#### **SEEC FORM 20**

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



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1. NAME OF COMMITTEE						
McGee for Hartford						
2. TREASURER NAME						Suffix
First		М	Last			
Sergio		P	Matos			<u> </u>
3. TREASURER ADDRESS		City			State	Zip Code
Street Address 8 Brightwood Lane		i -	st Hartford		СТ	06110
	5. OFFICE SOUC	HT (Complete onl	v if Candidate C	ommittee)		6. DISTRICT NUMBER
4. ELECTION/REFERENDUM DATE						(if applicable)
11/05/2019	Mayor 					
7. CANDIDATE NAME (Complete only if	Candidate or Explorate	ory Committee)	Last			Suffix
First		L	McGee			Jr.
Brandon						
8. TYPE OF REPORT (Check One Box)			<b>₽</b> 7th A	ay preceding referendum	( Initial Co	ontribution or Disbursement
O January 10 filing	7th day prece		•		. (PACs ON	LY)
April 10 filing	30 days follo	owing primary	<b>○</b> 45 da	ys following referendum	Amenda	
July 10 filing	O7th day prec	eding election	O Defic	zit	Type of I	
October 10 filing	© 12th day preceding election (State Central Committees Only)		<b>○</b> Tern	ination	April 1	0 Filing
O Independent Expenditure	O45 days follo not held in N					
9. PERIOD COVERED						
	Beginning I	Date		Ending Date		
	Jan 1, 2019		thru	Mar 31, 2019		
10. CERTIFICATION						
I hereby certify and state, unde Disclosure Statement for the p	r penalties of fals period covered is	Tue, accurate	and comple		this <b>Itemized</b>	l Campaign Finance
TREASURER OR DEPUTY TREASU	URER (SIGNATURE	E) F	PRINT NAME	of SIGNER		DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEME	'NT IS PUNISHABLE	BY FINE NOT T	O EXCEED \$1,	000, OR IMPRISONMENT FO	R NOT MORE T	HAN ONE YEAR, OR BOTH.

Page 1 of 17

#### **SEEC FORM 20**

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

#### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT	
McGee for Hartford	April 10 filing	eregamentengerakokanakokentegerekanakeretekokumpkontogungkokokokanamakeretekok
	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		O
12. Balance on hand at the beginning of Reporting Period	o	
13. Contributions Received from Individuals (Sections A and B)	29,911.85	29,911.85
14. Receipts from Other Committees (Sections C1 and C2)	250	250
15. Other Monetary Receipts (Sections D through K)	0	o
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	o	o
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)  Municipal and Town Committees ONLY	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	30,161.85	30,161.85
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	30,161.85	30,161.85
19. Expenses Paid by Committee (Section P)	2,864.05	2,864.05
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	27,297.8	27,297.8
21. In-Kind Donations not Considered Contributions Received (Section L4)	o	o
22. In-Kind Contributions Received (Section M)	100	100
23. Refundable Deposit to Telephone Company (Section N)	o	o
24. Receipts of Organization Expenditures (Section O) OPTIONAL	0	o
25. Beginning Loan Balance	0	
25a. + Loans Received (Section D)	o	o
25b. + Interest and Penalties on Loan	o	o
25c Payments on Loan	o	0
25d. Total Outstanding Loan Amount	о	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	o	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	3,990	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	3,990	

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

NAME OF COMMITTEE			TYPE OF REPORT			
McGee for Hartford A			April 10 filing			
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ 5,617.85			
B. Iten	nized Contrib	utions from Indivi	duals			
Last Name	Fi	rst	deservoires disconsissement in the continue of	***************************************	MI	
Peters	Le	eon				
Residential Street Address	City				Zip Code	
149 26th ST Northwest	Atlan	ta		GA	30309	
Principal Occupation		Name of Employer				
Project Architect		TMM				
	siness he/she is asso	ndidate for a chief executive ciated with have a contract  Yes  No		Amou	nt of Contribution	
fundraising event listed in Section L1?   No If yes, indica	principal of a state co ate which branch or l at the contract is with		te contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on OMoney Order	Mar 24, 2019	60			
Last Name	Fir	rst	в Солонина в навлен об на одного в вбинот на тод доста на повет и брата одного доста до од вод вод од од до до	SHANGAR MARKATAN	МІ	
Curry	Ja	son				
Residential Street Address	City			State	Zip Code	
112 Town Ridge	Midd	letown		CT	06457	
Principal Occupation		Name of Employer				
Financial Aid Officer		Stone Academy				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Uf contribution is in except does contributor or bus valued at more than \$5.	iness he/she is assoc	ndidate for a chief executive ciated with have a contract Yes No	officer of a municipality with said municipality	, Amou	nt of Contribution	
fundraising event listed in Section L1? No If yes, indicate	orincipal of a state co te which branch or b it the contract is with		e contractor? Yes No			
Method of Contribution;		Date Received	Aggregate Contributions			
©Cash	n 🗖 Money Order	Mar 23, 2019	55			
Last Name	Fi	rst	. <u>, , , , , , , , , , , , , , , , , , ,</u>		MI	
Curry	Ja	son				
Residential Street Address	City	·		State	Zip Code	
112 Town Ridge	Midd	letown		CT	06457	
Principal Occupation	Į.	Name of Employer		<u> </u>		
Financial Aid Officer		Stone Academy				
	iness he/she is assoc	ndidate for a chief executive clated with have a contract Yes No		Amou	nt of Contribution	
fundraising event listed in Section L1?   No If yes, indicate	te which branch or l		No			
If yes, list Event # 1 of governmen  Method of Contribution:	nt the contract is with	h: OExecutive  Date Received	OLegislative Aggregate Contributions	-		
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction	on OMoney Order		Aggregate Contributions			
	•		This Page 55			
	SUB	TOTAL Section B –	- 1 nis Page			
	TOTA	L of additional Secti	on B Pages 24,239		street to the Control of the Control	
TOTAL OF ALL CONTRI		M INDIVIDUALS (Se total on Line 13 of Summa		.85		

# Section B ADDITIONAL PAGE \_ i of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
McGee For Hartford			April 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 5,617.8	5		
B. Itemized Cor	ntribu	tions from Individ	luals			
Last Name	First	nnifer			L MI	
Hussey	City	maici		State	Zip Code	
Residential Street Address  60 Sheep Hill Dr	1	Hartford		CT	06117	
Principal Occupation	ΙΤ	Name of Employer			<u> </u>	
Ivestigator		State of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of State o	is associ	ated with have a contract Oyes No	with said municipality	\$100	unt of Contribution )	
Is this contribution associated with an event reported in Section L1?  Yes No Is contributor a principal of a section L1?  If yes, list Event #	nch or br	ranches	OLegislative No			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	لــــــــــــــــــــــــــــــــــــــ	03/31/2019	100			
Last Name	First	t alter			D MI	
Hussey Residential Street Address	City			State	Zip Code	
60 Sheep Hill Dr	1 1	- Hartford		CT	06117	
Principal Occupation	<u> </u>	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?	to a cand	lidate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  If yes, indicate which bra of government the contra	anch or b	ranches _	te contractor? Yes  No  Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		03/31/2019	\$100			
Last Name	Firs	<sub>it</sub> oril			MI K	
Jefferson	City	JEII		State	Zip Code	
Residential Street Address 15 Grant ST	Hartfo	ord		СТ	06106	
Principal Occupation	1	Name of Employer				
Counselor		Hartford City Missi	on			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	) to a cance is assoc	didate for a chief executive iated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive OLegislative						
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	Date Received 03/31/2019	Aggregate Contributions \$66		***	
SUB	TOTA	L Section B — This	Page \$221			
TOTA	L of ad	lditional Section B )	Pages 2407	3		
TOTAL OF ALL CONTRIBUTIONS FROM		VIDUALS (Sections .		1.83	5	

#### Section B ADDITIONAL PAGE 2 of 48

NAME OF COMMITTEE (Pravide Complete Name as	s Registered with Filing Repository)	\$11355		TYPE OF REPORT		
McGee For Hartford				April 10 Filing		
A. Total Contributions from Sma (See instructions for definition of Small Com	일 사는 사용하다 하는 것이다. 하는 사람 하임에 일 학생에 하는 하는 하는 하는 일사 및 사용적인 회사는 하는 것이다. 그 하나라 하다		nis Period ONLY OTAL SECTION A	\$ 5,617.8	5"	
	D 140		outions from Individ			
Last Name	D. Hemizeu Cui		irst	uuais		MI
Cruz		1	oel			
Residential Street Address		City			State	Zip Code
106 Stage Coach RD		Wind	dsor		ст	06095
Principal Occupation			Name of Employer		<b>!</b>	
Director			Catholic Charities			
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 per contributor or business he/she blued at more than \$5,000?				/, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		ich or	branches	Chegislative		
Method of Contribution:			Date Received	Aggregate Contributions		
Cash Personal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	03/2/2019	70		
Last Name		- 1	irst	um como um como um como um como um como destrada de Aria (Al Waldel Webb)	5,500 pt 5,500 to 1,000 to 1,0	MI
Mosley		S	ean			
Residential Street Address		City			State	Zip Code
55 Deerwood Lane		Wate	erbury —		CT	06704
Principal Occupation Teacher			Name of Employer  City of Waterbury			
or dependent child of a lobbyist?   O  No  do	contribution is in excess of \$400 to be contributor or business he/she dued at more than \$5,000?				7. Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? No No If yes, list Event #	Is contributor a principal of a s  If yes, indicate which brat of government the contrac	nch or	branches	e contractor? Yes		
Method of Contribution:	0		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	03/2/2019	\$60		
Last Name	and the second	Fi	rst			М
Beatty		P	Phillip			
Residential Street Address		City	-lt		State	Zip Code
69 Jensen ST		ıvıan	chester		CT	06042
Principal Occupation  Minister			Name of Employer	.la		
			Hartford City Churc			
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 to see contributor or business he/she shed at more than \$5,000?				/, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	ich or	branches	C Legislative		
Method of Contribution:  Cash Personal Check Credit/Debit Card	OPayroll Deduction OMoney	Order	Date Received 02/21/2019	Aggregate Contributions \$75		
	SUBT	'OTA	AL Section B — This	Page \$130		
	TOTAL	ofa	dditional Section B P	ages 2416	Ψ.	
TOTAL OF ALL	. CONTRIBUTIONS FROM (Enter total on Line 1		DIVIDUALS (Sections A lumn A of Summary Page:		1.83	and the second s

## Section B ADDITIONAL PAGE 3 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
McGee For Hartford			April 10 Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this SUBTOT	Period ONLY AL SECTION A	\$ 5,617.	85	and the state of t	
				white the same of	where the state of	
		ions from Individ	luals		1 LIT	
Last Name Thompkins	First Alici	ia			MI	
Residential Street Address	City	4		State	Zip Code	
166 Harvard ST	Hartford			CT	06106	
Principal Occupation	1	Name of Employer	Contor			
Social Worker		Community Health		<u></u>		
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?	e is associate	ted with have a contract of the original orig	with said municipality	, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or brai	nches _	C Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order (	03/16/2019	100			
Last Name	First				М	
Vargas	Ama	ado				
Residential Street Address	City	•		State	Zip Code	
26 Paley Farms Rd	Portland			СТ	06480	
Principal Occupation		Name of Employer		<b>_</b>	. —	
Attorney		/CW Law Firm				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candic e is associat	date for a chief executive ted with have a contract Yes O No	with said municipality	7. Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a fypes, indicate which broof government the contributor of government the contributor.	ranch or bra	anches	e contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	03/30/2019	\$100			
Last Name	First			Comment of the commen	М	
Baker	And	dre Jr.				
Residential Street Address	City			State	Zip Code	
985 Stratford Ave	Bridger			СТ	06607	
Principal Occupation	1	Name of Employer	l Consider			
Funeral Director		Baker-Isaac Funera				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sh valued at more than \$5,000?	0 to a candi- ne is associa	idate for a chief executiv ited with have a contract Yes O No	e officer of a municipality with said municipality	y, Amo 100	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a figure, indicate which broad of government the contributor.	ranch or bra	anches	<b>©</b> No			
Method of Contribution:	Ī	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMono	ey Order	03/13/2019	\$100		Daniel Control of the	
SUB	STOTAL	Section $\mathbf{B}$ — This	Page \$300			
TOTA	L of add	litional Section B I	Pages 23,9	94.	00	
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		/IDUALS (Sections 2 nn A of Summary Page		1.85	po	

#### Section B ADDITIONAL PAGE 4 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
McGee For Hartford			April 10 Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ 5,617.83			
B. Itemized Co	ntrib	utions from Individ	duals			
Last Name	Fin				MI	
Waller		erry ———————			la: a :	
Residential Street Address	City Hartf	iord		State CT	Zip Code 06120	
44 Warren ST	Halti			<u> </u>	30120	
Principal Occupation		Name of Employer  City of Hartford				
Maintainer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract OYes ONo	with said municipality	7, Amo 100	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of a   If yes, indicate which bra of government the contra	nch or l	branches _	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	-		
Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney	y Order	03/31/2019	100			
Last Name	lin	rst	onnercounds summissions i films un fait un große. A missioninissionen		М	
Walker	T	oni				
Residential Street Address	City			State	Zip Code	
1643 Ella T Grasso Boulevard	New	Haven		СТ	06511	
Principal Occupation		Name of Employer				
Social Worker		City of New Haven				
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?				7, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a fyes, indicate which brush fives, list Event #	anch or	branches	te contractor? Yes No Legislative			
If yes, list Event # of government the contra	not is Wi	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	03/30/2019	\$100			
Last Name		irst	1		MI	
Healis	Т	onya				
Residential Street Address	City			State	Zip Code	
11 Ashley Road	Wind	dsor		СТ	06095	
Principal Occupation	•	Name of Employer				
Business Consultant		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/sho valued at more than \$5,000?				y, Ame	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 ffyes, indicate which brateful of government the contributor.	anch or	branches	e contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Cedit/Debit Card Payroll Deduction Mone	y Order	03/28/2019	\$100			
SUB	TOTA	AL Section B — This	Page \$300			
ТОТА	Lofa	dditional Section B I	Pages 23,6	194,1	ĵo	
TOTAL OF ALL CONTRIBUTIONS FRO		OIVIDUALS (Sections A		11.8	5	
(Emel Bott on Line	,	11 0, 200000000 1 1480		1		

## Section B ADDITIONAL PAGE 5 of 49.

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
McGee For Hartford			April 10 Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$ 5,617,85			
				<u></u> i		
B. Itemized Co		tions from Individ	luals			
Last Name	First	=			MI	
Fox		ulette —————————			7: 0.1	
Residential Street Address	City			State	Zip Code	
14 Andrews ST	New B			СТ	06051	
Principal Occupation		Name of Employer				
Executive Director		OIC New Britain Inc.	•			
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?	e is associ	ated with have a contract Oyes ONo	with said municipality	, Amoi	mt 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 brace of government the contract of government the contract of the section of t	anch or br	ranches	Capislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	03/27/2019	100			
Last Name	First				MI	
Morgan	Ra	shawn				
Residential Street Address	City			State	Zip Code	
567 Broadview Terrace	Hartfo	ord		VA	06106	
Principal Occupation		Name of Employer				
Bondsman		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/sh valued at more than \$5,000?	e is associ	ated with have a contract Yes No	with said municipality	, Amou	Amount 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 section L1?  If yes, indicate which be of government the contributor of government the contributor as principal of a section L1?	ranch or b	ranches	e contractor? Yes No			
Method of Contribution:	1	Date Received	Aggregate Contributions	_		
OCash OPersonal Cheek OCredit/Debit Card OPayroll Deduction OMone	ey Order	03/29/2019	\$100			
Last Name	Firs	it	one and the second of the seco		МІ	
Turner	Sir	mone				
Residential Street Address	City	_		State	Zip Code	
23 Benham Ave	Milfor	rd		СТ	06460	
Principal Occupation		Name of Employer				
Senior Report Analyst		Neopost				
s contributor a lobbyist, spouse, r dependent child of a lobbyist?  Yes No Vegendent child of a lobbyist?  If contribution is in excess of \$400 to a candidate 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?  Yes No				7, Amor	Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #   Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:    Executive   Legislative   Legisl						
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMond	ey Order	03/31/2019	\$100			
SUE	BTOTA	L Section B — This	Page \$300			
TOTA	VL of ad	lditional Section B I	Pages 23,99	4,00		
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	OM INDI ie 13, Colu	VIDUALS (Sections A umn A of Summary Page	Pages $23,19$ A+B) $29,91$ Totals) $29,91$	17.85		

#### Section B ADDITIONAL PAGE 6 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
McGee For Hartford A			April 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 5,617,8	5		
		itions from Individ	luals		110	
Last Name Phipps	Firs Q1	uentin			MI	
Residential Street Address 89 Bretton Rd	City Middl	letown		State CT	Zip Code 06457	
Principal Occupation	<u> </u>	Name of Employer				
State Representative		State of 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?				, Amo 90	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	oranches _	contractor? Yes  Clegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	03/2/2019	90			
Last Name	Firs		<u> 1 ang 1997, kanangan kanangan kananan kananan kananan kananan kananan kananan kananan kananan kananan kanana</u>	Angeles and the first of the fi	М	
Rey		dwoa		r ·		
Residential Street Address 3714 Shannons Green Way	City Alexa	ndria		State VA	Zip Code 22309	
Principal Occupation	Alexa	Name of Employer		· · · · · · · · · · · · · · · · · · ·		
Director of Finance		The Faith and Politi	cs Institute			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality					Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  If yes, indicate which broad of government the contributor a principal of a section L1?	anch or t	branches	e contractor? Yes No		:	
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	03/31/2019	\$100			
Last Name Thompson	Fin Ai	st Insworth			MI	
Residential Street Address	City			State	Zip Code	
175 North Harbor Drive	Chica	igo		IL	60601	
Principal Occupation		Name of Employer	n.ulf.Chi			
Finance		Federal Home Loar				
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?				7, Amo 100	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative						
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	03/6/2019	\$100			
SUB	тота	L Section B — This	Page \$290			
TOTA	L of ad	lditional Section B F	Pages 24,00 A+B) 29,9	4,60		
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page	A+B) Q9,9	11.83	}	

## Section B ADDITIONAL PAGE \_\_\_\_\_\_\_ of \_\_\_\_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	y)		TYPE OF REPORT				
McGee For Hartford			April 10 Filing				
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$ 5,617.8	3			
B. Itemized C		tions from Individ	luals				
Last Name	Firs	<sub>it</sub> akeisha			Mī		
Glover Searcy		INCISIIA		State	Zip Code		
Residential Street Address 262 Cornwall ST	City Hartfo	ord		CT	06112		
Principal Occupation		Name of Employer		<u> </u>			
Service Representative		The Hartford					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One was a lobbyist of the contribution is in excess of \$4 does contributor or business he was a lobby valued at more than \$5,000?	400 to a cand /she is associ	didate for a chief executive intensity of the contract of the	o officer of a municipality with said municipality	/, Amo	Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal or   If yes, indicate which to of government the contributor apprincipal or   If yes, indicate which to of government the contributor apprincipal or   If yes, indicate which to of government the contributor apprincipal or   If yes, indicate which the contributor apprincipal or   If yes, indicate	branch or b	ranches	Contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions		İ		
Cash Personal Check Credit/Debit Card Payroll Deduction Mo	oney Order	03/23/2019	100				
Last Name Miller	Firs Pa	<sub>it</sub> itricia			Μĭ		
Residential Street Address	City			State	Zip Code		
95 Liberty ST, Unit A4	Stamf	ford		СТ	06902		
Principal Occupation Legislature		Name of Employer State of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$4 does contributor or business he/walued at more than \$5,000?				7, Amo	Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of the section of the se	branch or t	oranohes _	e contractor? Yes No				
If yes, list Event # of government the cor	ntract is will	Date Received	Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMO	oney Order	03/24/2019	\$100				
Last Name	Firs	st			MI		
Nunez	Pa	aul					
Residential Street Address	City			State	Zip Code		
70 Marvel Rd	New	Haven		СТ	06515		
Principal Occupation		Name of Employer	<b>D</b> .				
Lobbyist		Depino Nunez and					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$c does contributor or business he/valued at more than \$5,000?	400 to a can she is assoc	didate for a chief executive stated with have a contract Yes O No	e officer of a municipality with said municipality	y, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # Executive							
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oney Order	03/18/2019	\$100				
SU	UBTOTA	L Section B — This	Page \$225				
ТОТ	FAL of ac	lditional Section B I	Pages 24,0	69.0	٥		
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L	ROM IND Line 13, Coli	IVIDUALS (Sections Aumn A of Summary Page	Pages 24,0 A+B) 29,9 Totals) 29,9	11.83			

