SEEC FORM 20

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

Page 1 of 17

Do Not Mark in This Space For Official Use Only

COVER PAGE

			AULERASION, SES	s il telle to the transport of the state			
1. NAME OF COMMITTEE							
James Jimmy Sanch	ez for City Council						
2. TREASURER NAME			F 15/4/2 28/40				
First	MI	Last			Suffix		
Elizabeth	A.	1	Motes				
3. TREASURER ADDRESS							
Street Address 97 Roslyn S	A	City HA	1+ forcl	State	Zip Code OLOLO		
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Com	plete only if Candid	late Committee)		6. DISTRICT NUMBER		
(mm/dd/yyyy) 11/05/2019	City Cour	ncil			(if applicable)		
7. CANDIDATE NAME (Complete only if C		Service and the service of the service of					
Pinst JAMES Jimme	\mathcal{B}	Last	Sánchez	to a second	Suffix		
8. TYPE OF REPORT (Check One Box)	J			enter a company of the company of th			
☐ January 10 filing	☐ 7th day preceding prim	nary 🗆 7	th day preceding referendum	☐ Initial Contri	bution or Disbursement		
☐ April 10 filing	☐ 30 days following prim	nary 🗖 4	5 days following referendum	☐ Amendment	to		
☐ July 10 filing	☐ 7th day preceding elect	tion 🔲 🛭	Deficit	Type of Repo	ort:		
October 10 filing	☐ 12th day preceding elec		ermination		TED 3		
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following elect not held in November						
9. PERIOD COVERED					D 4		
	Beginning Date		Ending Date		**************************************		
	00/00/00		-0 la la la la		<u>ω</u> / (*)		
· -	09/02/2019	thru	<u>041301201</u>	1			
				: *			
10. CERTIFICATION					en e		
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.							
Elie obeh MP TREASURER OR DEPUTY TREASURE	R (SIGNATURE)	Eliza PRINT NAM	Hadh Motes E OF SIGNER		10/04/2019 DATE (mm/dd/yyyy)		
A m ==== === t = + +	Found to have be in the	J	.:-1				
A person who is j	ouna io nave knowingly faces a c	ana wilifully ivil penalty oi	violated any provisions of i imprisonment or both.	tne campaign finan	ce statutes		

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	
	October 10.	tiling
James Jimmy Sanchez for City Council	COLUMN A This Period	COLUMN B Aggregate
11. 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	\$ 3649 25	
13. Contributions Received from Individuals (Sections A and B)	-	\$ 5,715 °C
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		\$125 [∞]
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)		\$5,840°°
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$3104925	\$5,840°
19. Expenses Paid by Committee (Section P)	\$46122	9 2451 9Z
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	3188 03	\$318803
21. In-Kind Donations not Considered Contributions Received (Section L4)	er er f	\$9445
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)	\$6241	\$ 154 42
27. Expenses Incurred on Committee Credit Card (Section R)	·	1 3 3 4 4 5
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as	s Registered with Filing Repository)		TYPE OF REPORT		
James Jimmy Sanche	z for City Council	ELEMENT SERVICE	Samuel August 12 Col		
		ZIE ANGELANIAY	October 10	tiling	
A. Total Contributions from Sma (See instructions for definition of Small Con	MOT BE MOVED PROCESSES AND SECURIOR OF A CONTRACT OF SECURIOR OF A CONTRACT OF A CONTR	THIS PERIOR ONLY BROTAL SECTION A	\$	لست	
*					
	B. Itemized Conti	ributions from Individ	duals		
Last Name		First		М	
Residential Street Address	City	У	7	State Zip Code	
Pi-i-do-					
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, Yes If	contribution is in excess of \$400 to a	candidate for a chief executive	e officer of a municipality	Amount of Contribution	
or dependent child of a lobbyist? No do	pes contributor or business he/she is a dued at more than \$5,000?			Amount of Contribution	
Is this contribution associated with an Yes	Is contributor a principal of a state	e contractor or prospective state	contractor?	-	
event reported in Section L1?	If yes, indicate which branch of government the contract is		☐ No ☐ Legislative		
Method of Contribution:	1 8	Date Received /	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money Or	der			
Last Name		First		MI	
	•				
Residential Street Address	City			State Zip Code	
Principal Occupation		Name of Employer			
			· · · · · · · · · · · · · · · · · · ·		
or dependent child of a lobbyist? No do	contribution is in excess of \$400 to a ses contributor or business he/she is a slued at more than \$5,000?			Amount of Contribution	
Is this contribution associated with an Yes	Is contributor a principal of a stat				
event reported in Section L1? No **If yes, list Event #* **If yes, li	If yes, indicate which branch of government the contract is		☐ No ☐ Legislative		
Method of Contribution:		1	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	Payroll Deduction Money Or	der			
Last Name		First		MI	
Residential Street Address	City		. 1	State Zip Code	
Academia office Address	/ [84,5]	•]	State Zap Code	
Principal Occupation		Name of Employer	<u> </u>	I	
. 1					
Is contributor a lobbyist, spouse,	contribution is in excess of \$400 to a	candidate for a chief executive	officer of a municipality,	Amount of Contribution	
	oes contributor or business he/she is a dued at more than \$5,000?	issociated with have a contract	with said municipality		
Is this contribution associated with an Yes	Is contributor a principal of a state	e contractor or prospective state			
event reported in Section L1?	/ If yes, indicate which branch of government the contract is		☐ No ☐ Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	1	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	Payroll Deduction ☐ Money Or	der			
	SUBTO	TAL Section B — This	Page		
		f additional Section B P	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
22040					
TOTAL OF ALL	CONTRIBUTIONS FROM II (Enter total on Line 13,	NDIVIDUALS (Sections A Column A of Summary Page 1			

