SEEC FORM 20

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

TOWN & CITY CLERK

Page 1 of 17

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COVER PAGE A CONTROL

1. NAME OF COMMITTEE			And the control of th	
Eliezer N	lencado f	or City Cour	1 c i (***
2. TREASURER NAME				ler einneren beginnen b
First	М	Last	And the second s	Suffix
Cabriel		Moniz		
3. TREASURER ADDRESS				
Street Address	City	у	State	Zip Code
967 Asylvan Ave	AUR Chit 48	Hautford	C. 7	06/05
	5. OFFICE SOUGHT (Complete on	ly if Candidate Committee)	6.	DISTRICT NUMBER
(mm/dd/yyyy)			(If a	pplicable)
A CANDIDATE NAME OF A AND A			.	
7. CANDIDATE NAME (Complete only if a First	MI	Last		Suffix
EllezeR		Mercado		Duine
8. TYPE OF REPORT (Check One Box)			, Mariene ne	
O January 10 filing	7th day preceding primary	7th day preceding referendum	O Initial Contribu	tion or Disbursement
	-		(PACs ONLY)	tion of Dispursement
April 10 filing	30 days following primary	○45 days following referendum	Amendment to	
July 10 filing	O7th day preceding election	O Deficit	Type of Report;	
October 10 filing	Ol2th day preceding election (State Central Committees Only)	O Termination		
O24 Hour Independent Expenditure OPrimary DElection	O45 days following election not held in November			
9. PERIOD COVERED				
	Beginning Date .	Ending Date	•	
-	01/01/19	thru <u>3/31/19</u>	_	
10. CERTIFICATION				
I hereby certify and state, under por Disclosure Statement for the per	enalties of false statement, that iod covered is true, accurate	all of the information set forth on this and complete.	s Itemized Campa	ign Finance
Ant mu	<u> </u>	Griel Moniz	<u>04</u>	109/2019
TREASURER OR DEPUTY TREASURE	R (SIGNATURE) PRI	NT NAME OF SIGNER	D	ATE (mm/dd/yyyy)
A person who is j	found to have knowingly and w	villfully violated any provisions of the	campaign finance	statutes

faces a civil penalty or imprisonment or both.

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
	12011 10					
Eliezer Mercado for City Council	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	\bigcirc					
13. Contributions Received from Individuals (Sections A and B)	\$2840.19					
14. Receipts from Other Committees (Sections C1 and C2)	0					
15. Other Monetary Receipts (Sections D through K)	\$200.00					
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\bigcirc					
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed	a and the state of					
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\bigcirc					
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$3,040.69					
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$3,040.19					
19. Expenses Paid by Committee (Section P)	\$11200					
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	52,928.19					
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$200,00					
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0					
23. In-Kind Contributions Received (Section M)	0					
24. Refundable Deposit to Telephone Company (Section N)	0					
25. Loan Balance	\circ					
25a. + Loans Received (Section D)	0					
25b. + Interest and Penalties on Loan	0					
25c Payments on Loan	0					
25d. Total Outstanding Loan Amount	0.					
26. Campaign Expenses Paid by Candidate (Section Q)	\$105 00					
27. Expenses Incurred on Committee Credit Card (Section R)	\$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)	\$150.00					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Nat	ne as Registered with Filing Repository)		TYPE OF REPORT	
Eliezer Merca	Aprillo			
A. Total Contributions from S (See instructions for definition of Small	mall Contributors-Recei		\$ 970	2.19
	B. Itemized Co	ontributions from Indivi	duals	
Last Name		First		MI
Residential Street Address		Can (05	>	
		City	ļ	State Zip Code
S MUC HILL OF		City Farming te		ST 06032
Retire	e d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is associated with have a contract		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution:	Yes Is contributor a principal of a		e contractor? OLegislative Aggregate Contributions	\$250.00
OCash OPersonal Check OCredit/Debit C	ard Payroll Deduction OMone	1 1	Aggregate Contributions	
Last Name		First		MI
Khalid		770,00		
Residential Street Address		City	13	State Zip Code
2138 Silas Deurie Principal Occupation	e Highway	Rocky Hi		CT 06067
		1		
CCO (C Sain's feest Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400		e officer of a municipality	T-1-1-1
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is associated with have a contract O Yes O No	with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #			e contractor? Yes No Legislative	\$250.00
Method of Contribution:			Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Co	ard OPayroll Deduction OMoney	1/2-//		
Last Name		First	5mg	MI
Residential Street Address		City		State Zip Code
222 Grisword		West Hant		ST 06/19
Principal Occupation		Name of Employer	, ac y	Author Superior F 1
Human Resou	ace s		na	
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 candidate for a chief executive is associated with have a contract O Yes No	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #			Contractor? SYes O Legislative	3100,00
Method of Contribution:	and Opening the control of the contr	Date Received	Aggregate Contributions	
Cash Personal Check Ocredit/Debit Co	ard Payroll Deduction OMoney	Order 1/2/5 / 1 7	*	
	SUB	ГОТАL Section В — This	Page \$ 6	00,00
	TOTAI	L of additional Section B P	ages	3
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A 13, Column A of Summary Page 1		-40.19

