a state co			te contra	otor?	QYes N		
If yes, list Event #			dicate which branch or b ment the contract is with		Executive (Legisi	ative	O _{No}		
Name		*********		and the same	den general menten den staten der					
Street Address				City					State	Zip Code
Type of contributor: Committee	Date Received	1/	Aggregate Contributions		Description of In-Kind C	ontributio	វា			<u></u>
OIndividual / Sole Proprietorship Oother		-								
Is contributor a lobbyist, spouse, Yes	If contribution	is in e	xcess of \$400 to a candid	late	for a chief executive o	officer of	a mun	icipality,	Fair A	Jarket Value
or dependent child of a lobbyist? O No	does contribute valued at more		usiness he/she is associat k5 000?		with have a contract w Yes No	ith said n	unicip	pality	of this	Contribution
Is this contribution associated with a	'		r a principal of a state co			te contra	ntor?	Oyes		
fundraising event listed in Section L1?	No If.	<i>yes</i> , in	dicate which branch or b	rano	hes			OYes No		
If yes, list Event #	of g	govern	ment the contract is with		C Executive (Legisl (ر	ative	~ T		gelynt treinin i draft deur i gyder daell daell ar mei ar treinin i gyder daell daell ar mei ar treinin i gyde
			SU	BT	OTAL Section M -	– This I	Page .	þ		
			TO'	ſΑ	L of additional Sec	tion M I	Pages	О	artest de la chiaca de deserva grances en	
monut on the										my tra'i ny mandrond milimanna dinamanna din madron na amad na bi'a
TOTAL OF ALL I	A-KIND CON	TRE	BUTTONS (Enter tot	al o	n Line 22 of Summar	y Page T	otals)	0		
	N. Ref	unde	ible Deposit to Te	ele	phone Compan	y				
Last Name of Individual			First	SUBSTRUCTION OF THE PROPERTY O				мі	Date Deposit	Made
Residential Street Address			City			State	Zip(ode		
ACOUNTY MICOULINATION			City			Julio	Zip\	Jode	A	Amount of
										Deposit
Name of Telephone Company								***************************************		
Street Address		·	City		1	State	Zip (Code	\dashv	
							<u> </u>	•		
	TOTA	L SE	CTION N (Enter tota	al o	n Line 23 of Summary	Page To	etals)	Ю		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE			TYPE OF REPORT	
McGee for Hartford			7th day preceding prin	nary
O. Non-Monetary Receipts o Legislative Leadership, Legislative Caucus a	nd Party (ation Expe Committee	enditures Made By s — <u>OPTIONAL</u> See Public A	lct 11-48
Name of Committee (Legislative Leadership, Legislative Cancus, and Party Committees Oi	NLY)	Name of Treasur	rer	
Street Address		<u></u>	Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (see instructions) OA OB OC OD OE	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees Of	VL I)	Name of Treasur	er	n and a state of the state of t
Street Address	· · · · · · · · · · · · · · · · · · ·		Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	-
Description of Donation			Purpose of Expenditure (see instructions) OA OB OC OD OE	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	VLY)	Name of Treasure	er	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (see instructions) OAOBOCODOE	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	TLY)	Name of Treasure	E1	An anti-circulation provides unique programme and a test that the debut of contract to comment
Street Address	L		Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (see instructions) OA OB OC OD OE	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	Ln I	Name of Treasure	r	
Street Address		- ******	Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (see instructions) OA OB OC OD OE	
	SUBTO	OTAL Section	n O — This Page 0	
	TOTAL	of additional ;	Section O Pages 0	
TOTAL RECEIPTS OF ALL C			PENDITURES on the state of the	

NAME OF COMMI			TYPE OF REPORT		
McGee for Hartfo	McGee for Hartford 7th day preceding				
		P. Expenses Paid by Commi	ttee		
Name of Payee			Date of Payment	Method of Payment:	
Anedot.com			Aug 31, 2019	OCheck #	
Street Address		City		State Zip Code	
Purpose of Expenditure	Description		Event #	A	
(by code)	Merchant Fees			Amount	
Expenditure #	Type of Expenditure (if applicable) Itemi	rotion in Addards - P.D 1 O.O.		96.7	
(if applicable)	Į.	ent sought O Independent O Organization:	ordinated with reimbursement soup	;ht	
N. C.	Occordanated without restricting	in sought O independent Oolganization.			
Name of Payee			Date of Payment	Method of Payment: Otheck #1,214	
Scott Vansicklin			Jul 23, 2019	ODebit Card	
Street Address		City	· · · · · · · · · · · · · · · · · · ·	State Zip Code	
56 Arbor ST		Hartford		CT 06106	
Purpose of Expenditure	Description	<u></u>	Event#	Amount	
(by code)	Consultant			l l	
Expenditure #	Type of Expenditure (if applicable) Itemiz	zation in Addendum P Required C Co	ordinated with reimbursement soug	500	
(if applicable)	1	nt sought OIndependent OOrganization:		ir i	
Name of Payee					
Salah Maria				Method of Payment: 1,227 OCheck #	
Street Address			Aug 19, 2019	Debit Card	
56 Arbor ST		City		State Zip Code	
30 AIDOI 31		Hartford		CT 06106	
Purpose of Expenditure (by code)	Description	Amount			
	Consultant			500	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemiz	ration in Addendum P Required O Coo	ordinated with reimbursement soug		
(y -pprecion	OCoordinated without reimbursemen	nt sought 💽 Independent 🔘 Organization:	A OB OC OD OE		
Name of Payee			Date of Payment	Method of Payment:	
Scott Vansicklin			Aug 22, 2019	Method of Payment: 1231 Check # Debit Card	
Street Address		City		State Zip Code	
56 Arbor ST		Hartford		CT 06106	
Purpose of Expenditure	Description		D !!	00100	
by code)	Consultant		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemiz		rdinated with reimbursement sough	ıt	
	Coordinated without reimbursemen	t sought O Independent O Organization O	4 OB OC OD OE		
		Supratal C.			
		SUBTOTAL SEC	tion P — This Page 2,096.7		
		TOTAL of addition	nal Section P Pages 16,481	.36	
TOTALOR	ALL EVENING DATE DIV.				
TOTAL OF	all excenses taid by C	OMMITTEE (Enter total on Line 19 of S	Summary Page Totals) 18,578.	06	
	And the state of t		and the second s		