## Section B ADDITIONAL PAGE 8 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
McGee For Hartford			April 10 Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ 5,617.85			
		подоска				
B. Itemized Co	ontrib	utions from Indivi	duals			
Last Name	Fir					М
Glover Searcy	N	akeisha				
Residential Street Address	City			State	Zip C	
262 Cornwall ST	Hartf	ord		СТ	061	12
Principal Occupation		Name of Employer				
Service Representative		The Hartford				
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?				, Ame 25	unt of	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	branches	c contractor? Yes No Clegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	02/7/2019	100			
Last Name	Fir	rst	March		pp. mo-	MI
Glover Searcy	N	lakeisha				
Residential Street Address	City			State	Zip C	
262 Cornwall ST	Hartf	ord		СТ	061	12
Principal Occupation		Name of Employer				
Service Representative		The Hartford	•			
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?				7, Amo	unt of	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of a fyes, indicate which broof government the contra	anch or	branches	te contractor?  Yes  No  Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	02/7/2019	\$100			
Last Name	Fir					MI
Glover Searcy	N	lakeisha				<u> </u>
Residential Street Address	City			State	Zip C	
262 Cornwall ST	Hartí			СТ	061	112
Principal Occupation		Name of Employer				
Service Representative		The Hartford				
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality				y, Amo	unt of	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive O Legislative						
Method of Contribution:  Date Received Aggregate Contributions						
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	02/9/2019	\$100			
SUB	тота	AL Section B — This	Page \$75			
TOTA	Lofa	dditional Section B I	Pages 24,2	19.00	)	
TOTAL OF ALL CONTRIBUTIONS FRO				11.8	5	
(Enter total on Line	e 15, Col	lumn A of Summary Page	Totals) ( )	, , ,		

## Section B ADDITIONAL PAGE \_\_\_\_\_\_ of \_\_\_\_\_ of \_\_\_\_\_ 9

Residential Street Address 1287 Chapel ST  Pincipal Decopation Fineral Director  Is contributor a Lobbysist, spouse, or dependent child of a lobbysist 1900 to a conditate for a child executive officer of a municipality of the contribution associated with a contribution of the contribution associated with a contribution of sportment with said municipality of the contribution associated with a contribution of government the control	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
B. Hemized Contributions from Individuals    Site	McGee For Hartford			April 10 Filing				
Intel Name    Hill   Howard		eived th SUBTO	is Period ONLY OTAL SECTION A	\$ 5,617.8	5			
Intel Name    Hill   Howard					T. N. 19 T. 19 T. N. 19			
Residential Street Address   City   New Haven   State   72 p Code	B. Itemized C			luals		D.G.		
New Haven		1				IVII		
Funcipal Constitution a following a process of S400 to a candidate for a chief executive officer of a municipality valued at more than \$5,000?  Is contributor a following to dependent child of a following to de	Residential Street Address	1 ′			1	i - 1		
Howard K Hill Funeral Services   Howard K Hill Funeral Services	1287 Chapel ST	New	Haven		CI	06511		
It contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of contribution associated with an executive officer of a municipality of contribution associated with an executive officer of a municipality of contribution associated with an executive officer of a municipality of the contribution associated with an executive officer of a municipality of the contribution associated with an executive officer of a municipality of the contribution associated with an executive officer of a municipality of the contribution associated with an executive officer of a municipality of the contribution associated with an executive officer of a municipality of the contribution associated with an executive officer of a municipality of the contribution associated with an executive officer of a municipality of the contribution as of the contribution of the contribution as of the	Principal Occupation							
or dependent child of a lobbyist?	Funeral Director		Howard K Hill Fune	ral Services				
sevent reported in Section L17    Figure   Date Received   Ogy	or dependent child of a lobbyist?   No does contributor or business he/s valued at more than \$5,000?	she is asso	ciated with have a contract OYes ONo	with said municipality	1	unt of Contribution		
Cash   OPersonal Check   Ocedit/Debit Card   Payroll Deduction   OMoney Order   O3/27/2019   250     State   Name   Stack	event reported in Section L1? No If yes, indicate which b	branch or	branches	_ No				
Residential Street Address   City   Hartford   State   Zip Code   O6141	Method of Contribution:		Date Received	Aggregate Contributions	7			
Stack   Stac	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order	03/27/2019	250				
Residential Street Address PO Box 271  Principal Occupation Social Service Provider  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a sociated with an event reported in Section L17 If yes, list Event #  Method of Contribution:  City West Hartford    Name of Employer   Supreme Being Inc.	Last Name	Fi	rst	among yang panggan samunan na amana di mada di Andre na nganggan samunan na		МІ		
PO Box 271  Principal Occupation  Social Service Provider  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution associated with an event reported in Section L1?  Method of Contribution:  Cash Personal Check Occedit/Debit Card Payroll Deduction Money Order  Last Name  Straughter  Residential Street Address  70 Edgemont Ave  Principal Occupation  Engineer  Is contribution associated with an event and social contraction of business he/she is associated with the valued at more than \$5,000?  Cash Personal Check Occedit/Debit Card Payroll Deduction Money Order  If contribution of government the contract is with:  Archie    Principal Occupation   Name of Employer   Supreme Being Inc.	Williams	S	tack					
Principal Occupation Social Service Provider  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  No  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract or prospective state contractor?  Order  Name of Employer  Supreme Being Inc.  Name of Employer  Supreme Being Inc.  Amount of Contribution  Date Received  No  Of Contribution associated with an event reported in Section L1?  Principal Occupation  Engineer  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and the contract or prospective state contractor?  Order  Order  Order  Order  No  Order	Residential Street Address	City			l	1 - !		
Social Service Provider  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor or business he/she is associated with have a contract with said municipality, valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Is contributor or business he/she is associated with have a contractor?  Yes No  If contribution associated with an event than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Is contributor a lobbyist, spouse, or dependent child of a lobbyist;  Principal Occupation  Engineer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist;  No  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and municipality, of government the contract is with:  Is contributor a lobbyist, spouse, or dependent child of a lobbyist;  No  Is this contribution associated with an event flam \$5,000?  Is this contribution associated with an event flam \$5,000?  Is this contribution associated with an event flam \$5,000?  Is this contribution associated with an event flam \$5,000?  Is this contribution associated with an event flam \$5,000?  Is this contribution associated with an event flam \$5,000?  Is this contribution associated with an event flam \$5,000?  Is this contribution associated with an event flam \$5,000?  Is this contribution associated with an event flam \$5,000?  Is this contribution associated with an event flam \$5,000?  Is this contribution associated with an event flam \$5,000?  Is this contribution associated with an event flam \$5,000?  Is this contribution associated with an event flam \$5,000?  Is this contribution associated with an event flam \$5,000?  Is this contribution associated with an event flam \$5,000?  Is this contribution associated with an event flam \$5,000?  Is this contribution as	PO Box 271	Hartf	ford		СТ	06141		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate 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?  Is this contribution associated with an event reported in Section L1?  If yes, is the event #  Method of Contribution:  Cash Personal Check Ocredit/Debit Card Phyrolf Deduction Money Order  Straughter  Residential Street Address  70 Edgemont Ave  Principal Occupation  Engineer  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contractor?  Yes No  Is contributor a principal of a state contractor or prospective state contractor?  Principal Occupation  Engineer  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and the contractor?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and the contractor?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and the contractor or prospective state contractor?  Yes No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and an excess of \$400 to a candidate for a chief executive officer of a municipality, and an excess of \$400 to a candidate for a chief executive officer of a municipality valued at more than \$5,000?  Is this contributor a solohyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and an excess of \$400 to a candidate for a chief executive officer of a municipality, and an excess of \$400 to a candidate for a chief executive officer of a municipality, and an excess of \$400 to a candidate for a chief executive officer of a municipality, and an excess of \$400 to a candidate for a chief executive officer of a munic	Principal Occupation		1 .					
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:    Date Received   Date R	Social Service Provider		Supreme Being Inc.	•				
event reported in Section L17  If yes, indicate which branch or branches of government the contract is with:  Method of Contribution:  Cash Personal Check Credit/Debit Card Phyroll Deduction Money Order  Last Name  Straughter  Residential Street Address  70 Edgemont Ave  Principal Occupation  Engineer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches  Of government the contract is with:  Date Received Aggregate Contributions  O3/28/2019  Sale  City  West Hartford  CT  O6110  Name of Employer  Pratt And Whitney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  MI  Amount of Contribution  Sale  Zip Code  CT  O6110  Name of Employer  Pratt And Whitney  Is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No  If yes, indicate which branch or branches  If yes, indicate which branch or branches  Executive Legislative  Date Received Aggregate Contributions	or dependent child of a lobbyist? O No does contributor or business he/s	100 to a car she is asso	ciated with have a contract	e officer of a municipality with said municipality		unt of Contribution		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Last Name Straughter  Residential Street Address 70 Edgemont Ave  Principal Occupation Engineer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Scotion L1?  If yes, list Event #  MI  State  Zip Code  CT  06110  Name of Employer  Pratt And Whitney  If contribution is in excess of \$400 to a candidate 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?  Is this contribution associated with an event reported in Scotion L1?  If yes, list Event #  MI  Amount of Contribution  Legislative  Amount of Contribution  250	event reported in Section L1?	branch or	branches	<b>⊘</b> No				
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 03/28/2019 \$200  Last Name Straughter  Residential Street Address 70 Edgemont Ave  Principal Occupation Engineer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  MI  State City West Hartford  Name of Employer Pratt And Whitney  Amount of Contribution  Is contribution associated with an event reported in Section L1?  If yes, list Event #  MI  MI  Archie  Amount of Code Of 110  Amount of Contribution  Logislative  Method of Contribution:  Date Received  Aggregate Contributions		III III III III III			1			
Last Name   Straughter   Archie   Archie   Archie	_	ney Order	03/28/2019					
Straughter  Residential Street Address 70 Edgemont Ave  West Hartford  Principal Occupation Engineer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Scotion L1?  If yes, list Event #  Method of Contribution:    Archie						М		
70 Edgemont Ave  West Hartford  Name of Employer  Pratt And Whitney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Scotion L1?  If yes, list Event #  Method of Contribution:  West Hartford  CT 06110  Name of Employer  Pratt And Whitney  If contribution is in excess of \$400 to a candidate 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?  Yes  No  Is contributor a principal of a state contractor or prospective state contractor?  Yes event reported in Scotion L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate Contributions	1	P	\rchie					
Principal Occupation Engineer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution associated with an event reported in Scotion L1?  If yes, list Event #  Method of Contribution:  Name of Employer Pratt And Whitney  If contribution is in excess of \$400 to a candidate 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?  Yes No  No  Is contribution associated with an event reported in Scotion L1?  If yes, list Event #  Method of Contribution:  Date Received  Name of Employer Pratt And Whitney  Amount of Contribution  Amount of Contribution  Date Received  Aggregate Contributions	Residential Street Address	City			State	Zip Code		
Engineer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Scotion L1?  If contribution is in excess of \$400 to a candidate 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?  Yes No  Yes Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Method of Contribution:  Date Received  Pratt And Whitney  Amount of Contribution  Amount of Contribution  Date Received  Aggregate Contributions	70 Edgemont Ave	Wes	t Hartford		СТ	06110		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, odes contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Scotion L1?  If yes, list Event #  Method of Contribution:  If contribution is in excess of \$400 to a candidate 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?  Yes  No  Yes  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Method of Contribution:  Date Received  Aggregate Contributions	Principal Occupation	<b>.</b>	Name of Employer	<del></del>				
or dependent child of a lobbyist?  No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Scotion L1?  If yes, list Event #  Method of Contribution:  No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  Is contributor a principal of a state contractor or prospective state contractor?  One has been does a specific provided by the prov	Engineer		Pratt And Whitney					
If yes, list Event # Of government the contract is with:	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality				i			
Tradition of Constitution								
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Cessil Crossilla of the Control Contro	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	oney Order	. 03/31/2019	\$250				
SUBTOTAL Section B — This Page \$700	SU	<b>ВТО</b> ТА	AL Section B — This	Page \$700				
TOTAL of additional Section B Pages 23, 594,00	TOT	TAL of a	dditional Section B l	Pages 23, 5	94,	00		
TOTAL of additional Section B Pages 23, 594,00  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  29,911,85	TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li	ROM INI ine 13, Co	DIVIDUALS (Sections , lumn A of Summary Page	A+B) 29,9	11.8	3		

#### Section B ADDITIONAL PAGE 10 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
McGee For Hartford			April 10 Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$ 5,617.8	5		
B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name	1	rst			MI	
Rivers	I A	Ingel				
Residential Street Address	City			State	Zip Code	
163 Brookline Ave	Bloo	mfield		СТ	06002	
Principal Occupation		Name of Employer				
Mechanic		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?				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a If yes, indicate which brains the section L1?	inch or	branches	O No			
If yes, list Event # of government the contra	OLIS WI	th: OExecutive  Date Received	Aggregate Contributions	-		
Method of Contribution:	0-1		1000			
Cash Personal Check Ocredit/Debit Card Payroll Deduction Omone			1000			
Last Name	i	irst			MI	
Hawkins	K	(im				
Residential Street Address	City			State	Zip Code	
6 Downing Circle	Bloo	mfield		CT	06002	
Principal Occupation		Name of Employer				
VP		HEDCO				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of S400 does contributor or business he/sho valued at more than \$5,000?				7. Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a fyes, indicate which by of government the contributor.	anch or	branches	te contractor?  Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	03/31/2019	\$250			
Last Name	F	irst			МІ	
Bradley		Dennis				
Residential Street Address	City			State	Zip Code	
853 Fairfield Ave	Bride	geport		СТ	06604	
Principal Occupation	<u> </u>	Name of Employer		<u> </u>	<u> </u>	
Lawyer		вок				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	) to a ca		e officer of a municipality	v. Amo	unt of Contribution	
or dependent child of a lobbyist?    No does contributor or business he/sh valued at more than \$5,000?				250		
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 a principal of a section L1?	anch or	branches	O Legislative			
Method of Contribution:  Cash Personal Check Cedit/Debit Card Payroll Deduction Mone	v Order	Date Received 03/29/2019	Aggregate Contributions \$250			
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			*** <b>6</b> *	1012 -	, A	
		dditional Section B I	ages 24/	174,6	? <b>V</b>	
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections 1 lumn A of Summary Page		11.8	5	

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NAME OF COMMITTEE (Provide Complete Name	me as Registered with Filing Repository)			TYPE OF REPORT				
McGee For Hartford				April 10 Filing	April 10 Filing			
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$ 5,617.8	S	and be defined as the same of the same of		
	B. Itemized Co	ntrib	outions from Individ	duals		******		
Last Name			irst			МІ		
Shuff Porter			Darlene 					
Residential Street Address		City	ماريد		State	Zip Code 06457		
76 Aspen Dr		Wilde	dletown		СТ	00437		
Principal Occupation			Name of Employer					
LADC			State of CT DOC					
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 ca is asso	andidate for a chief executive contract of the	e officer of a municipality with said municipality	5 Amo	ount of Cont 00	ribution	
Is this contribution associated with an event reported in Section L1?				e contractor? Yes				
If yes, list Event #	of government the contract							
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Ordei	r 03/30/2019	1000				
Last Name	and the company of the control of th	- 1	irst			МІ	100000000000000000000000000000000000000	
Giles		5	Stephany					
Residential Street Address		City			State	Zip Code		
22 Belvidere Terrace		Mide	dletown		CT	06457		
Principal Occupation			Name of Employer					
Retired			Retired					
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?					Amount of Contribution 250		
	Yes Is contributor a principal of a  No If yes, indicate which bra  of government the contra	nch o	r branches	e contractor? Yes  No  Legislative				
Method of Contribution:	of government the contra	Ot 13 17	Date Received	Aggregate Contributions	┥			
OCash OPersonal Check OCredit/Debit O	Card OPayroll Deduction OMoney	Order	r 03/28/2019	\$250				
Last Name		F	irst			М		
Kothari		ı	Hitesh					
Residential Street Address		City			State	Zip Code		
51 Pheasant Crossing		Glas	stonbury		ст	06033		
Principal Occupation	, , , , , , , , , , , , , , , , , , ,	<u> </u>	Name of Employer		<u> </u>			
CEO			Express Kitchen					
Is contributor a lobbyist, spouse, or dependent ohild 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	ount of Con	tribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	<del></del>	noh or	r branches	e contractor? Yes No				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit (	Card OPayroll Deduction OMoney	y Orde	r 03/30/2019	\$500				
	SUB'	гот	AL Section B — This	Page \$1750				
	TOTA	Lofa	additional Section B I	Pages 22,5	44.	0.0		
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A		11.8.	5		

## Section B ADDITIONAL PAGE 12 of 49

			TYPE OF REPORT			
McGee For Hartford			April 10 Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ 5,617,8	35		
B. Itemized Co	ntrib	utions from Individ	duals			
Last Name	Fir				M	
Reid	Ka	aydian				
Residential Street Address	City			State	Zip Code	
377 Blue Hills Avenue	Hartf	ord		СТ	06112	
Principal Occupation		Name of Employer				
Professor		Mercy College				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No H contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amor	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a fifty the strength of government the contract of government the government the contract of government the government of government the government of government the government of government the government of government of government of government the government of g	nch or l	branches	e contractor? Yes  OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	-		
Cash Personal Check OCredit/Debit Card Payroll Deduction Money	Order	03/30/2019	1000			
Last Name	Fir	st	Announce of the state of the st		MI	
Diaz		loribel				
Residential Street Address	City			State	Zip Code	
163 Brookline Ave	Bloor	mfield		СТ	06002	
Principal Occupation		Name of Employer				
Orthodontist Assistant		Dr Bucari				
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, Amer 1000	mount of Contribution	
Is this contribution associated with an event reported in Section I 1?  If yes, list Event #  Is contributor a principal of a ffyes, indicate which bra of government the contra	nch or	branches	te contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	03/31/2019	\$1000			
Last Name	Fin				MI	
Montes	B	ill				
Residential Street Address	City			State	Zip Code	
50 Bulkeley Ave	Hartf	ford		CT	06106	
Principal Occupation		Name of Employer				
Operator		Saputo				
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, Amo 1000	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 figure, indicate which bra of government the contra	nch or	branches _	e contractor? Yes  No  Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	03/31/2019	\$1000			
SUB	гота	.L Section B — This	Page \$3000			
TOTA	Lofac	dditional Section B I	Pages 21,2	94,0	Ű	
TOTAL OF ALL CONTRIBUTIONS FROM	M IND	IVIDUALS (Sections A	Pages 21,2 A+B) 29,91	1.85		

#### Section B ADDITIONAL PAGE 13 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
McGee For Hartford				April 10 Filing			
A. Total Contributions from Sma (See instructions for definition of Small Con			nis Period ONLY OTAL SECTION A	\$ 5,617.8	5		
	B. Itemized Cor	ıtrib	outions from Individ	duals			
Last Name		F	irst			MI	
Bobb			latasha				
Residential Street Address		City			State	Zip Code	
C16 Mill Pond Rd		Broa	d Brook		CT	06016	
Principal Occupation			Name of Employer				
Coordinator			Town of East Hartfo	ord			
or dependent child of a lobbyist? O No de	f contribution is in excess of \$400 to loes contributor or business he/she valued at more than \$5,000?				5 Amor	Amount of Contribution \$100	
Is this contribution associated with an event reported in Section L1?	o If yes, indicate which bran	ch or	branches	e contractor? Yes No Clegislative			
If yes, list Event #	of government the contrac	t is wi	Date Received	Aggregate Contributions	_		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card	d O Daywall Daduction O Money	Ondon		150			
	To Payton Deduction Owloney			150		12.0	
Last Name Fryer			<sub>irst</sub> Eddie			MI	
Residential Street Address	(	City			State	Zip Code	
35 Coleman Drive		Hart	ford		CT	06106	
Principal Occupation			Name of Employer				
Maintainer			Town of Mancheste	er			
or dependent child of a lobbyist? O No de	f contribution is in excess of \$400 t loes contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section 1 1?  If yes, list Event #		ach or	branches _	e contractor? Yes No			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction Money	Order	03/01/2019	\$500			
Last Name		- 1	irst			MI	
Diaz		S	Somaries				
Residential Street Address	1	City			State	Zip Code	
30 Alan Green Way		Hart	ford		CT	06120	
Principal Occupation			Name of Employer				
Office Manager			Doctor Bucari				
or dependent child of a lobbyist? O No d	f contribution is in excess of \$400 to loss contributor or business he/she ralued at more than \$5,000?				7, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event #		ich or	branches	<b>©</b> N₀			
Method of Contribution:			Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card	d OPayroll Deduction OMoney	Order	03/31/2019	\$1000		Maria (1944-1944) (1944-1944) (1944-1944) (1944-1944) (1944-1944) (1944-1944) (1944-1944) (1944-1944) (1944-19	
	SUBT	OT.	AL Section B — This	Page \$1200			
	TOTAL	ofa	dditional Section B F	Pages 23,0	94,00	>	
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line)		DIVIDUALS (Sections A lumn A of Summary Page	**************************************	11.83	Annual Control of the	