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE __/ of ____

NAME OF COMMITTEE (Provide Complete Na	me as Registered with Filing Repository)			TYPE OF REPORT		
Sliezer Merc				April	10)
A. Total Contributions from S (See instructions for definition of Small		1191033131731777	is Period ONLY DTAL SECTION A	\$ 970	2. (Carol
					W. C. W. C.	
	B. Itemized Co	ontrib	utions from Individ	duals		
Last Name	•	Fir				MI
Lantiqua			Milde	927		
Residential Street Address		City			State	Zip Code
39. Hanlan	The first of the same		Mane of Employer	401	CT	06042
Principal Occupation			Name of Employer			
Self Emulou			ELMORT			o ket
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?	o to a can e is assoc	didate for a chief executive riated with have a contract Yes ②No	c officer of a municipality with said municipality	y, Am	ount of Contribution
event reported in Section L1?	Yes Is contributor a principal of a No If yes, indicate which bra	anch or b	ranches	□∕No		
If yes, list Event #	of government the contra	ect is with		Legislative		100.00
Method of Contribution:			2 ,	Aggregate Contributions		
Cash Personal Check Credit/Debit C	Card Payroll Deduction Mone	y Order	1/20/19			
Last Name		Fire			<u> </u>	MI
Residential Street Address			me(so	6		İ
Residential Street Address		City			State	Zip Code
65 Caya 1	AUFRICE	16	est Han	1 -671	27	06110
Principal Occupation	1 w C 2 / C 2 / C		Name of Employer	/ 4		Est had & I had
Retire						
Is contributor a lobbyist, spouse, Yes 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 can	didate for a chief executive iated with have a contract v	officer of a municipalit with said municipality	y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?				e contractor? Yes	-	50.00
If yes, list Event #	of government the contra				\$0	50.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Mone	y Order	2/7/19			
Last Name		Fire	st		<u> </u>	MI
Brooke			- Daoie	1		
Residential Street Address		City			State	Zip Code
16 Riverside	24		5125600		Line in the second	06070
Principal Occupation	3		Name of Employer	**************************************	<u> </u>	
Real Estate.	Agent			F. San	عاده د	recl
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a can	didate for a chief executive		-	ount of Contribution
or dependent child of a lobbyist?	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 #		ınch or b	ranches	e contractor? ☐ Yes ☐ No ☐ Legislative	*	250.00
Method of Contribution:			1 1	Aggregate Contributions		
□ Cash □ Personal Check □ Credit/Debit C	Card Payroll Deduction Money	y Order	3/21/19			
	SUB'	TOTA)	L Section B — This l	Page I	500	.00
	TOTA	L of ad	ditional Section B P	ages	3	
TOTALOP	ALL CONTRIBUTIONS FROM	M INDI	VIDITALS (Sections A	- Ris	-11-11-5	
			mn A of Summary Page T		£211	7 19

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Section B ADDITIONAL PAGE 2 of 3

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(Jan. 1	

NAME OF COMMITTEE (Provide Complete Na	at s.			TYPE OF REPORT		
Sliezer Merca	do ton City	Coc	vici (photo prill	10	
A. Total Contributions from S (See instructions for definition of Small		74-01-74-01-8-01-01	is Period ONLY DTAL SECTION A	\$ 970	7.7	9
4						
	B. Itemized Co	mfrih	utions from Indivi	dials	Section (Section)	valousyster zonesto-ken Litter en skriver skriver
Last Name		Fir			GREE HERBING	MI
Trieder			Riche	ar el		
Residential Street Address		City			State	Zip Code
335 Cotten H.	'cc Rd.	710	Riche W Hantt	2-d	c 7	06057
Principal Occupation Set F = 5 v (o					r Bu	Maers
Is contributor a lobbyist, spouse, Yes 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 can e is assoc	didate for a chief executive iated with have a contract Yes Año	e officer of a municipality with said municipality	y, Amo	ount of Contribution
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or b	ranches	contractor?		50.00
Method of Contribution:	1 31 80 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card □ Payroll Deduction □ Mone	y Order	<i>j</i> /	\$ 50.00		
Last Name	1101001000	Firs		4 .3 0 0		MI
Frieder			Rich	ard		
Rosidential Street Address		City	*		State	Zip Code
3?5 Coffen H	ice Ref.	77	ew Har	+Pord	Com I	06057
Principal Occupation			Name of Employer			
Self- Employe	e d		Communi	4. 6000	6.4	Ruitel
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?		didate for a chief executive	officer of a municipalit	*15	unt of Contribution
Is this contribution associated with an event reported in Section L1?	No If yes, indicate which bra	anch or b	oranches	e contractor?		
If yes, list Event #	of government the contra	act is with		☐ Legislative		50.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit C	taal Elbana II balaadaa Elbanaa	0.1	Date Received	Aggregate Contributions		İ
Last Name	ard Payroll Deduction Diviones	y Orger Firs	03/10/19	\$100.00		
withite		FIRS				MI
Residential Street Address		City	many property of the second		State	Zip Code
61 Vineland T			L + 2 ~ ~	market or		06112
Principal Occupation	Company of the same of the sam	1. (/	Name of Employer		_ /	10011=1
HR Project Manag	16		11/6			ļ
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 cand	didate for a chief executive iated with have a contract	officer of a municipality with said municipality	y, 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	nch or b	stractor or prospective state	Ĭ No	\$ 6	350.00
Method of Contribution:	<u></u> 1			Aggregate Contributions	┪	
☐ Cash ☐ Personal Check ☐ Credit/Debit C	ard Payroll Deduction Money	y Order	03/03/19			
	SUB	TOTAI	L Section B — This	Page 5	350). 00
	TOTA	L of ad	ditional Section B P	ages	3	
TOTALORA	ALL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections A mn A of Summary Page I	+B) Fotals)	840	,19