SEEC FORM 20 Revised January 2015 Section P. ADDITIONAL PAGE 1____ of 18___

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
McGee for Hartford			7th day preceding	primary		
Attayottistuskuskuskuskuskuskuskuskuskuskuskuskusku	P. Expenses	s Paid by Committ	ee			
Name of Payee		reconstruction of the second		Date of Payment		of Payment:
Ramon L. Arroy	70			Jul 28, 2019	I -	ck # <u>1219</u>
Street Address		City			O Deb	
97 Amity Street		1			State	Zip Code
		Hartford			CT	06106
Purpose of Expenditure (by code)	Description	And the second s	Event	#		Amount
(ey code)	Volunteers Manager					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	unlars "Name of the below"	i is abask	.A)	1000	
(if applicable)	None of the below (does not involve another candidate or co		is checke	:u)		
	Coordinated with reimbursement sought (joint expenditu	are) (i) Indep	endent			
	Coordinated without reimbursement sought (in-kind con			A OB OC OD		
Name of Payee				Date of Payment	Method of	
Ramon L. Arroy	0			Aug 4, 2019	1	k# <u>1224</u>
Street Address		City			O Debit State	t Card OEFT Zip Code
97 Amity Street		Hartford			СТ	06106
Purpose of Expenditure	Description		15		<u> </u>	100100
(by code)			Event /	¥		Amount
	Volunteers Manager		-		1000	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un	unless "None of the below" is checked)		1 1000		
G Francis	None of the below (does not involve another candidate or co	mmittee)				
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control					
Name of Payee	O coordinated without remodulations sought (unking contr	toution) Organi		A O B O C O D		
Ramon L. Arroyo	n			Date of Payment	Method of Check	
]	Aug 9, 2019	O Debit	
Street Address		City			State	Zip Code
97 Amity Street		Hartford			СТ	06106
Purpose of Expenditure	Description	<u></u>	Event #			<u> </u>
(by code)	Volunteers Manager				ļ	Amount
Expenditure #					1000	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required u.		is checke	d)	Ì	
	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu	ommittee) re) () Indep	andant	i		
	O Coordinated without reimbursement sought (in-kind cont			A OB OC OD		
Name of Payee		and the state of the second		Date of Payment	Method of	Pavment:
Ramon L. Arroyo)		1	Aug 15, 2019	Check	
Street Address		City	L		O Debit	
97 Amity Street		Hartford			State	Zip Code
· · · · · · · · · · · · · · · · · · ·		панного			CT	06106
urpose of Expenditure by code)	Description		Event#			Amount
•	Volunteers Manager					
expenditure#	1 Type of Expenditure (Itemization in Addendum P Required un	love "None of the below"	la alta alta d	<u> </u>	1000	
,	None of the below (does not involve another candidate or cor		o CHECKEU	,		
ı	Coordinated with reimbursement sought (joint expenditure) Indene	ndent			
	Coordinated without reimbursement sought (in-kind contri			OB OC OD		
		UBTOTAL Section P -	SUN STORY	12112	Anna ann an Anna an Anna an Anna an Anna	etarribilitarritarja (gregoria eta il-apetro egizen gaz de l'era e
		Gradbethun I -	- Anis k	age TOOO		

