SEEC FORM 20

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

2010 SEP 13 PH 2: 51

Page 1 of 17

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE								9.0			
Committee to Re-Elect Cloud for	Treasurer										
2. TREASURER NAME										Suffix	
First		MI	1	Last						Julia	
Carmen				Sierra			Surveyor Strain Lean		A. NS. 48.83		
3. TREASURER ADDRESS									Zip C	ode	
Street Address			City				- 1	State CT	061	l l	
200 Goodrich			Traitioid								
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Comple	te only .	f Candidate (ommittee)				6. DIST	RICT NUMBER	
(mm/dd/yyyy) 11/5/2019	City Treasurer									7	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee))				1,000	13.3 <u>.</u> 3%		Suffix	
First		MI		Last						Sumx	
Adam		М		Cloud		' ,		vr. 55 5 5 6 6 6 5 5 5 5 5 5	Section of Chan		
8. TYPE OF REPORT (Check One Box)				15 (5) (6) (5)				S. B. E.			
O January 10 filing	7th day prece	ding prima	гу	7th o	lay preced	ling referendum	Oli	nitial Cont PACs ONLY	tribution o	or Disbursement	
OApril 10 filing	O30 days follo	wing prima	ry	O 45 days following referendum			·	O Amendment to			
OJuly 10 filing	O7th day prece	ding election	on	n ODeficit			T	ype of Re	port:		
O October 10 filing	12th day pred (State Central C	ceding elect	ion (y)	OTermination							
O24 Hour Independent Expenditure OPrimary OElection	O45 days follo not held in N	wing election	on								
9. PERIOD COVERED				20 (20 (20 (a)							
	Beginning D	ate			Enc	ding Date					
,	7/1/19			thru	9/1/19						
10. CERTIFICATION											
I hereby certify and state, under Disclosure Statement for the pure	eriod covered is	s true, acc	urate	all of the and com	piete. MU	s Sier	this Ite	mized Ca	91	Finance ////G E (mm/dd/yyyy)	

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Committee to re-elect Cloud for Treasurer 2019	TYPE OF REPORT 7th day before primary					
	COLUMN A This Period	COLUMN B Aggregate				
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0				
12. Balance on hand at the beginning of Reporting Period	600.00					
13. Contributions Received from Individuals (Sections A and B)	10,370.00	1,350.00				
14. Receipts from Other Committees (Sections C1 and C2)	475.00	0				
15. Other Monetary Receipts (Sections D through K)	0					
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	· · · · · · · · · · · · · · · · · · ·				
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed						
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0					
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	10,845.00	1,350.00				
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	11,445.00	1,350.00				
19. Expenses Paid by Committee (Section P)	3,799.52	750.00				
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	7,645.48	600.00				
21. In-Kind Donations not Considered Contributions Received (Section L4)	o					
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	o					
23. In-Kind Contributions Received (Section M)	0					
24. Refundable Deposit to Telephone Company (Section N)	o					
25. Loan Balance	0					
25a. + Loans Received (Section D)	0					
25b. + Interest and Penalties on Loan	0					
25c Payments on Loan	0					
25d. Total Outstanding Loan Amount	0					
26. Campaign Expenses Paid by Candidate (Section Q)	340.10	aramas, san arama <u>aramanan da Aramanan da Aramanan da Aramanan da Aramanan da Aramanan da Aramanan da Aramanan</u>				
27. Expenses Incurred on Committee Credit Card (Section R)	0					
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	1500.00					
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	1500.00					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Committee to re-elect Cloud For Treass	urer 2019			7th day before primary				
A. Total Contributions from Sn (See instructions for definition of Small C			his Period ONLY OTAL SECTION A	\$350.00				
	B. Itemized Cor	ntrik	outions from Indivi	duals				
Last Name		F	irst				MI	
Healis		1	Tonya					
Residential Street Address		City			State	Zip C	L	
11 Ashley Road	·	Win	dsor		СТ	060	95	
Principal Occupation			Name of Employer					
Business Consultant	sultant Self- Employed							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is associated with have a contract with said municipality				Amount of Contribu		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which braid of government the contract							
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Orde	der 07/30/2019 250.00					
Last Name			First				МІ	
Silverstein		.	Jamie					
Residential Street Address		City			State	Zip C	Code	
35 Westwood Road		Wes	st Hartford		СТ	061	.17	
Principal Occupation		L	Name of Employer	·· <u>·······</u>	<u>L</u>	l		
President/CEO Page Four Media								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	s contributor or business he/she is associated with have a contract with said municipality				Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches	te contractor? Yes No Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Ca	ard Payroll Deduction Money	Orde	r 07/31/2019	250.00				
Last Name			First				Mi	
Thompson			Angella					
Residential Street Address		City			State	Zip (
485 Cornwall Street		Har	tford		CT	06	112	
Principal Occupation			Name of Employer					
Business Management			Self- Employed			-		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	andidate for a chief executive sociated with have a contract Yes O No	e officer of a municipalit with said municipality	y, Am250		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches	_ ① No				
Method of Contribution: OCash OPersonal Check OCredit/Debit Contribution:	ard OPayroll Deduction OMoney	y Orde	Date Received 07/31/2019	Aggregate Contributions 250.00			į	
	SUB'	гот	'AL Section B — This	Page 750.00				
	TOTA	Lof	additional Section B	Pages 9,270.00		************		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Committee to re-elect Cloud For Treasurer 2019			7th day before primary			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ 350.00			
B. Itemized Co	ntrib	utions from Individ	luals			
Last Name	Fi	rst				MI
Tanksley	Α	lan				
Residential Street Address	City			State	Zip (Code
54 West 21st Street, Suite 809	New York NY 1				100)10
Principal Occupation	Name of Employer					
Interior Designer		Alan Tanksley, Inc.				
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	400 to a candidate for a chief executive officer of a municipality, she is associated with have a contract with said municipality Yes No 250.00				f Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, list Event # Is contributor a principal of a section L1? If yes, indicate which brain of government the contract	nch or l	branches	contractor? Yes No			
Method of Contribution:	·	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	der 07/31/2019 250.00				
Last Name	Fi	rst			***************************************	МІ
Lewis	D	liane				
Residential Street Address	City			State	Zip (Code
69 C Congress Street	Hartf	ord		CT	061	114
Principal Occupation		Name of Employer				
Case Manager		Capital Workforce P	artners			
						f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a figure, indicate which bra of government the contra	ınch or	branches	e contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	07/31/2019	220.00			
Last Name	l l	rst		****	***************************************	MI
Cloud	R	tobin				
Residential Street Address	City			State	Zip (
3911 Edenhurst Ave	Los /	Angeles 		CA	900	039
Principal Occupation		Name of Employer				
Director		Cloud Creative Med	dia			
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?				y, Am		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a figure, indicate which bra of government the contra	inch or	branches	e contractor? OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	08/01/2019	250.00			
SUB*	TOTA	AL Section B — This	Page 720.00			
TOTA	Lofa	dditional Section B I	ages 8,550.00		······································	
TOTAL OF ALL CONTRIBUTIONS FROM						
		lumn A of Summary Page				

