# **SEEC FORM 20**

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

HARDLE OF THE CLERK

Page 1 of 17

Do Not Mark in This Space For Official Use Only

#### COVER PAGE

1. NAME OF COMMITTEE				
Eliezer 1	lencade -	for City Co	inci (	
2. TREASURER NAME				
Pirst	MI	Last		Suffix
Gabriel		Moniez		
3. TREASURER ADDRESS				
ltreet Address 967 As Ylum Au	ve Unit 48	City Lean + fond	State	Zip Code
i. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete	e only if Candidate Committee)		6. DISTRICT NUMBER
mm/dd/yyyy)				(if opplicable)  7 / A
I. CANDIDATE: NAME (Complete only if	Candidate or Exploratory Committee)			
Eliezer	MI	Last		Suffix
B. TYPE OF REPORT (Check One Box)				
☐ January 10 filing	7th day preceding primary	y ☐ 7th day preceding referendum	☐ Initial Contr	ibution or Disbursement
☐ April 10 filing	☐ 30 days following primary	y ☐ 45 days following referendum	☐ Amendment	to
☐ July 10 filing	☐ 7th day preceding election	n □ Deficit	Type of Repo	ort:
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)			
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November	1		
. PERIOD COVERED				
	Beginning Date	Ending Date		
-	07/01/19	thru 09/01/1	9	
0. CERTIFICATION				
I hereby certify and state, under p Disclosure Statement for the per	enalties of false statement, t	hat all of the information set forth on thi ate and complete.	s Itemized Cam	paign Finance
TREASURER OR DEPUTY TREASURE	R (SIGNATURE)	Subriel Miniz PRINT NAME OF SIGNER		10/02/2019 DATE (mm/dd/yyyy)
		d willfully violated any provisions of the		

faces a civil penalty or imprisonment or both.

#### SEEC FORM 20

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

SUMMARY PAGE TOTALS

SUMMARY PAGE TO	IALO	
AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	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		
2. Balance on hand at the beginning of Reporting Period	2,648.45	
Contributions Received from Individuals (Sections A and B)	200,00	5,160.19
Receipts from Other Committees (Sections C1 and C2)	0	0
Other Monetary Receipts (Sections D through K)	0	0
6a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
6b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		
6c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	200.00	5,360.19
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	2,848.45	5,776.69
19. Expenses Paid by Committee (Section P)	7211.311	3,233.05
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	2,127.14	2,543-64
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	450,00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	150.00
23. In-Kind Contributions Received (Section M)	0	
24. Refundable Deposit to Telephone Company (Section N)	Ö	0
25. Loan Balance	0.	
25a. + Loans Received (Section D)	O	0
25b. + Interest and Penalties on Loan	.0	
25c Payments on Loan	0	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)	$\mathcal{O}_{\mathcal{O}}}}}}}}}}$	1/2.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		and the state of t
1.0 thanding Expenses Incurred by Committee still Unpaid (Section S)		