SEEC FORM 20

Section P. ADDITIONAL PAGE 2 of 18

NAME OF COMMI	ITTEE (Provide Complete Name as Registered with Filing Repos	itory)	TYPE OF REI	PORT	
McGee for Hartford 7t			7th day pre	ceding primary	
	P. Expen	ses Paid by Comn	littee	iji isandan kerjeca nambababah melemmel pirmeri pirah baharan seperangan baharan peringgan dari peringgan penda	
Name of Payee Ramon L. Arroy	Mg Andrews		Date of Payment Aug 26, 20	Method of Payment: O Check #1267 D Debit Card DE	
Street Address 97 Amity Street	t	City Hartford		State Zip Code CT 06106	
Purpose of Expenditure (by code)	Volunteers Manager			Amount 1000	
Expenditure # (If applicable) Name of Payee	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent OrganizationOA OB OC OD				
Pride Convenier	nce		Jul 22, 2019	Method of Payment:	
		City		State Zip Code	
Purpose of Expenditure by code)	Description		Event #	Amount	
	Travel - Event		1	41.21	
ixpenditure # f applicable)	Travel - Event Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinate	r committee) liture) O In-	w ^u is checked) dependent	41.21	
expenditure # opplicable) anne of Payee Interprise Renta	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbur	r committee) liture) O In-	w" is checked)	OD Method of Payment: Oheck #	
ixpenditure # f applicable) Tame of Payee Enterprise Renta	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbur	r committee) liture) O In-	dependent ganization A O B O C	O D Method of Payment:	
Sxpenditure # If applicable) Jame of Payee Enterprise Renta treet Address urpose of Expenditure y code)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbur	r committee) iliture)	dependent ganization A O B O C	Method of Payment: Check # Debit Card EF State Zip Code Amount	
ixpenditure # f applicable) anne of Payce Enterprise Renta rect Address rpose of Expenditure y code) spenditure # applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind of	r committee) filture) In ontribution) Or City d unless "None of the below r committee) filture) In	dependent ganization A B C C Date of Payment Jul 1, 2019 Event #	Method of Payment: Check # Debit Card DEF State Zip Code Amount	
Expenditure # If applicable) Tame of Payee Enterprise Renta Treet Address	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coordinated with reimbursement	r committee) filture) In ontribution) Or City d unless "None of the below r committee) filture) In	dependent ganization A B C C Date of Payment Jul 1, 2019 Event # Event # Date of Payment	Method of Payment: Check #	
ame of Payce Enterprise Renta reet Address rpose of Expenditure y code) spenditure # applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coordinated with reimbursement	r committee) filture) In ontribution) Or City d unless "None of the below r committee) filture) In	dependent ganization O A O B O C Date of Payment Jul 1, 2019 Event # Event # dependent ganization O A O B O C	Method of Payment: Check #_ Debit Card EF State Zip Code Amount 15 Method of Payment:	
ixpenditure # f applicable) ame of Payce Enterprise Renta rect Address rpose of Expenditure y code) xpenditure # applicable) mue of Payce D90Travel.com	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coordinated with reimbursement	committee) diture) Or City City dunless "None of the below committee) diture) Or Contribution) Or	dependent ganization A B C C Date of Payment Jul 1, 2019 Event # Event # Date of Payment	Method of Payment: Check #	

Section P. ADDITIONAL PAGE 3 of 18

NET A NATE OF CONANAITT	EE (Provide Complete Name as Registered with Filing Repository)	an esta en	TYPE OF REPORT		
				7th day preceding primary	
McGee for Hartford			prominent production conference and production of contract contrac	en upp nomine a compressive annu principal de distribuit de la principa de la principa de descripción president	
	P. Expenses Pa	aid by Committee	Date of Payment	Method of Payment:	
Name of Payee Enterprise Renta	ı		Jul 19, 2019	Check # Debit Card CEFT	
Street Address	C	ity		State Zip Code	
	•				
Purpose of Expenditure	Description		vent#	Amount	
(by code)	Travel - Event	1		3.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless None of the below (does not involve another candidate or commodity to coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	nittee) O Independer	nt nOA OB OC OD		
Name of Payee			Date of Payment	Method of Payment: Check #	
Busboys and PV	/ashington		Jul 22, 2019	O Debit Card OEFT	
Street Address		Sity		State Zip Code	
Purpose of Expenditure	Description	Е	vent#	Amount	
(by code)	Travel - Event	1		82.50	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless None of the below (does not involve another candidate or commodicated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	nittee) [] Independer	nt nOAOBOCOD		
Name of Payee Lyft			Date of Payment Jul 22, 2019	Method of Payment: Check # Debit Card EFT	
Street Address		City		State Zip Code	
Purpose of Expenditure	Description	E	vent#	Amount	
(by code)	Travel - Event	1	1	7.39	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib				
Name of Payee	A CONTRACTOR OF THE CONTRACTOR		Date of Payment	Method of Payment: Check #	
Lyft			Jul 22, 2019	O Debit Card OEFT	
Street Address		City		State Zip Code	
Purpose of Expenditure	Description	[]	Event #	Amount	
(by code)	Travel - Event		1	9.33	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	mittee) O Independe			
	SI	JBTOTAL Section P	This Page 102.72		

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evised January 2015			TYPE OF REPORT	<u></u>
NAME OF COMMITTI	EE (Provide Complete Name as Registered with Filing Repository)	ang na yakan na pada salah malah di Ulburga di yakan kasa malah da da da papa malam da da da da da da da da da		
McGee for Hartford	d		7th day preceding p	orimary
	P. Expenses P	aid by Committee		
Name of Payee	the Control of the Co	A Company of the Comp	Date of Payment	Method of Payment: O Check #
Lyft			Jul 22, 2019	Debit Card DEFT
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event#	Amount
(by code)	Travel - Event		1	5
	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	mittee) O Independ	ent ionOA OB OC OD	
Name of Payee			Date of Payment	Method of Payment: Check #
Lyft			Jul 22, 2019	O Debit Card OEFT
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)	Travel - Event		1	11.15
(if applicable) Name of Payee	None of the below (does not involve another candidate or come Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contribution)) Dilaepena	ent ionO A O B O C O D Date of Payment	Method of Payment:
Royal Farms			Jul 22, 2019	O Check #O Debit Card O EFT
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)	Travel - Event		1	34.81
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	ommittee) re)	dent ation OA OB OC OD	
Name of Payee			Date of Payment	Method of Payment: Check #
Peet's			Jul 22, 2019	O Debit Card OEFT
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event#	Amount
(by code)	Travel - Event		1	7.88
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD			
		SUBTOTAL Section P -	- This Page 58.84	