NAME OF COMMITTEE. (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Committee to re-elect Cloud For Treasurer 2019				7th day before primary			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$350.00			
Last Name	ntr	First		luals			MI
Motley		Joh	าก 				
Residential Street Address					1 .	Code	
39 Canterbury Road	Hamden CT 06514						
Principal Occupation	Name of Employer						
Consultant			John Motley dba M		1		
	00 to a candidate for a chief executive officer of a municipality, the is associated with have a contract with said municipality OYes ONo 250.00					t of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ınch (
Method of Contribution:		Date Received Aggregate Contributions			7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Ord	ler	ter 08/01/2019 250.00				
Last Name		First	<u> </u>				MI
Butler		Jar	nes				
Residential Street Address	City				State	1 .	Code
41 Ridgefield Street Hartford CT 06					06	112	
Principal Occupation Name of Employer							
Assembly Test Tech II Collins Aerospace							
	utor or business he/she is associated with have a contract with said municipality				f 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	anch	or b	ranches	e contractor? Yes No			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Ord	ler	08/01/2019	100.00			
Last Name		Firs					MI
Cloud, Jr.		Sa	nford				
Residential Street Address	City		Hautfand		State	1 -	Code
795 Prospect Avenue, Unit C3	VV	est i	Hartford		СТ	100	105
Principal Occupation			Name of Employer The Cloud Compar				
President/CEO	~ .	,					
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?						1011111 0 0.00	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which bra of government the contra	anch	or b	ranches	No			
Method of Contribution:			Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Ore	der	08/01/2019	250.00		-	
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тота	L of	fad	ditional Section B I	ages 7,950.00			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line			VIDUALS (Sections a mn A of Summary Page				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Committee to re-elect Cloud For Treasurer 2019				7th day before primary			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$350.00		*******************************	
B. Itemized C	ontr	ibu	tions from Individ	iuals			
Last Name		First			***************************************		MI
Cloud		Dia	ane				
Residential Street Address	City	L			State	Zip (Code
795 Prospect Street, Unit C3	We	est F	Hartford		CT	06	105
Principal Occupation			Name of Employer		`		
Retired							
	00 to a candidate for a chief executive officer of a municipality, he is associated with have a contract with said municipality Yes No 250.00					f Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of No If yes, indicate which be of government the cont	a state contractor or prospective state contractor? Yes ranch or branches No						
Method of Contribution:		Date Received Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Ord	Order 08/01/2019 250.00					
Last Name		First	t				МІ
Healis, Sr.		An	ithony				
Residential Street Address	City	<u></u>	· · ·		State	Zip	Code
11 Ashley Road	Wi	nds	or		СТ	060	095
Principal Occupation			Name of Employer		<u> </u>		
Consultant - Project Manager			Self- Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?						ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which to of government the contributor aprincipal of the period of government	ranch	or b	ranches	e contractor? Yes			
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Ord	ier	08/01/2019	250.00			
Last Name		Firs		<u> Trinings in the second secon</u>	*****************		MI
Plessy		Во	oake				
Residential Street Address	City				State	1 -	Code
84 Florence Way	Fa	rmi	ngton		СТ	06	032
Principal Occupation Retired			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?						ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which be of government the contribution of government the contribution apprincipal of the section of government the contribution associated with an event reported in Section L1?	ranch	or b	ranches	O Legislative			
Method of Contribution: OCash Personal Check OCredit/Debit Card Payroll Deduction OMor	ney Oro	der	Date Received 08/01/2019	Aggregate Contributions 250.00			
SU	вто	TA	L Section B — This	Page 750.00			
TOTAL of additional Section B Pages 7,200.00							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 10,370.00							

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Committee to re-elect Cloud For Treasurer 2019			7th day before primary			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$350.00			
B. Itemized Co	ntrib	outions from Individ	duals			
Last Name		irst	000-000-000-000-000-000-000-000-000-00		MI	
Plessy	L	.ola				
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code	
84 A Fiorence Way	Farmington CT 06032					
Principal Occupation	•	Name of Employer				
Retired						
	O to a candidate for a chief executive officer of a municipality, e is associated with have a contract with said municipality OYes No 250.00				ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, indicate which bra of government the contra	ınch or	branches	e contractor? Yes OLegislative			
If yes, list Event # of government the contra Method of Contribution:	ict is wi	Date Received	Aggregate Contributions	-		
Cash Personal Check Credit/Debit Card Payroll Deduction Mone	v Order					
Last Name		irst	250.00		М	
Ragin-Owens	- 1	oyce			, , ,	
Residential Street Address	City	-7		State	Zip Code	
86 Trumbauer	1 *	dmoor		PA	19038	
Principal Occupation	<u> </u>	Name of Employer		<u>L</u>		
Retired		Self- Employed				
	ntribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, contributor or business he/she is associated with have a contract with said municipality ed at more than \$5,000? Amount of Contributor or business he/she is associated with have a contract with said municipality ed at more than \$5,000? No					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a lifyes, indicate which broad of government the contral of government the contral of government.	anch or	branches	e contractor? Yes No Legislative			
Method of Contribution:	***************************************	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	08/02/2019	100.00			
Last Name	1	irst			MI	
Panico	[David				
Residential Street Address	City			State	Zip Code	
95 Stony Corners Circle	Avoi			СТ	06001	
Principal Occupation		Name of Employer				
Attorney		Robinson & Cole	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a lf yes, indicate which bra of government the contra	anch or	branches	e contractor? OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	08/01/2019	250.00		·	
SUB	TOTA	AL Section B — This	Page 600.00	****		
тота	Lofa	dditional Section B I	ages 6,600.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 10,370.00						

