

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			April 10 filing	
L1. Event Information				
Event #	Date of Event	Letter	Description	Was this a fundraising event?
	03/27/2019	b	Reception Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State	Zip Code
100 Great Meadow Rd		Wethersfield	CT	06109
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="checkbox"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input checked="" type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No		
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="checkbox"/> No		
<b>Subpart 3: (Town Committees ONLY)</b>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No		

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
<b>TOTAL of Section L1 Pages</b>	\$0.00
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)</b>	\$0.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT	
Bronin for Mayor					April 10 filing	
<b>L3. Purchases of Advertising in a Program Book or on a Sign</b>						
Name of Purchaser Affirmative Investment So					Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 33 Union St, Ste 2			City Boston		State MA	Zip Code 02108-2414
Date Received 03/18/2019	Event # 032719a	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser Centra optica					Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 33 Lasalle Rd			City West Hartford		State CT	Zip Code 06107-2304
Date Received 03/27/2019	Event # 032719a	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser DHL company					Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 511 Franklin Ave			City Hartford		State CT	Zip Code 06114-3017
Date Received 03/27/2019	Event # 032719a	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser Frank L. Macca					Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 284 Locust St			City Hartford		State CT	Zip Code 06114-2027
Date Received 03/27/2019	Event # 032719a	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser Metro Autobody & Towing					Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 722 Wethersfield Ave			City Hartford		State CT	Zip Code 06114-1900
Date Received 03/27/2019	Event # 032719a	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
Name of Purchaser Paramount construction LL					Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 49 Hollow Tree Ln			City Newington		State CT	Zip Code 06111-1721
Date Received 03/27/2019	Event # 032719a	Aggregate Purchases for all Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase \$0.00		
<b>SUBTOTAL Section L3</b>						\$1,500.00
<b>Total Purchases of Advertising in a Program Book - This Page</b>						\$1,500.00
<b>SUBTOTAL Section L3 (Town Committees ONLY)</b>						\$0.00
<b>Total Purchases of Advertising on a Sign - This Page</b>						\$0.00
<b>TOTAL of Section L3 Pages</b>						\$2,500.00
<b>TOTAL OF PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b>						\$2,500.00
<i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>						\$2,500.00

**II. EVENT ACTIVITY (Sections L1—L5)**

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>				<b>TYPE OF REPORT</b>	
Bronin for Mayor				April 10 filing	
<b>L3. Purchases of Advertising in a Program Book or on a Sign</b>					
Name of Purchaser Providence Financial Grou				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 35 Nod Rd, Ste 102			City Avon	State CT	Zip Code 06001-3826
Date Received 03/18/2019	Event # 032819a	Aggregate Purchases for all Events \$250.00	Amount of Progam Ad Purchase \$250.00	Amount of Sign Purchase \$0.00	
Name of Purchaser Sena Brothers LLC				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 585 Windsor St			City Hartford	State CT	Zip Code 06120-2413
Date Received 03/27/2019	Event # 032719a	Aggregate Purchases for all Events \$250.00	Amount of Progam Ad Purchase \$250.00	Amount of Sign Purchase \$0.00	
Name of Purchaser Sher's Automotive Center				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 405 Washington St			City Hartford	State CT	Zip Code 06106-3345
Date Received 03/27/2019	Event # 032819a	Aggregate Purchases for all Events \$250.00	Amount of Progam Ad Purchase \$250.00	Amount of Sign Purchase \$0.00	
Name of Purchaser Webster Realty				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 64 Old Pewter Ln			City Wethersfield	State CT	Zip Code 06109-3134
Date Received 03/27/2019	Event # 032719a	Aggregate Purchases for all Events \$250.00	Amount of Progam Ad Purchase \$250.00	Amount of Sign Purchase \$0.00	

<b>SUBTOTAL Section L3</b> Total Purchases of Advertising in a Program Book - This Page	\$1,000.00
<b>SUBTOTAL Section L3 (Town Committees ONLY)</b> Total Purchases of Advertising on a Sign - This Page	\$0.00
<b>TOTAL of Section L3 Pages</b>	\$2,500.00
<b>TOTAL OF PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>	\$2,500.00

