SEEC FORM 20

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

Do Not Mark in This Space For Official Use Only

Page 1 of 17

		JYLL	(PAGI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1. NAME OF COMMITTEE							
Sliezer Me	encado t	For	Cit	a Coon	016		
						Vivis	
2, TREASURER NAME	MI	11	Last	Entropy (August 1997) and the second of the	<u> </u>	*******	Suffix
First				niz			
Gabriel		<u> </u> 					
3. TREASURER ADDRESS		City	grain 141 grann	146945140+5145446+45001 ⁵⁵	Stat	te	Zip Code
Street Address		. '	11 1			•	06/05
967 Asylum A	ve Unit 4 &		/tant				6. DISTRICT NUMBER
	5. OFFICE SOUGHT (Com	iplete only if	f Candidate Comi	nittee)	ini a repia i aliai		(if applicable)
(mn/dd/yyyy)							11/4
		ing Neggar					
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Commit MI		Last				Suffix
First	ļ						
Eliczen				encado	> Out the complete contract of the contract	::::::::::::::::::::::::::::::::::::::	
8. TYPE OF REPORT (Check One Box)						Agricultura Agricultura	
☐ January 10 filing	☐ 7th day preceding prin	mary	☐ 7th day	preceding referendum		ial Contr Cs ONLY)	ibution or Disbursement
☐ April 10 filing	☐ 30 days following pri	mary	☐ 45 days	following referendum	☐ Am	endment	to
☐ July 10 filing	☐ 7th day preceding ele	ction	☐ Deficit		Турс	e of Rep	ort:
October 10 filing	☐ 12th day preceding el (State Central Committees		☐ Termina	tion	-		
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following ele not held in November						
9. PERIOD COVERED							
	Beginning Date			Ending Date			
	19/02/19		thru	09/30/19	1		:
10, CERTIFICATION							
						1.0	
I hereby certify and state, under possible Disclosure Statement for the possible pos	penalties of false statemeriod covered is true, a	ent, that ccurate	all of the inf and comple	ormation set forth on te.	this Itemi	zea Cai	npaigh Finance
Jahn Mund		/5	abriel	Muhh			10/02/2019
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE)	गप्रेष	NT NAME OF S	SIGNER			DATE (IIIII) GO YYYY)
A person who is	s found to have knowing faces o	gly and w a civil pe	villfully viola enalty or imp	ted any provisions of risonment or both.	the campo	aign fine	ance statutes

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	
NAME OF COMMITTEE Provide Complete rand in Topino		
	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		
12. Balance on hand at the beginning of Reporting Period	2,127.14	
13. Contributions Received from Individuals (Sections A and B)	200,00	5,360.14
14. Receipts from Other Committees (Sections C1 and C2)	.0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0.
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	200,00	5,560,19
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	2,327.14	5,560-19
19. Expenses Paid by Committee (Section P)	1,342,00	4/575.05
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	985.14	985.14
21. In-Kind Donations not Considered Contributions Received (Section L4)	Ô	450,00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	9	150.00
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance	0	
25a. + Loans Received (Section D)	. 0	0
25b. + Interest and Penaltics on Loan	0	0
25c Payments on Loan	0	
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	125,00
27. Expenses Incurred on Committee Credit Card (Section R)	0.	112.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
	n. 4 (1)		
Eliezer Mercado for City Carnell	OCT- 10		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	* 200r		
B. Itemized Contributions from Indivi	duals		
Last Name First			MI
Ruddy Fernand	e Z		
Residential Street Address 1291 A Gary Ave Hard Principal Occupation Name of Employer		State	Zip Code
1291 Albaury tre Hant Ford	4	E .	06162
Principal Occupation Name of Employer			N
Business owner Bran	~ Super	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Nex
to contribute a lebbyigt spays	ve officer of a municipality,	Ameu	ınt of Contribution
or dependent child of a lobbyist? A No does contributor or business he/she is associated with have a contract valued at more than \$5,000? BYES DNO			<i>(</i>
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective statement of the security of the se	te contractor?	7	200,00
I) yes, list Event#	Aggregate Contributions	1	
Method of Contribution:			
□ Cash □ Personal Check ☑ Credit/Debit Card □ Payroll Deduction □ Money Order ○ 9/10/2019			MI
Last Name First			
		State	Zip Code
Residential Street Address City		Biate	24, 0000
Principal Occupation Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?	et with said municipality	, Amo	unt of Contribution
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective st	ate contractor? Yes	7	
event reported in Section L1?	□ No e □ Legislative		
If yes, list Event #	Aggregate Contributions	1	
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order			
Piret			MI
Last Name			
Residential Street Address City		State	Zip Code
Name of Employer	<u> </u>	I	1
Principal Occupation Name of Employer			
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 executed does contributor or business he/she is associated with have a contravalued at more than \$5,000?	ct 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 s If yes, list Event # Is contributor a principal of a state contractor or prospective s If yes, list Event # Executive	tate contractor?		
Method of Contribution: Date Received	Aggregate Contributions		
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order			
SUBTOTAL Section B — Th	is Page	20c	0,CO
TOTAL of additional Section I	B Pages	\Diamond	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Pa,	s A + B) ge Totals)	00 -	0, CO CÒ