Section P. ADDITIONAL PAGE 5____ of 18___

mind January 2015	1777 27 24 72 12 24 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28		TYPE OF REPORT	religion, manurary by the first annual contraction of the first annual for the first annual f	
	EE (Provide Complete Name as Registered with Filing Repository)	upup makamban dan kecaban dalah di dalah dan makan di Afrikan pengerupanan sebasah dalah melangkan pembungan p			
McGee for Hartford	d		7th day preceding	7th day preceding primary	
	P. Expenses P	aid by Committee		and the second contract of the second contrac	
Name of Payee		in der	Date of Payment	Method of Payment:	
Food Court			Jul 22, 2019	Check # Debit Card OEFT	
		City		State Zip Code	
Street Address		,			
Purpose of Expenditure	Description Bvent #			Amount	
(by code)	Travel - Event		1		
	1 10 10 10 10 10 10 10 10 10 10 10 10 10			19.34	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless None of the below (does not involve another candidate or composition Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	mittee) 🔘 Indepen	dent ationOA OB OC OD		
Name of Payee			Date of Payment	Method of Payment:	
Constant Contact	ts		Jul 30, 2019	O Check # O Debit Card OEFT	
Street Address		City		State Zip Code	
Silver Markey		•			
Purpose of Expenditure	Description		Event#	Amount	
(by code)	Advertising				
				196.95	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless) None of the below (does not involve another candidate or common Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribusement)	mittee) 💍 🚺 Indepen			
Name of Payee			Date of Payment	Method of Payment:	
Sign Design and	l Banner LLC		Aug 1, 2019	O Check # Debit Card DEFT	
Street Address		City		Debit Card DEFT State Zip Code	
1325 Main ST		Hartford		CT 06103	
Purpose of Expenditure	Description		Event #	Amount	
(by code)	Advertising			500	
Expenditure#	Type of Expenditure (Itemization in Addendum P Required un	Jan (Mana of the below)	In alterated)	500	
Exponencie # ((f applicable)	,				
Name of Payee			Date of Payment	Method of Payment:	
Amonephoto			Aug 15, 2019	O Check #O Debit Card OEFT	
Street Address		City		State Zip Code	
0,000,1144,222		·			
Purpose of Expenditure	Description		Event #	Amount	
(by code)	Advertising			100	
	the state of the s	laga (Mona of the halow) t	s checked)		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)		,	