B. Itemized Contrib Last Name Fig. 1	OTAL SECTION A Dutions from Individual inst Celsha Name of Employer Robinson & Cole andidate for a chief executive		State CT	MI Zip Code 06001		
A. Total Contributions from Small Contributors-Received the (See instructions for definition of Small Contributor) B. Itemized Contrib Last Name Palmer Residential Street Address 65 Woodmont Road City Avor	OTAL SECTION A Dutions from Individual inst Keisha Name of Employer Robinson & Cole andidate for a chief executive ociated with have a contract	\$350.00	State CT	Zip Code		
(See instructions for definition of Small Contributor) B. Itemized Contrib Last Name Palmer Residential Street Address 65 Woodmont Road City Avor	OTAL SECTION A Dutions from Individual inst Keisha Name of Employer Robinson & Cole andidate for a chief executive ociated with have a contract	duals	СТ	Zip Code		
Last Name Palmer Residential Street Address 65 Woodmont Road Fi K Avor	Name of Employer Robinson & Cole andidate for a chief executive ociated with have a contract		СТ	Zip Code		
Last Name Palmer Residential Street Address 65 Woodmont Road Fi K Avor	Name of Employer Robinson & Cole andidate for a chief executive ociated with have a contract		СТ	Zip Code		
Last Name Palmer Residential Street Address 65 Woodmont Road Fi K Avor	Name of Employer Robinson & Cole andidate for a chief executive ociated with have a contract		СТ	Zip Code		
Residential Street Address City 65 Woodmont Road Avor	Name of Employer Robinson & Cole andidate for a chief executive ociated with have a contract		СТ	f ⁻		
65 Woodmont Road Avor	Name of Employer Robinson & Cole andidate for a chief executive ociated with have a contract		СТ	f ⁻		
	Name of Employer Robinson & Cole andidate for a chief executive ociated with have a contract			06001		
Principal Occupation	Robinson & Cole andidate for a chief executive pointed with have a contract			•		
(thopat occupation	andidate for a chief executive ociated with have a contract					
Attorney	ociated with have a contract	400 00 11 11				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Valued at more than \$5,000?	OTO ONO	7, Amo 250.	unt of Contribution			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contributor in Section L1? Yes Is contributor a principal of a state contributor in Section L1? If yes, indicate which branch or of government the contract is with the section of the section L1?	branches					
Method of Contribution:	Date Received Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order	r 08/02/2019					
Last Name Fi	irst			MI		
James J.	acqueline					
Residential Street Address City			State	Zip Code		
295 Stevenson Road New	/ Haven		CT	06515		
Principal Occupation	Name of Employer					
Consultant	Self- Employed					
	candidate for a chief executive officer of a municipality ssociated with have a contract with said municipality Yes No			Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state of If yes, indicate which branch or of government the contract is with the contract	branches	e contractor? Yes No				
Method of Contribution:	Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order	08/02/2019	100.00				
Last Name Fi	irst			MI		
Johnson- Davis	Sara			İ		
Residential Street Address City			State	Zip Code		
	t Hartford		СТ	06107		
Principal Occupation	Name of Employer					
Senior Director						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a cardoes contributor or business he/she is assovalued 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 a state of the section of government the contract is with the	branches _	e contractor? O Legislative				
Method of Contribution:	Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order	08/01/2019	150.00				
SUBTOTA	AL Section B — This	Page 500.00				
TOTAL of a	idditional Section B P	ages 6,100.00				
TOTAL OF ALL CONTRIBUTIONS FROM IND (Enter total on Line 13, Col	DIVIDUALS (Sections A	+ B)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Committee to re-elect Cloud For Treasurer 2019			7th day before primary				
A. Total Contributions from Small Contributors-Receivise (See instructions for definition of Small Contributor)	ALCOHOLD CO.	this Period ONLY TOTAL SECTION A	\$350.00				
				20 11140000000000000000			
B. Itemized Co	ontri	butions from Individ	duals	e con un es	1115	30 S S S E	
Last Name	- 1	First				MI	
Young 		Judy		·····			
Residential Street Address	City			State	Zip	1	
44 Stonefield Road	Avc		·····	СТ	060	JU I	
Principal Occupation	Name of Employer						
Entreprenuer		Acyoung, Inc.		1			
		o a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality Oyes No 100.00				nt of Contribution O	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a fyes, indicate which bra of government the contra	anch o						
Method of Contribution:		Date Received Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Ordo	er 08/02/2019	100.00				
Last Name		First	andreadh an daoine an am Airlean an Airlean an Airlean an Airlean Airlean an Airlean Airlean Airlean Airlean A		MACHINE MACH	мі	
Albert-Savage		George					
Residential Street Address	City			State	Zip (ode	
11347 Angelique Drive	Hot	uston		TX	770)65	
Principal Occupation		Name of Employer	Mar i i hi 	·············	·•		
Retired Self- Employed							
	n excess of \$400 to a candidate for a chief executive officer of a municipality, r business he/she is associated with have a contract with said municipality in \$5,000? Amount of Contract with said municipality Yes No 100,00					Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If contributor a principal of a liftyes, indicate which broof government the contributor.	anch o		O Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 08/03/2019	100.00				
Last Name	ļ	First				MI	
Berger-Sweeney		Joanne	, , , , , , , , , , , , , , , , , , , 				
Residential Street Address	City	utfa.u.d		State	Zip		
133 Vernon Street	Па	rtford		СТ	06	100	
Principal Occupation Administrator		Name of Employer Trinity College				•	
	<u> </u>		000	· · · · ·			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				/, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lifyes, indicate which brackets of government the contributor.	anch c		e contractor? OYes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Ord	er 08/03/2019	100.00		·····		
SUB	тот	'AL Section B — This	Page 300.00				
TOTA	L of	additional Section B F	ages 5,800.00				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		VDIVIDUALS (Sections A Column A of Summary Page					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Committee to re-elect Cloud For Treasurer 2019			7th day before primary					
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$350.00	· · · · · · · · · · · · · · · · · · ·				
B. Itemized Co	ontri	butions from Individual	duals		MI			
Joseph	l	Yves						
Residential Street Address	City			State	Zip Code			
932 Quinnipiac Avenue, No 2	Nev	w Haven		СТ	06513			
Principal Occupation	Name of Employer							
Real Estate Developer		R.J. Development						
	s of \$400 to a candidate for a chief executive officer of a municipality, less he/she is associated with have a contract with said municipality O? OYES ONO				Amount of Contribution 250.00			
event reported in Section L1? No If yes, indicate which bra								
Method of Contribution:	Date Received Aggregate Contributions							
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 08/03/2019						
Last Name		First			MI			
Kimpson		Marlon	· · · · · · · · · · · · · · · · · · ·					
Residential Street Address	City	vloston		State	Zip Code			
139 Mary Ellen Drive Principal Occupation	Che	arleston		SC	29403			
Attorney		Name of Employer Motley Rice						
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution								
or dependent child of a lobbyist? No No No No No No No No No N				250				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a fixed which broad of government the contributor.	anch o	contractor or prospective state or branches with:	e contractor? Yes No Legislative					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	4		250.00					
Last Name Hill		First Darrell			MI			
Residential Street Address	City			State	Zip Code			
4 Regent Street	Hai	rtford		СТ	06105			
Principal Occupation Administrator		Name of Employer						
	^.	Access Health CT		1 .				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lif contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				7, Amo	ount of Contribution .00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which broof government the contributor aprincipal of a section L1?	anch c	or branches	e contractor? O Legislative					
Method of Contribution: Cash Personal Check © Credit/Debit Card Payroll Deduction Mone	ey Ord	Date Received 08/04/2019	Aggregate Contributions 100.00					
SUB	тот	AL Section B — This	Page 600.00					
ТОТА	L of	additional Section B P	ages 5,200.00					
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections A olumn A of Summary Page						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Committee to re-elect Cloud For Treasurer 2019			7th day before primary				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$350.00				
	2 11						
B. Itemized Co		outions from Individ	luais			MI	
Holloway		_isa					
Residential Street Address	City			State	Zip (Code	
15 Nolan Drive	Bloomfield CT 060				003		
Principal Occupation	Name of Employer				<u> </u>		
Administrator		Duncaster					
	o to a candidate for a chief executive officer of a municipality, e is associated with have a contract with said municipality Yes No 100.00				Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lfyes, indicate which brain of government the contract of government the contract.	state contractor or prospective state contractor? Yes nch or branches No						
Method of Contribution:		Date Received Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	r 08/04/2019	100.00				
Last Name		irst		See the second control of the		MI	
Alleyne	ŀ	Kenneth					
	City	of I		State	Zip (
837 Prospect Avenue	Hart	tford		СТ	061	105	
Principal Occupation		Name of Employer		·			
Physician Eastern Orthopedics and Sports Medicine							
	r business he/she is associated with have a contract with said municipality					f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a lf yes, indicate which bra of government the contra	inch o	r branches	e contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orđei	r 08/07/2019	250.00	ļ			
Last Name		First				MI	
Vasquez		Victoria					
Residential Street Address	City	tford		State	1 -	Code 114	
200 Goodrich Street Principal Occupation	Пап	Name of Employer		<u> </u>	100	114	
Administrator		Access Health CT					
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?				y, Am 100		f 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 o	r branches	e contractor? OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Orde	er 08/09/2019	100.00		n Order and a con-		
SUB'	TOT	AL Section B — This	Page 450.00				
TOTA	Lof	additional Section B I	ages 4,750.00		***		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A column A of Summary Page		. —	_		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Committee to re-elect Cloud For Treasurer 2019			7th day before primary			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$350.00	***************************************	•	
B. Itemized Co	ntri	butions from Indiv	iduals			
Last Name	T	First		· · · · · · · · · · · · · · · · · · ·		MI
Meacham	Ì	Bradford				
Residential Street Address	City			State	Zip (I.
791 Prospect Ave, Unit B6	We	st Hartford		СТ	061	105
Principal Occupation		Name of Employer	,			
Attorney		Pratt & Whitney				
	00 to a candidate for a chief executive officer of a municipality, she is associated with have a contract with said municipality Yes No 250.00				of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.						
Method of Contribution:		Date Received Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Orde					
Last Name		First			***************************************	MI
Sweeney		Liam				
Residential Street Address	City			State	Zip (Code
29 Penn Drive	We	st Hartford		СТ	06	119
Principal Occupation	L	Name of Employer		1		
Lobbyist		Penn Lincoln Stra	tegies			
	does contributor or business he/she is associated with have a contract with said municipality					f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a section L1? If yes, indicate which brate of government the contral of government the contral of government.	anch o	or branches	tate contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Orde	er 08/12/2019	100.00			
Last Name	1	First				MI
Mednick		Steven				
Residential Street Address	City			State	1 '	Code
912 Prospect Street	Hai	mden		CT	06	517
Principal Occupation		Name of Employer				
Attorney		Self- Employed				
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?			ct with said municipality		10unt 0 0.00	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Security Is contributor a principal of a security of government the contract of government the government that government the government the government that government	anch o	or branches	tate contractor? ONO Legislative			
Method of Contribution: Cash Personal Check OCredit/Debit Card Payroll Deduction OMone	y Ord	Date Received er 08/12/2019	Aggregate Contributions 250,00			
SUB	тот	TAL Section B — Th	is Page 600.00			
TOTA	L of	additional Section I	Pages 4,150.00			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M IN 13, C	NDIVIDUALS (Section Column A of Summary Pag	s A + B) ge Totals) 10,370.00			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Committee to re-elect Cloud For Treasurer 2019	th day before primary					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$350.00			
B. Itemized Co.	and who controls	utions from Individus	luals		MI	
Needleman	N	lorman				
Residential Street Address	City			State	Zip Code	
9 Foxboro Road	Essex	(СТ	06426	
Principal Occupation		Name of Employer				
Executive		Self-Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No				, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? If yes, list Event #	nch or l	branches	contractor? Yes Clegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	08/17/2019	250.00			
Last Name		rst			MI	
Tindall	A	lphonso				
Residential Street Address City State Zip Code						
54 White Oak	Souti	h Orange		NJ	07079	
Principal Occupation Name of Employer						
Attorney Hardwick Law Firm						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No				250.	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? No Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or	branches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	08/19/2019	250.00			
Last Name Stovall		ames			MI	
Residential Street Address	City			State	Zip Code	
26 McGuire Drive	West	t Orange		ŊJ	07052	
Principal Occupation		Name of Employer				
Business Executive		Little Bird HR				
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?				/s Amo	ount of Contributi .00	
this contribution associated with an ent 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: Executive Legislative						
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	Date Received 08/21/2019	Aggregate Contributions 250.00			
SUBT	TOTA	AL Section B — This	Page 750.00			
ТОТАІ	L of a	dditional Section B P	ages 3,400.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Committee to re-elect Cloud For Treasurer 2019			7th day before prir	nary		_
	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A					
B. Itemized Contributions from Individuals						
Last Name	Ī	First	NATURAL DESCRIPTION OF THE PROPERTY OF THE PRO			MI
Camilliere		Anthony				
Residential Street Address	City			State	Zip (ode
60 Old Common	We	thersfield		СТ	061	109
Principal Occupation		Name of Employer		· · · · · · · · · · · · · · · · · · ·	,	
Lobbyist		ССК				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No University No Valued at more than \$5,000?				/, Am		Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a fyes, indicate which bra of government the contra	ınch o	or branches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	⊣ ·		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 08/22/2019	250.00			
Last Name		First			glamanaan muu	MI
Diaz		Jason	•			
Residential Street Address	ial Street Address City St					Code
203 Fairfield Avenue	Hartford CT					14
Principal Occupation	.l	Name of Employer		٠,		
Firefighter City of Hartford						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a c	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality		ount of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lf yes, indicate which broof government the contributor.	anch o		te contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Ordo	er 08/22/2019	250.00			
Last Name		First				MI
Sparrow		Harold				
Residential Street Address	City			State	1 '	Code
1 Gold Street	Hai	rtford		СТ	06	103
Principal Occupation		Name of Employer			·	
Human Services		Hartford YMCA				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a c e is as	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipalit with said municipality		ount o	f Contribution
event reported in Section L1?	Is contributor a principal of a state contractor or prospective state contractor?					
Method of Contribution:		Date Received	Aggregate Contributions			:
Cash Personal Check Credit/Debit Card Payroll Deduction Mone	y Ord	er 08/27/2019	250.00			
SUBTOTAL Section B — This Page 750.00						
TOTA	L of	additional Section B I	Pages 2,650.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 10,370.00						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Committee to re-elect Cloud for Treasurer 2019			7th day before pri	State Zip Code NY 10001 y, Amount of Contribution 150.00		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) S		nis Period ONLY OTAL SECTION A	\$350.00			
			WAT TO THE TOTAL			
B. Itemized Con	4.00	utions from Individ	luals	4009 (4000) 4000 (6000)		
Last Name	- 1 -	irst				MI
Jackson		/larcus		Gran.	7: (2-4-
	City New	/ York			1	
Principal Occupation		Name of Employer			1.00	301
Consultant		Self-Employed				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to	o a ca		e officer of a municipality	, Amo	unt of	f Contribution
or dependent child of a lobbyist? No does contributor or business he/she i valued at more than \$5,000?	s asso	ociated with have a contract OYes ONo	with said municipality	ŀ	0.00	
Is this contribution associated with an event reported in Section L1? Yes No Section L1? If yes, list Event # Is contributor a principal of a st If yes, indicate which brancof government the contract	ch or	branches	Chegislative			
Method of Contribution:		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	08/23/2019	150.00			
Last Name First MI						MI
Gandara	V	<i>Marilda</i>	· · · · · · · · · · · · · · · · · · ·			
	•					Code
	Hart	tford		СТ	06	105
Principal Occupation Retired		Name of Employer				
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 is valued at more than \$5,000?				, Amo		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bran of government the contract	ich or	r branches	e contractor? Yes No	···1		
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	08/24/2019	250.00			
Last Name	- 1	irst				MI
Barlow, Jr		Edward				
	City	t l lautai		State	1 -	Code 400
	⊏as	t Hartford		СТ	06	108
Principal Occupation Retired		Name of Employer				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to				y, Ame	ount o	f Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is asso	ociated with have a contract Yes No	with said municipality	250	00,	
s this contribution associated with an vent reported in Section L1? If yes, list Event # Executive Security S						
Method of Contribution: Cash Personal Check OCredit/Debit Card Payroll Deduction OMoney	Orde	Date Received r 08/29/2019	Aggregate Contributions 250.00			
SUB1	SUBTOTAL Section B — This Page 650.00					
TOTAL	of a	additional Section B I	Pages 2,000.00			karanan aritatifi interioria de aritati
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections a				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT							
Committee to re-elect Cloud For Treasurer 2019				7th day before prin	nary		
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$350.00			
B. Itemized Contributions from Individuals							
Last Name		First			C00000-044000	***************************************	MI
Healy		Ch	ristopher				
Residential Street Address	City					2	Cip Code
Requested					<u> </u>		
Principal Occupation			Name of Employer				
Attorney							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of the contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	he is as	ssoci	ated with have a contract OYes No	with said municipality		Amount of Contribution 250.00	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which by	ranch (or bi	ranches _	O No			
If yes, list Event # of government the control	ract is	with		O Legislative	4		
Method of Contribution:	Oi		Date Received 08/02/2019	Aggregate Contributions 250.00			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	iey Orc			230,00			T 2 4 1
	ast Name First						MI
Clark					State	1.	Sip Code
15 Covington Street, Apt 217	_				CT	1	06053
Principal Occupation		. , ,	Name of Employer		<u> </u>		J J J J J J J J J J J J J J J J J J J
Coordinator			The Village for Fam	ilies and Children			•
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$40	10 to a	cand			v. A	mour	nt of Contribution
or dependent child of a lobbyist? O No does contributor or business he/sl valued at more than \$5,000?						50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which be of government the contributor.	ranch	or b	ranches	e contractor? Yes No Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Ord	ler	08/03/2019	250.00			
Last Name		Firs			<u>,</u>		MI
DesRoisers		Ca	aleb				
Residential Street Address	City	7			State		Zip Code
Requested			Name of Employer		<u></u>		·
Principal Occupation Entreprenuer			rianic of Employer				
	00 to a	aan	didata for a chief evecutiv	a officer of a municipality	, L		nt of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4000 does contributor or business he/s valued at more than \$5,000?					`	50.0	
event reported in Section L1?							
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMor	ney Or	der	Date Received 08/03/2019	Aggregate Contributions 250.00			
SU	вто	TA	L Section B — This	Page 750.00			
ТОТ	AL o	fac	Iditional Section B	Pages 1,250.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 10,370.00							