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Section B ADDITIONAL PAGE 3

۸f	34.
of	

NAME OF COMMITTEE (Provide Complete Name)	as Registered with Filling Repository)		TYPE OF REPORT	
Sliezer Mercad	to for CHy	Council	April	10
A. Total Contributions from Sm (See instructions for definition of Small Co	AND AND AND AND AND AND AND AND AND AND	ed this Period ONLY SUBTOTAL SECTION A	\$ 970	. / 9
	B, Itemized Con	ntributions from Indivi	duals	
Last Name		First Sand		MI
Residential Street Address		City		State Zip Code
5 Slianon Lai		Old Saybro	and the	CT 06475
Principal Occupation		Name of Employer		
Homemake	· p	and a	14	
or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she in valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?	es Is contributor a principal of a s		e contractor? Yes	- .\$250.00
Method of Contribution:	1 22 82 - 2-11112112 1112 22 23 1111121	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Car	rd □ Payroll Deduction □ Money	Order 03/10/19		
Last Name		First (MI
Residential Street Address		City		State Zip Code
106 Stage Coach	Read	Wilson		CT 06095
Principal Occupation		Name of Employer		
Director			ac Cha	
or dependent child of a lobbyist?	If contribution is in excess of \$400 t 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 2 No	e officer of a municipality with said municipality	/, Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		state contractor or prospective sta nch or branches ct is with:	te contractor? Yes No Legislative	
Method of Contribution:	<u> </u>	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Car	rd □ Payroll Deduction □ Money			l l l
Last Name		First		MI
Residential Street Address		City		State Zip Code
Principal Occupation		Name of Employer		
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 candidate for a chief executive is associated with have a contract Yes No	re officer of a municipalit t with said municipality	y, Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #			te contractor? Yes	
Method of Contribution:	-	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Can				
		TOTAL Section B — This		20,00 5
moral on a	TOTAL	, of additional Section B		
TOTAL OF A		vi individuals (Sections 13. Column A of Summary Page	Totals / AS	40 (9

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COM	MMITTEE (Provide Compl	ete Name as Registered v	vith Filing Repos	itory)			TYPE OF REPORT			
≤ / ie	Zer Mer	cado fo)	ty Co	mert		April	10		
		C1. C	iontributic	ons from O	ther Cor	nmittees				
Name of Committee					Name of T	reasurer			-	
Address		11111		Is this contri	ed in Section	ı L1?	OYes ONo	Amou	unt of (Contribution
City		State	Zip Code	Date Rece	ived	Aggreg	ate Contributions			
Name of Committee		- I and the second seco		<u> </u>	Name of Ti	reasurer				
Address			····	Is this contri	ed in Section	L1?	Yes ONo	Amot	int of (Contribution
City		State	Zip Code	Date Rece	ived	Aggreg	ate Contributions			
Name of Committee		***************************************	. 1	1	Name of Ti	reasurer		<u>I</u>		
Address		1000		Is this contri	ed in Section	L1?	Yes ONo	Amou	int of (Contribution
City		State	Zip Code	Date Recei		Aggreg	ate Contributions			
1400 Ottorock (1402)	C2. 1	Reimbursemen	ts or Surp	lus Distribu	itions fro	om other	Committees	Unity II Condition of the Condition of t		
Name of Committee			The state of the s	an the mark of marketing and factor of gives from	Name of Tr			<u> Alest v. v. v.) Stårr redstyl</u>	and Market and Market And Andrews	
Address				City				State	•	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type OReimburseme	ent for shared o	expense OS	ırplus Distri	bution	, , , , , , , , , , , , , , , , , , ,	Am	ount o	f Receipt
Description										
Name of Committee					Name of Tr	easurer				
Address				Cîty			a i ani	State	,	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type O Reimburse	ment for share	d expense	Surplus Dis	tribution		Am	ount o	f Receipt
Description	· •	1	•							
				TAL Section			(<u>0</u>		
	TOTAL CONTRACTOR	ATT COMME		of additional						
		ALL COMMIT's C1 + C2) (Enter to								-