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NAME OF COMMIT	ITEE (Provide Complete Name as Registered with Filing Repositor)	y)	TYPE OF REPORT	
McGee for Hartford			7th day precedir	ıg primary
	P. Expense	s Paid by Committe		
Name of Payee The Vibrant Eye Street Address			Date of Payment Aug 20, 2019	Method of Payment: Check #1229 Debit Card DEFI
91 Englewood A	\ve	City Bloomfield		State Zip Code
Purpose of Expenditure (by code)	Description Event #			Amount
Expenditure # ((f applicable) Name of Payee	Type of Expenditure (Itemization in Addendum P Required at 1 None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con	474.25		
Signrocket.com			Date of Payment Aug 22, 2019	Method of Payment: Check # Debit Card DEFT
		City		State Zip Code
urpose of Expenditure by code)	Description Advertising		Event#	Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	ommittee) re)	ŕ	1000
lame of Payce		O I GAILLE	Date of Payment	Method of Payment:
ohn Lopez			Aug 23, 2019	© Check #1276
reet Address 5 Soundview Av	ve	City Stamford	<u> </u>	Debit Card DEFT
arpose of Expenditure y code)	Description Advertising	J	Event #	Amount
xpeuditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con	omunittee) re)	·	2419.46
ame of Payee he Vibrant Eye,	LLC		Date of Payment Aug 29, 2019	Method of Payment: Check #
reet Address 1 Englewood Av	/e	City Bloomfield		Debit Card DEFT State Zip Code CT 06002
rpose of Expenditure / code)	Description Advertising		Event #	Amount
	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)		1425
	SI	UBTOTAL Section P	AND 8 5 YE F F FEE	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT		
McGee for Hartford			7th day preceding	7th day preceding primary		
P. Expenses Paid by Committee						
Name of Payee John Lopez			Date of Payment Aug 29, 2019	Method of Payment: Check #1275 Debit Card DEFT		
Street Address		City Stamford		State Zip Code		
95 Soundview Av	CT 06902					
Purpose of Expenditure (by code)	Description Advertising		Event #	Amount 574.29		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	nmittee)	dent			
Name of Payes Constant Contact Street Address	is	City	Date of Payment Aug 29, 2019	Method of Payment: O Check # O Debit Card OEFT State Zip Code		
Street Address		Olly .	- Annana and Annana an			
Ригроse of Expenditure (by code)	Description Advertising		Event#	Amount 196.95		
Expenditure # (if applicable)						
Name of Payee			Date of Payment	Method of Payment:		
	pendence Celebration	· · · · · · · · · · · · · · · · · · ·	Jul 25, 2019	© Check #1216 ☐ Debit Card ☐ EFT		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description Parade Entry		Event #	Amount		
Expenditure # (If applicable)						
Name of Payee			Date of Payment	Method of Payment:		
Ramon L. Arroyo)		Aug 1, 2019	O Check # O Debit Card OEFT		
Street Address		City		State Zip Code		
97 Amity Street		Hartford		CT 06106		
Purpose of Expenditure (by code)	Description Fedex Reimbursement - Printing and Copie	es	Event#	Amount		
Expenditure # ((f applicable)						
		UBTOTAL Section P -	- This Page 885.12			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT	
McGee for Hartford 7th day preceding po			orimary		
	P. Expenses	Paid by Committee			
Name of Payee		ntering distribution and the second s	Date of Payment	Method of Payment:	
Ramon L. Arroyo)		Aug 4, 2019	 Check # 1250 Dcbit Card ○ EFT State Zip Code 	
Street Address					
97 Amity Street		Hartford		CT 06106	
Purpose of Expenditure (by code)	Description Fedex Reimbursement - Printing and Copie	98	Event #	Amount 42.86	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee) e) (3 Independ	lent tionOA OB OC OD		
Name of Payee			Date of Payment	Method of Payment: Check #	
Wal-Mart	•		Jul 12, 2019	Debit Card DEFT	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description HQ Supplies		Event #	Amount 13.40	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or composition of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	nmittee) e) () Independ			
Name of Payee			Date of Payment	Method of Payment:	
Staples			Jul 26, 2019	© Check #1217 Debit Card © EFT	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description HQ Supplies		Event#	Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) are)		199.21	
Name of Payee			Date of Payment	Method of Payment:	
Wal-Mart			Jul 29, 2019	O Check # O Debit Card OEFT	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description HQ Supplies		Event#	Amount 93.35	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or ec Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	ommittee) re)			
		SUBTOTAL Section P —	-This Page 348.82	<u>namen ja man ja ma</u>	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT		
McGee for Hartford			7th day preceding	primary		
yd gantaesus kustiniest gydynia mpa fra dinedyf antificial si a 2004 iligi ki talaista na talaisia gydd	P. Expenses	Paid by Committee	general oppgement frames investibilities make stad op een de versche besteel die besteel die besteel die beste Die versche die versche de			
Name of Payee Staples Street Address		City	Date of Payment Aug 1, 2019	Method of Payment: Check #1221 Debit Card State Zip Code		
Purpose of Expenditure (by code)	Description HQ Supplies		Event #	Amount 133.98		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	mmittee)	ent ionOA OB OC OD			
Name of Payee Sergio Matos		A	Aug 15, 2019	Method of Payment: Check # 1226 Debit Card EFT		
Street Address 8 Brightwood Lai	ne	West Hartford		State Zip Code CT 06110		
Purpose of Expenditure (by code)	Reimbursement Walmart HQ Supplies		Event #	Amount 148.39		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)				
Name of Payee			Date of Payment	Method of Payment:		
Wal-Mart			Aug 19, 2019	O Check # O Debit Card OEFT		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description HQ Supplies		Event #	Amount 156.32		
Expenditure # (if applicable)						
Name of Payee			Date of Payment	Method of Payment:		
Wal-Mart			Aug 22, 2019	O Check # O Debit Card OEFT		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description HQ Supplies		Event #	Amount 99.62		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri					
	S	UBTOTAL Section P —	This Page 538.31	Parasi and the second s		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
McGee for Hartford				7th day preceding primary		
	P. Expenses	Paid by Committee				
Name of Payee				Date of Payment	Method of	
Stop & Shop				Aug 22, 2019	Check	
Street Address		City			© Debit State	Card OEFT Zip Code
Purpose of Expenditure Description Event #					Amount	
(0) \$640)	HQ Supplies				38.15	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked	<i>t</i>)	30.10	
(if applicable)	None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure)	nmittee)	dent			
Name of Payee	Coordinated without reimbursement sought (in-kind contri	ibution) © Organiza		A OB OC OD		-
· ·			}	Date of Payment	Method of I Check	•
Comcast				Jul 3, 2019	1 Debit	Card OEFT
Street Address		City			State	Zip Code
Purpose of Expanditure	Description		Event #	· · · · · · · · · · · · · · · · · · ·	1	Amount
(by code)	Telephones and Internet				450.04	
Expenditure #	I Type of Expenditure (Itemization in Addendum P Required un	less "None of the helow" is	checken	7)	452.90)
(if applicable)	None of the below (does not involve another candidate or con	·-	CHOCHEN	,		
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri) 🚺 Independ		<u> ОвОсОр</u>		
Name of Payee				Date of Payment	Method of I	•
Comcast			- 1	Aug 5, 2019	Check Debit	
Street Address		City			State	Zip Code
Purpose of Expenditure	Description		Event#	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Amount
(by code)	Telephones and Internet					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required up	ulan Wilowa afitha halowii ta			397.3	7
(If applicable)	None of the below (does not involve another candidate or co	•	спеске	a)		
	O Coordinated with reimbursement sought (joint expenditur	re) 🔘 Indepen	dent			
	Coordinated without reimbursement sought (in-kind contr	ribution) ② Organiza		in the state of th		
Name of Payee			1	Date of Payment	Method of 1	*
Enterprise Rental			_	Aug 19, 2019	Check Debit	
Street Address		City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code
Purpose of Expenditure	Description		Event #			Amount
(by code)	Transportation - Event		2			ARIOUHI
Expenditure# -	The Control of the Land of the	In the second	<u> </u>	f)	103	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un	,	спескей	<i>y</i>		
	 None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri 	e) 🔘 Independ		A OB OC OD		
	2	UBTOTAL Section P —				<u> Cambinista Camerina proprieda proprieda proprieda proprieda proprieda proprieda proprieda proprieda proprieda p</u>
		The state of the s	- 1117 1		atua tara kanadan daramatan arawasa da jad	Miking siddylydd yn y chwaraeth y chwaraet