CC FORM 20	T. N	MONETARY REC	CEIPTS	S (Sections A	.—К)		
d January 2015					TYPE OF REPORT	7.14	Jas 1
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Sliezer Merc	- orch	o te City		neel	Constitution of the second	man Seegan J	frances
A Total Contributions from	Small	Contributors-Received	d this Per	TOOLUNEA	<b>s</b> /()()	.0	
(See instructions for definition of Sm	all Contri	butor) St	BIOIAL	OBO 1.			
		B. Itemized Con	tribution	s from Individ	duals		MI
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neipal Occupation			Nam	e of Employer	processing.	1 11	vildess
Daniel tax	4		Co	munty	1 (apac)		nt of Contribution
contributor a lobbyist, spouse,	es If c	ontribution is in excess of \$400 to secontributor or business he/she	o a candidate	for a chief executive thin have a contract	ve officer of a municipality t with said municipality	iy, Amon	
dependent child of a lobbyist?	lo doe					_	
s this contribution associated with an	☐ Yes	I re contributor a principal of a s	state contract	or or prospective sta	ite contractor?		0,00
vent reported in Section L1?	No	If yes, indicate which bran	TOU OF DEATH	☐ Executive	Legislative	-J-35 5	0,00
f yes, list Event#			Dat	Received	Aggregate Contributions		
Method of Contribution: Cash Dersonal Check Deredit/D	ehit Card	☐ Payroll Deduction ☐ Money	Order	7/19/19	\$150,00		MI
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Residential Street Address	_ <	Floor F		doepor	and the second s	CT	1000 1
218 Summe	f has me		Na	me of Employer	· management		1.0
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fs contributor a lobbyist, spouse,	Yes If	contribution is in excess of \$400 pes contributor or business he/sh	) to a candid	ite for a chief execu d with have a contra	tive officer of a municipality act with said municipality		Mile of College
	"אוה   מ	oes contributor or business ne/sn	to is associate	☐ Yes ☐ N	0		
" - " - registed with an	☐ Yes	Is contributor a principal of	a state contra	ctor or prospective	state contractor?		\$50.4
Is this contribution associated with an event reported in Section L1?	□ No	Towns indicate which fil	ranch of the	ncnes	ive 🗌 Legislative		430,9
If yes, list Event #			D	ate Received	Aggregate Contribution	s	
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Principal Occupation				Name of Employer			
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		If contribution is in excess of \$4 does contributor or business he/	100 to a cand	idate for a chief exe- ited with have a con	cutive officer of a manicipal stract with said municipal		
or dependent child of a lobbyist?	□ No	tored at more than \$5 HUU?		<u> </u>			
Is this contribution associated with an	<u>'</u>	es Is contributor a principal of	of a state con	ractor or prospectiv	re state contractor? L	]Yes ]No	
event reported in Section L1?		No If yes, indicate which of government the co	pranch of or	anches	ative 🔲 Legislative	one	
If yes, list Event #				Date Received	Aggregate Contributi	0118	
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Name of Committee							
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Sliezen N	recare	D. Loans Re	ceived	this Period				
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et Address		City			Sta	te	Zip Code	Guarantor of this loan?  Yes No
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ne of Cosigner/Guarantor (if applicabl	iej						at Cata	
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eet Address		City						Guarantor of this loan? ☐ Yes ☐ No
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${f F}$	. Amount Transferred fi	rom Affiliate	ed Bus	iness Trea	asury (Busine	ess Entity (	Committees ONLY)	unit
of Receipt	Is this transaction associate event reported in Section I	ed with an CL1?	] Yes ] No	If yes, list Eve	ent#		2,000	
of Receipt	Is this transaction associate event reported in Section	ted with an LI?	] Yes ] No	<i>If yes</i> , list Evo	ent#		Am	ount
of Receipt	Is this transaction associatevent reported in Section	ted with an [LI? [	□ Yes □ No	If yes, list Eve	rent#		Am	ount
of Receipt	Is this transaction associa event reported in Section	nted with an [L1? [	☐ Ycs ☐ No	If yes, list Ev	vent#		Am	ount
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G. Amount	Fransferred from Affiliat	ted Labor U	nion o	r Other O	rganization	Treasu	ry (Organization C	Omminiees O(VL1)
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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.

C FORM 20	I. MONETARY RECEIPTS	TYPE	OF RE	PORT 172	New free
ME OF COMMITTEE (Provi	tde Complete Name as Registered with Filing Repository)	· · · · · · · · · · · · · · · · · · ·		And the second second	fre frem
hezen w	and the Carry Carry		w.gj.		
	J. Interest from Deposits in Autho	Pate I	teceived		Amount
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	City	State	Zi	Code	
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ect Address	City	State	Z	p Code	
ect Address				and the second s	
	Te	OTAL SECTION J			
	K. Miscellaneous Monetary Receipts not	Considered Contri	butio	ns	
	K. Miscenaneous (violicuity 1200-7)		Date of	Transaction	Amount Received
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trect Address	City	SI	ato		
escription					
			Date o	f Transaction	Amount Received
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Street Address			<u> </u>		
Description					
		TAL SECTION K	3 33 33 43	and the same of th	
			M 18 22 16 2		
	SUMMARY OF OTHER MONETARY RI	ECEIPTS (Section	s D th	rough K)	
	this Period (Section D)		<u></u>		
Total Loans Received	ntities other than Individuals or Other Committees (Sect	ion E)	+		
Total Receipts from E	Office other than Individuals of Transcript (Section F)		+		
Total Amount Transfe	erred from Affiliated Business Treasury (Section F)	n Treasury (Section G	) +		
Total Amount Transfe	erred from Affiliated Labor Union or Other Organization	II	+		
Total Amount of Pers	onal Funds of the Candidate Received this Period (Secti	on H)			
	rest from Deposits in Authorized Accounts (Section J)		+		
Total Amount of Inter	· · · · · · · · · · · · · · · · ·			ı	
Total Amount of Inte	Manatamy Receipts not Considered Contributions (Section	n K) of Other Monetary	+		and the second seco

