Page I of 17

SEEC FORM 20

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

TOWN & CITY CLERK

2019 SEP -3 PM 2: 20

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE			14 14 14 14 14 14 14 14 14 14 14 14 14 1	The second secon				A CONTROL OF THE PROPERTY OF T	
Re Elect Clarke for City Council									
2. TREASURER NAME								The second secon	
First		М		Last					Suffix
Justin		K		Colema	n				
3. TREASURER ADDRESS		100 100 100 100 100 100 100 100 100 100					The state of the s		
Street Address			City				State	Zip Co	
107 Saint Monicas Avenue			Har	rtford			СТ	061	20
4, ELECTION/REFERENDUM DATE:	5. OFFICE SOUG	HT (Comple	te only	if Candidate	Committee)	And the second s	The second secon	To the second of	RICT NUMBER
(mm/dd/yyyy) 11/05/2019	City Council Rep	3						(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee,)						Dec 10 10 10 10 10 10 10 10 10 10 10 10 10
First		MI		Last					Suffix
Thomas		J.		Clarke					
8, TYPE OF REPORT (Check One Box)		The second secon	The second secon	1				APPROXIMATION OF THE PROXIMATION	
O January 10 filing	⊙7th day prece	ding prima	ry	7th	day preceding referend	lum (Initial Cor		r Disbursement
O April 10 filing	30 days follow	wing prima	ry	O 45	days following reference	lum () Amendme		
July 10 filing	7th day prece	ding election	on	○ Def	icit		Type of Re	port:	
October 10 filing	12th day prec			OTer	mination				
O24 Hour Independent Expenditure OPrimary OElection	O45 days followed in No.	wing election							
9. PERIOD COVERED		The second secon	THE RESIDENCE OF THE PROPERTY			The second secon	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Annual Control of the	
	Beginning Da	ate			Ending Date				
	07/11/2019	<u></u>		thru	09/03/2019		_		
			- 11 W. im ,						
10. CERTIFICATION	The state of the s			The state of the s		Control of the Contro	The second secon		
I hereby certify and state, under positions of the position of	eriod covered is	statement true, accu	urate	and con	information set forth aplete. OCCURNO OF SIGNER	h on this	Itemized C	ampaign I <u>9</u> / Date	Finance 3 //9 (mm/dd/yyyy)
		THE							
A person who is	s found to have k	nowingly o faces a ci	and w ivil pe	villfully v enalty or	iolated any provision imprisonment or bot	is of the c h.	ampaign fi	nance stai	tutes

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Elect Clarke for City Council	September 3	LCOLUMNIA
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
2. Balance on hand at the beginning of Reporting Period	3140.00	
3. Contributions Received from Individuals (Sections A and B)	1350.00	4490.00
4. Receipts from Other Committees (Sections C1 and C2)	0	0
5. Other Monetary Receipts (Sections D through K)	0	0
6a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	
6b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		
6c. Total Purchases of Advertising—Program Book or Sign (Section L3)	1330.32	1330.32
7. Total Monetary Receipts (add totals for Lines 13 through 16c)	2680.32	5820.32
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	413:32	5820.32
19. Expenses Paid by Committee (Section P)	0	0
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	4036.32	5820.32
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	State of the control
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount	0	The state of the s
26. Campaign Expenses Paid by Candidate (Section Q)	1330.32	1885.32
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	A second control of the control of t
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	ρ	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		1	
Re Elect Clarke for City Council	SEPTEMBER 3 \$100.00					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) SI						
B. Itemized Con	tribut	ions from Individ	uals	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
.ast Name	First					MI
Kozak	Dav	rid		State	Zip C	\
Cestional offeet Address	City Rocky F					67
31 Hunters Ridge		Vame of Employer				
Principal Occupation	ĺ	Kozak & Salina, LLC				
Government Relations			officer of a municipalit	v. Am	ount of	Contribution
or dependent child of a lobbyist? One does contributor or business he/she i	is associa	ssociated with have a contract with said municipality Yes No 100.00				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a st If yes, indicate which bran of government the contract	nch or bra	anches	OLegislative No			
Method of Contribution:	l	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	08/05/2019	100.00			1
Last Name	First					MI
Salina	Ada	am 		State	Zip 6	Code
Residential Street Address	_{City} Berlin			CT	1 1	037
95 Spicewood Lane		Name of Employer				
Principal Occupation	i	Kozak & Salina, LLC				
Government Relations Is contributor a lobbyist, spouse. O Yes If contribution is in excess of \$400				ty, An	iount o	f Contributio
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is associa	ated with have a contract Yes No	with said municipality	10	0.00	
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	O Legislative			
Method of Contribution:	l.	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	08/-5/2019	100.00			TV or
Last Name	Firs					МІ
Motley		hn ———————		State	Zio	Code
Residential Street Address	City Hamd	len		CT	1 -	5514
39 Canterbury Road	1,141110	Name of Employer				
Principal Occupation Consultant		Motley Consulting	İ			
O Van If contribution is in excess of \$400) to a can	l didate for a chief executi	ve officer of a municipal	ity, A	mount	of Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	e is assoc	iated with have a contract O Yes O No	t with said municipality	50	00.0	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, indicate which bra of government the contraction of government the contraction.	anch or b	oranches	CLegislative	es lo		
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Mone	ey Order	08/09/2019	The state of the s			
SUB	втота	L Section B — Thi			0	
TOTA	L of ac	Iditional Section B	Pages 2	2		
TOTAL OF ALL CONTRIBUTIONS FRO	M IND	IVIDUALS (Sections	A+B) \$ 1350		-	