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			
McGee for Hartfor	rd	7th day preceding	primary		
	P. Expenses	Paid by Committee			
Name of Payee Bj'S Wholesale Street Address		City	Date of Payment Jul 8, 2019	Method of Payment: O Check # O Debit Card OEFT State Zip Code	
Purpose of Expenditure (by code)	Description Returns Cash Back		Event#	Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)	dent		
Name of Payee Pricerite	·	ML.	Jul 12, 2019	Method of Payment: O Check # Debit Card OEFT	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description Volunteers - Food		Event#	Amount	
Expenditure # (if applicable)	checked) lent tion O A O B O C O D				
Name of Payee			Date of Payment	Method of Payment:	
Red Rock Taveri	n	City	Jul 15, 2019	O Check # O Debit Card O EFT State Zip Code	
				Sup Suu	
Purpose of Expenditure (by code)	Volunteers - Food		Event #	Amount 78.25	
Expenditure # (If applicable)					
Name of Payee			Date of Payment	Method of Payment:	
451 Restaurant 8	k Lounge		Jul 18, 2019	O Check # O Debit Card OEFT	
Street Address		City	 	State Zip Code	
Purpose of Expenditure (by code)	Description Volunteers - Food		Event#	Amount	
Expenditure li ((f applicable)	10.01				
	S	UBTOTAL Section P —	This Page 128.32		

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
McGee for Hartfo	rd		7th day preceding	primary
	P. Expenses	Paid by Committee		
Name of Payee The Flying Monk Street Address	еу	City	Date of Payment Jul 18, 2019	Method of Payment: Check # Debit Card DEFT State Zip Code
Purpose of Expenditure (by code)	iture Description Bvent #			Amount
Expenditure # (If applicable)				
Name of Payee Plan B Burger Ba	ar		Date of Payment Jul 24, 2019	Method of Payment: Check # Debit Card DEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description Volunteers - Food		Event#	Amount 141.75
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)		
Name of Payee	- 14- quantity MAA direktion plant (an aphylosophic plant (an aphyl		Date of Payment	Method of Payment:
Plan B Burger Ba	ar		Jul 24, 2019	O Check # O Debit Card O EFT
Street Address		City	t	State Zip Code
Purpose of Expenditure (by code)	Description Volunteers - Food		Event#	Amount 31.25
Expenditure # (if opplicable)	Type of Expenditure (Hemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	mmittee) (e) O Indepen		
Name of Payee Wood-n-Tap			Date of Payment Jul 24, 2019	Method of Payment: O Check # O Debit Card OEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description Volunteers - Food		Event#	Amount 139.98
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)	·	
	S	UBTOTAL Section P —	-This Page 427.20	

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
McGee for Hartfor	d		7th day preceding	primary .	
egyezeninghag ist Andre Germinia de probabilitation i Start Gerfferen geninganista andrepi ar	P. Expenses	Paid by Committee			
Name of Payee Tisane Euro Street Address		City	Jul 25, 2019	Method of Payment: O Check # O Debit Card OEFT State Zip Code	
Purpose of Expenditure (by code)	Description Event # Volunteers - Food			Amount 38.51	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD				
Name of Payee Tisane Euro Street Address		City	Jul 29, 2019	Method of Payment: O Check # O Debit Card OEFT State Zip Code	
Purpose of Expenditure (by code)	Description Volunteers - Food		Event#	Amount 122.64	
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	nmittee) e)			
Name of Payce			Date of Payment	Method of Payment:	
Tisane Euro			Jul 31, 2019	O Check # Debit Card OEFT	
Street Address	treet Address City				
Purpose of Expenditure (by code)	Description Volunteers - Food		Event #	Amount 61.58	
Expenditure # (if applicable))				
Name of Payee			Date of Payment	Method of Payment:	
Tisane Euro			Aug 19, 2019	O Check # O Debit Card OEFT	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description Volunteers - Food		Event#	Amount 87.91	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or cc Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) re)			
		SUBTOTAL Section P	-This Page 310.64		