SEEC FORM 20 Revised January 2015	II. EVENT ACT	IVITY (Sections L1—L5)	De-	Page 8 of 17
	(Provide Complete Name as Registered with Filing Repository,	TYPE OF REPORT		- 1 1 7 80 W
Zijezen		nt Information	33	
Event # Date of Event Letter	Description		Was this a fu	ndraising event?
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 in  Associated with a House Party and complet purchases made by host(s) for food, beverage  ☐ No	te required info	rmation for any
		□ 190		
Did this fundraiser included of up to \$200 or items do	de goods or services donated by a business entity onated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donations I and complete required information.) ☐ No	not Considered	Contributions
of up to \$200 or items do	onated by an individual of up to \$100?  sale, auction, or other sale of donated items	Yes (If yes, go to Section L4 In-Kind Donations and complete required information.)	not Considered	Contributions
of up to \$200 or items do  Was this fundraiser a tag with purchases from an i  Subpart 2: (Party Com	pnated by an individual of up to \$100?  Is sale, auction, or other sale of donated items individual of up to \$100?  Inittees, Municipal Candidates and Political Community of the community of th	☐ Yes (If yes, go to Section L4 In-Kind Donations and complete required information.) ☐ No ☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$ tising Space in a	

			☐ Yes	□ No
Location: Street Address		City	State	Zip Code
Subpart 1: (All Committee		FIX- (VC / Cathart Sta Whyd Danations and	at Canaidanad (	Contributions
Was this event hosted at a	personal residence?	Yes (If yes, go to Section L5 In-Kind Donations u Associated with a House Party and complete		
		purchases made by host(s) for food, beverage a		·
		□ No		
	e goods or services donated by a business entity	Yes ( <i>If yes</i> , go to Section L4 <b>In-Kind Donations</b> in and complete required information.)	ot Considered (	Contributions
of up to \$200 or nems do	nated by an individual of up to \$100?	□ No		
Was this fundraiser a tag	sale, auction, or other sale of donated items	☐ Yes (If yes, enter Total Receipts here.)		
with purchases from an in		_	\$	
Re-		□ No		
Subpart 2: (Party Comm	ittees, Municipal Candidates and Political Comn dvertising space in a program book or on a	nittees other than Exploratory Committees)  Yes (If yes, go to Section L3 Purchases of Adverti	ising Snace in a	Program Book
sign associated with this t		or on a Sign and complete required informa		
		□No	one and the second seco	
Subpart 3: (Town Comn			·	
	food or beverage at a fair or similar mass state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.)	\$	
gathering neid within the	State with this tundraiser:	□ No		<u></u>
			normania de la come	
Event #	Description		Wee this a fur	draising event?
Date of Event Letter	<b>-</b>		Y as this a thi	□ No
			<u> </u>	
Location: Street Address	<del></del>	City	State	Zip Code
Subpart 1: (All Committee	ops)			·
Was this event hosted at a		☐ Yes (If yes, go to Section L5 In-Kind Donations in	ot Considered (	Contributions
,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Associated with a House Party and complete		mation for any
		purchases made by host(s) for food, beverage	and mynadous.)	
Did this fundraiser includ	e goods or services donated by a business entity	Yes (If yes, go to Section L4 In-Kind Donations	not Considered	Contributions
of up to \$200 or items do	nated by an individual of up to \$100?	and complete required information.)		
-		□ No		
Was this fundraiser a tag	sale, auction, or other sale of donated items	Yes (If yes, enter Total Receipts here.)		
with purchases from an in	ndividual of up to \$100?	□ No	\$	
Cubnant 2. Party Comm	nittees, 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 of Advert		Program Book
sign associated with this	fundraiser?	or on a Sign and complete required informa	ation.)	
5 (	ONT YO	LJ NO		
Subpart 3: (Town Comm	ontees OIVLX)  food or beverage at a fair or similar mass	☐ Yes (If yes, enter Total Receipts here.)	6	1
gathering held within the	state with this fundraiser?		\$	
		□No		
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items — This Page	$\mathcal{L}$	)
		ion L1—Subpart 3 <i>(Town Committees ONLY)</i> sipts from Food Purchases — This Page		
	e otal week		· · · · · · · · · · · · · · · · · · ·	
		TOTAL of additional Section L1 Pages		
ार मान्य अध्यक्षित्री सन्तर्भाष्ट्रीय स्थापिका विकर्णिका विकर्णिका विकर्णिका विकर्णिका स्थापिका स्थापिका स्थाप स्थापिका स्थापिका स	TOTAL OF ALL RECE	CIPTS FROM SMALL PURCHASES in Line 16a, Column A of Summary Page Totals)	<	
. Comment of the Comm	Enter total of	I Line 100, Common A of Daniani, 1 185		