NAME OF COMMITTEE (Provide Complete Name as Registered with		llory) 🗼		TYPE OF	REPORT	
Eliczer Mercado for		- 6	unci C		April 1	0
	D. Loans	s Recei	ved this Period		e vellagen dia 11	
Name of Lender			Source of Loan: OBank OCan	ndidate 🔘 Individua	al 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>		Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan: OBank O Car	ndidate 🔘 Individua	ol 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)	<u> </u>				<u> </u>	Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan: Bank Can	didate () Individua	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)	*****			•		Amount Received
Street Address	City			State	Zip Code	
			TOTAL SECT	IOND	C	
E; Receipts from Entities other th	ian Indiv	iduals	or Other Com	mittees (Referen	dum Committe	es ONLY)
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	utions	
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	utions	
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contribu	utions	
			TOTAL SECT	ION E		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (P	rovide Complete Name as Regis	tered with Filing Reposito	rji) 😘 🐃 🔆		TYPE C	F REPORT
Eliezer 1	Mercado +	Or City	Coun	cil		April 10
F. A	mount Transferred	from Affiliated	l Business	Treasury (Bi	isiness Entity	Committees ONLY)
Date of Receipt	Is this transaction assoc event reported in Section		Yes <i>If yes</i> , No	list Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Section			list Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Scotio		- ····································			Amount
Date of Receipt	Is this transaction assoc event reported in Section	. انتا	Yes If yes, I	list Event#		Amount
				OTAL SECTI	ONR	
G. Amount Trans	sferred from Affilia	ted Labor Unio	n or Othe	r Organizati	on Treasur	y (Organization Committees ONLY)
Date of Receipt		Date of Receipt	a tagana ang ang managana ang ang ang ang ang ang ang ang	** (Date of Re	A STATE OF THE STA
Amou	Amount			Amount		
			TO	TAL SECTIO	NG	
$\mathbf{H}_{oldsymbol{\cdot}}$	Personal Funds of	the Candidate l	Received	this Period (Candidate Co	mmittees ONLY)
Date of Receipt	Method of payment:	***************************************	· · · · · · · · · · · · · · · · · · ·	<u>PREMIORINA I AGOSTA A PARIS</u>		Amount
02/21/19	O Cash	O Persona	l Check	Credit/De	bit Card	\$200,00
Date of Receipt	Method of payment:					Amount
	O Cash	O Persona	l Check	Credit/De	bit Card	
Date of Receipt	Method of payment:					Amount
****	O Cash	O Persona	l Check	Credit/De	bit Card	
Date of Receipt	Method of payment:			_		Amount
wii daa ka O Cash	O Persona	i Check	Credit/De	bit Card		
				TOTAL SEC	CIONH	\$200.00
-						•
		I, Anonyn	nous Cont	ributions		

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.

Revited January 2015	1. MONE TAKY RECEIPTS (Se	ections A—K	.)	rage / 01 17
NAME OF COMMITTEE (Provide Complete		TYPE	OF REPORT	
Eliever Mercae	to for City Council		April .	
	J. Interest from Deposits in Authorized	Accounts		
Name of Institution	models is a second seco	Date Re	eceived	Amount
Street Address	City	State	Zip Code	
Name of Institution	Addustrace and the second control of the sec	Date Re	agoly ad	
reame of histolyton		Date R	scerved	Amount
Street Address	City	State	Zip Code	
· ·				
	COPALS	SECTION J	***************************************	()
Name	discellaneous Monetary Receipts not Consid		utions late of Transaction	
IASHIC			rate of Fransaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		D	ate of Transaction	A
				Amount Received
Street Address	City	State	Zip Code	
Description				_
Name		D	ate of Transaction	Amount Received
Character Life	Total Control of the	10:	[g: 0.1	
Street Address	City	State	Zip Code	
Description	Language,			
N.		In		
Name			ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
				<u> </u>
	TOTAL SECT	HON K	<u></u>	
SUMMA	RY OF OTHER MONETARY RECEIPTS	(Sections D t	hrough K)	enska sina sigusani
Total Loans Received this Period (Sec	ction D)			
Total Receipts from Entities other tha	nn Individuals or Other Committees (Section E)	+		
Total Amount Transferred from Affil	iated Business Treasury (Section F)	+		t .
Total Amount Transferred from Affil	iated Labor Union or Other Organization Treasury (Section G) +		
	ne Candidate Received this Period (Section H)	+	\$20	
Total Amount of Interest from Deposi		- 	<u> </u>	U : U U
a otal paiscenaneous pionetary Receip	ots not Considered Contributions (Section K)	+		order,
(Add	Total of Other M Sections D through K) (Entertotal on Line 15, Column A			00.W