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)	16.00		TYPE OF REPORT			
Committee to re-elect Cloud For Treasu	urer 2019			7th day before prin	MI State Zip Code CT 06032		
A. Total Contributions from Sn (See instructions for definition of Small C			s Period ONLY TAL SECTION A	\$350.00		************	
							i
	B. Itemized Con	tribu	tions from Individ	iuals			
Last Name		Firs			······································		MI
Chudwick		Bri	uce				
Residential Street Address	C	City			State	Zip (Code
9 Tall Timbers Drive	Į F	Farmi	ngton		СТ	060)32
Principal Occupation			Name of Employer				
Attorney			Shipman & Goodwi	n			
or dependent child of a lobbyist? ONO	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				/, Amo		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a sta If yes, indicate which brand of government the contract	ch or b	ranches	e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Ca	rd OPayroll Deduction OMoney	Order	08/04/2019	100.00			
Last Name		Firs	t	one control property and the control of the control		trophosos of contr	MI
Hayes		F. 1	Elaine				
Residential Street Address	C	City	<u> </u>		State	Zip (Code
Requested						0	
Principal Occupation			Name of Employer		l		
or dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				, Amo		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		ich or b	oranches	e contractor? Yes			
Method of Contribution:			Date Received	Aggregate Contributions	7		
Ocash OPersonal Check Ocredit/Debit Ca	rd Payroll Deduction Money (Order	08/04/2019	100.00			
Last Name		Firs	st	ann an an de ann an			MI
Meja		Je	sse				
Residential Street Address		City			State	Zip	Code
Requested							
Principal Occupation			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she i valued at more than \$5,000?				y, Amo		f Contribution
Is this contribution associated with an event reported in Section L1? **If yes, list Event #*							
Method of Contribution: OCash OPersonal Check OCredit/Dehit Ca	ard OPayroll Deduction OMoney	Order	Date Received 08/17/2019	Aggregate Contributions 250.00			
Ocasii Orosona cheek Ocietarocoree							· A
	SUBTOTAL Section B — This Page 450.00						
TOTAL of additional Section B Pages 800.00							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 10,370.00							