I. MONETARY RECEIPTS (Sections A-K)

AME OF COMMITTEE (Provide Complete Name of	io Paristered with Filing Repository)	2011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TYPE OF REPORT		
Elect Clarke for City Council	a Action Comments			SEPTEMBER	3	
A. Total Contributions from Sm (See instructions for definition of Small Co	all Contributors-Receive	ed this l	Period ONLY AL SECTION A	\$100.00		
Dee namemong of the						
	B. Itemized Co.	ntributi	ons from Indivi	duals		MI
st Name		First And	row			,,,,
umbie			iew		State	Zip Code
sidential Street Address		City Hartford	d		ст	06103
00 Pearl Street			ame of Employer			
incipal Occupation			rumbie Law Grou	p, LLC		
contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a candid	late for a chief executiv	ve officer of a municipal	ity, Am	ount of Contribution
demandant abild of a labbyist? No	does contributor or business he/she	e is associai	Oyes ONo	With our many	250	0.00
s this contribution associated with an		state contr	ocnes	· ·	0	
event reported in Section L1? (f yes, list Event #	of government the contra	ct is with:	DExecutive	C Legislative		
Method of Contribution:		1	Date Received 08/24/2019	Aggregate Contributions		
Cash Personal Check Credit/Debit Ca	ard OPayroll Deduction OMone	, , , , , ,	UO/ 24/ 2U 1 3	230.00		MI
ast Name		First				
esidential Street Address		City			State	Zip Code
			Name of Employer			
rincipal Occupation						
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	ie is associ	OYes ONO)		nount of Contributio
is this contribution associated with an event reported in Section L1? If yes, list Event #		ranch or b	Executive	re Legislative Aggregate Contribution	No	
Method of Contribution:	Pard Payroll Deduction Mon	iey Order	Date Received	Appregate Contribution		
	Cald Chaylon Beddeness	Firs	t		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MI
Last Name						
Residential Street Address		City			State	Zip Code
Principal Occupation			Name of Employer			· · · · · · · · · · · · · · · · · · ·
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	she is assoc	Yes O 1	lo	ty	Amount of Contribut
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 cor	branch or	h: Execut	state contractor? ive O Legislative Aggregate Contribution)Yes)No	
Method of Contribution: Cash Personal Check Credit/Debit	Cord OPayroll Deduction OMc	oney Order	Date Received	VERIERALE COMMOUNT		
OCash OPersonal Check OCredit/Debit	and the second s		L Section B — T	his Page 2	50.	00
			dditional Section		2	·
TOOTET OF	TT CONTRIBUTIONS FI	OM INT	IVIDIIALS (Sectio	ns A + B)	- A -	^
TOTAL OF	Enter total on L	ine 13. Co	lumn A of Summary P	rage Totals) / 💐	5/5.0	U

I. MONETARY RECEIPTS (Sections A-K)

IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
te Elect Clarke for City Council	SBATEMBEL 3 \$100.00				
A. Total Contributions from Small Contributors-Received this (See instructions for definition of Small Contributor) SUBTOT.					
					