NAME OF COMMITTEE		AND AND THE PROPERTY OF THE PR			
#4 1 N	(Provide Complete Name as Registered with Filling Repository) 11876400 for Crhy Co	Crice C	TYPE OF REPORT		
		t Information			
Event # 🔾 Date of Event Letter			San O	Was this a fi	undraising event
Date of Event Letter	Description Empowering 71 etworking	44.500	4	O Yes	
Location: Street Address	716 60000 00000	City	13 S. San San J. Bertham San J.	State	Zip Code
618 11.	Ne Avenue	Hantler	, Q		06114
Subpart 1: (All Committee	tees)				0000
Was this event hosted at	a personal residence?	OYes (If yes, go to Section L.5 Associated with a Hou purchases made by host	ise Party and complet	e required info	ormation for any
	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section Land complete required in		not Considered	l Contributions
	sale, auction, or other sale of donated items	OYes (If yes, enter Total Reco	cipts here.)	1	
with purchases from an in	adividual of up to \$100?	Ø N₀		\$	
Were there purchases of sign associated with this		mittees other than Exploratory OYes (If yes, go to Section L3 or on a Sign and comp	3 Purchases of Advert		a Program Book
	food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Reco	eipts here.)	\$	
Event# () 📿				eller renderstationer	
Date of Event Letter	Description		T [*]	Was this a fi	indraising event? ONo
Location: Street Address	London Cafe 1	1007 and God	eet	State	Zip Code
المراقع الإراب المستنبع					1
Subpart 1: (All Committ	Block Avenue	Hantfen	· cl	C., T	06119
Was this event hosted at a		Yes (If yes, go to Section L5 Associated with a Hou purchases made by host	ise Party and complete	e required info	rmation for any
	de goods or services donated by a business entity mated by an individual of up to \$100?	Yes (If yes, go to Section Le and complete required i		not Considered	I Contributions
	sale, auction, or other sale of donated items	Yes (If yes, enter Total Reco	eipts here.)		
with purchases from an in	ndividual of up to \$100?	⊘ No		\$	
Subpart 2: (Party Comm Were there purchases of a sign associated with this	nittees, Municipal Candidates and Political Comm advertising space in a program book or on a fundraiser?		3 Purchases of Advert		a Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rece	eipts here.)	\$	
SUBTOTAL Sectio	n L1—Subpart 1: (All Committees) Total Receipts fr		This Page		
		ion L1—Subpart 3 <i>(Town Committ</i> ipts from Food Purchases — J		C)
		TOTAL of additional Section	Li Pages		
		IPTS FROM SMALL PUR Line 16a, Column A of Summary		0	

SEEC FORM 20 Revited January 2015

Section L1. ADDITIONAL PAGE ____ of ___

NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repository)	TYPB OF RI	PORT
Eliezer Mercado for City Counci		17 10
	Information	
Event # 03 Description Date of Event Letter O3/07/19 A Science Book & Common & Com	Lucetn	Was this a fundraising event?
03/07/19 A Banana Brazil 6	FRICK Event Even	Ýes 🗆 No
Location: Estreet Address	City	State Zip Code
341 New Park Avenue	Hant find	CT 06106
Subpart 1: (All Committees)		
Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Dor Associated with a House Party and purchases made by host(s) for food, b	complete required information for any
	Ŭ No	, , , , , , , , , , , , , , , , , , ,
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (<i>If yes</i> , go to Section L4 In-Kind Donard and complete required information.)	aations not Considered Contributions
of up to \$200 of items donated by an individual of up to \$100?	No and complete required information.)	
Was this fundraiser a tag sale, auction, or other sale of donated items	☐ Yes (If yes, enter Total Receipts here.)	
with purchases from an individual of up to \$100?	⊡ Ño	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Comm	ittees other than Exploratory Committees)	
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes (If yes, go to Section L3 Purchases of or on a Sign and complete required	
	El No	· · · · · · · · · · · · · · · · · · ·
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass	☐ Yes (If yes, enter Total Receipts here.)	
gathering held within the state with this fundraiser?	□ No	→ \$
	□ No	
Event # Description		W. 41: 6 4::i
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 Don Associated with a House Party and	nations not Considered Contributions complete required information for any
	purchases made by host(s) for food, b	
Did this fundraiser include goods or services donated by a business entity	Yes (If yes, go to Section L4 In-Kind Do	nations not Considered Contributions
of up to \$200 or items donated by an individual of up to \$100?	and complete required information.)	military nov Committee Committee
W. di'. C. di'	☐ No ☐ Yes (If yes, enter Total Receipts here.)	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		→ \$
	□ No	1
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a	☐ Yes (If yes, go to Section L3 Purchases o	f Advertising Space in a Program Book
sign associated with this fundraiser?	or on a Sign and complete required	l information.)
Subpart 3: (Town Committees ONLY)	TO TO	
Did your committee sell food or beverage at a fair or similar mass	☐ Yes (If yes, enter Total Receipts here.)	\$
gathering held within the state with this fundraiser?	□No	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items — This Page	O O
SUBTOTAL Secti Total Rece	on L1—Subpart 3 <i>(Town Committees ONLY)</i> pts from Food Purchases — This Page	0
	TOTAL of additional Section Lt Pages	
	PTS FROM SMALL PURCHASES Line 16a, Column A of Summary Page Totals)	