NAME OF COMMITTEE (Provide Complete Name as R	TYPE OF REPORT					
Committee to re-elect Cloud For Treasurer	2019		7th day before prim	ary		
A. Total Contributions from Small (See Instructions for definition of Small Contri		d this Period ONLY UBTOTAL SECTION A	\$350.00			
	B. Itemized Con	tributions from Indivi	duals			
Last Name Cloud		First Christopher			MI	
Residential Street Address		City		State	Zip Code	
25 Mountain Springs Road	ļı	Farmington	İ	ст	06032	
Principal Occupation		Name of Employer				
Lobbyist		ССК				
or dependent child of a lobbyist? No does	ontribution is in excess of \$400 to s contributor or business he/she is used at more than \$5,000?	o a candidate for a chief executives associated with have a contract OYes ONo	ve officer of a municipality, t with said municipality	250.0	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a st If yes, indicate which bran- of government the contract		_ O No			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card	Payroll Deduction OMoney		250.00		1.5	
Last Name Droney, Jr.		First John			МІ	
Residential Street Address	10	City		State	Zip Code	
75 Rockledge Drive	ļ	West Hartford		ст	06107	
Principal Occupation Name of Employer						
Attorney		Hinckley & Allen				
or dependent child of a lobbyist? No doe	ontribution is in excess of \$400 to so contributor or business he/she is used at more than \$5,000?	o a candidate for a chief executi is associated with have a contrac Yes • No	ve officer of a municipality, t with said municipality	Amou 250.0	nt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event #	Is contributor a principal of a s If yes, indicate which brar of government the contract	state contractor or prospective state contractor or prospective state or branches at its with:	ate contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash OPersonal Check Credit/Debit Card	OPayroll Deduction OMoney		250.00			
Last Name		First			MI	
Hamilton		City		State	Zip Code	
Residential Street Address 16452 Crown Arbor Way	1	Fort Myers		FL	33908	
Principal Occupation		Name of Employer				
Retired						
or dependent child of a lobbyist? O No doo	contribution is in excess of \$400 tes contributor or business he/she lued at more than \$5,000?	to a candidate for a chief executi is associated with have a contract Yes O No	ct with said municipality	, Amor	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	th an Yes Is contributor a principal of a state contractor or prospective state contractor? OYes					
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card	OPayroll Deduction OMoney	Order 08/26/2019	200.00	1		
SUBTOTAL Section B — This Page 700.00						
TOTAL of additional Section B Pages 100.00						
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections 13, Column A of Summary Pag	(A + B) e Totals) 10,370.00	-		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Committee to re-elect Cloud For Treasurer 201	9		th day before primary			
A. Total Contributions from Small Constructions for definition of Small Contributor		this Period ONLY TOTAL SECTION A	\$350.00			
	B. Itemized Contr	ibutions from Indivi	duals	100 000		
Last Name		First			MI	
Comer		Andrea			Zip Code	
Residential Street Address						
1 Linden Place, Unit 203	На	rtford		СТ	06106	
Principal Occupation		Name of Employer				
Executive Director		Educators for Excel		<u>.</u>		
or dependent child of a lobbyist? O No does cont	ution is in excess of \$400 to a tributor or business he/she is as more than \$5,000?	candidate for a chief executive ssociated with have a contract OYes ONo	e officer of a municipality with said municipality	/, Amo	unt of Contribution	
event reported in Section L1? No No	ontributor a principal of a state If yes, indicate which branch of government the contract is	or branches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPay	roll Deduction OMoney Ord	der 08/29/2019	100.00			
Last Name		First			МІ	
Residential Street Address	City			State	Zip Code	
Principal Occupation		Name of Employer		<u> </u>	L	
		,.				
or dependent child of a lobbyist? On does cont	oution is in excess of \$400 to a tributor or business he/she is as more than \$5,000?			, Amo	unt of Contribution	
event reported in Section L1? No	contributor a principal of a state If yes, indicate which branch of government the contract is	or branches	te contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPay	yroll Deduction Money Oro	der				
Last Name		First			MI	
Residential Street Address	City	,		State	Zip Code	
Principal Occupation		Name of Employer			1	
or dependent child of a lobbyist? No does com	oution is in excess of \$400 to a stributor or business he/she is a t more than \$5,000?	a candidate for a chief executive associated with have a contract Yes O No	ve officer of a municipalit t with said municipality	y, Amo	ount of Contribution	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPay	yroll Deduction OMoney Or	Date Received der	Aggregate Contributions			
SUBTOTAL Section B — This Page 100.00						
TOTAL of additional Section B Pages 0						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 10,370.00						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT								
Committee to Re			an rang xepisas	<i>10)</i>	edeta vi e petro sedan sedan i naceri si a	7th day precedir	ng primary	
C1, Contributions from Other Committees								
Name of Committee	The state of the s		- Pinner - Inner - Inn	LLEGGE CONTROL	Name of Treasu			
Robinson and C	ole State PAC				Glen Sant	oro		
Address 280 Trumbull St		THE RESERVE THE PROPERTY OF TH	SCHOOLSCOOLSCOOLSCOOLSCOOLSCOOLSCOOLSCOO	Is this contrib	d in Section L1	d with an Yes ONo? st Event#	Amount of (Contribution
City		State	Zip Code	Date Receiv	ved	Aggregate Contributions		
Hartford	ord CT 06103 8/1/2019 375.00				375.00		ļ	
Name of Committee	ang pining kanadamina na na na danada danimina ping ang ang panggang manggunang pang	<u> </u>	inidas entrinibus ataminis terda americanis proportionis per entre entre entre entre entre entre entre entre e		Name of Treasu	исг	aumanna an an an an an an an an an an an an	
109 PAC					Farley Sa	ntos		
Address						d with an Yes ONo	Amount of	Contribution
27 Westview Dri	ve					st Event#	100.00	
City		State	Zîp Code	Date Receiv	ved	Aggregate Contributions		
Danbury		СТ	06810	8/1/201	9	475.00		
Name of Committee		<u> </u>			Name of Trease	ırer		
Address				1		1 24 . 0 1/ 0 1/	Amount of	Contribution
Addiesa	Is this contribution associated with an Yes No event reported in Section L1? If yes, list Event #					Amount or	Contribution	
City	State Zip Code Date					Aggregate Contributions		
	C2. R	teimbursemen	ts or Surpl	us Distribu	tions from	other Committees		
Name of Committee					Name of Treas			
n/a								
Address				City			State	Zip Code
	Expenditure #	1 5			<u></u>	 		<u></u>
Date Received	(if applicable)	Payment Type	ent for shared e	vnense Osi	urplus Distribut	ion	Amount	of Receipt
Description	1	OKCIIIOUISCII	- Silarea C	Aponso Ost				
Description								
Name of Committee					Name of Treas	urer		
Address				City	<u> </u>		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type		_			Amount	of Receipt
	<u> </u>	O Reimburs	ement for shared	i expense 🔘	Surplus Distrib	oution		
Description								
			SUBTO	TAL Sectio	n C — This	Page 475.00		
				of additiona				
		ALL COMMIT						
	(Section	s C1 + C2) (Enter	total on Line 14	i, Column A of	Summary Page	e Totals)	ing and the both the books, and the books are the both	
1								

					YPE OF	REPORT	
Committee to Re-Elect Cloud for Treasurer 20	19			71	th day	preceding pri	mary
	D. Loans	Receiv	ed this Period				
Name of Lender			Source of Loan:	11.000000000000000000000000000000000000			Date of Receipt
N/A			OBank OCand	lidate 🔘 Iı	ndividual	Other Committee	
Street Address	City			S	tate	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)	**************************************	· · · · · · · · · · · · · · · · · · ·		·····			Amount Received
Street Address	City			5	State	Zip Code	
Name of Lender	yaya ja kuli kecamba san karpang kepulan san ki kulong salap daja da	uljumentum kilija katori erimati kili	Source of Loan: OBank O Cand	lidate 🔿 I	ndividual	Other Committee	Date of Receipt
Street Address	City			s	tate	Zip Code	Is there a Cosigner or Guarantor of this Ioan? Yes No
Name of Cosigner/Guarantor (if applicable)		***************************************		·····		•	Amount Received
Street Address	City			[5	State	Zip Code	
Name of Lender			Source of Loan: OBank Cand	lidate 🔘 Is	ndividual	Other Committee	Date of Receipt
Street Address	City		I	S	tate	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City			5	State	Zip Code	
			TOTAL SECTI	ON D	0	andang pagabakan da katala a katala kan a ka	
E. Receipts from Entities other	than Indiv	iduals	or Other Comn	nittees (Referen	dum Committe	es ONLY)
Name of Entity N/A							
Street Address				Date Rec	ceived		Amount Received
City	1.	State	Zip Code	Aggrega	te Contrib	utions	
Name of Entity			<u> </u>			ателикова на нарадника па	en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de
Street Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date Rec	ceived		Amount Received
City		State	Zip Code	Aggrega	te Contrib	utions	
Name of Entity		<u> </u>					en en en en en en en en en en en en en e
Street Address				Date Rec	ceived	······································	Amount Received
City	,,,	State	Zip Code	Aggrega	ite Contrib	utions	
			TOTAL SECT	ION E	О		

NAME OF COMMITTEE	3 (Provide Complete Namé as Registere	d with Filing Repository)		TYPE OF REPORT
Committee to Re-E	Elect Cloud for Treasurer 2	2019		7th day preceding primary
F.	Amount Transferred fi	rom Affiliated Business	s Treasury (Busines	s Entity Committees ONLY)
Date of Receipt	Is this transaction associate event reported in Section I	2,700,	list Event #	Amount 0
Date of Receipt	Is this transaction associate vent reported in Section I	, , , , , , , , , , , , , , , , , , , ,	list Event #	Amount O
Date of Receipt	Is this transaction associate vent reported in Section I		list Event #	Amount O
Date of Receipt	Is this transaction associatevent reported in Section I		list Event #	Amount O
			FOTAL SECTION	o 0
G. Amount Ti	ransferred from Affiliate	d Labor Union or Oth	er Organization T	reasury (Organization Committees ONLY)
Date of Receipt		ate of Receipt]	Date of Receipt
A	mount	Amount		Amount O
		TO	OTAL SECTION G	0
	H. Personal Funds of t	he Candidate Received	this Period <i>(Candi</i>	date Committees ONLY)
Date of Receipt	Method of payment:			Amount
	O Cash	Personal Check	Credit/Debit Car	
Date of Receipt	Method of payment: Cash	O Personal Check	Credit/Debit Ca	Amount d
Date of Receipt	Method of payment: Cash	Personal Check	Credit/Debit Ca	Amount
Date of Receipt	Method of payment:	Personal Check	Credit/Debit Ca	Amount
			TOTAL SECTION	
100		I. Anonymous Cor	ntributions	
am	Per Public Act 11-48, a nount. If a committee r immediately remit the	eceives an anonymous	contribution, the te Elections Enfo	campaign treasurer shall