I. MONETARY RECEIPTS (Sections A—K)

~ · · · · · · · · · · · · · · · · · · ·	11 IEE (Frovide Complete	e Name as Registered w	ith Filing Reposi	tory)		TYPE OF REPORT	jaretha andrewska jaretha. Zastrania	15 1 15 1 15 15 15 15 15 15 15 15 15 15
Z li	ezer M	ercado	fer	CIA	Corner	CL OCT	5. / O	
		C1. C	ontributio	ns from O	her Committ	ees		ej constrant
une of Committee					Name of Treasurer			
ddress				Is this contri	bution associated w	rith an □ Yes □ No	Amount of	Contribution
				event reporte	ed in Section L1? If yes, list E	vent#	_	
ity		State	Zip Code	Date Rece		ggregate Contributions		
	· · · · · · · · · · · · · · · · · · ·				Name of Treasurer			
ame of Committee					Name of Treasurer			
ddress				Is this contri	bution associated w	vith an ☐ Yes ☐ No	Amount of	Contribution
				event report	ed in Section L1? If yes, list B	Event #		
ity		State	Zip Code	Date Rece		Aggregate Contributions	-	
,			•					
					151 am			
lame of Committee					Name of Treasurer			
ddress				Is this contr	ibution associated v	vith an 🔲 Yes 🗎 No	Amount of	Contribution
				event report	ed in Section L1?	Event#		
···		State	Zip Code	Date Reco		Aggregate Contributions		
ity		,,,,,,,	Zip Code					
	C2. F	Reimbursemen	ts or Surp	lus Distrib	utions from o	ther Committees		
27.5 2 2 2 2 2 2 2								
Name of Committee					Name of Treasure			
Name of Committee			•					
				City			State	Zip Code
							State	Zip Code
Address	I Donas Birons H							
Address	Expenditure # (if applicable)	Payment Type		City	Name of Treasure			Zip Code
Address				City				
Address Date Received		Payment Type		City	Name of Treasure			
Address Date Received		Payment Type		City	Name of Treasure	1		
Address Date Received Description		Payment Type		City	Name of Treasure	1		
Name of Committee Address Date Received Description Name of Committee		Payment Type		City	Name of Treasure	1		t of Receipt
Address Date Received Description Name of Committee		Payment Type		City	Name of Treasure	1		
Address Date Received Description Name of Committee		Payment Type		City	Name of Treasure	1	Amoun	t of Receipt
Address Date Received Description Name of Committee Address		Payment Type □ Reimbursei	ment for shared	City	Name of Treasure	1	Amoun	t of Receipt
Address Date Received Description Name of Committee	((f applicable)	Payment Type ☐ Reimburses	nent for shared	City City	Name of Treasure		Amoun	t of Receipt
Address Date Received Description Name of Committee Address Date Received	((f applicable)	Payment Type ☐ Reimburses	ment for shared	City City	Name of Treasure		Amoun	t of Receipt
Address Date Received Description Name of Committee Address	((f applicable)	Payment Type ☐ Reimburses	nent for shared	City City	Name of Treasure		Amoun	t of Receipt
Address Date Received Description Name of Committee Address Date Received	((f applicable)	Payment Type ☐ Reimburses	ment for shared	City City City	Name of Treasure		Amoun	t of Receipt
Address Date Received Description Name of Committee Address Date Received	((f applicable)	Payment Type ☐ Reimburses	nent for shared	City City City	Name of Treasure Surplus Distribution Name of Treasure	n n n n n n n n n n n n n n n n n n n	Amoun	t of Receipt
Date Received Description Name of Committee Address	((f applicable)	Payment Type ☐ Reimburses	nent for shared	City City City Correct expense	Name of Treasure Surplus Distribution Name of Treasure Surplus Distribution This I	ion Page	Amoun	t of Receipt
Date Received Description Name of Committee Address	Expenditure # (if applicable)	Payment Type ☐ Reimburses Payment Type ☐ Reimbur	nent for shared sement for sha SUBT	City City City COTAL Sect	Name of Treasure Surplus Distribution Name of Treasure Surplus Distribution This I	a control of the cont	Amoun	t of Receipt
Address Date Received Description Name of Committee Address Date Received	Expenditure # (if applicable)	Payment Type ☐ Reimburses	nent for shared sement for sha SUBT TOTA	City City City Cot AL Sect L of addition	Name of Treasure Surplus Distribution Name of Treasure Surplus Distribution This I al Section C P NS AND RECE	ages	Amoun	t of Receipt

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Repository))		TYPE OF	REPORT	
Eliezer Mercado for	CH		omet		1 1	>
	. Loans R		d this Period			
Name of Lender		3	Source of Loan: Bank Cand	idate 🗌 Individua	Other	Date of Receipt
Street Address	City	<u></u> İ.		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	<u>. </u>				·	Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan: Bank Cand	lidate 🔲 Individua	Other	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City	01=		State	Zip Code	
Name of Londer	<u> </u>		Source of Loan; Bank Cano	didate ☐ Individua	Other	Date of Receipt
Sircet Address	City	I		State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)	L					Amount Received
Street Address	City			State	Zip Code	
			TOTAL SECT	ION D		
E. Receipts from Entities other th	an Individ	duals	or Other Com	mittees (Refere	ndum Committ	ees ONLY)
Name of Entity						
Street Address			-	Date Received		Amount Received
City	S	State	Zip Code	Aggregate Contr	ibutions	-
Name of Entity	<u></u>	, "				
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Conti	ributions	
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Cont	ributions	
			TOTAL SEC	TION E		