#### Section B ADDITIONAL PAGE 14 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository,		TYPE OF REPORT				
McGee For Hartford		April 10 Filing				
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	ived this Period ONLY SUBTOTAL SECTION A	\$ 5,617,8	5			
B. Itemized C	ontributions from Indi	viduals				
Last Name Clark	First Kristen		MI			
Residential Street Address	City		State Zip Code			
15 Covington ST Apt 217	New Britain		CT 06053			
Principal Occupation	Name of Employer					
Coordinator	Village					
l v ′ ± ′ 2×4 l	00 to a candidate for a chief execut he is associated with have a contra OYes ONo	ot with said municipality	\$ Amount of Contribution \$100			
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.	a state contractor or prospective s ranch or branches ract is with:	tate contractor? Yes  O Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order 03/01/2019	250				
Last Name	First	mountaines anno anno anno anno anno anno anno ann	М			
Smith	Leroy					
Residential Street Address	City		State Zip Code			
531 Edgewood	Windsor		CT 06095			
Principal Occupation	Name of Employer					
СРА	Self Employed					
	00 to a candidate for a chief execut he is associated with have a contra Yes O No	et with said municipality	Amount of Contribution 250			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  If yes, indicate which to of government the con		tate contractor? Yes Ye C Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ey Order 03/01/2019	\$500				
Last Name	First		Mi			
Smith	Leroy					
Residential Street Address	City		State Zip Code			
531 Edgewood	Windsor		CT 06095			
Principal Occupation	Name of Employer					
CPA	Self Employed					
	00 to a candidate for a chief execu he is associated with have a contra Yes No	ct with said municipality	Amount of Contribution 250			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  If yes, indicate which both of government the contribution associated with an event reported in Section L1?		tate contractor?  Yes No Legislative				
Method of Contribution:	Date Received	Aggregate Contributions	<del></del>			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	osy Order 03/01/2019	\$500				
SU	BTOTAL Section B — Th	is Page \$600	Months of the set of the section of the set			
TOTA	AL of additional Section E	Pages 23,6	,94.00			
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Section ie 13, Column A of Summary Pag	s A + B) 29, 9	,94.00 11.85			
		en e	and the control of th			

## Section B ADDITIONAL PAGE 15 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered	d with Filing Repository)		TYPE OF REPORT			
McGee For Hartford			April 10 Filing			
A. Total Contributions from Small Con (See instructions for definition of Small Contributor)		this Period ONLY STOTAL SECTION A	\$ 5,617.85			
	B. Itemized Contr	ibutions from Indivi	duals			
Last Name		First			MI	
Addison		Karen		,		
Residential Street Address	City			State	Zip Code	
670 Easton Forest Circle South East	Pa	lm Bay		FL	32909	
Principal Occupation		Name of Employer				
Retired		Retired				
or dependent child of a lobbyist? ONO does contrib		candidate for a chief executive ssociated with have a contract  OYes  No		, Amou	mt of Contribution	
event reported in Section L1? (6) No If	tributor a principal of a state yes, indicate which branch government the contract is		Capislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayro	oll Deduction OMoney Orc	der 02/28/2019	100			
Last Name		First	enamen assekopikata kita iliku iliku kitaba ang manan Manbadan unaman unaman unam		MI	
Khakshouri		Paul				
Residential Street Address	City			State	Zip Code	
350 E 79th ST	Ne	ew York		NY	10075	
Principal Occupation		Name of Employer				
Hotel Owner		Bond Development	LLC			
or dependent child of a lobbyist? O No does contrit		candidate for a chief executive ssociated with have a contract  Yes  No		, Amou	nt of Contribution	
event reported in Section L1?	tributor a principal of a state yes, indicate which branch f government the contract is		c contractor? Yes No			
Method of Contribution:	A SOVIETIMENTE LITE CONTINUE IN	Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Card OPayro	Il Deduction Money Ord	der 02/28/2019	\$250			
Last Name		First			Mi	
Bailey III		LeRoy				
Residential Street Address	City	,		State	Zip Code	
7 Tuller Circle	Sir	msbury		ст	06070	
Principal Occupation		Name of Employer				
CEO		Brakah				
or dependent child of a lobbyist?  No does contrib		candidate for a chief executive ssociated with have a contract Yes No		/, Amou	ınt of Contribution	
event reported in Section L1?   No If	tributor a principal of a state yes, indicate which branch f government the contract is		<b>©</b> N₀			
Method of Contribution:	- O	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayro	oll Deduction OMoney Or	der 03/01/2019	\$100			
	SUBTO	TAL Section B — This	Page \$450		When the second	
	TOTAL of	f additional Section B I	Pages 23,	344.0	o	
TOTAL OF ALL CONT	RIBUTIONS FROM I	NDIVIDUALS (Sections A	(A+B) () (A	11,27		
	(Enter total on Line 13, (	Column A of Summary Page	Totals)	1100		

#### Section B ADDITIONAL PAGE 16 of 49

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)			TYPE OF REPORT			
McGee For Hartford				April 10 Filing			
A. Total Contributions from Smal (See instructions for definition of Small Cont			is Period ONLY OTAL SECTION A	\$ 5,617,8	5		
					·		
	B. Itemized Con	trib	utions from Individ	duals			
Last Name		Fir	rst				MI
Matos		Se	ergio				
Residential Street Address	C	City			State	Zip	Code
8 Brightwood Lane	1	West	Hartford		CT	06	5110
Principal Occupation	1		Name of Employer		•		
Accountant			LAZ Parking				
or dependent child of a lobbyist? O No doc	contribution is in excess of \$400 to es contributor or business he/she is fued at more than \$5,000?	o a can s assoc	ndidate for a chief executive ciated with have a contract  OYes  ONo	o officer of a municipality with said municipality	y, An \$10		of Contribution
Is this contribution associated with an event reported in Section L1? Yes	If yes, indicate which branch	ch or l	branches	_ <b>(i)</b> No			
If yes, list Event #	of government the contract	is wit	h: ©Executive	C Legislative Aggregate Contributions	_		
Method of Contribution:  Ocash	One Over the Darke sties Over 1994	Ondon	02/26/2019	200			
	OPayron Deduction Owoney			200			Lig
Last Name Elliott		Fir	oshua				МІ
Residential Street Address	C	City			State	Zip	Code
59 Macarthur Dr		Hamo	den		СТ	06	5518
Principal Occupation			Name of Employer		·		
Owner		,	Common Bond Mai	rket			
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?				y, An		of Contribution
Is this contribution associated with an event reported in Scotion L1?  If yes, list Event #	Is contributor a principal of a s  If yes, indicate which bran of government the contract	ch or	branches	te contractor? Yes No Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	02/27/2019	\$100			
Last Name		Fi	rst				MI
Davis		S	hane				
Residential Street Address		City			State	- 1	p Code
46 Woodland Ave		Blooi	mfield		CT	0	6002
Principal Occupation			Name of Employer		<u> </u>		
Special Education Tutor Instructor			Bloomfield Public S	Schools			
or dependent child of a lobbyist? No do	contribution is in excess of \$400 to ses contributor or business he/she is flued at more than \$5,000?				y, An		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 1	Is contributor a principal of a st If yes, indicate which bran of government the contract	ch or	branches	e contractor? Yes No			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	02/28/2019	\$100			
	SUBT	'OTA	AL Section B — This	Page \$300			
	TOTAL	of a	dditional Section B I	Pages 23,9	94,0	\$	
TOTAL OF ALL	. CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A lumn A of Summary Page		11.8	3	

## Section B ADDITIONAL PAGE 17 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
McGee For Hartford			April 10 Filing				
A. Total Contributions from Small Contributors-Receiv (See Instructions for definition of Small Contributor)		is Period ONLY DTAL SECTION A	\$ 5,612.83	errene zuwen zuen zuen zuen zuen zuen zuen zuen zu	Bibliocodiklineuro, nomineurostini, hisususus		
B. Itemized Co	ntribi	utions from Indivi	Angle				
Last Name	Fir		u u u o		MI		
Fryer	Ec	ddie					
Residential Street Address	City			State	Zip Code		
35 Coleman Drive	Hartfe	ord		СТ	06106		
Principal Occupation		Name of Employer			<u>i</u>		
Maintainer		Town of Mancheste	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No location is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				's 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 If yes, indicate which brain of government the contraction.	nch or b	oranches	e contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	02/23/2019	500				
Last Name Young	Firs	st andace			М		
Residential Street Address				<u> </u>	[ ]		
2 Jackson Rd	City Bloon	nfield		State CT	Zip Code 06002		
Principal Occupation		Name of Employer			<u> </u>		
Fire Fighter		City of Hartford					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she valued at more than \$5,000?	to a cano	didate for a chief executive inted with have a contract Yes No	officer of a municipality with said municipality	, Amo	unt 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 figure, indicate which bra of government the contra	inch or b	oranches	e contractor? Yes No				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Order	02/24/2019	\$100				
Last Name	Firs				M		
Simms	Ir	avis					
Residential Street Address	City	-11-		State	Zip Code		
28 Dr Martin Luther King Jr Dr	Norw			СТ	06854		
Principal Occupation  CEO - Promoter		Name of Employer	otion a LLC				
		Tremendous Promo					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cane is associ	didate for a chief executive iated with have a contract O Yes O No	officer of a municipality with said municipality	, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No Section L1? Is contributor a principal of a section L1?  If yes, list Event # of government the contraction of government the government of government the government of government the government of governm	nch or b	ranches	Contractor? Yes No				
Method of Contribution:		Date Received	Aggregate Contributions				
Cash Personal Check Octedit/Debit Card Payroll Deduction Money	Order	02/24/2019	\$350				
SUBI	готаі	L Section B — This	Page \$300				
TOTAL	of ad	ditional Section B P	ages 23,	994,	<b>(</b> 0		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line).		VIDUALS (Sections A nm A of Summary Page 1		11.8	5		

#### Section B ADDITIONAL PAGE 18 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
McGee For Hartford		April 10 Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$ 5,617.85	P*		
	WESTER STATE AND	Samuelly American September 1997		THE PARTY OF THE P	
	ntributions from Individ	duals			
Last Name Hicks	First Tyrell			MI	
Residential Street Address	City		1	p Code	
83 Carey Ave	Meriden	'	CT 0	6451	
Principal Occupation	Name of Employer				
Job Coach	Adelbrook Transitio	onal Acadamey			
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?			Amount \$100	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a figure of government the contract of government the government of government the government the government of government of government the government of government o		_ <b>(</b> No			
Method of Contribution:		Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		100			
Last Name	First			Mí	
Simms	Travis				
Residential Street Address	City		State Zin	p Code	
28 Dr Martin Luther King Jr Dr	Norwalk	1	1 '	6854	
Principal Occupation	Name of Employer			·	
Manager	Tristate LED				
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?			Amount 250	Amount of Contribution 250	
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 contract	<del>_</del>	e contractor? Yes No			
Method of Contribution:		Aggregate Contributions	1		
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 02/23/2019	\$350			
Last Name	First		1	М	
Byrd	Α				
Residential Street Address	City		State Zip	p Code	
56 Tredeau ST	Hartford	1	CT 06	6114	
Principal Occupation	Name of Employer		<u> </u>		
DPW	City of Hartford				
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?			Amount	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No Is contributor a principal of a significant which brain of government the contract		e contractor? Yes No			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	1 1	Aggregate Contributions \$100			
SUBI	OTAL Section B — This l	Page \$450			
TOTAL	of additional Section B P	ages 23,8	44,00	)	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	INDIVIDUALS (Sections A 13, Column A of Summary Page T		1.85		

## Section B ADDITIONAL PAGE 19 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
McGee For Hartford			April 10 Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$ 5,617.85	÷		
B. Itemized Co	ntrib	outions from Indivi	duals			
Last Name Chambara		irst Michael			MI	
Chambers		Michael ————————————————————————————————————		·		
Residential Street Address 25 Valley View Dr	City	<i>i</i> ngont		State CT	Zip Code 06111	
Principal Occupation	1464			<u></u>	100111	
Attorney		Name of Employer Self Employed			÷	
			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/she valued at more than \$5,000?				y, Amo \$100	unt of Contribution	
Is this contribution associated with an Yes Is contributor a principal of a						
event reported in Section L1? No If yes, indicate which broad If yes, list Event # of government the contra			Legislative No			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Ocredit/Debit Card Payroll Deduction OMone	y Order	02/16/2019	100			
Last Name	F	irst	uhikan menina menuntunkan termuakan kenada pekidika labibi ahit		MI	
Riley-Seymour	S	Sharon				
Residential Street Address	City			State	Zip Code	
130 Vernon Avenue, APT 2H	Vern	non		ст	06066	
Principal Occupation	1	Name of Employer		<u> </u>	1	
Phycho Therapist		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?				/, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a fyres, indicate which broof government the contra	anch or	branches _	e contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	02/22/2019	\$200			
Last Name	- 1	irst			М	
Green	F	Floyd				
Residential Street Address	City			State	Zip Code	
221 Trumbuli ST	Hart			СТ	06103	
Principal Occupation VP		Name of Employer Etna				
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?				7, Amer	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No Is contributor a principal of a ffyes, indicate which bre of government the contra	inch or	branches	C Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction OMone	y Orđer	02/22/2019	\$100			
SUB	TOTA	AL Section B — This	Page \$300		, and the second se	
TOTA	Lofa	dditional Section B P	ages 23,9	94.1	00	
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A lumn A of Summary Page 1		11.85		

#### Section B ADDITIONAL PAGE 20 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
McGee For Hartford				April 10 Filing			
A. Total Contributions from Small Contributors-Recei			Period ONLY TAL SECTION A	\$ 5,617.8.	9		A A COMPANIE OF THE COMPANIE O
B. Itemized Co	ontri	ibu	tions from Indivi	duals			
Last Name Wolliston		First	rlene				MI R
Residential Street Address	100	<u> </u>			Loui	19:	
135 Oak ST	City Eas		artford		State	1 -	Code 118
Principal Occupation		T	Name of Employer		<u> </u>		
Fund Development			CREC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sh valued at more than \$5,000?						Amount of Contributio	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No If yes, indicate which broof government the contributor of government the contributor aprincipal of a section L1?	anch c	or br	anches	e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	7		
Cash Personal Check Credit/Debit Card Payroll Deduction Mont	ey Ord	ler	03/26/2019	100			
Last Name		First			en i kontra	egmanlaramoglarija i	MI
Garibay		Jan	ie				М
Residential Street Address	City				State		Code
469 Board ST	Wir	nds	or		CT	06	095
Principal Occupation			Name of Employer				
Director			First Town Downto				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?						Amount of Contribution 100	
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 by of government the contributor aprincipal of:	ranch (	or br	anches	e contractor? Yes			
Method of Contribution:			Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Orde	ler	03/27/2019	\$100			
Last Name		First					М
Brown		Kaı	ren				
Residential Street Address	City		c 11		State	1 .	Code
101 Boothbay ST	BIO		field		CT	06	002
Principal Occupation Supervisor		- 1	Name of Employer US Postal Service				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No does contributor or business he/sh valued at more than \$5,000?					/, Am		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Yes  No  If yes, indicate which brof government the contributor of government the contributor.	anch c	or br	ractor or prospective state	c contractor? Yes No			
Method of Contribution:		- 1	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Orde	ler	03/25/2019	\$250			
SUB	тот	ΓAΙ	Section B — This	Page \$450			
TOTA	Lof	add	litional Section B P	ages 23,8	44	00	
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line			/IDUALS (Sections A nn A of Summary Page '		11.8	>5	ang menangan sandan sanan menangan san

## Section B ADDITIONAL PAGE 21 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	ha a a ha a militar		TYPE OF REPORT		Haras Harir	
McGee For Hartford			April 10 Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$ 5,617,83	, , , , , , , , , , , , , , , , , , ,		
B. Itemized Co	ntril	butions from Indivi	duals			
Last Name	F	First			МІ	
Gordon	19	Subira				:
Residential Street Address	City			State	Zip Code	
224 Oakville Ave	Wat	erbury		СТ	06708	
Principal Occupation	1	Name of Employer		·	<del> </del>	
Executive Director		ComCon				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			, Amo	unt of Con )	tribution	
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	inch or	r branches	e contractor? Yes  OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orđe	r 03/14/2019	100			
Last Name	F	First		ar ar er e e e e e e e e e e e e e e e e	М	
Gray		Connie				
Residential Street Address	City			State	Zip Code	
5636 Sunbury Loop	Evar	ns		GA	30809	
Principal Occupation		Name of Employer		<u> </u>	<u> </u>	
Cost Analyst		US Government				
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?				/, Ame	unt of Con	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  If yes, indicate which bree of government the contra	anch o	r branches	te contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Ordei	r 02/11/2019	\$200			
Last Name		First			MI	
Harris	-	Tyron				
Residential Street Address	City			State	Zip Code	
31 High ST	East	t Hartford		СТ	06118	
Principal Occupation CEO		Name of Employer TGB				
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?				7, Amo 125	unt of Con	tribution
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 contract of government the contract of the section L1?	anch or	r branches	No			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	., O4	Date Received 03/11/2019	Aggregate Contributions \$125			
Cash Oreisonal Check Octediv Debit Card Orayron Deduction Office	y Orue	4			<del></del>	
SUB	TOT	AL Section $\mathbf{B}$ — This	Page \$425			
TOTA	Lofa	additional Section B F	Pages 23,8	69.0	D	
TOTAL OF ALL CONTRIBUTIONS FRO	M INI 13. Ca	DIVIDUALS (Sections A Jumn A of Summary Page	Pages 23,8 (1+B) 29,9 (Totals) 29,9	11.85	*	

## Section B ADDITIONAL PAGE 22 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	tory)		TYPE OF REPORT			
McGee For Hartford			April 10 Filing			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	化氯化氯化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	his Period ONLY TOTAL SECTION A	\$ 5,617.8	5		
B. Itemized	l Contril	outions from Indivi	duals			
Last Name	-	First			MI	
Freeman		Justin			С	
Residential Street Address	City			State	Zip Code	
183 Couger Drive	Man	nchester		CT	06040	
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 does contributor or business h valued at more than \$5,000?				/, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal If yes, indicate which of government the contributor apprincipal in the second section of government the contributor apprincipal in the second section is a second second section of government the contributor apprincipal in the second section is a second se	ch branch or		e contractor? Yes  OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Cheek OCredit/Debit Card OPayroll Deduction ON	Money Order	г 03/29/2019	1000			
Last Name	F	irst	our control to make mission to the present of the control of the bridge		MI	
Butler	1	arry			В	
Residential Street Address	City			State	Zip Code	
70 Blackman Rd	Wate	erbury		CT	06704	
Principal Occupation		Name of Employer				
State Rep		State of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?				, Amou	ant of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  If yes, indicate which of government the confidence in the confi	ch branch or		e contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction O	Money Order	03/28/2019	\$100			
Last Name	F	irst			М	
Taylor	ŀ	Kathy			К	
Residential Street Address	City			State	Zip Code	
74 Wilson ST	Wat	erbury		CT	06708	
Principal Occupation	<u> </u>	Name of Employer				
Professor		NVCC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes   If contribution is in excess of does contributor or business h valued at more than \$5,000?				7, Amou	unt of Contribution	
this contribution associated with an vent reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  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 C Legislative						
Method of Contribution:		Date Received	Aggregate Contributions	7		
Cash Personal Check Credit/Debit Card Payroll Deduction ON	Money Order	r 03/28/2019	\$100			
s	SUBTOT/	AL Section B — This	Page \$1200			
ТО	OTAL of a	ndditional Section B P	ages 23,0	94.1	) b	
TOTAL OF ALL CONTRIBUTIONS F (Enter total on		DIVIDUALS (Sections A lumn A of Summary Page !		11.83	gre*	