III. NONMONETARY RECEIPTS (Sections M-O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			April 10 filing	
<b>M. In-Kind Contributions</b>				
Name George C. Jepsen (Events)				
Street Address 995 Prospect Ave		City West Hartford		State CT
		Zip Code 06105-1101		
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 03/28/2019	Aggregate Contributions \$647.06	Description of In-Kind Contribution Fundraiser Supplies	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fair Market Value of this Contribution  \$647.06	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 032819a</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>			

<b>SUBTOTAL Section M - This Page</b>	\$647.06
<b>TOTAL of Section M Pages</b>	\$647.06
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)</b>	\$647.06

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

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Bronin for Mayor	April 10 filing

**P. Expenses Paid by Committee**

Name of Payee ADP		Date of Payment 03/29/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 100 Corporate Dr		City Windsor	State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll Taxes	Event #		Amount  \$2,179.49
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee ADP		Date of Payment 03/29/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 100 Corporate Dr		City Windsor	State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll Taxes	Event #		Amount  \$287.59
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Anedot		Date of Payment 01/31/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884-4314
Purpose of Expenditure (by code) OVHD	Description Credit Card Processing Fees - January	Event #		Amount  \$2,138.60
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Anedot		Date of Payment 02/28/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884-4314
Purpose of Expenditure (by code) OVHD	Description Credit Card Processing Fees - February	Event #		Amount  \$3,781.14
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

<b>SUBTOTAL Section P - This Page</b>	\$8,386.82
<b>TOTAL of Section P Pages</b>	\$65,808.41
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$65,808.41

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			April 10 filing	
P. Expenses Paid by Committee				
Name of Payee Anedot		Date of Payment 03/31/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884-4314
Purpose of Expenditure (by code) OVHD	Description Credit Card Processing Fees - March	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$10,384.00	
Name of Payee Kevin Buchanan		Date of Payment 03/31/2019	Method of Payment <input checked="" type="checkbox"/> Check # 997 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 173 Essex St		City Deep River	State CT	Zip Code 06417-1946
Purpose of Expenditure (by code) REF	Description Contribution Refund	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$500.00	
Name of Payee Conor Hurley		Date of Payment 02/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 991 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1529 Williams St, Apt 303		City Columbia	State SC	Zip Code 29201-2270
Purpose of Expenditure (by code) CNSLT	Description Political Consulting	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$7,000.00	
Name of Payee Conor Hurley		Date of Payment 03/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 993 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1529 Williams St, Apt 303		City Columbia	State SC	Zip Code 29201-2270
Purpose of Expenditure (by code) CNSLT	Description Political Consulting	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$7,000.00	

<b>SUBTOTAL Section P - This Page</b>	<b>\$24,884.00</b>
<b>TOTAL of Section P Pages</b>	<b>\$65,808.41</b>
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b>	<b>\$65,808.41</b>

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			April 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Alan Lazowski		Date of Payment 03/31/2019	Method of Payment <input checked="" type="checkbox"/> Check # 999 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 170 Scarborough St		City Hartford	State CT	Zip Code 06105-1107
Purpose of Expenditure (by code) FNRD	Description Fundraiser Cost	Event #	<b>Amount</b>  \$6,311.19	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Mid State Printing		Date of Payment 03/31/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Bank St, Ste 401		City Stamford	State CT	Zip Code 06901-3074
Purpose of Expenditure (by code) PRNT	Description Printing	Event #	<b>Amount</b>  \$1,499.54	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Tiffany Mitchell		Date of Payment 03/29/2019	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 118 Kensington St		City Hartford	State CT	Zip Code 06120-1740
Purpose of Expenditure (by code) WAGE	Description Payroll	Event #	<b>Amount</b>  \$1,423.58	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Tiffany Mitchell		Date of Payment 03/29/2019	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 118 Kensington St		City Hartford	State CT	Zip Code 06120-1740
Purpose of Expenditure (by code) WAGE	Description Payroll	Event #	<b>Amount</b>  \$682.94	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