I. MONETARY RECEIPTS (Sections A-K)

Page 6 of 17

	- Mercado 7 F. Amount Transferred fro	m Affiliated Rus	viness Treasury (Ru	siness Entity Committees ONLY)
te of Receipt				Amount
ne of Receipt	Is this transaction associated event reported in Section L15		If yes, list Event #	
te of Receipt	Is this transaction associated event reported in Section L1		If yes, list Event #	Amount
ite of Receipt	Is this transaction associated event reported in Section L1		If yes, list Event #	Amount
te of Receipt	Is this transaction associated event reported in Section L1		If yes, list Event #	Amount
			TOTAL SECTI	ONF
G. Amount	Transferred from Affiliated	(Labor Union o	r Other Organizati	on Treasury (Organization Committees Of
ate of Receipt		te of Receipt	<u> </u>	Date of Receipt
	- Amount	A	mount	Amount
	Amount			
				The second secon
			TOTAL SECTIO	NG
			TOTAL SECTIO	NG
			TOTAL SECTIO	NG
		Candidate Rec		
	H. Personal Funds of th	e Candidate Rec		
rate of Receipt	Method of payment:		eeived this Period (Candidate Committees ONLY) Amount
oate of Receipt	Method of payment: ☐ Cash	e Candidate Rec	eeived this Period (Candidate Committees ONLY) Amount bit Card
	Method of payment:		ceived this Period (Candidate Committees ONLY) Amount bit Card Amount
	Method of payment: ☐ Cash		ceived this Period (Candidate Committees ONLY) Amount bit Card Amount
Date of Receipt	Method of payment: Cash Method of payment:	☐ Personal Ch	ceived this Period (Candidate Committees ONLY) Amount bit Card Amount
Date of Receipt	Method of payment: Cash Method of payment: Cash Method of payment:	☐ Personal Ch	eck Credit/Deck Credit/Deck	Candidate Committees ONLY) Amount bit Card Amount bit Card Amount
Date of Receipt Date of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash	☐ Personal Ch	eck Credit/Deck Credit/Deck	Candidate Committees ONLY) Amount bit Card Amount bit Card Amount
ate of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash Method of payment:	☐ Personal Ch	eck Credit/Deck Credit/Deck Credit/Deck	Candidate Committees ONLY) Amount bit Card Amount bit Card Amount Amount
Date of Receipt Date of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash	☐ Personal Ch	eck Credit/Deck Credit/Deck Credit/Deck	Candidate Committees ONLY) Amount bit Card Amount bit Card Amount Amount
Date of Receipt Date of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash Method of payment:	☐ Personal Ch	eck Credit/Deck Credit/Deck Credit/Deck	Candidate Committees ONLY) Amount bit Card Amount bit Card Amount bit Card Amount
Date of Receipt Date of Receipt Date of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash Method of payment:	☐ Personal Ch	eck	Candidate Committees ONLY) Amount bit Card Amount bit Card Amount bit Card Amount
Date of Receipt Date of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash Method of payment:	☐ Personal Ch	eck	Candidate Committees ONLY) Amount bit Card Amount bit Card Amount bit Card Amount

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.

NAME OF COMMITTEE (Provide Complete Name as Registered w		Cerner	TYPE O	FREPORT	
	at from Deposits in A	and the transfer of the second section is a second section.	nts		
lame of Institution	t Hom Doposto III 1		Date Rec	eived	Amount
Street Address	City		State	Zip Code	
Name of Institution	A CONTRACTOR OF THE PARTY OF TH		Date Rec	ceived	Amount
Street Address	City	Address of the State of the Sta	State	Zip Code	
		TOTAL SECTION	DN J		
K. Miscellaneous	Monetary Receipts	not Considered C	ontribu	itions	
Name			Da	nte of Transaction	Amount Received
Street Address	City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
Description					
Name			D	ate of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name			D	ate of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			I	<u> </u>	
Name		· · · · · · · · · · · · · · · · · · ·	Е	Pate of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			<u></u>		
	${f T}$	OTAL SECTION 1	K		
SUMMARY OF OTI	HER MONETARY	RECEIPTS (Sect	ions D t	hrough K)	
Total Loans Received this Period (Section D)			. <u>-</u>		
Total Receipts from Entities other than Individuals of	or Other Committees (Se	ction E)	+		
Total Amount Transferred from Affiliated Business	Treasury (Section F)		+		
Total Amount Transferred from Affiliated Labor Un	nion or Other Organizati	ion Treasury (Section	ı G) +		
Total Amount of Personal Funds of the Candidate R			+		
Total Amount of Interest from Deposits in Authoriza	ed Accounts (Section J)	··	+		
Total Miscellaneous Monetary Receipts not Conside		on K)	+		
		of Other Moneta	ary Reco	eipts Totals)	\overline{C}