#### Section B ADDITIONAL PAGE 23 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
McGee For Hartford			April 10 Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ 5,617.8.	\$"		
B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name	Fi	rst		and the second of the second of the second of	MI	
Monts	N	largaret				
Residential Street Address	City			State	Zip Code	
98 Mapleton ST	Hartf	ord		CT	06114	
Principal Occupation		Name of Employer			<u> </u>	
Retired		Retired				
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, Amei \$107	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  Wes. list Event #  Yes Is contributor a principal of a  If yes, indicate which bra  of government the contra	nch or	branches	e contractor? Yes No Clegislative	7		
	ot is wit	Date Received	Aggregate Contributions	-		
Method of Contribution:  Ocash Opersonal Check Ocredit/Debit Card Opersonal Check Ocredit/Debit Card	v Orđer		107			
Last Name	Fi		a laganing stage the second transmission and assets as the second and assets as a second of data of		MI	
Dimassa		ist Iichael			A	
Residential Street Address	City			State	Zip Code	
136 Putney Dr	,	Haven		CT	06516	
Principal Occupation	<u> </u>	Name of Employer				
Admin		City of West Haven				
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?				7, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes   Is contributor a principal of a ff yes, indicate which brush of government the contraction of government the contraction.	nch or	branches	te contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Order	03/27/2019	\$100			
Last Name	Fi	rst			MI	
Nolan	A	inthony				
Residential Street Address	City	**************************************		State	Zip Code	
105 Blackhall ST	New	London		CT	06320	
Principal Occupation		Name of Employer			<del></del>	
Police officer		City of New Londor	n			
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, Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  O Executive O Legislative						
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	Date Received 03/27/2019	Aggregate Contributions \$100			
SUB	ГОТА	 L Section B — This	Page \$307	- · · · · · · · · · · · · · · · · · · ·	Colonial Col	
			F 1 L	70/	, 0 0 	
TOTAL OF ALL CONTRIBUTIONS FRO  (Enter total on Line		IVIDUALS (Sections A lumn A of Summary Page	Totals) 29,91	1.83		

# Section B ADDITIONAL PAGE $\frac{24}{2}$ of $\frac{42}{2}$

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
McGee For Hartford			April 10 Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$ 5,617.8	35		
		, ,				
B. Itemized Co	ntril	butions from Indivi	duāls			
Last Name	I	First		-		Mi
Hawkins		Jermel				
Residential Street Address	City			State	Zip (	Code
54 Folly Brook Blvd	We	thersfield		СТ	06	109
Principal Occupation		Name of Employer				
Owner		Aelis Suices & Ac	ai Bowis			
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, Amo	Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Sist Event # 2  Is contributor a principal of a fyes, indicate which bra of government the contra	nch o	r branches	e contractor? Yes OLegislative			
	CUIS W	Date Received		_		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Mone	y Orde		Aggregate Contributions \$140			
Last Name	T <sub>F</sub>	₹irst				МІ
Ike		Teresa				
Residential Street Address	City			State	Zip (	 Code
201 New State Road, Unit M	1	nchester		СТ	1 -	042
Principal Occupation	1	Name of Employer		<u>:</u>	<u> </u>	
Compliance Manager		Pratt & Whitney				
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?				/, Amo		f 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 bra of government the contra	anch o	contractor or prospective stater branches	e contractor? Yes No		0	
Method of Contribution:	20t 13 Y	Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Orde	г 3/1/2019	\$100			
Last Name	F	First				М
Freeman		Deron				D
Residential Street Address	City			State	Zip (	Code
120 Main Street	Sou	uth Glastonbury		СТ	06	033
Principal Occupation		Name of Employer		<u>.                                    </u>	<u> </u>	
Nurse APRN		N Bay State				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amor		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  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 C Legislative						
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Orde	Date Received 3/25/19	Aggregate Contributions \$100			
SUR	гот	AL Section B — This	Page \$340			
TOTAL of additional Section B Pages 23, 954, 50  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  29,911.85						
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A Dlumn A of Summary Page	1+B) 29,91	1.83		

# Section B ADDITIONAL PAGE 25 of 48.

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	NEW			TYPE OF REPORT			
McGee For Hartford			April 10 Filing				
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		化用线管管操作	S Period ONLY TAL SECTION A	\$ 5,617.8	5		
B. Itemized C	ontr	ribu	tions from Indivi	duals			
Last Name		First					MI
Apellaniz		Ra	mon				
Residential Street Address	City	•	<del></del>		State	Zip	Code
141 Weston ST	Ha	lartfo	ord		СТ	00	6101
Principal Occupation	'		Name of Employer		•		
HPHS			BT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Uf contribution is in excess of \$40 does contributor or business he/sh 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 # 2  Is contributor a principal of a lifyes, indicate which broof government the contributor approach of government the contributor.	anch	or br	anches	e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	$\dashv$		
● Cash Personal Check Credit/Debit Card Payroll Deduction OMond	ey Oro	rder	3/7/2019	\$300			
Last Name		First					MI
Vincent		Ga	irther				
Residential Street Address	City	y			State	Zip (	Code
1429 Park Street, Unit 403	Ha	artfo	rd		CT	06	106
Principal Occupation			Name of Employer			-	
Ownes			New Construction				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves No Ves	0 to a ne is as	candi ssocia	idate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	/, Ame		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Yes  Is contributor a principal of fyes, indicate which by of government the contributor apprincipal of fyes, indicate which by of government the contributor apprincipal of fyes, indicate which by of government the contributor apprincipal of fyes, indicate which by of government the contributor apprincipal of figure 1.	ranch	ı or br	anches	e contractor? Yes			
Method of Contribution:			Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Ord	der	3/7/2019	\$100			
Last Name	·	First					MI
Fletcher		Eri	in				
Residential Street Address	City	v			State	Zip (	Code
199 Sargent Street	Ha	artfo	ord			1	105
Principal Occupation			Name of Employer		<u> </u>		
Onwer			Vine + Ivy Flowers	s, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One of the property of t		ı candi	idate for a chief executive	officer of a municipality	7, Am		f Contribution
event reported in Section L1?	<b>4</b> ,0						
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Ord	der	3/1/19	\$90			
SUBTOTAL Section B — This Page \$440							
TOTAL of additional Section B Pages 2, 854,00							
TOTAL of additional Section B Pages 23, 854,00  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)							

#### Section B ADDITIONAL PAGE 26 of 48

McGee For Hartford April 10 Filing  A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A  \$ 5,617,85						
		\$ 5,617,85				
B. Itemized Contributions from Individuals						
Last Name First		МІ				
Cost Donald						
Residential Street Address City State	Zip (	Code				
333 Ricciuti Drive Quincy MA	02	169				
Principal Occupation Name of Employer						
District Sales Manager AstraZeneca						
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes ONo \$10		f Contribution				
Is this contribution associated with an event reported in Section L1?  If yes, list Eyent #  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:  DEXECUTIVE OLEGISLATIVE						
Method of Contribution:  Ocash Personal Check Ocredit/Debit Card Payroll Deduction Omoney Order 3/28/2019  \$100						
Last Name First		MI				
Morales Yeraldin						
Residential Street Address City State	Zip C					
13 Theodore Napper Lane Hartford CT	06	120				
Principal Occupation Name of Employer						
Hartford Public School Food service						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  Yes If contribution is in excess of \$400 to a candidate 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?  Yes No  Yes No		f Contribution				
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  Yes event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  Yes of government the contract is with:  Executive C Legislative						
Method of Contribution:  Date Received Aggregate Contributions						
Cash Personal Check Ocredit/Debit Card Payroll Deduction Money Order 3/31/2019 \$1000						
Last Name First		MI				
Cortes Irving						
Residential Street Address City State	Zip (	Code				
135 Holcomb Street Hartford CT	06	112				
Principal Occupation Name of Employer						
ARNCO CT Army National Guard		•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes Ves Ves Ves Ves Ves Ves Ves Ves Ves V		f Contribution				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2   Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # 2   Executive   Contract   Co						
Method of Contribution:  Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 3/7/2019 \$1.50						
SUBTOTAL Section B — This Page \$1200						
TOTAL of additional Section B Pages 23,094,00						
TOTAL of additional Section B Pages 23, 094,00  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  29,911.85						

# Section B ADDITIONAL PAGE 27 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing I	Repository)	Carlo Section		TYPE OF REPORT		
McGee for Martforf			r	A Prit 10	Pili.	ng
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	A Pril 10 \$ 5,617,8-	5	
						**************************************
B. Item	ized Con	tribu	tions from Indivi	duals		
Last Name Hentley		Firs				J
Residential Street Address	C	City			State	Zip Code
156 Wintonbury Ave, D203	1	Bloom	ifield		СТ	06002
Principal Occupation			Name of Employer			
Retired			Retired			
	iness he/she i		lidate for a chief executive ated with have a contract  OYes  ONo		, Amei	unt of Contribution )
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a pr If yes, indicate of governmen	e which bran-	ch or bi		e contractor? Yes No Legislative		
Method of Contribution:			Date Received	Aggregate Contributions	1	
Cash Personal Check Credit/Debit Card Payroll Deduction	n OMoney	Order	3/24/2019	\$100		
Last Name		Firs				MI
Brown		Sh	ante			
Residential Street Address	C	City			State	Zip Code
26 Greenbriar Drive		Bloom	field		CT	06002
Principal Occupation	<b>!</b>		Name of Employer			
Youth Development Specialist			Our Piece of the Pie	<b>!</b>		
	iness he/she i		lidate for a chief executive ated with have a contract  Yes  No		, Amoi	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  O Yes No If yes, indicat of governmen	e which bran	ich or b		e contractor? Yes No		
Method of Contribution:			Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	n Money	Order	3/29/2019	\$100		
Last Name		Firs	1			MI
Copeland		Bri	iesha			
Residential Street Address	1	City			State	Zip Code
29 Greenbriar Drive		Bloom	ntield		СТ	06002
Principal Occupation			Name of Employer			
Customer Service Representative			Conncare			
	iness he/she i		lidate for a chief executive ated with have a contract Yes O No		7, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, 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   Legislative						
Method of Contribution:			Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	n OMoney	Order	3/29/2019	100		
	SUBT	OTAI	L Section B — This	Page \$300		
TOTAL of additional Section B Pages 23,994,00  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  29,911.85						
TOTAL OF ALL CONTRIBUTIO			VIDUALS (Sections A	(A+B) 29,	711.8	5
	un vn Line j	u, wuu	ан A ој экинину гиде	common of the	, -	

#### Section B ADDITIONAL PAGE 28 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
McGee For Hartford			April 10 Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		riod ONLY SECTION A	\$ 5,617,85			
				. —		
B. Itemized Co	ntribution	is from Individ	iuals			
Last Name	First				MI	
Diaz	Jason					
Residential Street Address	City			State	Zip Code	
203 Fairfield Ave	Hartford			CT	06114	
Principal Occupation	Name	e of Employer				
Fire Fighter	City	of Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate	for a chief executive with have a contract  Oyes  ONo	e officer of a municipality with said municipality	, Amou	ınt 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	nch or branch	ies	Capital Contractor? Yes No			
Method of Contribution:	Date	Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 03/	/30/2019	100			
Last Name	First				MI	
Urena	Eurwin	1				
Residential Street Address	City			State	Zip Code	
110 George ST APT 3	Hartford			CT	06114	
Principal Occupation	Name	e of Employer				
Clerk	KAS	SIQUE Grocery				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated	for a chief executive with have a contract Yes No	officer of a municipality with said municipality	, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which brown of government the contra	anch or brancl	nes	e contractor? Yes No			
Method of Contribution:	Date	Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Order 03/	/30/2019	\$200			
Last Name	First				MI	
Singw	Kulwa	nt				
Residential Street Address	City			State	Zip Code	
354 Woodland ST	Hartford			СТ	06112	
Principal Occupation	Name	e of Employer		l		
Manager	Gaz	zzet LLC				
	Ves If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality			7, Amor	unt of Contribution	
event reported in Section L1?	No If yes, indicate which branch or branches of government the contract is with:    Executive   Legislative					
Method of Contribution:	l	Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 03/	30/2019	\$200			
SUBTOTAL Section B — This Page \$500						
TOTAL of additional Section B Pages 23,794.00						
TOTAL of additional Section B Pages 23,794.00  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 29, 911, 85						

#### Section B ADDITIONAL PAGE 29 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
McGee For Hartford	ALANO CONTRACTOR AND	April 10 Filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$ 5,617,85				
B. Itemized Co	ntributions from Indivi	duals				
Last Name	First		Mi			
Toor	Jagdev	1				
Residential Street Address	City	1	State Zip Code			
36 Cardinal Way	South Windsor		CT 06074			
Principal Occupation	Name of Employer					
Business Owner	Lucky's LLC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Horor contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		with said municipality	Amount of Contribution \$1000			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a second reported in Section L1?  No  If yes, indicate which brain of government the contract		e contractor? Yes No Legislative				
Method of Contribution:	Date Received	Aggregate Contributions	1			
Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney	Order 03/30/2019	1000				
Last Name	First	ad to a contract of the contra	MI			
Gonzalez	Guillermina					
Residential Street Address	City		State Zip Code			
97 Amity ST	Hartford		CT 06106			
Principal Occupation Name of Employer						
State Rep	State of 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?	to a candidate for a chief executiv is associated with have a contract Yes O No	e officer of a municipality, with said municipality	Amount of Contribution			
event reported in Section L1?		<b>⊙</b> No				
If yes, list Event # of government the contra	ct is with: Executive	C Legislative	4			
Method of Contribution:		Aggregate Contributions \$1000				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		7,000	l x.m			
Temponi	Lucio Jr.		MI			
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·	State Zip Code			
18 Bina Ave	Windsor		CT 06095			
Principal Occupation	Name of Employer		1			
Manager	Stop Car Garage					
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?			Amount of Contribution			
event reported in Section L1?  If yes, list Event #  O No  If yes, indicate which bra of government the contraction.	L1? No If yes, indicate which branch or branches of government the contract is with: Executive C Legislative					
Method of Contribution:  Date Received Aggregate Contributions  COLUMN (2010)						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 03/28/2019	\$200				
SUBTOTAL Section B — This Page \$2200						
TOTAL of additional Section B Pages 22,094,00						
TOTAL of additional Section B Pages 22,094,00  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  29,911,85						

#### Section B ADDITIONAL PAGE 30 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	y)		TYPE OF REPORT			
McGee For Hartford			April 10 Filing			
A. Total Contributions from Small Contributors-Reco	tage of purpose from the	this Period ONLY TOTAL SECTION A	\$ 5,617.8	\$		
		butions from Indivi	duals			
Last Name		First			MI	
Martinez		Juan				
Residential Street Address	City			State	Zip Code	
109 Tredeau ST	Hai	rtford		CT	06114	
Principal Occupation		Name of Employer		<u> </u>		
Manager		Martinez Grocery				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/valued at more than \$5,000?			• •	y, Amo \$100	ant of Contribution	
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 of government the contributor of g	branch c	contractor or prospective state or branches with:	c contractor? Yes  OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	oney Ord	er 03/29/2019	100	ļ		
Last Name		First		and the same of th	М	
Holiday		Andrew				
Residential Street Address	City			State	Zip Code	
891 West BLVD APT 405	Har	rtford		CT	06105	
Principal Occupation		Name of Employer		<u> </u>		
Retired		Retired				
	If contribution is in excess of \$400 to a candidate 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?  Amount of C					
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  Is contributor a principal of If yes, indicate which of government the contributor approach is contributor approach in Section L1?	branch o		e contractor? Yes No Legislative		•	
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMo	oney Orde	er 03/31/2019	\$100			
Last Name		First			MI	
McNeill		Maurice				
Residential Street Address	City		·	State	Zip Code	
24 Magnolia ST	Hai	rtford		CT	06112	
Principal Occupation		Name of Employer		<del></del>		
Network Admin		Travelers				
	Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality			y, Amo	unt of Contribution	
event reported in Section L1?						
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMC	oney Ord	<sub>er</sub> 03/31/2019	\$100			
SU	втот	AL Section B — This	Page \$300			
TOTAL of additional Section B Pages 23,994,50						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) 0 9 117 85						
(Enter total on L	ine 13, C	Column A of Summary Page	i otals)			