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMIT	TEE (Provide Complete Na	me as Registered w	ith Filing Reposit	tory)		TYPE OF REPORT		sen se des ces es o		
	James Jimmy San	chez for City	Council			October	October 10 filing			
		C1. C	ontributio	ns from (Other Comm	Colored and the Colored and th				
Name of Committee					Name of Treasu	rer				
Address				Is this cont event repo	rted in Section L1'	d with an Yes No?	Amount of	Contribution		
City	- *	State	Zip Code	Date Rec	ceived	Aggregate Contributions				
Name of Committee					Name of Treasu	urer /				
Address				Is this cont event repo	rted in Section L1'	d with an Yes No?	Amount of	Contribution		
City	:	State	Zip Code	Date Rec	peived	Aggregate Contributions				
Name of Committee	·				Name of Treasu	uer ·				
Address	 			Is this cont	rted in Section L1	d with an Yes No? st Event#	Amount of	Contribution		
City		State	Zip Code	Date Rea		Aggregate Contributions				
	Ch D.:	L.	4a au Causal	/_ //= Distabl	untions from	other Committees				
Name of Committee		ubursemen	s or surp	us Distri	Name of Trease					
Address	·			City			State	Zip Code		
Date Received	Expenditure # (if applicable)	Payment Type	ent for shared e	expense 🗆	Surplus Distribut	ion	Amount	of Receipt		
Description				:						
Name of Committee	1				Name of Treast	ırer				
Address		£		City			State	Zip Code		
Date Received	Expenditure # (if applicable)	Payment Type	ement for share	d expense	☐ Surplus Distrib	ution	Amount	of Receipt		
Description			٠,							
			SUBTO	TAL Sect	ion C — This	Page				
	TOTAL OF AI		TEE CONT	RIBUTIO		EIPTS				
					of Summary Page					

Revised January 2015	WONE FAILT IN	DCEIL ED (BCC	HOUS AIX)		
NAME OF COMMITTEE (Provide Complete Name as R James Jimmy Sanchez for City	egistered with Filing Repository)		TYPE OF		
James Jimmy Sanchez for Gity			New Constitution (Constitution Constitution Constitution (Constitution Constitution	rober 1	0 4/WG
	D. Loans Re	ceived this Period			J
Name of Lender		Source of Loan:	didate 🔲 Individua	1 DOther	Date of Receipt
		Dank Dean		Committee	
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
					Yes No
Name of Cosigner/Guarantor (if applicable)			*		Amount Received
#					
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:		-/	Date of Receipt
		☐ Bank ☐ Can	didate 🔲 Individua	I ☐ Other Committee	
Street Address	City		State	Zip Code	Is there a Cosigner or
1					Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Cođe	1
	, and the second of		/		
Name of Lender		Source of Loan:			Date of Receipt
		□ Bank □ Ćan	ididate 🔲 Individus	d Other Committee	
Street Address	City		State	Zip Code	Is there a Cosigner or
. '					Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)			:	<u> </u>	Amount Received
			÷ _i	· · · · ·	Amount Accepted
Street Address	City		State	Zip Code	-
		/ TOTAL SECT	ION D		
		/			
E. Receipts from Entities	other than Individú	ials or Other Com	mittees <i>(Referei</i>	idum Committe	es ONLY)
Name of Entity		.*		•	
	/			.	
Street Address			Date Received		Amount Received
City	State	e Zip Code	Aggregate Contri	butions	
				:	
Name of Entity	/			- i	
****		· · · · · · · · · · · · · · · · · · ·		··	
Street Address	. /		Date Received		Amount Received
		Te: 0.1			
City	State	e Zip Code	Aggregate Contri	outions	
Name of Entity					
	/		Date Received		Amount Bearing
Street Address	, -		Date Received		Amount Received
AL.	I con-	Tin Code	A	hutions	
Ćity	Stat	te Zip Code	Aggregate Contri	OUHOUS	·
	<u> </u>		Andrew Control of the		
		TOTAL SECT	TION E		
n and an ann an taite an teach agus an	ra en are reure se ou concerna estas Paradou (Cale Parado Cale Parado Parado Parado Parado Parado Parado Parad	a dele est ribera estera al sistema de la companya	2.42.459055X10.4543436978383748		