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Eliezer Merculo to CI	ty Cernet Oct	10
	Information	
Event # Date of Event Letter Description		Was this a fundraising event? ☐ Ycs ☐ No
Location: Street Address	City	State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	☐ Yes (If yes, go to Section L5 In-Kind Donations Associated with a House Party and comple purchases made by host(s) for food, beverage ☐ No	te required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donations and complete required information.) ☐ No	not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	- [\$
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Adveror or on a Sign and complete required inform No	tising Space in a Program Book nation.)
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$
Event # Description Date of Event Letter		Was this a fundraising event ☐ Yes ☐ No
Location: Street Address	City	State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	☐ Yes (If yes, go to Section L5 In-Kind Donations Associated with a House Party and compl purchases made by host(s) for food, beverag ☐ No	ete required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	 ☐ Yes (If yes, go to Section L4 In-Kind Donation and complete required information.) ☐ No 	s not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Com- Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	mittees other than Exploratory Committees) ☐ Yes (If yes, go to Section L3 Purchases of Adveous or on a Sign and complete required infor ☐ No	ertising Space in a Program Book mation.)
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts f	rom Sale of Donated Items — This Page	Comment
SUBTOTAL Sec	tion L1—Subpart 3 <i>(Town Committees ONLY)</i> eipts from Food Purchases — This Page	0
	TOTAL of additional Section L1 Pages	
TOTAL OF ALL RECI	EIPTS FROM SMALL PURCHASES on Line 16a, Column A of Summary Page Totals)	

II. EVENT ACTIVITY (Sections L1—L5)

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

NAME OF COMMIT	TEE (Provide Complete Name	as Registered with Filing Reposi	tory)	TYPE OF REPO	RT		
Elieze		.0004		and Oc	H	-10	
				am Book or on a Sign			
Name of Purchaser					Purcha	se Made By:	
					1	isiness Entity	
					☐ In	dividual/Sole	Proprietorship
Street Address			City			State	Zip Code
D. D. J. J.	Event #	Aggregate Purchase	es for All Events	Amount of Program Ad Purch	ase	Amount of	Sign Purchase
Date Received	tivent #	Aggregate Futerium		1			
			······································		Purcha	se Made By:	
Name of Purchaser						usiness Entity	√ ☐ Other
					1		Proprietorship
			City			State	Zip Code
Street Address			City				'
Date Received	Event #	Aggregate Purchas	es for All Events	Amount of Program Ad Purch	iase	Amount of	Sign Purchase
		,					
					Purch	ase Made By:	
Name of Purchaser					│□в	usiness Entity	y 🔲 Other
						ndividual/Sol	e Proprietorship
Stand & defende			City			State	Zip Code
Street Address			J.,				
							01 5 -1
Date Received	Event #	Aggregate Purchas	ses for All Events	Amount of Program Ad Pure	hase	Amount of	Sign Purchase
N 69					Purch	ase Made By:	
Name of Purchaser						Business Entit	y 🔲 Other
						ndividual/Sol	e Proprietorship
Street Address			City			State	Zip Code
Britor Madross							
						Amount of	Sign Purchase
Date Received	Event #	Aggregate Purcha	ses for All Events	Amount of Program Ad Purc	nase	Amount of	Digit i di chase
Name of Purchaser			···········		Purch	nase Made By:	
						Business Enti	ty 🔲 Other
						ndividual/So	le Proprietorship
Street Address			City			State	Zip Code
	Event #	Appregate Purcha	ses for All Events	Amount of Program Ad Purc	hase	Amount o	f Sign Purchase
Date Received	BAGUI #	Approprie					
	SUBTOTAL Se	ction L3 Total Purchases	of Advertising in	n Program Book — This Page			
	SUBTO	TAL Section L3 Total P	urchases of Adve	rtising on a Sign — This Page			-
			TOTAL	of additional Section L3 Pages			Ŋ
	TOTAL OF ALL PURC	CHASES OF ADVERTIS	SING IN A PROC	GRAM BOOK or ON A SIGN			
	10.11.10 OF 11.01.4 Office.	(Enter total	on Line 16c, Colu	mn A of Summary Page Totals)			

II. EVENT ACTIVITY (Sections L1—L5)

		Registered with Filing Reposite	orvj	Cerresc		/ >s
€1/63	e nero	ado ter	N-4 C			
a of Dongs	L4.	In-King Donation	s Not Consid	ered Contributions		
ne of Donor						
eet Address			City	Alama, Alama	State	Zip Code
or Adiress						
nation Circon Pru	Description of Donation				Fair Market	Value of Donation
nation Given By: Business Entity	Description of Donation					
Individual	Date Received	Event #		Aggregate Value for this Event		
Sole Proprietorship	Suc Received					
ne of Donor						
			City		State	Zip Code
cet Address			City			
mation Given By:	Description of Donation				Fair Marke	t Value of Donation
Business Entity	, 2					
] Individual	Date Received	Event #		Aggregate Value for this Event		
] Sole Proprietorship						
nne of Donor						
reet Address			City		State	Zip Code
onation Given By:	Description of Donation		<u> </u>		Fair Mark	et Value of Donatio
☐ Business Entity						
	Date Received	Event #		Aggregate Value for this Event		
☐ Sole Proprietorship						
ame of Donor	·					
					- Contract	Zîp Code
reet Address			City		State	zip Code
					D t M d	et Value of Donatio
onation Given By:	Description of Donation			·	Fair Mark	et value of Donatio
Business Entity		<u> </u>		Aggregate value for this Event		
Individual Sole Proprietorship	Date Received	Event #		Aggregate value for this Event		
		st	JBTOTAL Sect	ion L4 — This Page		
		ТО	TAL of additio	nal Section L4 Pages		<u> </u>
ТО	TAL OF ALL IN-KIN	D DONATIONS NOT (Enter total on Line 2	CONSIDEREI I, Column A of S	CONTRIBUTIONS Summary Page Totals)		