# Section B ADDITIONAL PAGE 31 of 48

A. Total Contributions from Small Contributors-Received this Period ONLY (See Interactions for definitions of Should Contributors)  B. Hemized Contributions From Individuals  Is Name  George    First	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Substitutions from Individuals   Substitutions   Substitutio	McGee For Hartford			April 10 Filing		
Cally   Call			经有效的 医克勒氏 医多种性 经收益 经销售 医动物 医动物 医多种性 化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	\$ 5,617.8	75	
Cally   Call						
Residential Secent Address   City   Contribution associated with an excess of S400 to a condition for a contribution associated with an excess of S400 to a condition or prospective state contractor   Proceedings	B. Itemized Co	ntrib	utions from Indivi	duals		
Resideratial Surcer Address  \$2 Gregory Hill Drive    President	Last Name	Fir	rst			Mt
Source of Employer    State	George	E	Eric			
Principal Consequation President Is contributor a lobbyist, agonus, or dependent child of a lobbyist?  Is this contributor a social did by the contribution associated with an event reported in Section 1.1?  Yes   Security   Securit	Residential Street Address	City		,	State	1 -
President   Lac countributor a lobbysist, spouse, or dependent child of a lobbysist   No   No   No   Substitution is in excess of \$400 to a candidate for a chief executive Officer of a municipality valued at more than \$5,000?   No   No   Substitution project of a lobbysist   No   No   Substitution of the state of the second with an event reported in Section 1.19   No   No   Substitution of the second with an event reported in Section 1.19   No   No   Substitution of the second with an event reported in Section 1.19   No   No   Substitution of the second with a lack of Centribution Centri	52 Gregory Hill Drive	Glas	stonbury		СТ	06033
Is contributor a lobbyist; spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/shis is associated with have a contractor or prospective state contractor?  It is this contribution associated with a contribution associated with an executive officer of a municipality, and a contractor or prospective state contractor?  It is the think of a lobbyist?  If yes, indicates which branch to branches of government the contract is with:  It is the think of the property of government the contract is with:  It is the time of the property o	Principal Occupation		Name of Employer			
valued at more than \$5,000?   Size   Ores	President		IAC			
covent reported in Section L1?    First   Firs			ciated with have a contract			
Cash   OPersonal Check   Octedit/Debit Card   OPayroll Deduction   Money Order   Strict   Strate   S	event reported in Section L1? No If yes, indicate which bra	anch or l	branches	No No		
Last Name Santiago  Residential Street Address 86 Smith Avenue    State   City   Meriden   State   CT   O6451	Method of Contribution:		Date Received	Aggregate Contributions		
Residential Street Address  86 Smith Avenue    City   Meriden   State   City   O6451   Principal Occupation   Legislator   State of Connecticut	OCash Personal Check Credit/Debit Card Payroll Deduction Mone	y Order	3/7/2019	\$100		
Residential Street Address 86 Smith Avenue    Name of Employer   State of Connecticut	Last Name	Fi	rst			MI
86 Smith Avenue    Meriden   State of Connecticut	Santiago		Hilda			
Name of Employer   State of Connecticut	Residential Street Address	City			State	Zip Code
Legislator  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes vent treported in Section L1?  Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Last Name  Cammarata  Residential Street Address  899 Ocean Avenue  No  Yes of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000 to a candidate for a chief executive officer of a municipality valued at more than \$5,000 to a candidate for a chief executive officer of a municipality valued at more than \$5,000 to a candidate for a chief executive officer of a municipality valued at more than \$5,000 to a candidate for a chief executive officer of a municipality valued at more than \$5,000 to a candidate for a chief executive officer of a municipality valued at more than \$5,000 to a candidate for a chief executive officer of a municipality valued at more than \$5,000 to a candidate for a chief executive officer of a municipality, large than \$5,000 to a candidate for a chief executive officer of a municipality, large than \$5,000 to a candidate for a chief executive officer of a municipality, large than \$5,000 to a candidate for a chief executive officer of a municipality, large than \$5,000 to a candidate for a chief executive officer of a municipality, large than \$5,000 to a candidate for a chief executive officer of a municipality valued at more than \$5,000 to a candidate for a chief executive officer of a municipality valued at more than \$5,000 to a candidate for a chief executive officer of a municipality valued at more than \$5,000 to a candidate for a chief executive officer of a municipality valued at more than \$5,000 to a candidate for a chief executive officer of a municipality valued at more than \$5,000 to a candidate for a chief executive officer of a municipality valued at more than \$5,000 to a candidate for a chief executive officer of a municipality valued at more than \$5,000 to a candidate for a chief executive officer of	86 Smith Avenue	Meri	iden		СТ	06451
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No dependent child of a lobbyist at more than \$5,000?  No dependent child of a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a principal of a state contractor or prospective state contractor?  Yes Date Received  Aggregate Contributions  State  City New London  Name of Employer  Cammarata Gov Affairs  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No dependent child of a lobbyist?  No labbyist is excess of \$400 to a candidate for a chief executive officer of a municipality, and the contract is with:  Name of Employer  Cammarata Gov Affairs  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No labbyist is excess of \$400 to a candidate for a chief executive officer of a municipality, and of Contribution of business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No  Is this contribution associated with an event reported in Section L1?  Method of Contribution:  Ocash Personal Check Ocedit/Debit Card Payroll Deduction Money Order  Substock  Substock  Principal Occupation  Lobbyist is excess of \$400 to a candidate for a chief executive officer of a municipality, and the contract of the contract of the principal of a state contractor or prospective state contractor?  Yes No  Substock  Substock  Substock  Aggregate Contributions  Solution  Amount of Contribution Solutions  Solution  Solution  Amount of Contribution Solution  Solution  Amount of Contribution Solution  Solution  Amount of Contribution Solution  Solution  Solution  Solution  Amount of Contribution Solution  Solution  Solution  Solution  Amount of Contribution  Solution  Solution	Principal Occupation	<u></u>	Name of Employer		L	
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?	Legislator		State of Connection	cut		
event reported in Section L1?    Just   State   Contribution   Date Received   Aggregate Contributions	or dependent child of a lobbyist?   No does contributor or business he/she		ciated with have a contract			
Cash Personal Check Oredit/Debit Card Payroll Deduction Money Order 3/7/2019 \$100  Last Name Cammarata  Residential Street Address  899 Ocean Avenue  City New London  Name of Employer Cammarata Gov Affairs  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No does contributor or business he/she is associated with have a contract with said municipality of government the contract is with:  Is contribution associated with an event and score of government the contract is with:  Substock  Substock  Amount of Contribution  Substock  Amount of Contribution  Stock  Substock  Substock  Substock  Amount of Contribution  Stock  Substock  Substock  Amount of Contribution  Stock  Substock  Substock  Amount of Contribution  Stock  Substock  Substock  Substock  Amount of Contribution  Stock  Substock  Substock  Amount of Contribution  Stock  Substock  State  State  CT  06320  Amount of Contribution  Stock  Substock  Substock  Substock  Substock  Substock  Substock  Substock  State  State  CT  O6320  Amount of Contribution  Stock  Substock  State  State  State  State  State  CT  O6320  Amount of Contribution  Stock  Substock  Substock  Substock  Substock  Substock  Substock  State  Substock  Substock  Substock  State  State  State  State  Substock  Substock  Substock  State  Substock  Substock  Substock  State  State  State  Substock  Substock  State  State  State  State  Substock  Substock  Substock  State  State  State  State  Substock  Substock  Substock  Substock  State  Substock  Substock  Substock  Substock  State  Substock  Substock  Substock  State  Substock  Substock  Substock	event reported in Section L1?	anch or	branches	_ No		
Last Name Cammarata  Residential Street Address  899 Ocean Avenue  Principal Occupation Lobbyist  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  MI  Zip Code CT  06320  Name of Employer Cammarata Gov Affairs  Is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate Contributions  \$500  SUBTOTAL Section B — This Page  \$700	Method of Contribution:		Date Received	Aggregate Contributions		
Cammarata    State   Zip Code   CT   06320	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	3/7/2019	\$100		
Residential Street Address  899 Ocean Avenue  New London  Name of Employer  Cammarata Gov Affairs  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Method of Contribution:  Ocash Personal Check Ocedit/Debit Card Payroll Deduction Money Order  City  New London  Name of Employer  Cammarata Gov Affairs  If contribution is in excess of \$400 to a candidate 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?  Yes  No  Is contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate Contributions  \$500  SUBTOTAL Section B — This Page \$700	Last Name	Fi	rst	<u> </u>		MI
Respondent Avenue    New London   CT   06320	Cammarata	J	Julie			
Principal Occupation Lobbyist  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor or business he/she is associated with have a contract with said municipality, does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Method of Contribution:  Ocash Personal Check Ocredit/Debit Card Payroll Deduction Money Order  Name of Employer  Cammarata Gov Affairs  Amount of Contribution  \$500  \$500  Substitute of Contribution and principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate Contributions  \$500  Substitute Occupation  Substitute Occupati	Residential Street Address	City			State	Zip Code
Lobbyist  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of Contribution:  Ocash Personal Check Ocredit/Debit Card Payroll Deduction Money Order  SUBTOTAL Section B — This Page	899 Ocean Avenue	New	/ London		СТ	06320
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of Contribution:  Ocash Personal Check Ocredit/Debit Card Payroll Deduction Money Order  SUBTOTAL Section B — This Page  \$700	Principal Occupation	1	Name of Employer			•
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No No  Is this contribution associated with an event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with:  Method of Contribution:  Ocash Personal Check Ocredit/Debit Card Payroll Deduction Money Order  SUBTOTAL Section B—This Page  \$700	Lobbyist		Cammarata Gov	Affairs		
If yes, list Event # 2	or dependent child of a lobbyist? No does contributor or business he/sh		ciated with have a contract			
Method of Contribution: OCash Personal Check OCredit/Debit Card Payroll Deduction OMoney Order 3/7/19 \$500  SUBTOTAL Section B — This Page \$700	Is this contribution associated with an event reported in Section L1?  Yes No Is contributor a principal of a state contractor or prospective state contractor?  Yes No If yes, indicate which branch or branches					
SUBTOTAL Section B.—This Page \$700	The state of the s					
	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	3/7/19	\$500		
TOTAL of additional Section B Pages 23594.00  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) 2911.85	SUB	ТОТА	AL Section B — This	Page \$700		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) 7 9 9 11 8 5	TOTAL of additional Section B Pages 23594.00					
(Enter total on Line 13, Column A of Summary Page Totals) \[ \int \gamma				1+B) 29,9	11.8	5

SEEC FORM 20 Revised January 2015

#### Section B ADDITIONAL PAGE 32 of 48

NAME OF COMMITTEE (Provide Complete No	lame as Registered with Filing Repos	itory)		TYPE OF REPORT			
McGee for Hartforf			Afril 10 Filing				
A. Total Contributions from (See instructions for definition of Small	"好女","你们们是我们的,你们就要说,我们还没有什么。""你我们,我们就是这个不好的。"	Section of the second section of the second section of the second section sect	is Period ONLY DTAL SECTION A	\$ 5,617.8	\$ 5,617.85		
					agyan nang-gearannegering-ras angaga		
	B. Itemize	d Contribi	ıtions from Indivi	duals			
Last Name Tohson		Fir	B ree ana			$\mathcal{C}$	
Residential Street Address  45 Warren ST	**	City	lartforf		State Zip	p Code 06120	
Principal Occupation  SOLIAL WORK	(ep-c		Name of Employer		<u> </u>		
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of docs contributor or business	f \$400 to a can he/she is assoc	iated with have a contract	e officer of a municipality with said municipality		of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		ch branch or b		e contractor? Yes	100	)	
Method of Contribution:  [Method of Contribu	Card □Payroll Deduction □	Money Order	Date Received	Aggregate Contributions	-		
Last Name Toiner	Andrews and the second	Firs	Kerin		<del>Žinas karanta /del>	MI	
Residential Street Address 75 Girard A	VE	City	of ford			Code 06105	
Principal Occupation Pattorney			Name of Employer  Self En	nployed		·	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of does contributor or business I valued at more than \$5,000?	\$400 to a cand ac/she is associ	lidate for a chief executive ated with have a contract	e officer of a municipality with said municipality	, Amount	of Contribution	
	Yes Is contributor a principal of government the contributor aprincipal of government of	ch branch or b	tractor or prospective stat	₩o	2	9	
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit (			Date Received	Aggregate Contributions	-	i	
Last Name	Card Lifayion Deduction Lin	Firs	_^	270		М	
Residential Street Address		City			State Zip	Code	
Principal Occupation			Name of Employer		1		
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of does contributor or business h valued at more than \$5,000?	\$400 to a cand te/she is associ	idate for a chief executive ated with have a contract Yes No	officer of a municipality, with said municipality	Amount	of Contribution	
	Yes No Is contributor a principal If yes, indicate which of government the c	h branch or br		contractor? Yes No			
Method of Contribution:			Date Received	Aggregate Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction M	Aoney Order					
	S	UBTOTAL	Section B — This	Page 120			
	то	TAL of add	litional Section B P	ages 24,1	74.0	U	
TOTAL OF A	ALL CONTRIBUTIONS F (Enter total on )	ROM INDIV Line 13, Colur	/IDUALS (Sections A nn A of Summary Page T	ages $24/$ (+B) $29.9$	11.85	,	

# Section B ADDITIONAL PAGE 33 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	Renositorii		
McGee for Hartfort	(Application)	TYPE OF REPORT	
		APril 10	Filing
A. Total Contributions from Small Contributor	s-Received this Period ONLY	the state of the s	
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$ 5,617,8	<i>'5</i>
		A STATE OF THE STA	The state of the s
Last Name B. Item	ized Contributions from Indivi	duals	
	First		MI
Residential Street Address	Jason		
4	Jason City Middletown		State Zip Code
1112 Town Ridge Principal Occupation	Middletown		Gt 06457
	Name of Employer		3. 0-131
Financial Aid office	Stone Aco	40.	
1 res If contribution is in exce	SS Of S400 to a candidate for a still.	0.01	1
valued at more than \$5.0	nos nersie is associated with have a confract	vith said municipality	Amount of Contribution
is this contribution associated with an Yes Is contributor a prin	oipal of a state contractor or prospertive state		_
Man the P. C. Haller and J. J. Pess, including	which branch or branches	□ No	,
Method of Contribution:	the contract is with:		4/0
☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Deduction	Date Received	Aggregate Contributions	
Last Name	□Money Order 2/22/2619	55	
McGee	First	Control of the Contro	MI
Residential Street Address	Down		
	City		State Zip Code
Principal Occupation	Hartford		CT 06120
	Name of Employer		
Machine operator	Exela		
s contributor a lobbyist, spouse, and the spouse of dependent child of a lobbyist? We life contribution is in excess or dependent child of a lobbyist?	Of \$400 to a condidate for the control of the contr	fficer of a municipality	Amount of Contribution
valued at more than \$5.000		th said municipality	Amount of Contribution
s this contribution associated with an vent reported in Section L1?	ipal of a state contractor or prospective state		
If there lies Expose # 4	men branch or branches	F/No /	60
viculou of Controlition;	e contract is with: Executive	Legislative	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐		gregate Contributions	
ast Name	201201	50	j
Peders	First		MI
esidential Street Address	Leon		
149 26th Street Northeast	City A 1 /	St	
rincipal Occupation	Atlanta	6	A 30309
Project Architect	Name of Employer		
🗸	TMM		
	of \$400 to a candidate for a chief executive of he/she is associated with have a contract with	icer of a municipality,	Amount of Contribution
valued at more than \$5,000?	Yes W No	said municipality	or contribution
this contribution associated with an ent reported in Section L1?  Yes Is contributor a princip No If yes indicate which the section L1?	al of a state contractor or promoctive at t	transfer P F 117	
7 yes, list Event # of government the	on branch or branches	ntractor?	50
eulod of Contribution:		Legislative	
Cash Personal Check Credit/Debit Card Payroll Deduction	V	regate Contributions	
	Winney Order 2/2019	60	
	SUBTOTAL Section B — This Pag	e 17 A	
IC	OTAL of additional Section B Page	24,10	4.00
TOTAL OF ALL CONTRIBUTIONS F	ROM INDIVIDUALS (Sections A + I		and the management of the second seco
(Enter fotal on	Line 13, Column A of Summary Page Total.	29,911	.85

### Section B ADDITIONAL PAGE 34 of 48

NAME OF COMMITTEE (Provide Complete Nam	e as Registered with Filing Repository)		TYPE OF REPORT		
McGee For	Hartford May	lor	April	10	Filing
A. Total Contributions from St (See instructions for definition of Small (		ed this Period ONLY UBTOTAL SECTION A	\$ 5,617.8	25	,
According to the second		Av. at announcements			
	B. Itemized Cor	itributions from Indivi	duals		
Last Name	***************************************	First			MI
Martinez		Anthony			
Residential Street Address	ľ	City		State	Zip Code
Principal Occupation	₹	Name of Employer		CT	06095
Police Officer Star	te Capital		Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she	o a candidate for a chief executiv	e officer of a municipality	, Am	ount of Contribution
of dependent entra of a topoyist:	valued at more than \$5,000?	OYes ONo		4	
event reported in Section L1?	No If yes, indicate which bran		_ O No		#100
If yes, list Event #  Method of Contribution:	of government the contract	Date Received	O Legislative Aggregate Contributions	4	
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Sec. ( )	100		
Last Name		First			MI
McDowell		Ract			
Residential Street Address		City		State	Zip Code
218 Summer Street		Strottford		Ct	066/4
Principal Occupation		Name of Employer			
Attorney		Trantolo au	nd Trantolo		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?			, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1?		state contractor or prospective sta	te contractor? OYes	1	
If yes, list Event #	of government the contrac	t is with: Executive	O Legislative		#100
Method of Contribution:	and Observed Destruction Officers	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Ca	ard Chayron Deduction Cwioney	Order 3/27/2019	(00	.1	MI
Last Name		Ch. la.			IVII
Residential Street Address		City		State	Zip Code
23 East Main Street	+	Mystic		CI	06355
Principal Occupation		Name of Employer		L	<del></del>
Attorney and Lobb	Vi+	Rome M	SILL and Lity		
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	to a candidate for a chief executive is associated with have a contract	e officer of a municipality	, Am	ount of Contribution
	valued at more than \$5,000?	O Yes O No		4	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	No Is contributor a principal of a s  If yes, indicate which brar  of government the contrac		te contractor?  OLegislative		\$100
Method of Contribution:	_	Date Received	Aggregate Contributions	1	
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SUBTOTAL Section B—This Page \$300					
TOTAL of additional Section B Pages 23,994.00					
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1	1 INDIVIDUALS (Sections A 13, Column A of Summary Page		911	85

### Section B ADDITIONAL PAGE 35 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Mc Gee For Hactford;		April 10 Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$ 5,617.85		
Last Name	butions from Indivi-	duals		MI
Miller	Harlie			
Residential Street Address  City	1. Jakor Cali		State	Zip Code
Principal Occupation	Name of Employer			1 000
Deiver	Selfemolo	V <b>e</b> .Î		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to a contributor or business he/she is as valued at more than \$5,000?	candidate for a chief executiv	e officer of a municipality	, Amo	unt of Contribution
Is this contribution associated with an Yes Is contributor a principal of a state	contractor or prospective stat	e contractor? Yes	1	
event reported in Section L1? No If yes, indicate which branch of government the contract is well as the section L1?		OLegislative O No	<b> </b>	35
Method of Contribution:	Date Received	Aggregate Contributions	7	:
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Ord	10, 100, 1	85		
Last Name	First			MI
Residential Street Address City	<u>n ennetie</u>	` `	State	Zip Code
2 Wedgewood Drive	3lon Reld		(T	06002
Principal Occupation	Name of Employer	,		
Which wanage	I The All	3	1.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a contribution of a lobbyist?  If contribution is in excess of \$400 to a contribution or business he/she is as valued at more than \$5,000?			Aire	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  Yes  No  If yes, indicate which branch of government the contract is	or branches	te contractor? Yes  O Legislative	\$	50
Method of Contribution:	Date Received	Aggregate Contributions		,
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Ord	er   2/28/19 First	85	<u> </u>	Mi
Last Name	Les	)hn w		
Residential Street Address City	7	,	State	Zip Code
12 Saint Regis Street	Name of Employer		<u></u>	06/08
Registered Nurse	State of	Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes lf contribution is in excess of \$400 to a does contributor or business he/she is as valued at more than \$5,000?			, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state of government the contract is of government the contract is of government.	or branches	O Legislative		41
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Ord	Date Received	Aggregate Contributions		
SUBTO	FAL Section B — This	Page #12	6	
TOTAL of additional Section B Pages 24,168,00				
TOTAL OF ALL CONTRIBUTIONS FROM IN (Enter total on Line 13, C	DIVIDUALS (Sections A Column A of Summary Page	A+B) $A+B$ )	1/1.8	5

### Section B ADDITIONAL PAGE 36 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
McGee For Hartford	TITE OF REPORT		
A. Total Contributions from Small Contributors Partial Contributors	April 10 tilina		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 5,617.85		
2027 OTTO DECITOR A	7017102		
B. Itemized Contributions from Indivi	duals		
First	MI		
Residential Street Address  Abdul			
145 Touler Street	State Zip Code		
Principal Occupation  Name of Employer	CT 06066		
Executive Director My Park	Ciling		
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a condidate when the	Clinical Services		
volved at more than \$6,0000	e officer of a municipality, with said municipality		
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state	contractor? Yes		
If yes, list Event #	☑ No / 🏕 🧠		
Method of Contribution:	Legislative P LSO Aggregate Contributions		
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 3/27/20/9	#250		
Last Name			
Residential Street Address Sharron	МІ		
City	State Zip Code		
130 Vernon Avenue 2H Vernon			
Principal Occupation Name of Employer	G 06066		
Is contributor a lobby's snowe Type Trendition Solf-emplo	أيص		
or dependent child of a lobbyist?  In contribution is in excess of \$400 to a candidate for a chief executive of does contributor or business he/she is associated with have a contract we refuse the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of the same of \$400 to a candidate for a chief executive of \$400 to a chief executive of	/cr		
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West reported in Section L1?  No If yes, indicate which branch or branches	MNO 19100		
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ast Name First	200		
Mates	MI		
esidential Street Address City City	State Zip Code		
8 Brightwood Lane West Hartford	CT 0410		
Name of Employer	131 13610		
Accountant  Contributor a lobbyist, spouse,  Yes If contribution is in excess of \$400 to 51 to 50 to 5			
dependent child of a lobbyist?  No does contributor or business he/she is associated with have a contract with the contributor of business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is associated with have a contract with the contributor or business he/she is a second to the contributor or business he/she is a second to the contributor or business he/she is a second to the contributor or business he/she is a second to the contributor or business he/she is a second to the contributor of the contributor or business he/she is a second to the contributor or business he/she is a second to the contributor or business he/she is a second to the contributor or business he/she is a second to the contributor or business he/she is a second to the contributor or business he/she is a second to the contributor or business he/she is a second to the contributor or business he/she is a second to the contributor or business he/she is a second to the contributor of the contributor or business he/she is a second to the contributor of the	fficer of a municipality, Amount of Contribution		
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dethod of Contribution:	Legislative		
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	#200		
SUBTOTAL Section B — This Pa TOTAL of additional Section B Page	7.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A +   (Enter total on Line 13, Column A of Summary Page Tota	D)		