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 COMMITTEE	(Provide Complete Name as Register	red with Piling Reposity	ary)		TYPE OF REPO	RT		
	ercado ter c				Apri	-	10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		es of Advertisin		m Book or (intra de. Montes		
Name of Purchaser	Commence of the Commence of th			Control of the contro		Purcha	se Made By:	100 C 100 C
						-	isiness Entity	_
					<u> </u>	Olno	dividual/Sole I	Proprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise	Amount of Si	on Purchase
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Name of Purchaser								
Name of Furdinise							se Made By:	^ 04
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Street Address			City			Ошс	lividual/Sole P	Zip Code
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Name of Purchaser							e Made By:	_
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Date Received	Event #	Aggregate Purchases t	for All Events	Amount of Pro	gram Ad Purcha	se .	Amount of Sig	gn Purchase
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Name of Purchaser				<u>. </u>		Porchas	e Made By:	
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Date Received	Even #	Aggregate runchases i	for All Events	Amount of Pro	gram Ad Purcha	se 1	Amount of Sig	gn Purchase
		1	1					
	SUBTOTAL Section L3 To	ital Purchases of	Advertising in Pr	ogram Book —	This Page	•		
	SUBTOTAL Section	on L3 Total Purcl	hases of Advertisi	ing on a Sign —	-This Page		Ö	
			TOTAL of a	dditional Sectio	in L3 Pages		Ó	
TOTAL	. OF ALL PURCHASES O		G IN A PROGRA Line 16c, Column A					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTI	EE (Provide Complete Name as Regist	ered with Filing Repository)			TYPE OF REPOR	T	Anno (1) mark no na na na na na na na na na na na na na
	- Mercado	ers. ers		nc//	Anni		3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		Kind Donations N	CHARLEST NO. OF THE LOCK CONTRACTOR		rances and a second on a second of the first		
Name of Donor		3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					Militaria de la constanta de l
	Leander	S +	⇒ ≤				
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O Business Entity	Annual Control of the		<i>(</i> 2	an and an and a second		Fair Market	aine of Donation
O Individual	Date Received	Event#	15606	Aggregate Value for	or this Event	8100	(00)
O Sole Proprietorship	01/17/19						Wasan A.
Name of Donor				<u> </u>			·····
	Eddie						
Street Address	the same of the same		City			State	Zip Code
SU 1/2	· Block Au	. with	11	10	,		
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OSole Proprietorship	Data Rossayou	02		Aggregate vattic to	I this Event	\$100	
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sivet radiess			City			State	Zip Code
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lame of Donor							
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		SURTO	TAT Section 1	4—This Page			
					\$30	0.00	,
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TOT	AL OF ALL IN-KIND DON.				s 600	10 100	
	(Enter	total on Line 21, Coli	umn A of Sumn	ary Page Total:	1 D O U	0.00	

II. EVENT ACTIVITY (Sections L1—L5)

Street Address Description of Donation Event # Aggre	nd Donations Not Consid	City	Is this event second tree?	supporting m	iore than c Io	ne candidate
Street Address Description of Donation Event # Aggre	nd Donations Not Consid		Is this event second tree?	Supporting in	iore than c Io	
rect Address escription of Donation vent # Aggre			Is this event second tree?	Supporting in	iore than c Io	
Description of Donation vent # Aggre		City	Ay year, ee			dendum I 5
vent# Aggre					State	Zip Code
Vent# Aggre					3,•	
				Fair Ma	rket Value	of Donation
ame of Host	gate Value of this Event-all hosts	Aggregate Value of all Events-	—this host/candidate			
ame of Fiost						
			Is this event s committee?	supporting m OYes ON	iore than o Io	ne candidate
			If yes, co	mplete Itemiz	ation in Ad	dendum L5
reet Address		City	The state of the s		State	Zip Code
escription of Donation				Foir Ma	rket Value	of Donation
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ome of Host			Is this event s			ne candidate
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reet Address		City			State	Zip Code
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vent# Aggre	gate Value of this Event—all hosts	Aggregate Value of all Events-	—this host/candidate			
ame of Host			Is this event s	unnorting m	ore than o	ne candidate
•			committee?	OYes ON	o	
cot Address	W-11 II	City	j yes, co	mprote Reinz	State	Zip Code
escription of Donation			:	Fair Mai	ket Value	of Donation
ent# Aggreg	gate Value of this Event—all hosts	Aggregate Value of all Events-	–this host/candidate			
					٠	
		SUBTOTAL Section L	5 — This Page			
		TOTAL of additional Sec	ction L5 Pages		0	
TOTAL OF ALL SSOCIATED WITH A HOU	IN-KIND DONATIONS N ISE PARTY (Enter total or	OT CONSIDERED CON Line 22, Column A of Sum	\$1.00 BEST \$100 ACT \$100 BEST \$100 B		(_)	