NAME OF COMMITTEE (Prov	ide Complete Name as Regist Jimmy Sanchez for (TYPE	OFREPORT October 10 filing						
	ount Transferred	•	iated Bu	siness Treasu	irv (Busine	ss Enti			
Date of Receipt	Is this transaction assoc event reported in Section	iated with an	☐ Yes ☐ No	If yes, list Event #			Amount		
Date of Receipt	Is this transaction associated with an						Amount		
Date of Receipt	Is this transaction assoc event reported in Sectio		☐ Yes ☐ No	If yes, list Event t	4 :		Amount		
Date of Receipt	Is this transaction assoc event reported in Sectio	and the second s	☐ Yes ☐ No	If yes, list Event	!	_/	Amount		
				TOTAL	SECTION	F			
G. Amount Transf	erred from Affilia	ted Labor	Union o	r Other Orga	mization '	Freast	1ry (Organization Committees ONLY)		
Date of Receipt		Date of Receipt				Date of I	Receipt		
Amount		Amount					Amount		
							2		
			1	TOTAL SI	ECTION (
)				
Н, 1	ersonal Funds of	the Candi	date Rec	eived this Pe	riod (Cana	lidate C	Committees ONLY)		
Date of Receipt	Method of payment:		Personal Che	eck 🛘 C	Credit/Debit C	ard	Amount		
Date of Receipt	Method of payment:		Personal Che	ook 🗖 C	Credit/Debit C	ard	Amount		
Date of Receipt	Method of payment:		Personal Che	eck 🛘 C	Credit/Debit C	ard	Amount		
Date of Receipt	Method of payment:	··· · · · · · · · · · · · · · · · · ·					Amount		
H	Cash		Personal Che	eck 🗆 C	redit/Debit C	ard			
	1			TOTA	L SECTIO	NН			
		I. An	onymou	s Contributio)ns				
	Public Act 11-48,						deposited in <i>any</i>		

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.