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Filing Repos	sitory)		TYPE OF REI	ORT	
	Mercado Fêr		ist C	0	<u> </u>	10
L5. I	n-Kind Donations Not Consider	ed Contributions Associ	ated with a F	Iouse Part	у	
Name of Host			committee?	supporting mo □ Yes □ No mplete I temiz a	o	ne candidate or dendum L5
Street Address		City			State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
Name of Host			committee?	supporting me ☐ Yes ☐ Nomplete Itemiza	0	ne candidate or dendum L5
Street Address		City	1 29 70.5, 00		State	Zip Code
Description of Donation				Fair Mai	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	s host/cundidate			
Name of Host			committee?	supporting m Yes N omplete Itemiz	lo .	one candidate o
Street Address		City			State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	is host/candidate			
Name of Host			committee?	supporting m	10	one candidate o
Street Address		City	1)) (3, (State	Zip Code
Description of Donation				Fair Ma	rket Valu	e of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—th	is host/candidate			
		SUBTOTAL Section L5 -	— This Page		C	
		TOTAL of additional Secti	ion L5 Pages		Ĉ	
TOTAL C ASSOCIATED WITH	OF ALL IN-KIND DONATIONS NO A HOUSE PARTY (Enter total on	OT CONSIDERED CONT Line 22, Column A of Summa	RIBUTIONS try Page Totals)			}
THE THE THE THE TENT						

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

NAME OF COMMITTEE (Provide Complete in			filing Repository)				TYPE OF	REPORT			
Eliezer Neve	and	2 60	a Ci	rhy		curet		0ch	-10)	
			M. In-Ki	nd Cont	rib	utions				9.35	
Name							****				
									l e ·		Zio Col-
Street Address					City				State		Zip Code
					1	Name of the second	Contails of				
Type of contributor:	Date Recei	ved	Aggregate Contr	ibutions	ľ	Description of In-Kind (ontribution				
☐ Individual / Sole Proprietorship ☐ Other			25.10		بلِ	1.1C	Carrie C	municipalite	-		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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/she is associated with have a contract with said municipality valued at more than \$5,000?									arket Value Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Ycs ☐ No	If yes,	tor a principal c indicate which rnment the cont	branch or b	branc	tor or prospective sta ches Executive		□N			
Name	***************************************						***************************************			***************************************	
Street Address					City	· · · · · · · · · · · · · · · · · · ·			State	:	Zip Code
Type of contributor:	Date Rece	ved	Aggregate Conti	ibutions	I	Description of In-Kind (Contribution	:			
☐ Individual / Sole Proprietorship ☐ Other											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ribution is in ontributor or at more than	business he/she	to a candic is associat	ted w	for a chief executive ith have a contract was read to read the read of the rea	officer of a	municipality, unicipality	of		arket Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	If yes,	tor a principal of indicate which roment the cont	branch or b	branc	tor or prospective sta		□ N ₁			
Name		or gove	on the com								
Street Address			· · · · · · · · · · · · · · · · · · ·		City				State	>	Zip Code
Type of contributor:	Date Rece	ived	Aggregate Cont	ributions		Description of In-Kind	Contribution	1	1		
☐ Individual / Sole Proprietorship ☐ Other				1							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does c	ribution is ir ontributor or at more tha	business he/sh) to a candi e is associa	ited w	for a chief executive vith have a contract v	officer of vith said m	a municipality, unicipality	F of		larket Value Contribution
Is this contribution associated with an	☐ Yes	Is contribu	tor a principal	of a state co	ontrac	ctor or prospective st	ate contrac	tor?			
event reported listed in Section L1? If yes, list Event #	□ No	of gove	indicate which rnment the con	oranen or tract is with	oran u	ches ☐ Executive	☐ Legisla	utive Li N			
			SUB	TOTAL	Sect	ion M — This Pa	ge				
						al Section M Pag					
	es includints). La suscitation				1111		4444				
TOTAL OF ALL IN-KIND CON	TRIBU	TIONS (1	Enter total on Li	ne 23, Colu	mn A	of Summary Page To	otals)				
	N	. Refun	dable Depo	sit to T	eler	ohone Compar	ıy				
Last Name of Individual				First				Mi	Date D	eposit	Made
Residential Street Address			City				State	Zip Code			mount of
											Deposit
N CT L C						•					
Name of Telephone Company											
Street Address			City				State	Zip Code			
								<u> </u>	1		
TOTAL S	ECTIO:	N N (Enter	total on Line 2	4, Column	A of	Summary Page Tot	ais)				······································