NAME OF COMMITTEE (Provide Complete Na	me as Regi	istered with Filing Repository)			TYPE OF REPORT			
McGee F	ic Ho	Aford			April 10 Fi	JA ar		
A. Total Contributions from S (See instructions for definition of Small				is Period ONLY OTAL SECTION A	\$ 5,617.8	5		
	ž P	<del>.</del>			-			
		B. Itemized Co.	ıtribi	utions from Indivi	duals			
Last Name			Fir	A come				Mī
Residential Street Address		1	City	Irving		State	7 in	Code
135 Holcomb		0	٠.	las-Hard		GT		6112
Principal Occupation	<u>۱۱۳۰</u>	eet	Ē	Name of Employer		<b>V</b>	1	11 bl de
RRNCO				CTARNG				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ribution is in excess of \$400 ontributor or business he/she at more than \$5,000?				y, Am	ount o	of Contribution
Is this contribution associated with an event reported in Section L1?	Yes Is	contributor a principal of a s  If yes, indicate which bran	ich or b	ntractor or prospective state	_ <b>Ø</b> No	-	50	v
If yes, list Event #  Method of Contribution:		of government the contrac	t is wiu	Date Received	C Legislative Aggregate Contributions			
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Last Name			Fire		,			MI
Davis				Merla				
Residential Street Address			City			State	Zip	Code
27 Greenwich 5	tree	+	Postario	lartford		CT	0	6120
Principal Occupation Refred				Name of Employer				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ribution is in excess of \$400 to ontributor or business he/she at more than \$5,000?				/, Am	ount o	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:    Executive   Legislative   Legislative								
Method of Contribution:				Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit C	Card OP	Payroll Deduction OMoney	Order	2/28/2019	1100			
Last Name			Fire	Keyonno				МІ
Residential Street Address			City			State	1 ~	Code
12 B Saint Regis St. Principal Occupation			Ex	1 24 1 2 4		G	10	6108
NIESE				Name of Employer  State of C	- 0	. 1	, ,	
Is contributor a lobbyist, spouse, Yes	If contr	ribution is in excess of \$400 t	n a can	1 4 5 1 60		120to	l H	Coulth Cente of Contribution
or dependent child of a lobbyist?	does co	ontributor or business he/she at more than \$5,000?				Am	ount c	a Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		contributor a principal of a s  If yes, indicate which bran of government the contrac	ich or b	ranches	e contractor?  OLegislative			
Method of Contribution:				Date Received	Aggregate Contributions	7	3	5
OCash OPersonal Check OCredit/Debit (	Card OP	Payroll Deduction OMoney	Order	3/2/2019	86			
	SUBTOTAL Section B — This Page   185							
TOTAL of additional Section B Pages 24, 109,00								
TOTAL OF A	ALL CO	ONTRIBUTIONS FROM		VIDUALS (Sections A		11.8	5	

## Section B ADDITIONAL PAGE 38 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	osilory)	TYPE OF REPORT	
McGee For Hartford		A a) C	
A. Total Contributions from Small Contributors-	December of the December of th	Herillo ti	V rys
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$ 5,617,	85
	BODIOTAL BECTION A	~ 101	S
B. Itemize	ed Contributions from Indiv	iduale	
Last Name	First		MI
Pobb	Notasta		
Residential Street Address	City		State Zip Code
C16 Mill Port Road	Broad Broak		CT 060/6
Principal Occupation	Name of Employer		0. 00/16
Coordinator	Town of E	· Lu le l	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of	of \$400 to a candidate for a chief aroustic	CC C : : : : : : : : :	<u> </u>
or dependent child of a lobbyist? No does contributor or business valued at more than \$5,000	ne/she is associated with have a contract	with said municipality	Amount of Contribution
Is this contribution associated with an	al of a state contractor or prospective state		
event reported in Section L1? No If yes, indicate wh	ion branch or branches	ZI No.	4
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/	Date Received	Aggregate Contributions	1
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	First		M
Residential Street Address	Kenneth		
	City		State Zip Code
2 Wedgewood Drive	Bloomfield		a   T
Throipal Occupation	Name of Employer		CT 106002
Policy Manager	IT of NE		
contributor a lobbyist, spouse,	\$400 to a candidate for a chief area ti	officer of a maniainality	l .
does contributor or business i valued at more than \$5,000?	ie/site is associated with have a contract v	with said municipality	Amount of Contribution
this contribution associated with an Yes Is contributor a principal	☐ Yes ☐ No		1.00
frue list Drong #	m branch or branches	contractor? Yes	#35
fethod of Contribution:		☐ Legislative	
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ist Name		#85	
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sidential Street Address	Erin		
* C	City	S	late Zip Code
incipal Occupation			31 06105
D si	Name of Employer		10000
Florist	Vine and t	Ly Flowers	
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trac list Event B	branch or branches	□No	\$50
thod of Contribution:		Legislative	
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pol 171	oney Order 2/25/2019	\$%	
st	JBTOTAL Section B — This Pa	nge \$125	
	AL of additional Section B Pag	30s 24,1	59,00
TOTAL OF ALL CONTRIBUTIONS FR	OM INDIVIDUALS (Sections A +	ges 24,1 B) 29,911	- Angel
(Emter total on Li	ine 13, Column A of Summary Page Tot	als) 29,911	185

## Section B ADDITIONAL PAGE 39 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	<u> </u>	
	TYPE OF REPORT	
A. Total Contributions from Small Contributions	LApril 10 }	/ 1 W W
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A	\$ 5,617,	85
DODIOTALIBECTION A		
B. Itemized Contributions from Indivi	duals	
First	and the same state of the same	MI
Residential Street Address		
L. As Coleman Dates		State Zip Code
Principal Occupation Name of Employer		CT 106106
Martiner	A	,
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes	Marchester	process.
Valued at more than \$5 0002	with said municipality,	Amount of Contribu
Is this contribution associated with an   Xes Is contributor a principal of a state contractor or process at its contributor as a state contractor or process at its contributor as a state contractor or process at its contributor as a state contractor or process at its contributor as a state contractor or process at its contributor as a state contractor or process at its contributor as a state contractor or process at its contributor as a state contractor or process at its contributor as a state contractor or process at its contributor as a state contractor or process at its contributor as a state contractor or process at its contributor as a state contractor or process at its contributor as a state contractor or process at its contributor as a state contractor or process at its contributor as a state contractor or process at its contributor as a state contractor or process at its contributor as a state contractor or process at its contributor as a state contractor or process at its contributor as a state contractor or process at its contractor		
If yes, list Event#		4.
Method of Contribution:	Legislative	\$100
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Last Name	4500	
_ Clork	•	MI
Residential Street Address City		
Principal Occupation Street Apt, 217 New Britain		ate Zip Code
	(	T 06053
Corninator To 121		· ·
Yes If contribution is in excess of \$400 to a set it is		
valued at more than 85 0000	there of a municipality, the said municipality	Amount of Contribution
this contains	1	
Hues liet which branch or branches	contractor? Yes	
dethod of Contribution:  of government the contract is with:  Executive	Legislative	\$50
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	gregate Contributions	
ast Name    Credit/Debit Card   Payroll Deduction   Money Order   3/7/2019	#250	
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esidential Street Address City		
18 Covinction Street Add 217 1/2 1/2	Stat	1-7-000
Now of Person	C	T 06053
_ coordinator		·
Yes If contribution is in excess of \$400 to		<u></u>
valued at more than as agon	icer of a municipality, said municipality	Amount of Contribution
his contribution assert 1 to		
ves, list Event # If yes, indicate which branch or branches		ubi.
thod of Contribution: Or government the contract is with: Executive	Legislative	\$100
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Godd Desired LiPayroll Deduction LiMoney Order 3/27/2019	250	
SUBTOTAL Section B — This Pag	e #250	
	,,,,,,,	
TOTAL of additional Section B Page	24,04	4.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B	0 0000	
(Enter total on Line 13, Column A of Summary Page Totals	1 24,9/1	100

## Section B ADDITIONAL PAGE 40 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with	h Filing Repository)	TYPE OF REPORT
McGee For Hartford		April 10 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A		
(a) The second of Small Controllors	SUBTOTAL SECTION A	\$ 5,617.85
R	Itamizad Contributing	
Last Name	Itemized Contributions from Indivi	duals
Essa	First	MI
Residential Street Address	- Eddie	
24 6 14 12 12	City	State Zip Code
Principal Occupation	Hartford	G 06106
Maintainer	Name of Employer	
	town of M	anchasta
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Some does contributor is	in excess of \$4(H) to a candidate for a chief organition	
valued at more the	Of Dusiness lie/she is associated with have a contract	with said municipality
Is this contribution associated with an event reported in Section L1?	or a principal of a state contractor or prospective state	e contractor?
Tro 17 Pes, ii	ndicate which branch or branches	1991 x₁
Method of Contribution:		Legislative #50
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Dec	Date Received	Aggregate Contributions
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E	First	MI
Residential Street Address	Eddie	
	City	State Zip Code
35 Coleman Drive	Hartford	ST 06,06
	Name of Employer	
Maintainer	Town of Ma	and order
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  No does contributor or	n excess of \$400 to a candidate for a chief	officer of a municipality, Amount of Contribution
valued at more that	TOWALLOSS HOUSING IN ASSOCIATED WITH HAVE A content of	th said municipality
s this contribution associated with an Yes Is contribute	or a principal of a state contractor or prospective state	
If you list Promet H	dicate which branch or branches	· M No !
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ast Name	- 1 - 1 NO 1	\$500
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25 Coleman Drive	City	State Zip Code
AS OFTON DE VI	Hartland	CT 06/06
A X. Nole. No.	Name of Employer	
contributor a lobbyist, spouse, [] Xes   If contribution is in	Town of A	Manchester
1 modification is in	excess of \$400 to a candidate for a chief executive of	CV
valued at more than		th said municipality
this contribution associated with an Yes Is contributor	a principal of a state contractor or prospective state	
If you liet Errant #	water water branch or branches	TT No.
lethod of Contribution:		Legislative #/O()
Cash Personal Check Credit/Debit Card Payroll Deduc		gregate Contributions
- JANI DALLO	tion LiMoney Order 3/8/2019	\$ 500
	SUBTOTAL Section B — This Pa	ge #280
	TOTAL of additional Section B Pag	
TOTAL OF ALL CONTRIBUT	IONS FROM INDIVIDUALS (Sections A +	D\
(Enter	total on Line 13, Column A of Summary Page Total	15) 29,911.85

# Section B ADDITIONAL PAGE 4/ of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF BURNING
M26ee For Abortford	TYPE OF REPORT
A Total County in the County of the County o	April 10 film
A. Total Contributions from Small Contributors-Received this Period ON	LY
(See instructions for definition of Small Contributor)  SUBTOTAL SECTIO	NA \$ 5,617.85
B. Itemized Contributions from I	udividuals
First	MI
Johnes	1424
Residential Street Address City	Sur G. O
75 Grand Avenue Hartford	State Zip Code
Principal Occupation Name of Employer	CT 0605
1	
Is contributor a lobbyist, spouse,  Yes If contribution is in excess of \$400 to a conditate for a tife.	me loved
or dependent child of a lobbyist?	recutive officer of a municipality, Amount of Contribution
Tres Lives	MNo
The state of the s	ve state contractor? Tyes #100
If yes, list Event # No If yes, indicate which branch or branches of government the contract is with:	No.
Method of Contribution:	3
Mash Personal Charles Day 19 at 1 at 1	Aggregate Contributions #270
Last Name	7 210
First 1	MI
Residential Street Address	į
lCitv	State Zip Code
Principal Occupation Hartford	<u> </u>
Name of Employer	100107
	ĺ
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief exe does contributor or business he/she is associated with here.	putive officer of a municipality
Valued at more than \$5,0000	tract with said municipality
To this containstitution in the second secon	No
event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective fixes, indicate which branch or branches	e state contractor?
	dive Legislative
Date Received	Aggregate Contributions
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 2/8/2017	\$276
First	
L. Carly	М
City	
15 Essex Lane Bloonfield	State Zip Code
rincipal Occupation	CT 06062
TOJP NO	rvice Corp
does contributor or business he/she is associated with there are	
Lies Lie	act with said municipality
this contribution associated with an vent reported in Section L1?  No It was indicate a principal of a state contractor or prospective.	State contractor?
y yes, list Event #	□/No 250
defined of Contribution:	ve Legislative
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Aggregate Contributions
Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 3/28/20/9	300
SUBTOTAL Section B — Th	is Page 500-
TOTAL of additional Section E	Pages 23,794.00 (SA+B) 29,911.85
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section	A+B)
(Enter total on Line 13, Column A of Summary Pag	ine Totals) 49,911.85

SEEC FORM 20 Revised January 2015

### Section B ADDITIONAL PAGE 42 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	8
McGeefor Mayor	TYPE OF REPORT
A. Total Contributions from Small Contributions from Small Contributions	April 10 Filing
A. Total Contributions from Small Contributors-Received this Period (See instructions for definition of Small Contributor) SUBTOTAL SEC	ONLY \$ 5,612,85
BODIOTALSEC	HONA
B. Itemized Contributions fro	m Individuals
First	MI
Residential Street Address Steve	2
Se Wilder City	State Zip Code
Principal Occupation East Have	ettori Ct 106/18
Name of Empl	loyer
To	ineven and first Hurtford
or dependent child of a lobbyist? does contributor or business he/she is associated with how	nief executive officer of a municipality, Amount of Contribute a contract with said municipality.
Is this contribution associated with an Ves Is contributed and it is the social of the	≥ No
event reported in Section L1? No If yes, indicate which branch or branches	M No land
Method of Contribution:	Executive Legislative
Date Received	
ast Name	2018 \$ 165
esidential Street Address  Steve	
esidential Street Address City	
88 Wake Field End 44	State Zip Code
Name of Employ	
Educator Achieu	ement first Hartford
contributor a lobbyist, spouse,	ine Ani A
Valued at more than 65 ages	a contract with said municipality
this contribution associated with an Yes Is contributor a principal of a state contractor or restriction associated with an	I No
tyes, list Event #	TINO 1 1 M
eanou of Contribution:	Executive Legislative
Cash Personal Check Predit/Debit Card Payroll Deduction Money Order	Aggregate Contributions
st Name First	
Mosley	MI
sidential Street Address City	State Zip Code
SS Deerwood lane Waterby	-Y CT 26704
Name of Employe	1 00,01
ontributor a lobbyist, spouse,	of Woterbury
land the state of	
valued at more than \$5,000?	contract with said municipality
ris contribution associated with an arreported in Section L1?  Yes Is contributor a principal of a state contractor or prospectively. If yes, indicate which because the section of the se	offive state contractor?
yes, list Event#	coutive Legislative
niou of Contribution:	Aggregate Contributions
ash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/27/20	
SUBTOTAL Section B —	
TOTAL of additional Section	on B Pages 94 02 11 an
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sec	on B Pages 24, 22 4.60 effons A + B) y Page Totals 29, 911, 85
(Enter total on Line 13, Column A of Summary	y Page Totals) 29,911,85

Section B ADDITIONAL PAGE 43 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposite	ory)	TYPE OF REPORT	
McGee For Hartford		1 -1 (	
A. Total Contributions from Small Contributors-Received this Period ONLY		April 10 t	1115
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$ 5,617	85
		, , , , , , , , , , , , , , , , , , ,	
B. Itemized	Contributions from Indivi	duals	
Last Name	First	and the state of t	M
Residential Street Address	_ Keronno		
Lo O S Address	City		State Zip Code
Principal Occupation	LEAST HANTGORD		CT 06/08
Nuse	Name of Employer		3,70
	State of c	To Caritan Ro	Month / Line
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes If contribution is in excess of \$\mathbb{S}\$ or dependent child of a lobbyist?  No does contributor or business be	94UU to a candidate for a objet evenitive	a office and for a second the	Amount of Contribution
valued at more than \$5,000?	s/she is associated with have a contract  Yes No		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of the section L1?  No If yes, indicate which	of a state contractor or prospective stat		7
If yes, list Event # Of government the con		☐ Legislative ☐ No	10
Method of Contribution:	Date Received	Aggregate Contributions	_
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Order 3/24/2019	186	
Last Name	First		1) 5
Solvan	Ricardo		МІ
Residential Street Address	City		State Zip Code
15 Essex Lone	Blamfield		
Principal Occupation	Name of Employer		CT 06002
Attorney	FOUR SQ	rvice Corp	
is contributor a lobbyist, spouse,  or dependent child of a lobbyist?  Yes  If contribution is in excess of \$4  or dees contributor or business held	00 to a candidate for a chief assessti	· · · · · · · · · · · · · · · · · · ·	
or dependent child of a lobbyist? No does contributor or business he/s valued at more than \$5,000?	she is associated with have a contract v	vith said municipality	Amount of Contribution
Is this contribution associated with an Ves In contribution	f a state contractor or prospective state		
Green list Power !!	branch or branches	FT No.	\$ 10
Method of Contribution: of government the con		Legislative	
Cash Personal Check Credit/Debit Card Payroll Deduction Mon	ا الماسا	Aggregate Confributions	
Last Name	First	4300	
Samon	1 1) .		MI
Residential Street Address	Kicardo		
5 Essex Lane	Bloomfield	5	State Zip Code
rincipal Occupation	Name of Employer		J 06002
Attornex		. 0	
contributor a lobbyist, spouse,	0 to a candidate for a chief executive c	ice Corp	
i i i i i i i i i i i i i i i i i i i	le is associated with have a contract wi	ith said municipality,	Amount of Contribution
this contait at	Li Yes Li No	·	
vent reported in Section L1?  No  If yes, indicate which br	a state contractor or prospective state c anch or branches	ontractor?	#de n
Aethod of Contribution: of government the contribution:	not is with:	Legislative	# 10
Cash Personal Check Credit/Debit Card Payroll Deduction Mone		ggregate Contributions	
- Improve Cara Lifewich Liment	ey Order 3/1/2019	4300	
SUB	TOTAL Section B — This Pa		
	L of additional Section B Pag	cs 947	34,00
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (Sections A + 13, Column A of Summary Page Tot	R)	11.85
	Tage Tot	uis) 🖟 📗	1110-

### Section B ADDITIONAL PAGE 44 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
McGee For Hartford	A
	Mail 10 tillian
A. Total Contributions from Small Contributors-Received this Period Of (See instructions for definition of Small Contributor)  SUBTOTAL SECTION	NLY \$ 5,617.85
SUDIOTALSECTA	NA 3,017,03
B. Itemized Contributions from	Individuals
Last Name First	IMI
Residential Street Address Stept	
Residential Street Address City	State Zip Code
18 Naketida Circle East Has	101
Principal Occupation Name of Employer	
Educator Alian	4611406
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   No does contributor or business backs is condidate for a chief does contributor or business backs is constituted.	executive officer of a municipality
tribuded to a service of the service is associated with have a	contract with said municipality
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospec	Live state continues of Live
If yes, list Event #	☑ No
Method of Contribution	contive  Legislative
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 3/3/20/	Aggregate Contributions
Last Name	? Des
Collins	MI
Residential Street Address	
49 Ridge Read	State Zip Code
Principal Occupation Wethersfie	d CT 06109
Office Administrator Crec	
or dependent child of a lobbyist?  No does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a second with he/she is a	coutive officer of a municipality, Amount of Contribution
Yes	No
vent reported in Section L1?	ive state contractor? Uyes 50
	outive Legislative
Cash Personal Check P	Aggregate Contributions
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 2/22/2019	70
First	MI
esidential Street Address How lie	
City	State Zip Code
Sy folk Blvd Wethersfie	eld CT 06/09
Name of Employer	
contributor a lobbyist, spouse, Yes   If contribution is in excess of \$400.	
James to 124 a condicion to the control of the condicion	cutive officer of a municipality, Amount of Contribution
valued at more than \$5,000?	ptract with said municipality No
this contribution associated with an ent reported in Section L1?  No If we indicate which because the contractor or prospective for the section of the section because the section of the	e state contractor?
f yes, list Event # of government the contract is with	ľNo
ethod of Contribution:	tive Legislative SO
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/1/2019	Tigging Conditionalins
SUBTOTAL Section B — I	
TOTAL OF ALL COMMON	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sectio (Enter total on Line 13, Column A of Summary P.	ng A + D)