I. MONETARY RECEIPTS (Sections A—K

Revised January 2015	A. IVEOTAES	IAINI NECE	ALL 19 (Sections F	an an analysis of the second		
	ide Complete Name as Registered with F	iling Repository)		TYPE OF		
	Sanchez for City Council			_ CCT	nber 10	tiling
	J. Interest fr	om Deposits in	Authorized Accoun	ts		
Name of Institution				Date Receiv	red	Amount
	200, 11 11 11 11 11 11 11 11 11 11 11 11 11			<u>L</u> ,		:
Street Address		City	8	itate	Zip Code	·
Name of Institution				Date Receiv	red.	Amount
Maine or instruction						Timount
Street Address	The state of the s	City	2	itate	Zip Code	
	un en de la companya de deseglio de la companya de La companya de la co	er aller flag ett. Var			<i></i>	
			TOTAL SECTIO	NJ		
	77 3.77 H 3.77	ne i				
9.50	K. Miscellaneous Mo	netary Receipts	not Considered Co		OIS of Transaction	· T
Name	$\label{eq:continuous} (x,y) = (x,y) \cdot e^{-\frac{1}{2} (x-y)} dx.$ (4)	• • • • • • • • • •		Date	or transaction	Amount Received
Street Address	e e e e e e e e e e e e e e e e e e e	City		State	Zip Code	1.5
				<u> </u>		e e e e e e e e e e e e e e e e e e e
Description	A Company		. /			
Name		<u> </u>		Date o	of Transaction	Amount Received
!			/w	4		111100000000000000000000000000000000000
Street Address		City		State	Zip Code	
Description	· · · · · · · · · · · ·			<u>.l., .</u>		
						3 3 4 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Name				Date o	of Transaction	Amount Received
			<u> </u>		1=: = /	
Street Address		City		State	Zip Code	
Description	<u> </u>	/			<u> </u>	A A
		<u> </u>				
Name				Date of	of Transaction	Amount Received
Street Address	The state of the s	City /		State	Zip Code	in the contract of the contrac
	Marine Committee (Committee)		•	4.0		A STATE OF THE STA
Description			:			
				0.00		
	1	7 т	OTAL SECTION K			
S	SUMMARY OF OTHER	MONETARY	RECEIPTS (Section	ns D thr	ough K)	
Total Loans Received this Po	eriod (Section D)					
· · · · · · · · · · · · · · · · · · ·	other than Individuals or Otl	her Committees (Se	ection E)	+		
	from Affiliated Business Treas	· · · · · · · · · · · · · · · · · · ·		+		
	from Affiliated Labor Union of		ion Tuggenery (Castion C	* .		
	The state of the s		and the second s			<u> </u>
Total Amount of Personal F	unds of the Candidate Receiv	ea this Period (Sec	tion H)	+		
Total Amount of Interest fro	om Deposits in Authorized Ac	counts (Section J)		+		
Total Miscellaneous Moneta	ary Receipts not Considered C	Contributions (Secti	on K) is a gun an am is	· . +		and the second second
	(Add Sections D through		of Other Monetary ne 15, Column A of Summar			

	III D V EI VI II O I I	. ,	(Sections DI	Emergina and the control of the cont						
	(Provide Complete Name as Registered with Filing Repository) my Sanchez for City Council			TYPE OF REPORT	<u>- 10</u>	, 1:2	ne			
उद्यादिक प्राप्त	Li. Even	Infor	mation	<u>i Conveer</u>	(O)	<u>JI II</u>	()			
Event#	Description Description				L					
Date of Event Letter					1	a fun Yes	draising event?			
Location: Street Address	<u> </u>	City			State	e	Zip Code			
Subpart 1: (All Committ	ees)	.1								
Was this event hosted at a personal residence?			Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)							
		□ No	The first section of the first		· · · · · · · · · · · · · · · · · · ·					
	e goods or services donated by a business entity nated by an individual of up to \$100?	□ Yes	(If yes, go to Section L and complete required in		ot Consid	iered (Contributions			
Was this fundraiser a tag	sale, auction, or other sale of donated items		(If yes, enter Total Reco	eints here			· · · · · · · · · · · · · · · · · · ·			
with purchases from an in			(1) yes, once Toma Reco	—→	\$					
		□ No								
Subpart 2: (Party Comm Were there purchases of a sign associated with this	ittees, Municipal Candidates and Political Comn advertising space in a program book or on a fundraiser?	nittees of Yes	her than Exploratory (If yes, go to Section La or on a Sign and comp	Purchases of Advert		e in a l	Program Book			
Subpart 3: (Town Comm	· · · · · · · · · · · · · · · · · · ·		/							
	food or beverage at a fair or similar mass state with this fundraiser?	□ Yes	s (If yes, enter Total Receipts here.)							
gamering near within the	State with this fundialists:	□ No								
Event #	Description	/			117. 41.	- C	1			
Date of Event Letter					i	s a run Yes	draising event?			
Location: Street Address		City	:		State	e	Zip Code			
Subpart 1: (All Committ	ees)	<u> </u>								
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	infori				
Did this fundraiser includ	e goods or services donated by a business entity		(If yes, go to Section L	4 In-Kind Donations	not Consid	lered (Contributions			
	nated by an individual of up to \$100?	□ No	and complete required							
	sale, auction, or other sale of donated items	☐ Yes	(If yes, enter Total Rec	eipts here.)	r:					
with purchases from an ir	ndividual of up to \$100?	□ No			\$					
Subpart 2: (Party Comm Were there purchases of a sign associated with this	ittees, Municipal Candidates and Political Comm dvertising space in a program book or on a fundraiser?	uittees of	her than Exploratory (If yes, go to Section La or on a Sign and comp	Purchases of Advert		e in a	Program Book			
Subpart 3: (Town Comn		_								
	ood or beverage at a fair or similar mass state with this fundraiser?	☐ Yes	(If yes, enter Total Reco	eipts here.)	\$:				
gamering nera within the	state winythis fundraiser:	□No	en en en en grande de la companya d	and the second s						
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale	of Donated Items —	This Page						
			iubpart 3 <i>(Town Commit</i> 1 Food Purchases — '							
		TOTAL	of additional Section	Li Pages		;				
	TOTAL OF ALL RECE (Enter total on		ROM SMALL PUI Column A of Summary							