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
	Mencado En Coun P Expenses	e26	Oct.	(0
	P. Expenses	Paid by Committee		
Name of Payee			Date of Payment	Method of Payment:
			09/07/2019	Check #3 45525
Street Address	amica Radio (Suite 249)	Cîty		State Zip Code
1 Han	tford Square	new Both	un	CT 06058
Purpose of Expenditure	Description	Ev	ent #	Amount
(by code) A-Rad	Radio Ad			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	tless "None of the below" is che	cked)	\$290.00
	 ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditur ☐ Coordinated without reimbursement sought (in-kind contract) 		: :OA OB OC OD	
Name of Payee	Continued Timeser	LJ Organizacion	Date of Payment	Method of Payment:
				1 Check # 35060 52
Kamon	Mencado	City	09/10/19	Debit Card DEFT State Zip Code
Street Address		Ску		,
Purpose of Expenditure	Description	Ev	ent#	Amount
(hy code) いんひと	Campaign Workers			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is che	cked)	\$120.00
(if applicable)	☐ None of the below			
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) Independent	: ::оА оВ о <u>С о D</u>	
Name of Payee	Coordinated without reithbursement sought (in-kind conti	Organization	Date of Payment	Method of Payment:
i i			1	HCheck #34/5529
	a Banks	City	09/10/19	☐ Debit Card ☐ EFT State Zip Code
Street Address		City		
				<u> </u>
Purpose of Expenditure	Description	E	vent #	Amount
(by code) いみG 乏	Primary Campoilsa La	inchese.		
Expenditure #	Type of Expenditure Atemization in Addendum P Required to	unless "None of the below" is cl	recked)	\$120.00
(if applicable)	None of the below			
	☐ Coordinated with reimbursement sought (joint expendit ☐ Coordinated without reimbursement sought (in-kind cor	ure)	nt on: oA oB oC oD	
Nous a Change	Consultated without remounded sought (at this cer	U Organizatio	Date of Payment	Method of Payment:
Name of Payee			and the	台 Check # 35060 (
Huan	Maldonado	City	09/10/19	☐ Debit Card ☐ EFT State Zip Code
Street Address		City		
To He	enth Street	Hanteno		
Purpose of Expenditure	Description	E	ivent #	Amount
(by code)	Primary Campaign	Worker		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required t		necked)	\$ 120.00
(if applicable)	□ None of the below			
	☐ Coordinated with reimbursement sought (joint expendit☐ Coordinated without reimbursement sought (in-kind cor	ure) Independe	nt on:oA oB oC o <u>D</u>	
		SUBTOTAL Section P —		550.00
	${f T}$	OTAL of additional Section	P Pages	2
			APPERE L	
	TOTAL OF ALL EXP (Enter total on Li	ENSES PAID BY COMI	Page Totals)	342.00

SEEC	FORM	20
Resided Las	Mary 2015	

Section P ADDITIONAL PAGE _____ of ____

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Eliez	er re-case for Coty Council		O
	P. Expenses Paid by Committee	alay baran dalah Magiy 	
Name of Payee	sha Josef	Date of Payment	Method of Payment:
	ment street that find		State Zip Code
Purpose of Expenditure (by code)	Description Even	nt #	Amount
WA6E	Primary Campalan Worker		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check None of the below Coordinated with reimbursement sought (joint expenditure) Independent	oAOBOCOD	\$120.00
Name of Payee	,	Date of Payment	Method of Payment:
2/sie	Lopez	09/10/19	☐ Debit Card ☐ EFT
Street Address	City		State Zip Code
			CT
Purpose of Expenditure (by code)	Primary Canpaign Wonkers	nt #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check None of the below Coordinated with reimbursement sought (joint expenditure)	(sed)	\$20.00
Name of Payee		Date of Payment	Method of Payment:
Milas	os Vega	09/10/19	Debit Card DEFT
Street Address	City		State Zip Code
33 6	elment street Hant for	<u></u>	
Purpose of Expenditure (by code)	Primary Campaign Worker	II P	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is ched None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization		\$120.00
Name of Payee		Date of Payment	Method of Payment:
Man	ia Peraza City	09/10/19	☐ Check # ☐ 7 ☐ EFT State Zip Code
Street Address	warshall street Hant for	-ol	C7
Purpose of Expenditure (by code)	Primary Casaden Workers	ent #	Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required unless "None of the below" is chec		\$130.00
		OA OB OC OD	/ / 34
	SUBTOTAL Section P — TI	nis Page 5	180.00
	TOTAL of additional Section I		7
	TOTAL OF ALL EXPENSES PAID BY COMM (Enter total on Line 19, Column A of Summary Page)		34200