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
McGee for Hartfo	rd		7th day preceding	primary
	P. Expenses	Paid by Committee	COLUMN TO THE STATE OF THE STAT	At the fields some surred is shown one most of the surremanners were derived from the field of the field surremanners were desired from the field surremainers
Name of Payee Tisane Euro		an and an annual state and an	Date of Payment Aug 21, 2019	Method of Payment: O Check #
Street Address		City	<u> </u>	O Debit Card O EFT State Zip Code
Acutaban phanique (a Communication Communica	77.00			
Purpose of Expenditure (by code)	Description Event # Volunteers - Food			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent OrganizationOA OB OC OD			42.20
Name of Payer South Whitney P Street Address	izza	City	Date of Payment Aug 23, 2019	Method of Payment: Check # Debit Card DEFT State Zip Code
		City		State Zip Code
Purpose of Expenditure (by code)	Description Volunteers - Food		Event#	Amount 43.57
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee) i) Independ	-	
Name of Payee	manumanan se samung na sebuman kanan manuman manun ke kahar bara barah manuman barah se sa sa sa sa sa sa sa s	Maritina de Maria de Caractería de Caracterí	Date of Payment	Method of Payment:
Bree'Ana R Johr	nson		Aug 26, 2019	© Check #1268 Debit Card © EFT
outet Address		City		State Zip Code
Purpose of Expenditure (by code)	Description Volunteers - Food Reimbursement		Event #	Amount 59.24
Expenditure # (tf applicable)	30.24			
Name of Payee			Date of Payment	Method of Payment:
South Whitney P	izza		Aug 26, 2019	O Check # O Debit Card OEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description Volunteers - Food		Event#	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee) i) O Independ	,	43.57
	S	UBTOTAL Section P —	This Page 188.58	

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NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)	gangadasi — agan dipikinga ik 40,455 kyrpyyyyyy	TYPE OF REPORT	
McGee for Hartfor	and the state of t	a seggennnig ja kili kusunés sanina tarapit Parit di Afrika sa pagagagan kili kumika mahamaha mah Pa	7th day preceding	primary
zemografiy <i>ka zel</i> apusyebbi jetikishi disensessani na sistema sessani	P. Expenses	Paid by Committee	deligi kalasi kesit pili perinteksi sasak kesini sandan sapumpu sano, melali pepteksi kesimban di delibih ke	<u> </u>
Name of Payee Plan B Burger Ba Street Address	ar .	City	Date of Payment Aug 27, 2019	Method of Payment: Check # Debit Card DEFT State Zip Code
Purpose of Expenditure (by code)	Description Volunteers - Food		Event #	Amount 66.56
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD			
Name of Payee			Date of Payment	Method of Payment: O Check #
Salute Restaurar	nt		Aug 28, 2019	O Debit Card OEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description Volunteers - Food		Event #	Amount 22
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)		
Name of Payee Tisane Euro			Date of Payment Aug 29, 2019	Method of Payment: Check # Debit Card DEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description Volunteers - Food		Event #	Amount 42.20
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) re)	•	76.60
Name of Payee			Date of Payment	Method of Payment:
Breeana R Johns	son		Aug 29, 2019	O Check #O Debit Card OEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code) Expenditure #	Description Volunteers - Food Reimbursement	Jan (Days Ethe Edwyll in	Event#	Amount 34.75
((f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee)	, in the second second	
		UBTOTAL Section P —	This Page 165.51	

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Revised January 2015	TTE On aid Complete Name or Decistored with Elling Denositanti	MOCACO ACTURA MATERIAL PROPERTIES	TYPE OF REPORT	
NAME OF COMMIT	EE (Provide Complete Name as Registered with Filing Repository)			
McGee for Hartfor	d	household file And Andrew Control of the Control of	7th day preceding (orimary
	P. Expenses	Paid by Committee		
Name of Payee		AND THE RESERVE OF THE PROPERTY OF THE PROPERT	Date of Payment	Method of Payment:
Noel Velilla			Jul 29, 2019	© Check #1220
Street Address		City		O Debit Card OEFT State Zip Code
Succe ridaryss		5,		
AND THE PROPERTY OF THE PROPER			-	
Purpose of Expenditure (by code)	Description		Event #	Amount
(-)	Volunteer			54
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is c	hecked)	
(if applicable)	None of the below (does not involve another candidate or con			
	Coordinated with reimbursement sought (joint expenditur	e) 📵 Independe		
S.T	Coordinated without reimbursement sought (in-kind contr	(button) Organizati	On OA OB OC OD Date of Payment	Method of Payment:
Name of Payee				© Check #1253
Mary Mackey			Aug 9, 2019	O Debit Card OEFT
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)	Volunteer			
				56
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is ci	hecked)	
	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure)		ent	
	Coordinated without reimbursement sought (in-kind contri		onOAOBOCOD	
Name of Payee	n de la companya del companya de la companya del companya de la companya del la companya de la c	<u>ar Halle Get Est Hill Grissol American symmetry ann de gris gan ann agus ann ann ann ann ann ann ann ann ann a</u>	Date of Payment	Method of Payment:
Nelky Maldonad	0		Aug 9, 2019	© Check #1255
Street Address		City		Debit Card DEFT State Zip Code
		<u> </u>	D ()	
Purpose of Expenditure (by code)	Description		Event #	Amount
	Volunteer			116
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.	uless "None of the below" is	checked)	1 ''`
(if applicable)	None of the below (does not involve another candidate or co	mmittee)		
	Coordinated with reimbursement sought (joint expenditue) Coordinated without reimbursement sought (in-kind cont			
Name of Payee	O Coordinated without remodusement sought (ar-kind cont	Organiza	Date of Payment	Method of Payment:
Jessie Pierce			Aug 9, 2019	© Check #1261
		· = · · · · · · · · · · · · · · · · · ·	Aug 9, 2019	O Debit Card OEFT
Street Address		City		State Zip Code
·				
Purpose of Expenditure	Description		Event#	Amount
(by code)	Volunteer			
Expenditure #	The state of the s	Jane (Mana a Caller & Jane) is a	I and add	12
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un	•	пескеај	
	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur	mmittee) e) (2) Independ	ent	
	Coordinated without reimbursement sought (in-kind contr		ion.OA OB OC OD	
		UBTOTAL Section P		
		VALVAIN DVCHUH I		ingganiyinilika yay Sayyuga dayaa isaa asaa asaa asaa asaa ahaa ayaa ayaa a