NAME OF COMMITTEE (Provide Complete Name as Regis	iered with Filing Repository)	TY	PE OF RE	PORT	
Committee to Re-Elect Cloud for Treasure	· 2019	7th	day pr	eceding pr	imary
J. In	terest from Deposits in Autho	orized Accounts			
Name of Institution		Da	te Received		Amount
Bank of America					0
Street Address	City	State	- 1	p Code 6103	
	Hartford	CT		one post of the second	
Name of Institution		Da	te Received		Amount
Street Address	City	State	Zi	p Code	
	T(C)TAL SECTION J	0		
K. Miscellane	ous Monetary Receipts not (Considered Conti	ributio	ns	
Name			Date of	Transaction	Amount Received
Street Address	City		State	Zip Code	0
Description					
Name			Date of	Transaction	Amount Received
Street Address	City		State	Zip Code	o
Pacce (National)					
Description				•	
Name	and the second s		Date of	Transaction	Amount Received
Street Address	City		State	Zip Code	0
Description	Large species and the particular species and the				
Name			Date of	Transaction	Amount Received
			61.4	17:- 0-4-	0
Street Address	City		State	Zip Code	
Description		· · ·			
	TOTA	L SECTION K	0	ang a mana magana an ang alam an ang ang an ang	
SUMMARY OF	OTHER MONETARY REC	EIPTS (Sections	D thro	ugh K)	
Total Loans Received this Period (Section D)				0	
Total Receipts from Entitics other than Individu	0				
Total Amount Transferred from Affiliated Busi	О				
Total Amount Transferred from Affiliated Labo	0				
Total Amount of Personal Funds of the Candida	nte Received this Period (Section H	1)	+	0	
Total Amount of Interest from Deposits in Auth	orized Accounts (Section J)		+	0	
Total Miscellaneous Monetary Receipts not Cor			+	0	
(Add Sections	Total of O D through K) <i>(Enter total on Line 15, C</i>	ther Monetary R Column A of Summary Po			

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)	TYPE	OF REPORT
	ct Cloud for Treasurer 2019	7th [Day preceding primary
	L1. Even	t Information	
Event # Date of Event Letter	Description		Was this a fundraising ever
2444	N/A		OYes ONo
Location: Street Address	<u></u>	City	State Zip Code
Subpart 1: (All Committ	tees)		
Was this event hosted at	a personal residence?	Associated with a House Par	ind Donations not Considered Contributions ity and complete required information for any food, beverage and invitations.)
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Ki and complete required information No	ind Donations not Considered Contributions ation.)
	sale, auction, or other sale of donated items	OYes (If yes, enter Total Receipts he	t to the second
with purchases from an in	idividual of up to \$100?	O _{No}	\$
Were there purchases of sign associated with this		nittees other than Exploratory Comm OYes (If yes, go to Section L3 Purch or on a Sign and complete re ONo	hases of Advertising Space in a Program Bool
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Receipts he	ere.) \$
T			<u> </u>
Event # Date of Event Letter	Description		Was this a fundraising ever OYes ONo
Location: Street Address		City	State Zip Code
Subpart 1: (All Committee Was this event hosted at		Associated with a House Par	and Donations not Considered Contributions ty and complete required information for any food, beverage and invitations.)
	de goods or services donated by a business entity onated by an individual of up to \$100?		ind Donations not Considered Contributions ation.)
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Receipts he	ere.) \$
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	nittees other than Exploratory Comn	hases of Advertising Space in a Program Bool
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Receipts he	ere.)
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fr		Page 0
		ion L1—Subpart 3 (Town Committees Of ipts from Food Purchases — This F	
		TOTAL of additional Section L1 Page 1	ages 0
		IPTS FROM SMALL PURCHA Line 16a, Column A of Summary Page	

		, effective January 1 m a committee tag s					
NAME OF COMMI	TTEE (Provide Complete Name	as Registered with Filing Reposit	ory)		TYPE OF REPORT	1	
	-Elect Cloud for Treas				7th Day prece	ding primary	
	L3. Pu	irchases of Advertisi	ng in a Prog	ram Book or	on a Sign	5. N. 183 B. 18 18 1	
Name of Purchaser	i kulontaka in muunin minin marin marin marin ka kiloni kun kiloni ka kiloni ka kiloni ka kiloni ka kilo			-th-th-th-th-th-th-th-th-th-th-th-th-th-		urchase Made By:	
					Table Tabl	Business Entity	Other
Street Address			City			Individual/Sole I	Zip Code
						State	
Date Received	Event#	Aggregate Purchases	s for All Events	Amount of Pa	rogram Ad Purchase	Amount of S	ign Purchase
					9		3
Name of Purchaser					P	urchase Made By:	
					()	Business Entity	Other
			1		(Individual/Sole I	
Street Address			City			State	Zip Code
							<u></u>
Date Received	Event#	Aggregate Purchase:	s for All Events	Amount of Pr	ogram Ad Purchase	Amount of S	ign Purchase
Name of Purchaser			rat i tilomina antonina e timi analahannan yi timahaha tayosan e		P	urchase Made By:	
					(Business Entity	Other
			T			Individual/Sole	
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of Pa	rogram Ad Purchase	Amount of S	ign Purchase
Name of Purchaser			Maria de Calebra de Ca	nes nederica	1	urchase Made By:	
						Business Entity	Other
] Individual/Sole 1	Proprietorship
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of Pi	rogram Ad Purchas	Amount of S	ign Purchase
Name of Purchaser		, , , , , , , , , , , , , , , , , , , ,			F	urchase Made By:	
						Business Entity	Other
					(Individual/Sole	
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of P	rogram Ad Purchas	e Amount of S	ign Purchase
	SUBTOTAL Sec	tion L3 Total Purchases o	f Advertising in) Program Book	— This Page 0		
	SUBTOT	'AL Section L3 Total Pur	chases of Adve	rtising on a Sign	— This Page 0		
			TOTAL	of additional Sect	tion L3 Pages 0		
7	TOTAL OF ALL PURCI	HASES OF ADVERTISE (Enter total on	NG IN A PROC	GRAM BOOK of one A of Summary	r ON A SIGN 0		