SEEC	FORM	20

Section P ADDITIONAL PAGE _____ of ____

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
211eze	- Mencado for City Cornett	Octol	0			
	P. Expenses Paid by Committee					
Name of Payce		Date of Payment	Method of Payment: Check #3 45 5 3 7			
11/1000	ra Acevedo	09/10/19	☐ Debit Card ☐ EFT			
Street Address	City		State Zip Code			
10 0	arshall street Hunt-ter	red	C7			
Purpose of Expenditure	Description	vent #	Amount			
(by code) (V 4 6 き	Princery Campaish Workers					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					
(if applicable)	□ None of the below □ Coordinated with reimbursement sought (joint expenditure) □ Coordinated without reimbursement sought (in-kind contribution) □ Organization	nt nn:OAOBOCOD	\$120,00			
Name of Payce		Date of Payment	Method of Payment: Check # 3 5 / 3 タア			
M	na Acevedo	09/11/19	Debit Card DEFT			
Street Address	na // Ceveau	1 - 7 - 7	State Zip Code			
10 m	urshall street Hantfor	el ¹				
Purpose of Expenditure	Description	vent#	Amount			
(by code) (~AG E	Primary Campaisa Worker		£			
	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is ch	ecked)	\$80.00			
(if applicable)	☐ None of the below		,			
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization	ntono Ao Bo Co D				
Name of Payee	Coordinated without removiscement sought (in think continues)	Date of Payment	Method of Payment:			
	\cap R	09/30/19	☐ Check # ☐ Debit Card ☐ EFT			
Street Address	City	0 1/30/11	State Zip Code			
203	Trumbull Street Hent Eno	l	CF 06/03			
Purpose of Expenditure	Description / An angel	Event#	Amount			
(by code)	Description Paper Statement/ fees					
BNK Expenditure #	Type of Expenditure (Itemization in Addendum P/Required unless "None of the below" is a	hecked)	4 10			
(if applicable)	□ None of the below		410-00			
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independ					
	Coordinated without reimbursement sought (in-kind controllion)	Date of Payment	Method of Payment:			
Name of Payee		-	☐ Check #			
	City		☐ Debit Card ☐ EFT State Zip Code			
Street Address	Chy					
		Event #				
Purpose of Expenditure (by code)	Description	Even #	Amount			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is a	hecked)]			
(if applicable)	None of the below					
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independ ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organizat	ent ion: o A o B o C o D				
	SUBTOTAL Section P		312.00			
	TOTAL of additional Section	n P Pages	2			
	TOTAL OF ALL EXPENSES PAID BY COM (Enter total on Line 19, Column A of Summary	MITTEE Page Totals)	342.00			

IV. EXPENDITURES (Sections P-T)

	R. Expenses Incur	red on Committee	Credit Card	gartina jereniji	
ame of Issuing Instit	ution	Type of Credit Card:			
		☐ Visa ☐ Mas	ster Card 🔲 Discover 🔲 🛭	merican Express	Other:
ame of Vendor, Person o	r Entity			Date of T	ransaction
rcet Address		City		State	Zip Code
rpose of Expenditure	Description		Event #		Amount
y code)					
xpenditure #	- a to the total and a P. Danni	and unless "Nova of the be	low" is obacked)		
xpenditure # 'applicable)	Type of Expenditure (Itemization in Addendum R Requi	rea uniess Aone of the oc	ion is creened		
	Coordinated with reimbursement sought (joint exp	· —	ndependent		
	Coordinated without reimbursement sought (in-kin	d contribution)	organization: OAOBOC		
ame of Vendor, Person o	r Entity			Date of	Fransaction
treet Address		City		State	Zip Code
	Description		Event #		Amount
	Description		Event #		Amount
by code)		ired unless "None of the bo			Amount
oy code) Expenditure #	Type of Expenditure (Itemization in Addendum R Requ		elow" is checked)		Amount
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oy code) Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum R Requ None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin	penditure)	elow" is checked)		Amount Transaction
oy code) Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum R Requ None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin	penditure)	elow" is checked) Independent		
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by code) Expenditure # (<i>J applicable</i>) Name of Vendor, Person (Type of Expenditure (Itemization in Addendum R Requ \to None of the below \to Coordinated with reimbursement sought (joint exp \to Coordinated without reimbursement sought (in-kin) or Entity	penditure)	elow" is checked) Independent Organization: • A • B • C	Date of	Transaction Zip Code
expenditure # if applicable) Name of Vendor, Person of Street Address Purpose of Expenditure by code) Expenditure #	Type of Expenditure (Itemization in Addendum R Requ \to None of the below \to Coordinated with reimbursement sought (joint exp \to Coordinated without reimbursement sought (in-kin) or Entity	penditure)	elow" is checked) Independent Organization: O A O B O C	Date of	Transaction Zip Code
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Expenditure # if applicable) Name of Vendor, Person of Street Address Purpose of Expenditure by code)	Type of Expenditure (Itemization in Addendum R Requirement Sought (joint expenditure Coordinated with reimbursement sought (in-kin or Entity Description	City City City penditure)	elow" is checked) Independent Organization: O A O B O C	Date of State	Transaction Zip Code
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expenditure # Imperior of Vendor, Person of Vendors Itreet Address Impose of Expenditure by code)	Type of Expenditure (Itemization in Addendum R Requirement Sought (joint expenditure with reimbursement sought (joint expenditure without reimbursement sought (in-kin or Entity) Description Type of Expenditure (Itemization in Addendum R Requirement Sought (joint expenditure with reimbursement sought (joint expenditure with reimbursement sought (joint expenditure without reimbursement sought (in-kin or Coordinated without reimbursement sought)	City City penditure) penditured unless "None of the base of the	Event # Event # Independent Organization: O A O B O C Event # Independent Organization: O A O B O C	Date of State	Transaction Zip Code
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NAME OF COMMITT	EE (Provide Complete Name as Registered with Fig.	ling Repository)	TYPE OF REPOR	T	
	zer nercad	te to crh	Conec	Jef-12	
		l by Committee but Not P	aid During this Period		
Name of Creditor				Date Incurred	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)				
Name of Creditor				Date Incurred	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred (Estimate or Actual)	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendu None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	ht (joint expenditure)	elow" is checked) Independent Organization: O A O B O C	• D	
Name of Creditor				Date Incurred	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendated None of the below Coordinated with reimbursement soug Coordinated without reimbursement so	tht (joint expenditure)	Independent Organization: • A • B • C	• D	
		SUBTOTAL Se	ection S-This Page	\mathcal{O}	
		TOTAL of addition	nal Section S Pages	0	
TOTAL OF ALL	EXPENSES INCURRED BY COMMI	ITTEE DURING THIS PERIO Enter total on Line 28, Column A of	D BUT NOT PAID Summary Page Totals)	0	
	Previously	reported Expenses Unpaid and	still Outstanding	\mathcal{O}	
	TOTAL OF ALL EXPENSES	S INCURRED BY COMMITTE nter total on Line 28a, Column A of	EE BUT NOT PAID Summary Page Totals)	\mathcal{O}	