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

МАМЕ ОЕ СОММИТТЕЕ	(Provide Complete Name as Registere	d with Filipa Ranoetto	ny)		TYPE OF REPOR	T.		
	Jimmy Sanchez for City Co		🗸 nagagagan na sata n	un esta en esta en esta en el como de la como	()-1/m	/	0 Lilma	an an artist and a state of the
Vullius	L3. Purchases	The second secon	o in a Program	m Book or c	m a Sion		$\Delta \Omega m_{\sigma}$	1
Name of Purchaser	1.5, 1 H1 CH45CS	VI / ICI VOI USII	·> ··· • · · · · · · · · · · · ·			Purchase	e Made By:	<u> </u>
						□ Bus	siness Entity	☐ Other
				÷		☐ Ind	ividual/Sole Pi	roprietorship
Street Address			City				State	Zip Code
						1		-un-vi-
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	sé A	Amount of Sig	gn Purchase
Name of Purchaser							e Made By:	
					/		siness Entity	☐ Other
D A 11			City	/		ind ind	ividual/Sole Pr	Zip Code
Street Address			City				State	App Codo
						,		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Sig	yn Purchase
		,		<i>V</i>			٠	
Name of Purchaser		:	/			Purchas	e Made By:	
						☐ Bu	siness Entity	☐ Other
						☐ Ind	ividual/Sole P	roprietorship
Street Address			City				State	Zip Code
			/					
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se .	Amount of Sig	gn Purchase
		/	/					
Name of Purchaser		1	the same of the sa				e Made By:	
						_	siness Entity	Other
		/	Lov			∐Ind	ividual/Sole P	roprietorship Zip Code
Street Address			City				State	ыр соце
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se .	Amount of Sig	gn Purchase
	/							
N			· · · · · · · · · · · · · · · · · · ·	<u></u>	· · · · · · · · · · · · · · · · · · ·	Purol	e Made By:	
Name of Purchaser							siness Entity	☐ Other
	/ .						ividual/Sole P	
Street Address			City				State	Zip Code
	/							
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se .	Amount of Si	gn Purchase
	,		;		•			•
	SUBTOTAL Section L3 To	tal Purchases of	Advertising in P	rogram Book	— This Page	·!		
	SUBTOTAL Section	on La Total Purc	hases of Advertis	sing on a Sign	— This Page			
			TOTAL of a	dditional Sect	ion L3 Pages			
TOTA	L OF ALL PURCHASES O	F ADVERTISIN	IG IN A PROGR	AM BOOK or	ON A SIGN			
		(Enter total on	Line 16c, Column	a oj Summary	rage Lotais)			