# II. EVENT ACTIVITY (Sections L1-L5)

	II. EVENT ACTIVITY (Sections ET 25)
j	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
CC	DMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT
C)	zen verende (i City (aves)

		s Registered with Filing Repository)	Care	TYPE OF REPORT	4.4	
2 (122e	n nec	as to con				
	L3. Pu	rchases of Advertising in a l	rogram Book or	on a Sign	ase Made By:	
ame of Purchaser		······································		ľ	tusiness Entity	☐ Other
				1	ndividual/Sole P	
					State State	Zip Code
reet Address		City			State	Esp com
		Aggregate Purchases for All Ever	nts Amount of P	rogram Ad Purchase	Amount of Si	gn Purchase
ate Received	Event#	AEBIOGUE A TIPOTIES				
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iame of Purchaser				1	nase Made By:	<b>-</b>
				1 =-	Business Entity	☐ Other
					individual/Sole I	
treet Address		City			State	Zip Code
Hoot . Ladi po.						
		2 1 C All Fau	-ts Amount of P	rogram Ad Purchase	Amount of S	ign Purchase
Date Received	Event#	Aggregate Purchases for All Eve	Amount of I	Togram 71a 1 at order		
					and the party and the state of the	
CD. Lance	ogajamasan magazasan kalanta kan aya ar nga ar sa		and the second s	Purc	hase Made By:	
Name of Purchaser				į.	Business Entity	
					Individual/Sole	
Turret Address		City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code
Street Address						
				3 A.I. Davidago	Amount of S	Sign Purchase
Date Received	Event #	Aggregate Purchases for All Ev	ents Amount of I	Program Ad Purchase	Minountary	JIGH I HI CHUSE
	one positive to the contract of the contract o	Annual Control of the		Pur	chase Made By:	
Name of Purchaser					Business Entity	Other
					Individual/Sole	Proprietorship
		City			State	Zip Code
Street Address		City				
Date Received	Event#	Aggregate Purchases for All Ev	ents Amount of	Program Ad Purchase	Amount of	Sign Purchase
ран посоти						
				Pm	rchase Made By:	
Name of Purchaser				l l	Business Entit	y 🔲 Other
					Individual/Sol	
					State	Zip Code
Street Address		City				-
	Event#	Aggregate Purchases for All E	vents Amount of	Program Ad Purchase	Amount of	Sign Purchase
Date Received	Evone "					
				and the state of t		
	CAMMONIA	ction L3 Total Purchases of Adver	tising in Program Boo	ok — This Page		
			Committee of the committee of the committee of	ma mentus de Vicesans fastic		
	SURTO	YTAL Section L3 Total Purchases	of Advertising on a Si	gn — This Page		
	SUDIA.					
		T	OTAL of additional S	ection L3 Pages		
				s different politicistis (1986)		
	TOTAL OF ALL PUR	CHASES OF ADVERTISING IN	A PROGRAM BOOK	or UN A SIGN		
		(Enter total on Line 1	uc, Counti A OJ Summ	11.7 1 1180 1 0111111/	and with the property of the same	essere ( m. pros. pros. pom principal e estado en la como de c