B. Itemized Contributi	ions from Individ	luals			
ast Name Pirst				МІ	
evy	· · · · · · · · · · · · · · · · · · ·				
esidential Street Address City		i i	State	Zip Code 06117	
22 Avondale Road West Ha			CT	00117	
rincipal Occupation	Name of Employer	C			
Attorney	Coleman B. Levy, Ll				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Ves does contributor or business he/she is associate valued at more than \$5,000?	ted with have a contract Oyes No	with said municipanty	250.	unt of Coi DO	MANDULIO
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contributor aprincipal of a state contrib	actor or prospective stat inches ©Executive	O Legislative			
Method of Contribution:	Date Received 08/15/2019	Aggregate Contributions 250.00			
First				MI	
Last Name Freeman	nan				
Residential Street Address City			State	Zip Code	
36 John Street Hartfor	rd		CT	06106	
	Name of Employer				
Engineer	Freeman Compani	es, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Yes of \$400 to a candidoes contributor or business he/she is associately valued at more than \$5,000?		Amount of Contribution 250.00			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state configuration of the section L1? Yes No If yes, indicate which branch or but the section in the section of the sectio	ranches	ate contractor? Yes No Legislative			
1/ yes, his Bront h	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order	08/21/2019	250.00			
Last Name First	t			M	11
Colcord	aniel				
Residential Street Address City			State	Zip Cod 0643	
47 Chimney Corner Circle Guilfo				100-3	
Principal Occupation	Name of Employer	ons			
Sales Manager	EBP Supply Soluti			ount of C	an telbrati
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to a cand does contributor or business he/she is assoc valued at more than \$5,000?	Yes O No	et with said municipality	250	0.00	.Oggrigan
event reported in Section I.1? No If yes, indicate which branch or b	No If yes, indicate which branch or branches of government the contract is with: Executive Legislative				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Date Received 08/22/2019	Aggregate Contributions 250.00			
	L Section B — Th	is Page 15	3.60)	
TOTAL of ac	dditional Section E	B Pages	2_		
TOTAL OF ALL CONTRIBUTIONS FROM IND	IVIDUALS (Section umn A of Summary Pag	s A + B)	\ \^\	`	

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Re Elect Clarke for City Council			SEPTEMBER	SEPTEMBER 3				
	Q. Can	npaign Expenses Paid by C	andidate	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
me of Payee (Name of V	endor, Person or Entity who candidate paid direct		Date of Payment		bursement claimed?			
gns On The Chea			8/27/2019		Yes No			
treet Address City				State	Zip Code			
11525A Stonehollow Dr., Suite 100 Austin				TX	78758			
	Description		Event #		Amount			
rpose of Expenditure		\$974	45					
A-OTH	Campaign Lawn Signs		Date of Payment	le reir	nbursement claimed?			
ame of Payee (Name of I	endor, Person or Entity who candidate paid direc	etly)	8/3/2019		Yes O No			
nlightened Living	9		0/3/2013					
reet Address			State	Zip Code 06002				
Brentwood Driv	e	Bloomfield		СТ	06002			
urpose of Expenditure	Description		Event #		Amount			
y code) A-OTH	Campaign T Shirts			\$355	\$355.87			
		not(s)	Date of Payment	Is rei	imbursement claimed?			
lame of Payee (Name of	Vendor, Person or Entity who candidate paid dire	cary)			Yes No			
				State	Zip Code			
treet Address		City						
					Amount			
urpose of Expenditure	Description		Event #		Amount			
by code)								
Name of Paves (Name of	Vendor, Person or Entity who candidate paid dire	ectly)	Date of Payment	Is re	imbursement claimed?			
nume of Tuyer (Yes No			
5		City		State	Zip Code			
Street Address								
			Event#		Amount			
Purpose of Expenditure (by code)	Description							
			I Dec CR wast	lan	eimbursement claimed?			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	O Yes O No				
					·			
Street Address		City		State	Zip Code			
Purpose of Expenditure	Description		Event #		Amount			
(by code)								
	7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ivactly)	Date of Payment	Ist	eimbursement claimed			
Name of Payee (Name a	f Vendor, Person or Entity who candidate paid di	aceny)			Yes O No			
		G:-		State	Zip Code			
Street Address		City			-			
					Amount			
Purpose of Expenditure	Description		Event #		Amount			
(by code)								
		SUBTOTAL Sec	tion Q — This Page 1330.3	2				
		TOTAL of addition	ial Section Q Pages 0					
	TOTAL	L OF ALL EXPENSES PAID	BY CANDIDALE 1330.3	2				