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTE	E (Provide Complete Name as	Registered with Filing Repo	silory)		TYPE OF REPO	ORT		
Committee to Re-E	lect Cloud for Treas	urer 2019			7th Day pred	ceding primary		
	La.	In-Kind Donatio	ons Not Cons	idered Contribu	tions			
Name of Donor				ONE TO COMPANY OF THE			Service and the service and th	H-Constitution of the Constitution of the Cons
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair I	Market Va	lue of Donation
O Business Entity								
OIndividual	Date Received	Event #		Aggregate Value fo	r this Event			
Sole Proprietorship]				
Name of Donor			Och deliciti (1904) de la comercia de la cinecia de la comercia de la comercia de la comercia de la comercia d		and the second second second second second second second second second second second second second second seco			
Street Address	——————————————————————————————————————		City				State	Zip Code
							ļ 	
Donation Given By:	Description of Donation				······································	Fair 8	Jarket Va	ue of Donation
OBusiness Entity						l'an i	ranimei ya	ac of Donation
OIndividual	Date Received	Event #	·*- ··* · · · · · · · · · · · · · · · ·	Aggregate Value for	this Event			
OSole Proprietorship	,							
Name of Donor								
Street Address	**************************************		City	,		·	State	Zip Code
Donation Given By:	Description of Donation	 i				78-2-3	4	- CD - 4'
OBusiness Entity						Patr	viarket va	ue of Donation
OIndividual	Date Received	Event #		Aggregate Value for	this Event			
O Sole Proprietorship						Ì		
Name of Donor							turna and the second of the se	
reality of Dollor								
Street Address			City				State	Zip Code
			City					Zip code
D : 0' D	In again							
Donation Given By: Business Entity	Description of Donation					Fair N	Aarket Val	ue of Donation
O Individual	Date Received	Event #		Aggregate value for	this 17at			
O Sole Proprietorship	Date Received	Evelit #		Aggregate value for	ans even			
r e					9779			
		S	UBTOTAL Sec	tion L4— This Page	0			
		T	TAT SESSAIRS	eral Cardina I a Bara				
		10	A YANTA OL MAGILLO	onal Section L4 Page	s 0			
ТОТ	CAL OF ALL IN-KIND							
		(Enter total on Line 2	1, Column A of S	iummary Page Total	2			
						····		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Prov	ide Complete Name as Registered with Filing Rep	ository)			TYPE OF REI	ORT	
Committee to Re-Elect C	Cloud for Treasurer 2019				7th Day pro	eceding	primary
L 5. I	n-Kind Donations Not Conside	red Co	ontributions Associa	ted with a l	louse Part	y	
Name of Host					supporting mo		e candidate or
N/A				E .	mplete Itemiza	tion in Add	
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value (f Donation
Event #	Aggregate Value of this Event—all hosts	Aggro	egate Value of all Events—this ho	ost/candidate			
Name of Host		angang panganakan dan menggapan berbahan		committee?	supporting mo OYes ONo omplete Itemiza)	e candidate or
Street Address		10	City] -3,,		State	Zip Code
		İ					
Description of Donation					Fair Mar	ket Value e	f Donation
•	•				1 444	ner i mae i	n Dynanon
Event #	Aggregate Value of this Event—all hosts	Aggr	egate Value of all Events—this he	ost/candidate			
Name of Host	And the state of t			committee?	OYes ON)	ne candidate or
Secret Address		1,	Cit.	If yes, co	omplete Itemiza	tion in Add	Zip Code
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Aggr	egate Value of all Events—this ha	ost/candidate			
Name of Host				committee?	OYes ON	0	ne candidate or
Street Address		10	City	ij yes, co	omplete Itemiza	State	Zip Code
			,				`
Description of Donation				······································	Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggr	regate Value of all Events—this he	ost/candidate			:
	1	SUBT	OTAL Section L5 —	This Page	0		
		TOTAI	L of additional Section	L5 Pages	0		erengt sangergerger terribe
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on		NSIDERED CONTRI , Column A of Summary		0		
					unama alikka jali da kirik kirik ke kama 1904 da Araya (Bada		

NAME OF COMMITTEE (Provide Complete	Name as Re	egistered with	Filing Repository)	30 (S) (S) (TYPE	OF REPORT		
Committee to Re-Elect Cloud for	Treasu	rer 2019				00	7th Da	y preceding p	rimary	
			M. In-Kin	d Cont	trik	outions				
Name N/A										
Street Address				· · · · · · · · · · · · · · · · · · ·	City				State	Zip Code
					 ,				State	Zip cout
Type of contributor: Committee	Date Recei	ived	Aggregate Contrib	utions	1	Description of In-Kind	Contributio	on .		
OIndividual / Sole Proprietorship OOther										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does con	bution is in ntributor or at more than	business he/she is	a candida associate	ed w	or a chief executive of ith have a contract work. No	officer of ith said m	municipality, unicipality		Market Value Contribution
Is this contribution associated with an event reported in Section L1? Yes event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Executive Execut										
Name									 	
Street Address				(City				State	Zip Code
				1						
Type of contributor: Committee	Date Recei	ived	Aggregate Contrib	utions	П	Description of In-Kind	Contributio	n		
OIndividual / Sole Proprietorship Oother										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co	ribution is in ontributor or at more than	business he/she i	o a candid s associat	ed v	for a chief executive with have a contract were not to the contract with the contrac	officer of th said n	a municipality, nunicipality		Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	P Yes No	If yes,	tor a principal of a indicate which br	anch or b	bran	ctor or prospective sta ches Executive	_	O _{No}		
Name				***************************************					***************************************	<u> </u>
Street Address				C	City				State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship Oother	Date Recei	ved	Aggregate Contrib	utions]	Description of In-Kind (Contributio	n	1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ibution is in intributor or at more than	business he/she is	a candid s associate	ed w	for a chief executive with have a contract w	officer of rith said n	a municipality, nunicipality		Market Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	8 Yes No	If yes,	tor a principal of a indicate which br rnment the contra	anch or b	ran	etor or prospective statches Executive		No		
			SUBT	OTAL S	Secti	ion M — This Pag	465698	1.		
			TOTAL	of addit	tion	al Section M Page	s 0			***************************************
TOTAL OF ALL IN-KIND CON	TRIBUT	TIONS (E	nter total on Line	23, Colum	ın A	of Summary Page To	tals) ()			
	N.	Refund	lable Deposi	t to Te	lep	hone Compan	y			
Last Name of Individual			Fis	rst				MI	Date Deposi	t Made
Residential Street Address			City				State	Zip Code		Amount of Deposit
Name of Telephone Company					*			<u>]</u>	- o	-
Street Address	***************************************		City				State	Zip Code	_	
							,-			
TOTAL SE	CTION	N (Enter t	otal on Line 24, 0	Column A	of.	Summary Page Tota	<i>(s)</i> 0		. 1	<u></u>

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	T.		
Committee to Re	-Elect Cloud for Treasurer 2019		and a second second	7th Day preceding	primary	<i>'</i>	
	P. Expenses	Paid by Committee		20	r		
Name of Payee Budget Printers			- 1	I		Method of Payment: Check #992	
Street Address		City	l		O Debit	Card OEFT Zip Code	
1718 Park St.		City Hartford			State	06106	
Purpose of Expenditure	Description		Event #	<u> </u>		Amount	
(by code) A-sign	door knock literature and lawn signs				2,105		
Expenditure # (if applicable)							
Name of Payce Budget Printers	Method of Check	:# <u>1001</u>					
Street Address		City	l		O Debit State	Card OEFT Zip Code	
1718 Park St Hartford					СТ	06106	
Purpose of Expenditure (by code) A-oth	Description Campaign tote bags		Event #		Amount 522.74		
Expenditure # ((f applicable)) 4 Ов Ос О р						
Name of Payee				Date of Payment	Method of		
Viva Radio		8/30/2019			Check		
Street Address	, <u>, , , , , , , , , , , , , , , , , , </u>	City			State	Zip Code	
1056 Willard Ave	,	Newington			СТ	06111	
Purpose of Expenditure (by code) A-rad	Description Purchase of Radio Ad time		Event #		Amount 700.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditute) Coordinated without reimbursement sought (in-kind con	ure) O Indepe	endent	AOBOCO D			
Name of Payee				Date of Payment	Method of	Payment:	
Petty Cash/Nico	le Cloud	3,0		8/30/2019	O Debit		
Street Address 86 Bloomfield Av	venue	City Hartford			State	Zip Code 06105	
Purpose of Expenditure	Description	1	Event #	y		Amount	
(by code) RCW	Purchase of cell phones				320.8		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ure) 🔘 Indepe	ndent	d) A OB OC OD			
		SUBTOTAL Section P -	— This	Page 3,649.32			
	N	OTAL of additional Sect	tion P P	ages ()			
	TOTAL OF ALL EXPI (Enter total on Lin	ENSES PAID BY CO				,	

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	\$1.000.55 Bi			
Committee to Re	-Elect Cloud for Treasurer 2019		7th Day precedin	g primar	У		
and the second of the second	P. Expenses	Paid by Committee			Market British and Control of the Co		
Name of Payee			Date of Payment	_	f Payment: :k #1026		
Petty Cash/ Nico	le Cloud		08/30/2019	O Debi			
Street Address		City		State	Zip Code		
86 Bloomfield Av	re	Hartford		СТ	06106		
Purpose of Expenditure	Description	E	vent#		Amount		
(by code) RCW	Food - Fund raiser			150.2	20		
Expenditure # (if applicable)							
Name of Payee			Date of Payment	-	Method of Payment: ① Check #		
	•			O Debi			
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	E	vent#		Amount		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	re) Independer					
Name of Payee			Date of Payment	Chec			
Street Address		City		State	it Card OEFT Zip Code		
Purpose of Expenditure (by code)	Description	E	vent#		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to O None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the	ure)					
Name of Payee			Date of Payment	Method of Che			
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	F	ivent #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind con	ue) 🔘 Independe			<u> </u>		
		SUBTOTAL Section P —	This Page 150.20				
	T(OTAL of additional Section	P Pages: 0				
	TOTAL OF ALL EXPI (Enter total on Lir	ENSES PAID BY COMI ne 19, Column A of Summary I	MITTEE 3,799.52	· · · · · · · · · · · · · · · · · · ·	uju		