EEC FORM 20	N MARIA	EVENT AC	TIVITY	(Sections L1—	-L5)	In Po	Page 10 of 17
NAME OF COMMITTEE	. (Provide Complete Name as Re	egistered with Filing Reposit	(ory)		TYPE OF REPO	RT	
	Merca		- ih	Cerrore	2	<u> </u>	Carine Carine
		n-Kind Donation		sidered Contribu	itions		
ame of Donor	And the state of t	A CANADA AND A CAN	Menusia de la composición dela composición de la composición dela composición de la	And the second s	and the second s		
			Low			State	Zip Code
treet Address			City				•
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Business Entity							
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☐ Sole Proprietorship					and the second of the second o		parane announce of yellowane and constructive and other sections of the section o
fame of Donor							
treet Address			City			State	Zip Code
,,201.1.1.2							
Donation Given By:	Description of Donation					Fair Marke	t Value of Donation
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Sole Proprietorship							
Name of Donor		and the second s					
Street Address			City			State	Zip Code
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Donation Given By:	Description of Donation					Fair Marke	et Value of Donation
☐ Business Entity					C. It's French		
☐ Individual ☐ Sole Proprietorship	Date Received	Event#		Aggregate Value	tot tims isvent		
Name of Donor							international and physical productions are second the planets are second as the second and the second are second as the second as the second are second as the second as t
			Low		-	State	Zip Code
Street Address			City				
	Description of Donation					Fair Mark	et Value of Donation
Donation Given By:  Business Entity	Description of Donation						
☐ Individual		Event #		Aggregate value	for this Event	_	
☐ Sole Proprietorship	Date Received	Evene #					
	A .	S	UBTOTAL S	section L4— This Pa	ige		
		T	TAL of add	itional Section L4 Pa	nges		
							man ang panganan ang mananan ang manana
To	TAL OF ALL IN-KIND	DONATIONS NOT	CONSIDER	ED CONTRIBUTION Summary Page To	ONS   tals)		

#### II. EVENT ACTIVITY (Sections L1—L5)

E (Provide Complete Name as Registered with Filing Re	epository)			TYPE OF RE	PORT	, /
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L5. In-Kind Donations Not Consid	lered (			Iouse Part	y	
			Is this event s committee?	supporting m □ Yes □ N	ore than o	
		Leau	If yes, co	mpiete itemizi		Zip Code
		City			State	Zip Code
				Fair Mai	ket Value	of Donation
Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate			
	and I do y held held to be and an Associated					ne candidate o
			If yes, co	mplete <b>Itemiz</b>	ation in Ad	dendum L5
		City			State	Zip Code
				Fair Mai	ket Value	of Donation
Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate			
			committee?	□ Yes □ N	0	
		City	1 3,7,		State	Zip Code
				Fair Mai	ket Value	of Donation
Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate			
A PARTICIPATION OF THE PROPERTY OF THE PARTICIPATION OF THE PARTICIPATIO						ne candidate o
			If yes, co	mplete Itemiz		
		City			State	Zip Code
		<u> </u>		Fair Mai	ket Value	of Donation
Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate			
	SUB	TOTAL Section L5 —	This Page	1		>
	TOTA	AL of additional Section	L5 Pages		Č	)
						}
	Aggregate Value of this Event—all hosts  Aggregate Value of this Event—all hosts  Aggregate Value of this Event—all hosts	Aggregate Value of this Event—all hosts  Aggregate Value of this Event—all hosts	Aggregate Value of this Event—all hosts   Aggregate Value of all Events—this h     Aggregate Value of this Event—all hosts   Aggregate Value of all Events—this h     City     Aggregate Value of this Event—all hosts   Aggregate Value of all Events—this h     City     Aggregate Value of this Event—all hosts   Aggregate Value of all Events—this h     City     Aggregate Value of this Event—all hosts   Aggregate Value of all Events—this h     City     City     Aggregate Value of this Event—all hosts   Aggregate Value of all Events—this h     City     City	LS. In-Kind Donations Not Considered Contributions Associated with a I sthis event committee If yes, co.    City	L.S. In-Kind Donations Not Considered Contributions Associated with a House Part    Is this event supporting meaning the figure of all Events—this host/condidate	Aggregate Value of this Event—all hosts   Aggregate Value of all Events—this host/combidate   Fair Market Value   Aggregate Value of this Event—all hosts   Aggregate Value of all Events—this host/combidate   Fair Market Value   Fair Market Value   Aggregate Value of this Event—all hosts   Aggregate Value of all Events—this host/combidate   Fair Market Value   Fa