<b>SUBTOTAL Section P - This Page</b>	\$9,917.25
<b>TOTAL of Section P Pages</b>	\$65,808.41
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b>	\$65,808.41

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

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Bronin for Mayor	April 10 filing

**P. Expenses Paid by Committee**

Name of Payee National Geographic and Political Software		Date of Payment 02/21/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1101 15th St NW		City Washington		State DC
Zip Code 20005-5002				
Purpose of Expenditure (by code) OVHD	Description Database Software	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,050.00	
		Independent <input type="checkbox"/>		
		Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee National Geographic and Political Software		Date of Payment 02/21/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1101 15th St NW		City Washington		State DC
Zip Code 20005-5002				
Purpose of Expenditure (by code) OVHD	Description Database Software	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$3,150.00	
		Independent <input type="checkbox"/>		
		Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee National Geographic and Political Software		Date of Payment 03/20/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1101 15th St NW		City Washington		State DC
Zip Code 20005-5002				
Purpose of Expenditure (by code) OVHD	Description Database Software	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,140.00	
		Independent <input type="checkbox"/>		
		Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Forrest Richardson		Date of Payment 03/29/2019	Method of Payment <input checked="" type="checkbox"/> Check # 50003 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 200 Corporate Dr, 505		City Windsor		State CT
Zip Code 06095-2147				
Purpose of Expenditure (by code) WAGE	Description Payroll	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$2,425.00	
		Independent <input type="checkbox"/>		
		Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

<b>SUBTOTAL Section P - This Page</b>	\$7,765.00
<b>TOTAL of Section P Pages</b>	\$65,808.41
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$65,808.41



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		April 10 filing	
P. Expenses Paid by Committee			
Name of Payee Run the World		Date of Payment 02/21/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address PO Box 111		City Prairie Du Sac	State WI      Zip Code 53578-0111
Purpose of Expenditure (by code) A-WEB	Description Digital Advertising	Event #	Amount  \$5,000.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Run the World		Date of Payment 03/20/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address PO Box 111		City Prairie Du Sac	State WI      Zip Code 53578-0111
Purpose of Expenditure (by code) A-WEB	Description Digital Advertising	Event #	Amount  \$2,000.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Run the World		Date of Payment 03/20/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address PO Box 111		City Prairie Du Sac	State WI      Zip Code 53578-0111
Purpose of Expenditure (by code) CNSLT	Description Digital Consulting	Event #	Amount  \$2,500.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Run the World		Date of Payment 03/20/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address PO Box 111		City Prairie Du Sac	State WI      Zip Code 53578-0111
Purpose of Expenditure (by code) CNSLT	Description Digital Consulting	Event #	Amount  \$3,629.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

<b>SUBTOTAL Section P - This Page</b>	\$13,129.00
<b>TOTAL of Section P Pages</b>	\$65,808.41
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b>	\$65,808.41

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		April 10 filing	
<b>P. Expenses Paid by Committee</b>			
Name of Payee Run the World		Date of Payment 03/25/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address PO Box 111		City Prairie Du Sac	State WI      Zip Code 53578-0111
Purpose of Expenditure (by code) A-WEB	Description Digital Advertising	Event #	<b>Amount</b>  \$1,000.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Debra Schmerling		Date of Payment 03/31/2019	Method of Payment <input checked="" type="checkbox"/> Check # 998 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 221 Trumbull St, Apt 2701		City Hartford	State CT      Zip Code 06103-1526
Purpose of Expenditure (by code) FNDR	Description Fundraising Supplies	Event #	<b>Amount</b>  \$726.34
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

<b>SUBTOTAL Section P - This Page</b>	\$1,726.34
<b>TOTAL of Section P Pages</b>	\$65,808.41
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b>	\$65,808.41