Art tree January 2015					DII ID (Beeno	ARIO ATA	0 ,		
NAME OF COMMITTEE (Provide Complete	***************************************	-	Filing Repository)			TYPE OF	REPORT		
Ellezen Men	Corol	c to	- L- Fr		OUNCIC		1201/ 1	0	
			M. In-Kind	Conti	ibutions		And the second s		
Name									
Street Address								T 64-4-	17:- 0:-4:-
Stock Patential					ity			State	Zip Code
Type of contributor: Committee	Date Rece	ived	Aggregate Contribut	ions	Description of In-Kind	Contribution			
OIndividual / Sole Proprietorship Oother									
Is contributor a lobbyist, spouse, Yes	If contr	ibution is in	excess of \$400 to a	candidat	c for a chief executive of	officer of a r	nunicipality.		
or dependent child of a lobbyist?	does co		business he/she is a		with have a contract w				Market Value
Is this contribution associated with an	Yarded	T	······································	state con	tractor or prospective st	afe contract	or? OYcs	oi tui	Contribution
event reported in Section L1? If yes, list Event #	O _{No}	If yes,	indicate which bra	nch or b	ranches		ŎNo		
Name		or gove	ernment the contract	is wim:	C Executive	Legisiai	ive		
Ivanio									
Street Address			· · · · · · · · · · · · · · · · · · ·	Ci	ıty			State	Zip Code
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Type of contributor: Committee	Date Rece	ived	Aggregate Contribut	ions	Description of In-Kind	Contribution		<u> </u>	
OIndividual / Sole Proprietorship Oother									
Is contributor a lobbyist, spouse, Yes	If cont	ribution is in	excess of \$400 to a	candida	te for a chief executive	officer of a	municipality,		Market Value
or dependent child of a lobbyist? O No		ontributor of at more that		ssociate	d with have a contract w	vith said mu	nicipality	of thi	s Contribution
Is this contribution associated with an	Q Yes				ractor or prospective sta	ate contracto			
event reported in Section L1? If yes, list Event #	O No		indicate which bran		anches Executive	Legislati	ive ONo		
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Street Address				Ci	ty			State	Zip Code
	,								
Type of contributor: Committee	Date Recei	ived	Aggregate Contributi	ons	Description of In-Kind	Contribution			
OIndividual / Sole Proprietorship OOther	TC .		20400.						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes					te for a chief executive I with have a contract w				Market Value Contribution
	L	at more than			O Yes O No				
Is this contribution associated with an event reported listed in Section L1?	Yes No	If yes,	indicate which bran	ich or br	ractor or prospective sta anches	ite contracto	or? Syes No		
If yes, list Event #		of gove	rnment the contract	is with:	Executive	Legislati	ve		
			SUBTO	TAL Se	ction M — This Pag	ge			
			TOTAL	f additi	onal Section M Page	153 (1) 2 S	{	J	
TOTAL OF ALL IN-KIND CON	TDIRII	PIONE /				ANSARTON ANSARTON		<u> </u>	
						Ner-Serve			
	N.	Refund	lable Deposit	to Tel	ephone Compan	y		10/10/10/2004	Control (part) (
Last Name of Individual			First				МІ	Date Deposi	t Made
Residential Street Address			City			State	Zip Code		Amount of
									Deposit
Name of Telephone Company			I						
Street Address			City			State	Zip Code		
	2000	FL 618 CEORDS	Styana agraphise Commission and					<u> </u>	
TOTAL SE	CTION	N (Enter i	total on Line 24, Co	lumn A	of Summary Page Tota	ls)		1	