Street Address  City  Date Received Aggregate Contributions  Description of In-Kind Contribution  Description of In-Kind C	Zip Code    Zip Code
M. In-Kind Contributions    Street Address	Zip Code  Zip Code  Market Value s Contribution
Street Address    City   State	Zip Code  Zip Code  Market Value s Contribution
Type of contributor:	Market Value s Contribution
Type of contributor:	Market Value s Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No ls this contribution associated with an event reported in Section L1? Is contribute a contract which branch or branches of government the contract is with:    Street Address   Description of m-Kind Contribution	s Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No ls this contribution associated with an event reported in Section L1? Is contribute a contract which branch or branches of government the contract is with:    Street Address   Description of m-Kind Contribution	s Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No last this contribution associated with an event reported in Section L1? If yes, list Event # Street Address   If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No of this event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	s Contribution
or dependent child of a lobbyist?	s Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #    Street Address   Street Addres	
If yes, list Event #	Zip Code
Name Street Address	Zip Code
	Zip Code
Street Address City State	Zip Code
	.1
Type of contributor: Committee Date Received Aggregate Contributions Description of In-Kind Contribution  Individual / Sole Proprietorship Other	
or dependent child of a lobbyist?  \[ \begin{align*}\] No \[ \ldots \control outs so of rotation of or blustness he/she is associated with have a contract with said municipality \] \[ \text{of this of	Market Value s Contribution
valued at more than \$5,000?	
event reported in Section L1?  If yes, indicate which branch or branches  If No If yes, indicate which branch or branches	
Agnee Of government the contract is with: Executive Legislative	Sangaran Managaran Sanah S
Street Address City State	Zip Code
Type of contributor: Committee Date Received Aggregate Contributions Description of In-Kind Contribution  Individual / Sole Proprietorship Cother	<u></u>
or dependent child of a lobbyist? I No does contribute of obstaces ne/sne is associated with have a contract with said municipality of this	Market Value Contribution
Is this contribution associated with an Ver Is contributors a minimal of the Contributors are in the C	- VALUE OF THE PROPERTY OF THE
event reported listed in Section L1?  No If yes, indicate which branch or branches  No	
Significant de contract is with. Di Executive Di Legislative	·
SUBTOTAL Section M—This Page	
TOTAL of additional Section M Pages	
FOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)	
N. Refundable Deposit to Telephone Company	44 7500 may 5010.
ast Name of Individual First MI Date Deposit	V-1
Will Date Deposit	Widde
sidential Street Address City State Zip Code	
A	mount of Deposit
ame of Telephoue Company	•
eet Address City State Zip Code	j
	,

SEEC FORM 20 Revised January 2015

# IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Elicze	- Mercado for City Comerce	the Day 1	7,00	Promery
	P. Expenses Paid by Committee			9
Name of Payee		Date of Payment	Method of F	ayment:
		08/20/19	☐ Check	
Street Address	20chest City	20/00/17	Debit (	Card
Street Address	City		Build	Z.p coar
Purpose of Expenditure	Description Event #			Amount
(by gode)	Campaign Signs & Stands			
Expenditure #	1	<del>*</del>	75.00	
(f applicable)				**
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent			
		овосор		andre sur province for the content of the surface o
Name of Payce		Date of Payment	Method of P	•
Ado to	lad Latina LLC	28/22/19	Debit (	
Street Address	City		State	Zip Code
0 , ,	330295 west Hant A		C7	06/33
<u> </u>	E			
Purpose of Expenditure (by code)	Description			Amount
4-news	5 x 7.5 Colon Ad			
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required unless "None of the below" is checked)	J	1	00.00
(ly upparture)	□ None of the below	100		
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: O.A.	овосов		
Name of Payce		Date of Payment	Method of F	ayment:
		08/01/10	☐ Check #	
	west a The Print Lat	20/01/19	Debit •	Card DEFT Zip Code
Street Address			Silic	EAP COUL
	flew true	- Za	CT	l
Purpose of Expenditure (by code)	Description Event #		İ	Amount
PANT	100 Flyans + Desish			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	d)	410	2231
(if applicable)	□ None of the below	CD 1 CALL TO THE		
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent			
		A OBOCOD Date of Payment	Method of I	Paumant
Name of Payee		07/20191	Check	*
( )	) bunk	08/2019	Debit	
Street Address	City		State	Zip Code
$2 n^2$	Townbull Street Houtfard		C.7	06/03
Purpose of Expenditure				Amount
(by code)	Description Event #			
15NK	paper Statement feet		1/_	1127
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	y .	33	4.00
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent			
		A OB OC OD		
	SUBTOTAL Section P $\longrightarrow$ This	Page 37	21.	3 (
	TOTAL of additional Section P P	1ges	0	
		4200000 90000000		
	TOTAL OF ALL EXPENSES PAID BY COMMIT (Enter total on Line 19. Column A of Summary Page 1		121	S