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McGee for Hartford Name of Payee Milagros Vega Street Address Purpose of Expenditure (by code) Expenditure # (if applicable) Tyn Tyn Tyn Tyn Tyn Tyn Tyn Ty	Description Volunteer pe of Expenditure (Itemization in Addendum P Required unla None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	mittee)	Date of Payment Aug 9, 2019 Event #	Method of Payment: Check #1256 Debit Card DEFT State Zip Code Amount 20
Name of Payee Milagros Vega Street Address Purpose of Expenditure (by code) Expenditure # (ff applicable) Tyn Tyn Company Tyn Tyn Tyn Tyn Tyn Tyn Tyn	Description Volunteer pe of Expenditure (Itemization in Addendum P Required unla None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	city ess "None of the below" mittee) ution) Organi	Date of Payment Aug 9, 2019 Event # is checked) endent ization OA OB OC OI Date of Payment Aug 9, 2019	Method of Payment: Check #1256 Debit Card DEFT State Zip Code Amount 20 Method of Payment: Check #1252 Debit Card DEFT
Milagros Vega Street Address Purpose of Expenditure (by code) Expenditure # (ff applicable) Name of Payee Tony Cicero Street Address Purpose of Expenditure (by code) Expenditure # (ff applicable)	Description Volunteer pe of Expenditure (Itemization in Addendum P Required unla None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	city ess "None of the below" mittee) ution) Organi	Event # Event # is checked) Endent ization OA OB OC OI Date of Payment Aug 9, 2019	Check #1256 Debit Card OEFT State Zip Code Amount 20 Method of Payment: Check #1252 Debit Card OEFT
Milagros Vega Street Address Purpose of Expenditure (by code) Expenditure # (ff applicable) Name of Payee Tony Cicero Street Address Purpose of Expenditure (by code) Expenditure # (ff applicable)	Description Volunteer pe of Expenditure (Itemization in Addendum P Required unla None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib Description	ess "None of the below" mittee) Independention) Organi	Aug 9, 2019 Event # is checked) endent (zation OA OB OC OI Date of Payment Aug 9, 2019	Check #1256 Debit Card OEFT State Zip Code Amount 20 Method of Payment: Check #1252 Debit Card OEFT
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	pe of Expenditure (Itemization in Addendum P Required unle		is checken)	
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(by code)	Volunteer			
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(Coordinated without reimbursement sought (in-kind contri	bution) Organ	nization.OA OB OC O	
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Jasmine Ford			Aug 15, 2019	O Debit Card OEFT
Street Address		City		State Zip Code
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. 6	Coordinated with reimbursement sought (in-kind contri	bution) Organ	nization OA OB OC O	D
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Section P. ADDITIONAL PAGE 18 of 18

rised January 2015					워크 등학교 및 환경을 됐습니다. 현재 대학교 등 대학교 등 등 사회에 대학교 보내 보내 하는 것이 되는 것이 가지 않는 것이 되었다.
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if applicable) Name of Payce	None of the below (does not involve another candidate or co	ommittee) re)	Independent	A O B O C O	Method of Payment: Check #1228 Debit Card EF
(f applicable) Name of Payee A-1 Pizza	None of the below (does not involve another candidate or co	ommittee) re)	Independent	A O B O C O	Method of Payment: Check #1228
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IV. EXPENDITURES (Sections P—T)

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McGee for Hartford				A STATE OF THE STA) humary	
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Name of Payee (Name of	Vendor who candidate paid directly)			Date of Payment		bursement claimed?
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Purpose of Expenditure	Description		Even	t #		Amount
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		TOTAL of addit	tional Secti	on Q Pages 0		
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IV. EXPENDITURES (Sections P—T)

Page 15	of 17
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NAME OF COMMITT			TYPE OF REPORT		5 6 6
McGee for Hartfo	rd		7th day preceding p	rimary	
	R. Expenses Incu	rred on Committee (Credit Card		
Name of Issuing Insti	tution	Type of Credit Card: Visa Master Ca	ard ODiscover OAmerica	n Express	Other:
Name of Vendor				Date of Tra	nsaction
Street Address		City		State	Zip Code
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D4 4 11		City		State	Zip Code
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	TOTAL OF ALL EXPENSES INCURRED	ON COMMITTEE (Enter total on Line 27 of Su			
a managan panggan pang					

Hey, 1/12				nor.
NAME OF COMMITT			TYPE OF REPORT	
McGee for Hartfor				
	S. Expenses Incu	irred by Committee but Not I	and Daring mis Lerior	Date Incurred
Name of Creditor				Date Monte
		City	A STATE OF THE STA	State Zip Code
Street Address		City		,
			Event #	Amount Incurred
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IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTE McGee for Hartford			TYPE OF REPORT 7th day preceding primary				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		n of Reimburseme	nts to Commit	tee Workers and	l Consultants		
Last Name of Worker/Consultant First				M	Date of Payment		f Payment: Check # Debit Card
Secondary Payee				and the second s			
Street Address			City	City			Zip Code
Purpose of Expenditure (by code)	Description			Event #		Amount	
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