### Section B ADDITIONAL PAGE 45 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
McGee For Hatfeld	THE OF REPORT
	Moril 10 film
A. Total Contributions from Small Contributors-Received this Period (See instructions for definition of Small Contributor)  SUBTOTAL SEC	ONLY \$ 5,617,85
(See instructions for definition of Small Contributor) SUBTOTAL SEC	TION A
	and the second s
B. Itemized Contributions from	on Tanalis Calanda
Last Name First	
Jefferson	МІ
Residential Street Address City	
15 Grant Street Harth	State Zip Code
Principal Occupation Name of Empl	Over
Counselor	
Is contributor a lobbyist, spouse. Tyes If contribution is to exceed \$6,000.	tord City Mission
or dependent child of a lobbyist? No does contributor or business he/she is associated with heave	tel executive officer of a municipality, amount of Contribution e a contract with said municipality
Yantee at more than \$5,000?	년No
event reported in Section L1? No If yes, indicate which branch or branches	pective state contractor?  No No
If yes, list Event # of government the contract is with:	Executive  Legislative
Date Received	Aggregate Contributions
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 3/23/	J 66
First	M
Residential Street Address  April	
City	State Zip Code
Principal Occupation Hartford	CT 0606
Name of Employ	
(bet)	ford City Mission
s contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chie does contributor or business before it associated with	of executive officer of a municipality, Amount of Contribution
valued at more than \$5,000?	a contract with said municipality
s this contribution associated with an vent reported in Section L1?  Is contributor a principal of a state contractor or prosp	pective state contractor? Dyes \$35
If yes, list Event # of government the contract is with:	₽ No. I
Method of Contribution:	Aggregate Contributions
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/1/2	
ast Name First	
Lana	MI
esidential Street Address City	State Zip Code
41 Warren Street Another	
rincipal Occupation Name of Employe	or 06120
Stutent	lent
Yes If contribution is in excess of \$400 to a candidate for a chief	( ) O
valued at more than 85 ages	confract with said municipality
this contained.	Ľ No
rent reported in Section L1?  Let No If yes, indicate which branch or branches	otive state contractor? Tyes \$700
dethod of Contribution: Of government the contract is with:	ecutive  Legislative
Cash Personal Check Credit/Debit Cord Depart Date Received	Aggregate Contributions
2/28/70	19 \$100
SUBTOTAL Section B -	-This Page 11/5
TOTAL of additional Secti	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sec	
(Enter total on Line 13, Column A of Summar	v Page Totals) 29,911,85

## Section B ADDITIONAL PAGE 46 of 48

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
McGee For Hartford	THE OF REPORT
A. Total Contributions from Small Contributors-Received this Period ON	Flori to time
(See instructions for definition of Small Contributor)  SUBTOTAL SECTIO	NA \$ 5,617,85
B. Itemized Contributions from I	ndividuals
First	M
Residential Street Address  Residential Street Address	
45 Warren Street HJC	State Zip Code
Principal Occupation   Name of Employer	G 06120
Strikent	1 L
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a big.	West of the second of the seco
Valued at more than \$5,0000	ontract with said municipality
Is this contribution associated with an Yes Is contributor a principal of a state contractor or presented	LINO
If yes, list Event #	☑ No l
Method of Contribution:	
Cash Personal Check Cordit/Debit Card Personal Debut in Check	Aggregate Contributions
Last Name First	
L. Collins Alza	M
Residential Street Address City	State Zip Code
Principal Occupation Wether Stell	CT 06109
Office Administrator	1 00101
does contributor or business he/she is associated with have a convalued at more than \$5,000?	tract with said municipality
Is this contribution associated with an Yes Is contributor a principal of a state contractor or proposalion	
If yes, list Event # of government the contract is with	EZÓNO I A
wention of Contribution:	Aggregate Contributions
2 Cash	1 /
ast Name First	77
Seally desidential Street Address	MI
City	State Zip Code
69 Jensen Street Mandrete	CT 060412
Minister Name of Employer	
	Sity of Church
does contributor or business he/she is associated with have a contributor or than \$5,000?	fact with said municipality
Inis contribution associated with an Yes Is contributor a principal of a state contractor or prospective	state contractor?
of government the contact of anomals of government the contact of	IF No NSO
Cash Descend Charles To Date Received	Aggregate Contributions
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/30/2019	1 75
SUBTOTAL Section B — Th	the second secon
TOTAL of additional Section B	Pages 24,182 pp
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Pag	4 : 10)
	11 1110

## Section B ADDITIONAL PAGE 47 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPOR	T	
McGee For Hourtford Mondon April	- 10	Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A  \$ 5,61	17.89	
B. Itemized Contributions from Individuals		
Last Name First		MI
Washerd		
Residential Street Address City	State	e Zip Code
84 Tremont Street Hartford	ler	06105
Principal Occupation Name of Employer		
Teacher Windsor School Dis	for the	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipal does contributor or business he/she is associated with have a contract with said municipal		Amount of Contribution
valued at more than \$5,000?  Or dependent child of a hobbytst?  Valued at more than \$5,000?  Or dependent child of a hobbytst?  ONO	ny	
event reported in Section L1? No If yes, indicate which branch or branches	Yes No	
If yes, list Event # Of government the contract is with: OExecutive OLegislative		4100
Method of Contribution:    Date Received   Aggregate Contribution:	ons	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 3/3/26/9 / O		
Last Namo First		MI
Semple Darry		
Residential Street Address City	State	Zip Code
18 Croveh Street New London	(C)	r 06320
Principal Occupation Name of Employer	<u> </u>	,
Teacher New London Board or	f Fl	vication
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipal does contributor or business he/she is associated with have a contract with said municipal valued at more than \$5,000?  Yes  No	ipality,   🛭	Amount of Contribution
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?	Yes No	# 100
event reported in Section L1? On If yes, indicate which branch or branches  If yes, list Event # Executive Executive Executive Executive	JNO	\$100
Method of Contribution:  Date Received Aggregate Contribution	ons	:
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 3/3/2019 / 00	-	
Last Name First		MI
Sylver Gerald		
Residential Street Address City	State	e Zip Code
5336 Dutch Elm Drive Apex	$ \mathcal{N}$	C 27539
Principal Occupation Name of Employer		<u> </u>
Clergy Freedom Temple		
	inglity	Amount of Contribution
Is contributor a lobbyist, spodse, or dependent child of a lobbyist?  Yes of contribution is in excess of \$400 to a candidate for a chief executive officer of a municipal does contributor or business he/she is associated with have a contract with said municipal valued at more than \$5,000?  Yes No		Amount of Commonton
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?	DY és DNo	***
event reported in Section L1?  No  If yes, indicate which branch or branches of government the contract is with:  Executive Clegislative	<b>3</b> No	#/0V
Method of Contribution:    Date Received   Aggregate Contribution	ons	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 3/3//2019 (00)		
I	WO .	
	~ .	94.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page Totals)	7,911	.85

## Section B ADDITIONAL PAGE 48 of 49

NAME OF COMMITTEE (Provide Complete Nan	ne as Registered with Filing Repository)		TYPE OF REPORT	
McGee For Ho	xetford Mayor		April 10	Filing
A. Total Contributions from S (See instructions for definition of Small		ed this Period ONLY SUBTOTAL SECTION A	# 5,617	,85
	B. Itemized Co	ntributions from Indivi	duals	
Last Name  DOLV'S	•	First		MI
Rosidential Street Address 55 Trumbull Street	et e	City Hartford		State Zip Code Ct 0603
Principal Occupation Chemist	,	Name of Employer		•
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she	is associated with have a contract		Amount of Contribution
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contract		e contractor? Syes  OLegislative	to the second
	of government the contract	Date Received	Aggregate Contributions	4/40
Method of Contribution:  OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	1 1	/ O Z)	
Last Name		First		MI
Residential Street Address	······································	City	····	State Zip Code
34 Sixth Street		City New Haven		CT 06519
Principal Occupation	<b>:</b>	Name of Employer		10001
Legislator		State of C	ornecticit	
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?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #			te contractor?  Yes No Legislative	# 100
Method of Contribution:		Date Received	Aggregate Contributions	<b>i</b>
OCash OPersonal Check Ocredit/Debit C	ard OPayroll Deduction OMoney	Order 3/24/2019	/00	
Last Name		First		MI
Residential Street Address				g:
		City		State Zip Code
109 Warrenton Au	ienue	Name of Employer		CT 06105
Marager of Advocac	and Palle Pale	CT Commin	Ly Mhy new Ex	Allance
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?			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a	state contractor or prospective stanch or branches	O Legislative	#100
Method of Contribution:  OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	y Order 3/12/2/619	Aggregate Contributions	
		FOTAL Section B — This	Page \$300	
		L of additional Section B	THE SAME AND	994,00
TOTAL OF A	ALL CONTRIBUTIONS FROM		Contract of the Contract of th	11.83
		13, Column A of Summary Page	Totals) / /	11,02

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE McGee for Hartford					TYPE OF REPORT April 10 filing	
	C1. C	ontribution	is from Ot	her Comi	mittees	
Name of Committee				Name of Trea	surer	
Porter Pac						
Address			Is this contrib	ution associa	ted with a Yes No	Amount of Contribution
1 University PL			fundraising e	vent listed in I If yes,	Section L1? list Event #	250
City	State	Zip Code	Date Received		Aggregate Contributions	
New Haven	CT	06511-324	0   Mar 28,	2019	250	,
Name of Committee		en la companya de la		Name of Trea	surer	
Address			Is this contrib fundraising e	vent listed in	ted with a Yes No Section L1? list Event #	Amount of Contribution
City	State	Zip Code	Date Recei	ved	Aggregate Contributions	
Name of Conunittee	1			Name of Trea	surer	
Address			Is this contrib fundraising c	vent listed in	ted with a Yes No Section L1? list Event #	Amount of Contribution
City	State	Zip Code	Date Recei	ved	Aggregate Contributions	
Name of Committee	]			Name of Trea	surer	
Address			Is this contril fundraising e	vent listed in		Amount of Contribution
City	State	Zip Code	Date Recei	ved	Aggregate Contributions	
C2 Reimburgem	ents Par	ments or 9	Surnine Di	etribution	as from other Committe	)PG
Name of Committee		11101103, 011.	<u>, , , , , , , , , , , , , , , , , , , </u>		f Treasurer	
Address					Date Received	Amount of Receipt
City	Sta	Zip Co	ode	Paymen	rsement for shared expense t for goods and services Distribution	
Name of Committee			<u>, , , , , , , , , , , , , , , , , , , </u>	Name o	f Treasurer	
Address				<b></b>	Date Received	Amount of Receipt
City	St	ate Zip Co	ode	Paymen	rsement for shared expense t for goods and services Distribution	
			SUBTOTA	L Section	C — This Page 250	
		100 00 00 00 00 T	'OTAL of a	dditional S	Section C Pages 0	
TOTAL		OMMITTEI	E CONTRIE	BUTIONS A	AND RECEIPTS 250	and the second seco

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

NAME OF COMMITTEE					TYPE OF		
McGee for Hartford					April 10 f	iling	
D	. Loans F	<b>Receiv</b>	ed this Period				
Name of Lender	220-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		Source of Loan:				Date of Receipt
			OBank O Can	didate C	Individual	Other Committee	
Street Address	City	!			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
Name of Lender	<u></u>		Source of Loan:  OBank  Cano	didate (	Individual	Other Committee	Date of Receipt
Street Address	City	!			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	<u> </u>				1		Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: OBank OCano	didate (	] ]Individual	Other Committee	Date of Receipt
Street Address	City	1			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	<u> </u>				<u> </u>	<u> </u>	Amount Received
Street Address	City				State	Zip Code	
			TOI	CAL SE	ECTION	<b>D</b> 0	
E. Receipts from Entities other than	Individu	ials or	Other Comm	ittees (	Referendi	ım Committees	ONLY)
Name of Entity							VI MANAGORIANCE.
Street Address				Date I	Received		Amount Received
City	S	State	Zip Code	Aggre	egate Contrib	utions	
Name of Butity							gg (All Spinish (All Spinish (All Spinish (All Assistance assessment) (All Astrophysical Astrophysic
Street Address				Date I	Received		Amount Received
City	S	State	Zip Code	Aggre	egate Contrib	utions	
Name of Entity	<del></del>	F	1				
Street Address				Date I	Received		Amount Received
City	S	State	Zip Code	Aggre	egate Contrib	utions	
			TC	)TAL S	SECTION	4E 0	

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

NAME OF COMMITTE McGee for Hartford	E			TYPE OF REPO April 10 filing			
F.	Amount Transferred	from Affiliated Bu	isiness Treasury (B	usiness Entity Comm	ittees ONL X)		
Date of Receipt	Is this transaction association fundraising event listed in	£ , 1 05	If yes, list Event #		Amount		
Date of Receipt	Is this transaction association fundraising event listed in		If yes, list Event #	yane anyan ang mandra sa minin minin di Akita Salah	Amount		
Date of Receipt	Is this transaction association fundraising event listed in	C 1 100	If yes, list Event #		Amount		
Date of Receipt	Is this transaction association fundraising event listed in	C 100	If yes, list Event #		Amount		
			TOTA	L SECTION F	0		
G. Amount T	ransferred from Affilia		or Other Organizat		ganization Committees ONLY)		
Date of Receipt		Date of Receipt		Date of Receipt			
	Amount	A	Amount		Amount		
			TOTA	L SECTION G	0		
	H. Personal Funds of	the Candidate Red	ceived this Period	(Candidate Committe	ees ONLY)		
Date of Receipt	Method of payment:	Persona.	I Check C Cred	lit/Debit Card	Amount		
Date of Receipt	Method of payment:	Persona	I Cheek C Cred	lit/Debit Card	Amount		
Date of Receipt	Method of payment:		, 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	usiamaan ana amaka sa mamaka sa ana sa a	Amount		
Date of Receipt	Method of payment:	Persona P	I Cheok C Cred	lit/Debit Card	Amount		
·	O Cash	Persona	I Check Cred	lit/Debit Card			
	**************************************		TOTA	L SECTION H	0		
		I. Anonymou	ıs Contributions				
an	Per Public Act 11-48,	•	-		=		

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

Rev. DII	ITHEI TEDEDII IN (NOTHING		`~'		
NAME OF COMMITTEE McGee for Hartford			EOFI I 10 f	REPORT	
	rom Deposits in Authorized Accou			9	
Name of Institution		en vergorina en e	Receiv	ed	Amount
Street Address	City	State		Zip Code	
Name of Institution		Date	Receiv	ed	Amount
Street Address	City	State		Zip Code	
	TOTAL	SECT	ION	j 0	
K. Miscellaneous Mo	onetary Receipts not Considered C	ontri	butio	ons	
Name			ghalling a Greek	f Transaction	Amount Received
Street Address	City	Sta	te	Zíp Code	
Description					
Name			Date o	f Transaction	Amount Received
0	l co	Sta	10	Zip Code	
Street Address	City	Dia	ite	Zip Code	
Description	J				
Name			Date c	f Transaction	Amount Received
Street Address	City	Sta	te	Zip Code	
Description					
Name	the state of the s		Date c	f Transaction	Amount Received
					Amoun Received
Street Address	City	Sta	ite	Zip Code	
Description					
	TOTAL	SECT	NOL	K 0	
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D	thro	ough K)	
Total Loans Received this Period (Section D)				þ	
Total Receipts from Entities other than Individuals or Off	her Committees (Section E)			+ 0	
Total Amount Transferred from Affiliated Business Treat	sury (Section F)			+ 0	
Total Amount Transferred from Affiliated Labor Union of	or Other Organization Treasury (Section C	G)		+ 0	
Total Amount of Personal Funds of the Candidate Receiv	ed this Period (Section H)			+ 0	
Total Amount of Interest from Deposits in Authorized Ac	counts (Section J)			+ 0	
Total Miscellaneous Monetary Receipts not Considered C	Contributions (Section K)	25575000		+ 0	
Total of Other Monetary Receipts (Add Section	s D through K) (Enter total on Line 15 of Sur	nnary	Page T	otals) 0	

#### II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE			TYPE OF REPORT		
McGee for Hartford			April 10 filing		
	L1. Fundraise	er Event Information			
Fundraising Event #1 Date of Fundraiser Letter	Description		A STATE HOLD HOLD STATE OF THE		
Feb 28, 2019	Pheonix Society Club				
Location: Street Address		City		State	Zip Code
729 Windsor ST		Hartford		ст	06120
Subpart 1: (All Committ	tees)				
Was this fundraising ever	nt hosted at a personal residence?	Yes (If yes, go to Section Le and complete required beverage and invitation No	information for purchases ma		
	de items donated by a business entity of up to an individual of up to \$100?	Yes ( <i>If yes</i> , go to Section L <sup>2</sup> and complete required to No		nsidered (	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes ( <i>If yes</i> , enter Total Rece	sipts here.)		
	nittees and Municipal Candidate Committees On advertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L.	3 Purchases of Advertising plete required information.)	Space in a	Program Book
	mittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	O Yes (If yes, enter Total Rec	seipts here.)		
Fundraising Event #2 Date of Fundraiser Letter Mar 7, 2019	Description 50 Elm Cafe (Cafe & Spirits)				
Location: Street Address		City		State	Zip Code
50 Elm ST		Hartford		СТ	06103
Subpart 1: (All Committe Was this fundraising even	ves) It hosted at a personal residence?	Yes (If yes, go to Section L4 and complete required in beverage and invitations  No	nformation for purchases ma	nsidered C de by host(	contributions (s) for food,
	e items donated by a business entity of up to an individual of up to \$100?	OYes (If yes, go to Section L4 and complete required in		ısidered C	ontributions
with purchases from an in	•	OYes (If yes, enter Total Recei	pts here.)		
Subpart 2: (Town Comm Were there purchases of a sign associated with this i	nittees and Municipal Candidate Committees Ondvertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L3	Purchases of Advertising & lete required information.)	Space in a	Program Book
Subpart 3: (Town Comm Did your committee sell if gathering held within the	food or beverage at a fair or similar mass	Yes (If yes, enter Total Reco	sipts here.)		
SUBTOTAL Sect	ion L1—Subpart 1 (All Committees) Total Receip	pts from Sale of Donated Items	— This Page 0		
SUBTOTAL Section	L1—Subpart 3 (Town Committees ONLY) Total	Receipts from Food Purchases	—This Page 0		
		TOTAL of additional Sect	ion L1 Pages 0		
TOTAL OF ALL RE	CEIPTS FROM SMALL PURCHASES	(Enter total on Line 16a of Summa	y Page Totals)		

#### Section L1. ADDITIONAL PAGE 1 of 1

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
McGee for Hartford			April 10 Filing				
	L1. Event	Information					
Event # Date of Event Letter	Description		<u>'</u>	Was this a fur	ndraising event?		
3/23/19	Party For Purpose			<b>⊙</b> Yes	O No		
Location: Street Address		City		State	Zip Code		
187 Allyn ST		Hartford		СТ	06103		
Subpart 1: (All Committ	ees)	- <del> </del>					
Was this event hosted at a	a personal residence?	Yes (If yes, go to Section L5  Associated with a Hou purchases made by hose  No	ise Party and complete	e required infor			
	e goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section L and complete required in	4 In-Kind Donations r information.)	oot Considered (	Contributions		
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items idividual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)	\$			
	cittees, Municipal Candidates and Political Comm advertising space in a program book or on a fundraiser?		3 Purchases of Advert		Program Book		
Subpart 3: (Town Comn	nittees ONLY)						
	food or beverage at a fair or similar mass	OYes (If yes, enter Total Rec	eipts here.)	\$			
gathering neid within the	state with this fundraiser?	⊙ <sub>No</sub>					
Event #	Description			Iw. 4: - c	1		
Date of Event Letter				Was this a fur	ndraising event?		
Location: Street Address		City		State	Zip Code		
Subpart 1: (All Committ	ees)						
Was this event hosted at a	n personal residence?	Yes (If yes, go to Section L5 Associated with a Hom purchases made by hose No	ise Party and complete	c required infor			
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		not Considered	Contributions		
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	O Yes (If yes, enter Total Rec	eipts here.)	\$			
Subpart 2: (Party Comme Were there purchases of a sign associated with this	ittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?		3 Purchases of Advert		Program Book		
Subpart 3: (Town Comn		<u> </u>					
Did your committee sell f gathering held within the	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Reco	eipts here.)	\$	]		
Semerne non Amm me	nui uns andidiser;	ONo		<u></u>			
SUBTOTAL Sectio	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page				
		ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —					
		TOTAL of additional Section	1 L1 Pages		-		
		IPTS FROM SMALL PUI					