SEEC FORM 20 Revised January 2015	IV. EXPEN	DITUKES (Se	ctions P—	1)		rage 14 61 17
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Rej	pository)		TYPE OF REPORT		
£1/eze	a Nercado fo	City (	CEVE	2 7 fr	Elec	free.
	Q. Campaign	Expenses Paid by	Candidate		12	my
Name of Payee (Name of I	Vendor, Person or Entity who candidate paid directly)	4-000-000		Date of Payment	Is reim	bursement claimed?
						Yes 🔲 No
Street Address		City			State	Zip Code
		Į.				
S	Description		Event	#		Amount
Purpose of Expenditure (by code)	Description					
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment	Is reim	bursement claimed?
						Yes 🗌 No
Street Address		City			State	Zip Code
Purpose of Expenditure	Description		Event	#		Amount
(by code)	Description					
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)	Pittimus shaki naman amana mananayi kilomin basanan		Date of Payment	Is rein	nbursement claimed?
						Yes 🔲 No
Street Address		City			State	Zip Code
	In the second	<u> </u>	Event	#		Amount
Purpose of Expenditure (by code)	Description		, , , , , , , , , , , , , , , , , , ,			
				The state of the s		
Name of Payce (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	ļ.	nbursement claimed?
						Yes □ No
Street Address		City			State	Zip Code
						-
Purpose of Expenditure	Description		Event	t #		Amount
(by code)			-			
Name of Pavee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reir	nbursement claimed?
realize of rayee (realize by	, , , , , , , , , , , , , , , , , , , ,					Yes 🔲 No
G. A. I. I.		City			State	Zip Code
Street Address		, ch,				'
						1
Purpose of Expenditure (by code)	Description		Even	t #		Amount
Name of Payce (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is rein	nbursement claimed?
						Yes 🔲 No
Street Address		City			State	Zip Code
P	Description		Even	t#		Amount
Purpose of Expenditure (by code)	Description					
		SUBTOTAL Se	ction Q — Th	is Page	Ĺ	
		TOTAL of additio	nal Section Q	Pages	<u> </u>	2
	TOTAL OF ALI	L EXPENSES PAID on Line 26, Column A o	BY CANDI	DATE	<i>C</i>	
0.000	(Enter told	i on Line 20, Commin 21 0	,	· • • • • • • • • • • • • • • • • • • •		

#### IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT	EE (Provide Complete Name as Registered with Filing Repositor	<b>7)</b>	TYPE OF REPORT				
Sliezon	A section of the sect	A Conce		Lez	Porce		
	R. Expenses Incuri	ed on Committee Cred	lit Card	1			
Name of Issuing Insti	fution	Type of Credit Card:					
		☐ Visa ☐ Master Ca	ırd ☐ Discover ☐ Amer	ican Express	S Other:		
Name of Vendor, Person o	or Entity	A Commission of the Commission		Date of T	Date of Transaction		
Street Address		City		State	Zip Code		
Purpose of Expenditure	pose of Expenditure Description Event #				Amount		
(by code)	2004 phoa				Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require	ed unless "None of the below" i	s checked)				
ty appreumes	☐ None of the below ☐ Coordinated with reimbursement sought (joint experiment) ☐ Coordinated without reimbursement sought (in-kind		ndent	n			
Name of Vendor, Person	or Entity				Fransaction		
	·				•		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)							
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	Coordinated without reimbursement sought (in-kind		eation: o A o B o C o	D			
Name of Vendor, Person	or Entity	A CONTRACTOR OF THE CONTRACTOR		Date of	Transaction		
Street Address		City		State	Zip Code		
				1			
Purpose of Expenditure	Description		Event #		Amount		
(by code)	Dosciption	:			Amount		
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(у пружавку	☐ None of the below	() Indone	ndont				
	☐ Coordinated with reimbursement sought (joint expe ☐ Coordinated without reimbursement sought (in-kind		eation: OA OB OC O	D			
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		SUBTOTAL Section R — I	This Page	(			
	To	OTAL of additional Section	R Pages				
TC	TAL OF ALL EXPENSES INCURRED OF	N COMMITTEE CRED ine 27, Column A of Summary		(			
					- Considerated Services		