NAME OF COMMITT	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Committee to Re-	Elect Cloud for Treasurer 2019			7th Day preceding primary			
	Q. Campaign Exp	enses Paid by Candi	idate				
Name of Payee (Name of Vo	endor, Person or Entity who candidate paid directly)	THE RESERVE OF THE PROPERTY OF	Γ	Date of Payment	Is reimb	nsement claimed?	
Fiambria Criolla				7/22/2019	O 1	Yes O No	
Street Address		City			State	Zip Code	
881 New Britain A		Hartford			ct	06106	
Purpose of Expenditure (by code) RMB	Description meal with Campaign treasurer		Event #		Amount 26.32		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)	THE PERSON NAMED OF THE PE	I	Date of Payment	Is reimb	ursement claimed?	
Republic				7/25/2019	© '	res 🔘 No	
Street Address		City			State	Zip Code	
Capital Ave		Hartford			СТ	06103	
Purpose of Expenditure (by code) RMB	Description Lunch with Campaign Treasurer		Event#		44.02	Amount	
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		1	Date of Payment	Is reimb	ursement claimed?	
Wood and Tap				7/22/2019	o ⋅	res O No	
Street Address	, , , , , , , , , , , , , , , , , , , ,	City			State	Zip Code	
99 Sisson Ave	99 Sisson Ave Hartford				СТ	06105	
Purpose of Expenditure (by code)	Description		Event #			Amount	
RMB			81.78				
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Γ	Date of Payment	ls reimb	ursement claimed?	
FedEx				8/5/2019	O '	les O No	
Street Address		City			State	Zip Code	
Farmington Ave		Hartford			СТ	06105	
Purpose of Expenditure (by code)	Description		Event #		Amount		
PRNT	printing of literature				90.66		
Name of Payee (Name of Vo	endor, Person or Entity who candidate paid directly)		Date of Payment		Is reimbursement claimed?		
Ipanema Cafe				3/5/2019	• Yes • No		
Street Address		City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
1819 Park Street		Hartford			СТ	06106	
Purpose of Expenditure (by code)	Description		Event #		l	Amount	
RMB	Campaign staff lunch meeting				35.75		
Name of Payee (Name of Vo	endor, Person or Entity who candidate paid directly)		Ι	Date of Payment	Is reimb	ursement claimed?	
Amazon	Market All Land			08/05/2019	O `	es O No	
Street Address		City			State	Zîp Cođe	
P.O Box 81226		Seattle			WA	98108	
Purpose of Expenditure (by code) OFFICE	Printer Ink		Event #		61.57	Amount	
	8	UBTOTAL Section Q —	—This l	Page 340.10			
	то	TAL of additional Section	on Q Pa	iges 340.10			
	TOTAL OF ALL EXP (Enter total on Lin	ENSES PAID BY CAL e 26, Column A of Summary					

IV. EXPENDITURES (Sections P-T)

	TEE (Provide Complete Name as Registered with Filing Reposes- E-Elect Cloud for Treasurer 2019	itory)	TYPE OF REPORT	<u> </u>	rv
		rred on Committee Ci			• •
Name of Issuing Inst		Type of Credit Card: O Visa O Master		merican Express	s Other:
Name of Vendor, Person	or Entity	de transitation de la constitución de la constitución de la constitución de la constitución de la constitución		Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kit)	penditure) 🚺 Inde	" is checked) pendent nization OA OB OC	Ов	
Name of Vendor, Person	or Entity	anne ann an Anna ann an Anna ann an Anna Anna Anna Anna Anna Anna Anna Anna Anna Anna Anna Anna Anna Anna Anna		alainin dalainin dal	ransaction .
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kit)	penditure) O Inde	•	Ор	
Name of Vendor, Person of	or Entity	от под под него в под под него под него под него под него под него под него под него под него под него под него		Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	<u></u>	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kit)	penditure) O Inde	,	Ов	
		SUBTOTAL Section R -	-This Page 0		
	1	FOTAL of additional Section	on R Pages 0		
ТО	TAL OF ALL EXPENSES INCURRED O (Enter total on	ON COMMITTEE CRE Line 27, Column A of Summa			

NAME OF COMMIT	TEB (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Committee to Re	e-Elect Cloud for Treasurer 2019		7th Day preced	ing primai	ry		
	S. Expenses Incurred by Comn	nittee but Not Paid	During this Period				
Name of Creditor				Date Incu	rred		
Voices of Wome	n of Color			8/11/2	019		
Street Address		City		State	Zip Code		
113 Ridgefield S	et	Hartford		СТ	06106		
Purpose of Expenditure (by code) CNSLT							
Expenditure # (if applicable)							
Name of Creditor		alarakan kernestilan elektrisisi kitabah dia dalah dia dalah dari dari dari dari dari dari dari dari		Date Incu	πed		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	J,	Event #		nount Incurred stimate or Actual)		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continued)	ture)		D			
Name of Creditor				Date Incu	rred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)		
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum S Required of None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind coordinated	ture) Organi	is checked) endent ization: OA OB OC C) D			
		SUBTOTAL Section	S-This Page 1500.00				
		OTAL of additional Sec	ction S Pages 1500.00				
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	NG THIS PERIOD BU' ine 28, Column A of Summ	I NOT PAID ary Page Totals)				
	Previously reported Exp	enses Unpaid and still O	Outstanding O				
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Liv	BY COMMITTEE BU ne 28a, Column A of Summe					

IV. EXPENDITURES (Sections P-T)

O				· · · · · · · · · · · · · · · · · · ·			management of the control of the control	dellact discontinue anno	starting at 18th or search of superior and probability
Committee to Re-E	Elect Cloud for Treasurer 2019				7th	h Day preceding primary			
	T. Itemization of Reimb	ur	sements an	d Second	dary Pay	yees	2 3 0 6		
Last Name of Worker/Consu	ltant	Firs	*				MI	Date of Pa	nyment to Vendor, Entity
Cloud		Nicole							/2019
Name of Vendor, Person or I	Entity Paid by Committee Worker/Consultant		·			Payment to	Reimburse		orker/Consultant as
Walmart						ن ا	Section P:	△ n	A Cord A PET
	District Control W. L. (Control	г	<u></u>			Cried	k# <u>1026</u>	State	it Card OEFT
	erson or Entity Paid by Committee Worker/Consultant	City						CT	06106
495 Flatbush Aver	lue		Hartford					V1	00100
Purpose of Expenditure Description (by code)					Event #				Amount
(by code) RMB	Cell Phones							320.85	i
Expenditure #	Type of Expenditure (Itemization in Addendum T Require	ed u	nless "None of	the below" i	is checked)		·		
(у аррисски)	None of the below		_						
OVHD	Coordinated with reimbursement sought (joint exper	nditu	ire)	Indepe	ndent O	0 0	\circ		
	O Coordinated without reimbursement sought (in-kind	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Organi:	zation: o A	овс	T	<u>*</u>	
Last Name of Worker/Consu	iltant	Fir					MI	Date of P Person or	ayment to Vendor, Entity
Cloud		Ni	cole					08/30	/2019
Name of Vendor, Person or	Entity Paid by Comunittee Worker/Consultant	·	,	· · · · · · · · · · · · · · · · · · ·				Committee V	Vorker/Consultant as
B.J's Wholesale						ı â	1 Section P: 2k # <u>1026</u>	(Del	oit Card () EFT
Street Address of Vendor, Pe	erson or Entity Paid by Committee Worker/Consultant	City				1 🗢		State	Zip Code
507 New Park Avenue			West Hartford					СТ	
				Event#					
Purpose of Expenditure (by code) RMB	Description The state of the st				Event "				Amount
KINIB	Food Fundraiser							150.2)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	eđ u	nless "None of	the below"	is checked)			1	
FNDR	None of the below			♠ Instant					
11,21	Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind			O Indepe	zation: O A	ORG			
	1.	Fir	nat .	<u> </u>	zanom O A	. 0 .	МІ	مبروسسيوسط	ayment to Vendor,
Last Name of Worker/Consu	ultant	l ru	51				1,411	Person o	
							L .		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant						to Reimburse n Section P:	Committee \	Worker/Consultant as
						Che	ck #	_ () De	bit Card OEFT
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant		City					State	Zip Code
Purpose of Expenditure	Description		<u> </u>		Event#			1	Amount
(by code)	•								
F. Years H								╣	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir	ed t	ınless "None of	the below"	is checked))		İ	
O None of the below Coordinated with reimbursement sought (joint expenditure) Independent									
	Coordinated without reimbursement sought (in-kind	l con	tribution)		ization: o A	ОВО	C O D	,	
								<u> </u>	
			SUBTOTAL S	Section T -	— This Pa	age 471	1.05		
					6 6 5 5				
			OTAL of addi	itional Sec	tion I Pa	ges 0			
			DEED CO.	VID CICE		(TC) 4-7.	I OF		
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	۷٧١	VKNEKS AF	AD COM	OLIAN	10 4/	(.VO		