SEEC FORM 20

#### II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

				re no longer required to item ale of donated items. Sect			
NAME OF COMMITTEE  McGee for Hartford				TYPE OF REPO April 10 filing	RT		
L3. Purcha	ses of Advertising in a	Program Bool	cor on a Sign	(Municipal Candidate and Tov	vn Con	nmittees ONI	(1)
Name of Purchaser	•	<b>Q</b> -2000-200-200-200-200-200-200-200-200-2			Purchas OBu	se Made By: ssiness Entity le Proprietorsh	OIndividual
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise	Amount of Sig	gn Purchase
Name of Purchaser					OBu	se Made By: siness Entity le Proprietorshi	<b>O</b> Individual
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	se .	Amount of Sig	n Purchase
Name of Purchaser					O Bu	se Made By: siness Entity le Proprietorsh	<b>○</b> Individual
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	se .	Amount of Sig	n Purchase
Name of Purchaser	A CONTRACTOR OF				<b>O</b> Bu	se Made By: siness Entity le Proprietorshi	◯ Individual
Street Address			City		<u> </u>	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	se	Amount of Sig	n Purchase
Name of Purchaser	TO CHARLES AND	<del></del>			OBus	e Made By: sincss Entity le Proprietorshi	O Individual
Street Address			City			<del></del>	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	se 2	Amount of Sig	n Purchase
	SUBTOTAL			and Town Committees ONLY) i Program Book — This Page	0		
		SUE Total P	STOTAL Section urchases of Adver	L3 (Town Committees ONLY) rtising on a Sign — This Page	0		
				f additional Section L3 Pages	0	· · · · · · · · · · · · · · · · · · ·	
10)	I AL OF ALL PURCHASES			RAM BOOK or ON A SIGN 16c of Summary Page Totals)	0	Marie 1	

#### II. FUNDRAISING EVENT ACTIVITY (Sections L1-L4)

NAME OF COMMITTE	E			TYPE OF REI	PORT		
McGee for Hartford	****			April 10 filin			
	L4	. In-Kind Donatio	ons Not Cons	dered Contributions			
Name of Donor	WHOO SEE SEE SEE SEE SEE SEE SEE SEE SEE S						
Street Address		***************************************	City		<del></del>	State	Zip Code
Donation Given By:  Business Entity	Description of Donation				Fair	Market Val	lue of Donation
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor		general de la constant de la constan	pannoon and the control of the contr		erenerative de amostrative de amostrative de la compositive della		militari (projekti projekti na pri projekti proj
Street Address	9	<del></del>	City			State	Zip Code
Donation Given By:  Business Entity	Description of Donation				Fair l	I Viarket Val	ue of Donation
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor	тибовитовносниковитовноственниковитовниковитовности подписания до придости подписания до придости подписания д	CONTROL OF THE PROPERTY OF THE	<u>Menakhada menungungan pengungan paga</u>	AND	ommonius Annua nuus sa wasa		
Street Address			City			State	Zip Code
Donation Given By:  Business Entity	Description of Donation		•		Fair I	Market Val	ue of Donation
OIndividual OSole Proprietorship	Date Received	Event#		Aggregate Value for this Event			
Name of Donor				Майсков Майсков по высоков по выполня по до продучения по до по до под под под под под под под	Michigan (1996)	o dolar V andan Madda milliger mila	
Street Address	<u> </u>		City			State	Zip Code
Donation Given By:  Business Entity	Description of Donation				Fair I	Market Val	ue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value for this Event			
			SUBTOTAL	L Section L4 — This Page 0			
			TOTAL of a	dditional Section L4 Pages 0			
	TOTAL OF ALL IN-			ERED CONTRIBUTIONS 1 of Summary Page Totals)	o y o artigrati fillione at the Control of the Cont		

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

NAME OF COMMITTEE  McGee for Hartford							TYPE O	errangen hangett		8 8 8	
MicGee for Hartroid				1000			Aprii ic	/ 1111115	<b>)</b>		
M. In-Kind Contributions											
C. Eric Hollis											
Street Address				[	City					State	Žip Code
99 Westminster ST Hartford										СТ	06112
Type of contributor: Committee Date Received Aggregate Contributions Description of In-Kind Contribution											
Olndividual / Sole Proprietorship Other	Feb 28, :	2019	100			DJ Services					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co		business he/she		ed v	for a chief executive ovith have a contract w Yes No					Market Value s Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	O Yes No	If yes,	tor a principal of indicate which br mment the contra	ranch or bi	ranc	ctor or prospective sta shes Executive	_		OYes ONo	100	
Name	***************************************							a a fu faithe facea fu fficience fu	**************************************		
Street Address		·······		le	City					State	Zip Code
BESULT RAILESS				Î	J.1.3						
Type of contributor: Committee	Date Recei	ved	Aggregate Contrib	outions	Т	Description of In-Kind (	Contribution	1		]	
OIndividual / Sole Proprietorship OOther											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co		business he/she i		ed y	for a chief executive of the have a contract was Yes No					Market Value s Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	8 Yes No	If yes,	tor a principal of indicate which br imment the contra	ranch or bi	ranc	ctor or prospective sta hes Executive (	_		OYes No		
Name											a a de la companya da a companya da co
Street Address				C	City					State	Zip Code
Type of contributor: Committee	Date Recei	ved	Aggregate Contrib	outions		Description of In-Kind (	Contribution	ì			
OIndividual / Sole Proprietorship Oother										1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	does co	ntributor or	business he/she i	is associat	ed v	for a chief executive of with have a contract we not not to the No			lity		Market Value s Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	R Yes No	If yes,	tor a principal of indicate which br mment the contra	ranch or bi	ranc	ctor or prospective sta hes Executive	_		OYes No		
				SU	вте	OTAL Section M -	— This F	'age	100	and a set of all and a set of	
				ТОТ	[A]	, of additional Sec	tion M F	ages	0		
TOTAL OF ALL I	N-KIND	CONTR	RIBUTIONS	(Enter tot	al o	n Line 22 of Summar	y Page To	etals)	100		
	N.	Refund	lable Denos	it to Te	ele	phone Compan	v = =				
Last Name of Individual				irst			•		М	Date Depos	it Made
Residential Street Address			City				State	Zip C	ode	<u> </u>	
								,			Amount of Deposit
Name of Telephone Company			. <u> </u>					<b>L</b>			
Street Address			City				State	Zip C	ode		
		es Arganya katawa Francisco			(Marsh						
	Т	OTAL S	SECTION N	(Enter tota	al oi	n Line 23 of Summar	y Page To	tals)	0		

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

NAME OF COMMITTEE				TYPE OF REPORT		
McGee for Hartford				April 10 filing		
O. Non-Monetary Receipts of Legislative Leadership, Legislative Caucus an	d Party	Committees	s — <u>O</u>		111-48	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONL	LŊ	Name of Treasure	ег			
Street Address		Oate Notice Received	Fair Market Value of Donation			
City	State	Zip Code	^	Aggregate Donations		
Description of Donation	Description of Donation Purpo  O A					
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	C.17)	Name of Treasure	cr			
Street Address			ï	Pate Notice Received	Fair Market Value of Donation	
City	State	Zip Code	/	Aggregate Donations		
Description of Donation				of Expenditure (see instructions)  B OC OD OE		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	LY)	Name of Treasure	er			
Street Address		<u> </u>	r	Pate Notice Received	Fair Market Value of Donation	
City	State	Zip Code	A	Aggregate Donations		
Description of Donation		of Expenditure (see instructions)  BCCDDCE				
Name of Committee (Legistative Leadership, Legislative Caucus, and Party Committees ONL	LI)	Name of Treasure	er		okahing Kitanoo umuu oo o	
Street Address		J	Ē	Date Notice Received	Fair Market Value of Donation	
City	State	Zip Code	A	aggregate Donations		
Description of Donation			1	of Expenditure (see instructions)		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONL	Lŋ	Name of Treasure	er			
Street Address		<u> </u>	Г	Pate Notice Received	Fair Market Value of Donation	
City	State	Zip Code	A	aggregate Donations		
Description of Donation	!	•	1 '	of Expenditure (see instructions)  BCDDE		
	SUBT	FOTAL Sectio	n O'	This Page 0		
	TOTAL	of additional	Section	O Pages 0		
TOTAL RECEIPTS OF ALL O		ZATION EX n Line 24 of Sun				

#### IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT				TYPE OF REPORT			
McGee for Hartfoi			The second section of the second section is a second section of the section of the second section of the section of the second section of the	pril 10 filing			
	P. Expenses	Paid by Committee					
Name of Payce Citizens Bank				Date of Payment Mar 31, 2019		Payment: Check # Pobit Card	
Street Address	,	City			State	Zip Code	
190 Trumbull ST		Hartford	··-		СТ	06103	
Purpose of Expenditure (by code)	Description Bank Service Charges				4	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Organization  A B C D E						
Name of Payee The Art of Yum			1	Date of Payment Mar 29, 2019		Payment: Sheck # Debit Card	
Street Address 146 Grand ST		City Waterbury	<del>, l</del>		State CT	Zip Code 06702	
Purpose of Expenditure (by code)	Description Food		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  Coordinated without reimbursement sought Independent	•		reimbursement sought			
Name of Payee			D	Date of Payment	Method of I	Payment: 1,200	
Dashorn Whitehead Mar 24, 2019				Debit Card			
Street Address 75 Girard Ave		City Hartford			State CT	Zip Code 06105	
Purpose of Expenditure (by code)	Description Special Performance by Anoyd		Event#		1,000	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  Coordinated without reimbursement sought  Independ			reimbursement sought			
Name of Payee Robert Williston J	r.		- 1	Pale of Payment Mar 24, 2019	Method of F	Payment: 1201 Check # Debit Card	
Street Address		City			State	Zip Code	
36 Tyler ST		Bloomfield			CT	06002	
Purpose of Expenditure (by code)	Description DJ Services		Event #		150	Amount	
Expenditure # (if applicable)							
		SUBTOTAL Section	n P — T	his Page 1,463.53			
TOTAL of additional Section P Pages 1,400.52							
TOTAL OF	ALL EXPENSES PAID BY COMMITTEE (E	nter total on Line 19 of Sum	ımary Pa <sub>l</sub>	ge Totals) 2,864.05			

SEEC FORM 20 Realised January 2015

#### Section P. ADDITIONAL PAGE 1 of 1

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Mcgee For Hartfo	rd	April 10 Filing	April 10 Filing			
	P. Expenses	Paid by Committee				
Name of Payee Anedot.com	Method of Payment: OCheck #					
	O Debit Card OEFT  State Zip Code					
Street Address		City		State Dip Code		
Purpose of Expenditure (by code)	Description Merchant Fees	Amount 840.94				
Expenditure # (if applicable)						
Name of Payee			Date of Payment	Method of Payment:		
50 Elm Cafe & Spir	rit		3/8/19	O Check #O Debit Card OEFT		
Street Address		City		State Zip Code		
50 Elm ST		Hartford		CT 06103		
Purpose of Expenditure (by code)	Description		Event #	Amount		
	Food  Type of Expenditure (Itemization in Addendum P Required un			559.58		
Expenditure # (If applicable)						
Name of Payee	Method of Payment: Check # Debit Card DEFT					
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount		
Expenditure # (if applicable)						
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card CEFT		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization A B C OD					
		SUBTOTAL Section P -	-This Page 1400.52			

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

NAME OF COMMITTEE McGee for Hartford			TYPE OF REPORT April 10 filing				
		ampaign Expenses Paid by	Candidate	1000			
Name of Payee (Name of V	endor who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City		State Zip Code			
SHOOL PRIME COS		•					
			Event #	Amount			
Purpose of Expenditure (by code)	Description		Event #				
Name of Payee (Name of 1	l Vendor who candidate paid directly)	en e	Date of Payment	Is reimbursement claimed?			
				O Yes O No			
St. A.J.S.		City		State Zip Code			
Street Address		City					
Purpose of Expenditure	Description		Event #	Amount			
(by code)							
Name of Payee (Name of	 Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				Yes No			
O		City		State Zip Code			
Street Address							
Purpose of Expenditure (by code)	Description		Event #	Amount			
***************************************			Date of Payment	Is reimbursement claimed?			
Name of Payee (Name of	Vendor who candidate paid directly)	•	Ditto of Layinoin	<u> </u>			
Street Address		City		State Zip Code			
			Event #	Amount			
Purpose of Expenditure (by code)	Description						
Name of Payee (Name of	Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City		State Zip Code			
			Event #	Amount			
Purpose of Expenditure (by code)	Description						
Name of Payee (Name of	Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
1				O Yes O No			
Street Address		City		State Zip Code			
- 47 V	Description		Event #	Amount			
Purpose of Expenditure (by code)	Description						
		SUBTOTA	L Section Q — This Page 0				
		TOTAL of a	lditional Section Q Pages 0				
				And the state of t			
TOTAL O	F ALL EXPENSES PAID BY	ANDIDALE (Enter total on Lu	ie 20 oj Summary Page Lotats)   U				

Rev. D11	***************************************	IV. EXI ENDITO	ETED (DECHOIS			<u> </u>		
NAME OF COMMITT				TYPE OF REPO	RT			
McGee for Hartfor	rd			April 10 filing				
		R. Expenses Incurred	l on Committee (	Credit Card		AAAVAANIN		
Name of Issuing Insti	itution	Туре	of Credit Card:					
			Visa Master Ca	ard Discover OA	american Express	Other:		
Name of Vendor				Date of Tra	Date of Transaction			
Street Address		City			State	Zip Code		
	T			Event #				
Purpose of Expenditure (by code)	Description.			EVOIR II		Amount		
Expenditure #	Type of Expenditure (if application	able) Itemization in Addendum R Re	quired O Coordin	ated with reimbursement	sought			
(if applicable)		mbursement sought () Independent (		DB OC OD OF	,			
Name of Vendor						Date of Transaction		
Manic of Acudor								
					Gr.	Zin Codo		
Street Address		City	4		State	Zip Code		
Purpose of Expenditure	Description			Event #		Amount		
(by code)								
D	T	ablat I tamination in Addondon D. D.	anired O Coordin	ated with reimbursement	sought			
Expenditure # (If applicable)	III	able) Itemization in Addendum R Re	-		1			
	Coordinated without rei	mbursement sought 🔘 Independent (	Organization: (JA)	OR OC ON O	·			
Name of Vendor					Date of Tr	ransaction		
Street Address		Cit	у		State	Zip Code		
р	D. Letter			Event #		Amarint		
Purpose of Expenditure (by code)	Description					Amount		
Expenditure # (if applicable)		able) Itemization in Addendum R Ro		nated with reimbursemen	-			
(a abhacime)	Coordinated without re	imbursement sought 🔘 Independent	Organization: OA	$\mathbb{O}_{\mathrm{B}} \mathbb{O}_{\mathrm{C}} \mathbb{O}_{\mathrm{D}} \mathbb{O}_{\mathrm{I}}$	<u>E</u>			
Name of Vendor				<u>aga aga a sa an /u>	Date of Ti	ransaction		
Street Address		Cít	v		State	Zip Code		
orteer Worless		Cit	s.					
Purpose of Expenditure	Description			Event #		Amount		
(by code)								
Expenditure #	Type of Expenditure fif applie	able) Itemization in Addendum R R	equired O Coordin	nated with reimbursemen	t sought			
(if applicable)		imbursement sought O Independent	• –					
		J - 1						
			SUBTOTAL Section	n R — This Page 0		100000 Table 100000		
		T	OTAL of additional	Section R Pages 0				
	TOTAL OF ALL	EXPENSES INCURRED O	N COMMITTEE	CREDIT CARD ∩				
	IOIALOFALL	(Ent	er total on Line 27 of S	ummary Page Totals)				
					The second secon			
			•					
1								

NAME OF COMMITTEE TYPE OF REPORT  McGee for Hartford April 10 filing						
PDOSES USE OF THE PROPERTY OF	S. Expenses Incu	rred by Committee but Not P	aid During this Period			
Name of Creditor	MANUFACTION CO.		40000000000000000000000000000000000000	Date Incur	red	
The North Consulting					Feb 15, 2019	
Street Address City					Zip Code	
19 S 1st ST, Suite	В3	Minneapolis		MN	55401	
Purpose of Expenditure	Description		Event #	Am	ount Incurred	
(by code)	Consultant and Website Devel	opment		(Est	timate or Actual)	
Expenditure #	Type of Expenditure (if applicable) Itemizat	tion in Addendum S Required OCo	pordinated with reimbursement sough	3,500		
(if applicable)		sought OIndependent OOrganizations	DY Q B Q C Q B Q E			
Name of Creditor	YAAANI INN AMBAA YIROO YYYY IIROO YAA ARAA MARAA AARAA AA			Date Incur		
Red Rock Tavern				Feb	28, 2019	
Street Address		City		State	Zip Code	
369 Capitol Aven	ue	Hartford		СТ	06106	
Purpose of Expenditure (by code)	Description		Event #		ount Incurred timate or Actual)	
(6) 5500)	Food			1	.,,,,,,,,	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemizat	tion in Addendum S Required Occ	oordinated with reimbursement soug	ht 150		
(B. (37)	Coordinated without reimbursement	sought 🔘 Independent 💽 Organization: 🕻	Dr Ob Oc Ob Oe			
Name of Creditor	on kontik i kalijan probi i i komuni si mana sa sa sa manay da da kali ka ika ika mana ambanya kama kima kalika			Date incur		
Red Rock Tavern				Mai	2, 2019	
Street Address		City		State	Zip Code	
369 Capitol Aven	ue	Hartford		СТ	06106	
Purpose of Expenditure (by code)	Description	, , , , , , , , , , , , , , , , , , ,	Event #	1	ount Incurred	
(by code)	Food		1		(Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required Coordinated with reimbursement sought					
(y applications)	Coordinated without reimbursement					
Name of Creditor				1	Date Incurred	
Sun Splash Bar &	Grill			Mar	31, 2019	
Street Address		City		State	Zip Code	
428 Franklin Ave		Hartford		СТ	06114	
Purpose of Expenditure (by code)	Description		Event #		nount Incurred timate or Actual)	
(c) coucy	Food				ianate or noticuly	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemiza	_	oordinated with reimbursement soug	ht 190		
( <b>3</b> - <b>2</b> - <b>2</b> - <b>3</b> -	Coordinated without reimbursement	sought O Independent O Organization	DV OR OC OD OF			
		SUBTOTAL	Section S-This Page 3,990			
				and the second state of th		
		TOTAL of addit	tional Section S Pages 0		nadournous anno anno anno anno anno anno anno ann	
TOTAL OF A	LL EXPENSES INCURRED BY C	COMMITTEE DURING THIS PER (Enter total on Line 28	IOD BUT NOT PAID 3,990 of Summary Page Totals)			
	Pres	viously reported Expenses Unpaid a	nd still Outstanding 0			
	TOTAL OF ALL EXP	PENSES INCURRED BY COMMIT (Enter total on Line 28a	TEE BUT NOT PAID 3,990 of Summary Page Totals)		эм үч жайн айдаан эх орган айсаан	

NAME OF COMMIT McGee for Hartfo	***************************************			The state of the s	PE OF REPORT		
		on of Reimbursemen	te to Commit	NAME OF THE OWNER OWNER OF THE OWNER OWNER.	- Petropological de la company		
Last Name of Worker/Consultant First			is to Commi	MI MI	Date of Payment	Method of Payment: Check # Dobit Card	
Secondary Payee				<del>, , , , , , , , , , , , , , , , , , , </del>			
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
Expenditure # (if applicable)	'' '' ''	ble) Itemization in Addendum	-	OCoordinated with reation: OA OB OC	imbursement sought		
Last Name of Worker/Co	onsultant	First		М	Date of Payment	(	of Payment: Ochcok # Debit Card
Secondary Payee							
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description		I	Event#			Amount
Expenditure # (if applicable)		ble) Itemization in Addendur nbursement sought O Indepe	_	Coordinated with relation: A B C	-		
Last Name of Worker/Co	ensultant	First		МІ	Date of Payment		of Payment: Otheck # Debit Card
Secondary Payee				· · · · · · · · · · · · · · · · · · ·			
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
Expenditure # (if applicable)	1	<i>ble)</i> Itemization in Addendun nbursement sought <b>()</b> Indepe	-	Coordinated with re	-		
			SUBTOT	'AL Section T — Th	is Page 0		
			TOTAL of	additional Section	Pages ()		**************************************
TOTAL OF	ALL REIMBURSEM	ENT TO COMMITTE	E WORKER	S AND CONSULT	CANTS 0	, the lay time and a gapping of a con-	