JAME OF COMMIT	EE (Provide Complete Name as Registered with Fil	ling Repository)	TYPE OF REPORT				
	a Nerendo Ka			Jen ,	//ew		
	S. Expenses Incurred	I by Committee but Not Paid	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		nens.		
√ame of Creditor				Date Incur	Date Incurred		
Street Address		City		State	Zip Code		
'urpose of Expenditure by code)	Description	Event # Amount Incurred (Estimate or Actual)					
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum  ☐ None of the below ☐ Coordinated with reimbursement sough ☐ Coordinated without reimbursement sou	☐ Indep t (joint expenditure) ☐ Organ	is checked) endent ization: O A O B O C O	D			
vame of Creditor				Date Incur	red		
Street Address		City	***************************************	State	Zip Code		
'urpose of Expenditure by code)	Description		Event #	i	ount Incurred timate or Actual)		
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum  ☐ None of the below ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sou	Indepet (joint expenditure)	is checked) endent ization: O A O B O C O	D			
Vame of Creditor				Date Incur	nearistania anni anni anni anni anni anni anni		
irect Address		City		State	Zip Code		
'urpose of Expenditure by code)	Description		Event #		tount Incurred timate or Actual)		
3xpenditure # If applicable)	Type of Expenditure (Itemization in Addendum  None of the below Coordinated with reimbursement sough Coordinated without reimbursement sou	☐ Indep t (joint expenditure) ☐ Organ	is checked) endent ization: O A O B O C O	D			
		SUBTOTAL Section	S-This Page	$\mathcal{C}$			
		TOTAL of additional Sec	ction S Pages		)		
TOTAL OF ALL	EXPENSES INCURRED BY COMMTI (E)	TTEE DURING THIS PERIOD BU nier total on Line 28, Column A of Summ		<u> </u>			
	Previously ro	cported Expenses Unpaid and still C	Outstanding	Enterior to	<u> </u>		
		INCURRED BY COMMITTEE BU ter total on Line 28a, Column A of Samm		C			

VAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repos	i(ory)		TY	PE OF RI	EPORT		
Ellez	er necus	T- C		curc		- September 1	7/2.	Z/cy
	T. Itemization of Reir	nbursements	and Second	dary Pa	yees		J.	rec. Pro
Last Name of Worker/Cor	asultant	First	10044444444444444444444444444444444444			MI		Payment to Vendor, or Entity
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant		<u>: : :                                </u>		Payment	to Reimburse	Committee	Worker/Consultant as
					reported i	in Section P: eck #	_ 🗖 De	ebit 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 Requirement None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-key)	xpenditure)	e of the below" is  Indepen	ndent		ос о р		
Last Name of Worker/Con	sultant	First	Zemiyu — Adaca ku qara asa u masanbara nga ba	<del>оттой в поможно в ворош</del> у догоду да да да		MI	Date of I Person o	Payment to Vendor, or Entity
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant				reported i	to Reimburse in Section P: eck #		Worker/Consultant as
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 Requirement None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kin)	spenditure)	e of the below" is  Indeper	ndent		ос ор		
Last Name of Worker/Con	ısultant	First			21 12 13 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	МІ	Date of I Person o	Payment to Vendor, or Entity
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant					in Section P:		Worker/Consultant as
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 Requirement None of the below  Coordinated with reimbursement sought (joint expenditurement)  Coordinated without reimbursement sought (in-kin-kin-kin-kin-kin-kin-kin-kin-kin-k	spenditure)	e of the below" is  Independent	ndent	ов (	ос о в		
		SUBTOTA	L Section T —	- This Pa	ge		C	
		TOTAL of at	dditional Secti	on T Pag	es		٧	}
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS	AND CONST	ULTAN	rs		0	<i></i>