IV. EXPENDITURES (Sections P—T)

Ellezer	T. Itemization of Reim	y Con	nerc		<u> </u>	4. 6	<u> </u>	
	T. Itemization of Reim	bursements a	ind Secondary	Payees				
ast Name of Worker/Cons	ultanı	First			МІ	Date of Pa Person or	ayment to Ven Entity	dor,
vame of Vendor, Person or	Entity Paid by Committee Worker/Consultant				t to Reimburse (in Section P: acck #		Vorker/Consul	
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code	
Purpose of Expenditure by code)	Description		Event	#			Amount	
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint expression) Coordinated without reimbursement sought (in-ki	penditure)	of the below" is chec Independent Organization:		0 C 0 D			
Last Name of Worker/Cons	sultant	First			MI	Date of P Person or	Payment to Ver r Entity	ndor,
Name of Vendor, Person or	r Entity Paid by Committee Worker/Consultant			reported	nt to Reimburse d in Section P: heck #		bit Card	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code	
Purpose of Expenditure (by code)	Description		Event	#			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requ ☐ None of the below ☐ Coordinated with reimbursement sought (joint co ☐ Coordinated without reimbursement sought (in-k	xpenditure)	of the helow" is chec		oc o p	<u></u>		
Last Name of Worker/Cor	sultant	First			MI		Payment to Voor Entity	endor,
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant			reporte	ent to Reimburse ed in Section P: Check #		Worker/Const	
Street Address of Vendor,	, Person or Entity Paid by Committee Worker/Consultant	City		A marin		State	Zip Code	
Purpose of Expenditure (by code)	Description		Even	(#			Amount	
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum T Req ☐ None of the below ☐ Coordinated with reimbursement sought (joint e ☐ Coordinated without reimbursement sought (in-	expenditure)	e of the below" is che Independent Organization	t	• • C • E			
		SUBTOTA	AL Section T — Th	is Page			<u> </u>	
		TOWN TOWN	dditional Section	Г Pages)	
		TOTAL of a		रेग्यू सुर्वेद व				

SEEC FORM 21

Short Form Campaign Finance Disclosure Statement (17 C). CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 5/08



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1. NAME OF COMMITTEE Moise for City Council 2019 2. TREASURER NAME Title First ΜI Last Suffix Kenneth Krayeske 3. TREASURER ADDRESS Street Address State 6A Atwood St Hartford 06105 CT 5. OFFICE SOUGHT (Complete only if Candidate Committee) 4. ELECTION/REFERENDUM DATE 6. DISTRICT NUMBER (if applicable) (mm/dd/yyyy) 11/05/2019 **Court of Common Council** 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) Title Suffix Moise Laurent 8. TYPE OF REPORT (Check One Box) O January 10 filing C 7th day preceding primary 7th day preceding referendum Amendment to Type of Report: O April 10 filing ©30 days following primary 45 days following referendum © July 10 filling C 7th day preceding election C Termination C 45 days following election October 10 filing not held in November Supplemental Statement C Primary Q Election 9. PERIOD COVERED Beginning Date **Ending Date** thru 08/21/2019 10/01/2019 10. CERTIFICATION I hereby certify and state, under penalties of false statement, that the committee named above, did not receive contributions or other funds, or make or incur expenditures in excess of \$1,000 for the period covered by this Short Form Campaign Finance Disclosure Statement. Kenneth J. Kraveske 10/10/2019 TREASURER OR DEPUTY TREASURER (SIGNATURE) PRINT NAME OF SIGNER DATE (mm/dd/yyyy) PLEASE NOTE: This form may not be filed by Party Committees and Political Committees formed for Ongoing Political Activities for the January 10 filing date and the 7th day preceding an election. For those filing dates, you must use SEEC Form 20, Itemized Campaign Finance Disclosure Statement. PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.