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	THE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
2000		Sone ic	4000	1 10
	P. Expenses	Paid by Committee		
Name of Payce	ampaign		Date of Payment 01/22/19	Method of Payment: O Check # O Debit Card OEFT
	•	City	₹ ¥	State Zip Code
112 Blood	affeld Ave	Windsor		CT 46095
Purpose of Expenditure (by code) (ひ と ()	Description Online Campaign Fund We 6site Fontect Set	recising to	Event #	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un Nonc of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) Indepen	checked)	\$100.00
Name of Payee		J. J. J. J. J. J. J. J. J. J. J. J. J. J	Date of Payment	Method of Payment:
TI (5	ank		03/29/19	O Check #O EFT
Street Address		City	F 7 4 7 7 2	State Zip Code
203 700	whole street	Hanton		CT 06/03
Purpose of Expenditure (by code)	Description Paper 5 Interment Mainter	Hant for	Event #	Amount
ら <i>へと</i> Expenditure#	Type of Expenditure (Itemization in Addendum P Required unit		checked)	\$12.00
(if applicable)	None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril) Independ	•	\$48.00
Name of Payee			Date of Payment	Method of Payment:
				O Check #O Debit Card OEFT
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 un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	e) 🔘 Indeper		
Name of Payec			Date of Payment	Method of Payment:
Street Address		City		Check # Debit Card EFT State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e)	•	
4 (\$p. 12 (#) (\$) (\$) (\$) (\$) (\$- 5-) (\$) (\$1 (\$) (\$) (\$) (\$)	$oldsymbol{s}$	UBTOTAL Section P —		9.00
	To	FAL of additional Section	on P Pages	0
	TOTAL OF ALL EXPE. (Enter total on Line	NSES PAID BY COM 19, Column A of Summary	A 1	1.00

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposite	ory)	TYPE OF REPORT	
Eliezer	Mercado for City	Louncol	4,000	
		spenses Paid by Cand	lidate	
	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
for a	ace 600K		01/01/19 - 03/31/19	O Yes O-No
Street Address		City	0 7 2 7 7	State Zip Code
1 Hace	ker Way	Mento Pa	ar K	CA 94026 Amount
Purpose of Expenditure (by code)	Description Eight face 600KS	for , ,	Event #	Amount
A-WEB	Description Eight face 600 Ks adventising purchased Vendor, Person or Entity who candidate paid directly)	q 3105 00		\$ (05.00
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
0				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				7
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				Yes No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Eyent #	Amount
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Purpose of Expenditure	Description		Event #	Amount
(by code)		·		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City	<u> </u>	State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
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			•	
Purpose of Expenditure (by code)	Description		Event #	Amount
		SUBTOTAL Section Q	This Page	0500
	${f T}$	OTAL of additional Section		
	The state of the s	PENSES PAID BY CAI	NDIDATE Page Totals)	5.00

NAME OF COMMIT	IEE (Provide Complete Name as Registered with Filing Repositor		TYPE OF REPOR		
	Mercudo for City			10	
	R. Expenses Incurr	ed on Committee Cre	The state of the s		
Name of Issuing Insti	itution	Type of Credit Card:			
TOBOR	K Business DeGO+	Visa OMaster C	ard ODiscover OA	ncrican Expres	s Oother:
Name of Vendor, Person	or Entity			Date of	Fransaction
70 (Bank			03	129/19
Street Address		City		State	Zip Code
20	3 Trumbull street	Hartfü	rd	CT	06103
Purpose of Expenditure (by code)	Description		Event #		Amount
BUK	Paper Statement Imaintenunce	e fees			
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement).	d unless "None of the below" indepe			12-00
Name of Vendor, Person	or Entity	A Committee of the Comm			ransaction
7	Jay Campalga			17311	100/19
Street Address		City		State	Zip Code
112	Bloomfield Ave	Windso	7 em	CT	06095
Purpose of Expenditure (by code)	Bloomfield Ave. Description on the Comparison for	nelvecising	Event #		Amount
WEB	website pented se	es fee			
Expenditure # (if applicable) Name of Vendor, Person of	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	liture) O Indepe	·	O P	10000
realize of volidor, i craon o	Landy			Date of T	ransaction
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	${f s}$	UBTOTAL Section R — T	his Page	((2.	c ()
	TOI	AL of additional Section	R Pages		
TO	TAL OF ALL EXPENSES INCURRED ON (Enter total on Lin	COMMITTEE CREDI e 27, Column A of Summary I	T CARD	(Q .C	<i>O</i>

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository,		TYPE OF REPORT		ganalygani - pozgrasal
	- Mercado for C		C Apri	7 7)
	S. Expenses Incurred by Com	and a company of the contract	During this Period	erici zavet Popul vijekija	
Name of Creditor		. /		Date Incur	red
Joe (Moret (The Prin	+ 2 < 6)		03/4	1/14
Street Address				State	Zip Code
		1 new Hu	WEN	CT	06501
Purpose of Expenditure (by code) A-CTH	Description Business cards of web Gased prometimes	lyers, eflyers	Event #	•	ount Incurred timate or Actual)
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Name of Creditor				Date Incur	red
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Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
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