MANTANE GOVERNMENT	117					7		
	E (<i>Provide Complete Name as Register</i> s Jimmy Sanchez for City Co				TYPE OF REPORT	1	. (.,	
Jame					<u>Octobe</u>	<u>/ (</u>	7 7 IIV	<u>G</u>
Name of Donor	L4, In-K	ind Donations N	ot Conside			W 650 525		
Traine of Bonor				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Property Control	38/1/21	î.;;;;;;;;;	
Street Address	. :		City				State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair I	Market Val	ue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event#		Aggregate Value for	r this Event			
Name of Donor		de la companya de la						
Street Address	. i	Mention of the first	City		. ,		State	Zip Code
Donation Given By:	Description of Donation		1			Fair I	Market Val	ue of Donation
☐ Business Entity	:	·						
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By: Business Entity	Description of Donation			, ,		Fair l	Market Val	ue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event#		Aggregate Value for	this Event			
Name of Donor	/						· ·	
Street Address		· · · · · · · · · · · · · · · · · · ·	City				State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair N	Aarket Val	ue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value for	this Event			
		SUBTO	TAL Section	L4— This Page				
		TOTAL	of additional	Section L4 Page	S			
101	'AL OF ALL IN-KIND DONA (Enter	TIONS NOT CON- total on Line 21, Col						
				• .				
	•	e e e e e e e e e e e e e e e e e e e	6.					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repository)			TYPE OF RE	PORT	
James Jimmy Sanchez for City Counci				Octo	20× 1	0 filma
L5. In-Kind Donations Not C	Considered	Contributions Associa	ated with a I	Iouse Part	y	J.
Name of Host			committee?	supporting me Yes Normal Norm	0	ne candidate o
Street Address		City	·		State	Zip Code
Description of Donation	:			Fair Mar	ket Value	of Donation
Syent # Aggregate Value of this Event—all ho.	osts A	ggregate Value of all Events—this i	host/candidate			tean (1) See See See See
Name of Host			committee?	supporting mo ☐ Yes ☐ No mplete Itemize	0	ne candidate o
Street Address		City	//		State	Zip Code
Description of Donation	4.2			Fair Mar	ket Value	of Donation
Event # Aggregate Value of this Event—all hos		ggregate Value of all Events— <i>this i</i>	nost/candidate	 		
Name of Host			committee?	supporting mo □ Yes □ No mplete Itemiza	0	ne candidate o dendum L5
Street Address	. /	Éity			State	Zip Code
Description of Donation			;	Fair Mar	ket Value	of Donation
Svent # Aggregate Value of this Event—all hos	ests A	ggregate Value of all Events—this I	nost/candidate			i tar
Name of Host	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	in the Company of the Association of the Company of	committee?	supporting mo Yes No mplete Itemiza	0	ne candidate o
Street Address		City			State	Zip Code
Description of Donation	anderson and San			Fair Mar	ket Value	of Donation
Svent # Aggregate Value of this Event—all hos	osts A	ggregate Value of all Events— <i>this i</i>	host/candidate			.al
	SUI	BTOTAL Section L5 —	This Page			
And the second state of th		AL of additional Section	AND COMPANY OF THE PROPERTY OF			
TOTAL OF ALL IN-KIND DONATION ASSOCIATED WITH A HOUSE PARTY (Enter		ONSIDERED CONTR 22, Column A of Summary			.	

SEEC FORN 20 terised January 2015	II. NUNMUI	NETARY REC	EIPIS (Sectio	ns M—O)	Fage 12 01 17
NAME OF COMMITTEE (Provide Complete	Name as Registered with .	Filing Repository)		TYPE OF REPORT	
James Jimmy San	chez for City Counc	;il		October is	tiling
900000000000000000000000000000000000000		M. In-Kind Con	tributions	1 () (1 (1 (1 (1 (1 (1 (1 (1 (J. J.
		MI, MERCING COL	шиновъ		(A. 6) (S)
Name					
			•	· · · · · · · · · · · · · · · · · · ·	
Street Address			City		State Zip Code
and the second s				A Comment of the Comm	
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind	Contribution	
☐ Individual / Sole Proprietorship ☐ Other					
	If contribution is in	excess of \$400 to a candid	late for a chief executive	officer of a municipality.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or l	ousiness he/she is associat	ed with have a contract w		Fair Market Value
	valued at more than	······································	Yes No		of this Contribution
Is this contribution associated with an		tor a principal of a state c indicate which branch or		tate contractor?	
event reported in Section L1? If yes, list Event #		mment the contract is wit	h Executive	☐ Legislative	
Name	1,1				* . *
zamo					
Street Address		 	Icau /		State Zip Code
Street Address			City		State Zip Code
:		·	L/		
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind	Contribution	
☐ Individual / Sole Proprietorship ☐ Other					
Is contributor a lobbyist, spouse,				officer of a municipality,	Fair Market Value
or dependent child of a lobbyist?		business he/she is associa		with said municipality	of this Contribution
	valued at more than		Yes No		
Is this contribution associated with an event reported in Section L1?	☐ Yes Is contribut☐ No If yes.	tor a principal of a state coindicate which branch or	ontractor or prospective st	ate contractor?	
If yes, list Event #		mment the contract is with		☐ Legislative	
Name		/			
		/			
Street Address			City		State Zip Code
		/			
	Date Received	Aggregate Contributions	Description of In-Kind	Contribution	
Type of contributor: Committee		Aggregate Contributions	Description of m-King	Commound	
☐ Individual / Sole Proprietorship ☐ Other		<u> </u>			- 1000
Is contributor a lobbyist, spouse,		excess of \$400 to a cand business he/she is associated		officer of a municipality,	Fair Market Value of this Contribution
or dependent child of a lobbyist?	valued at more than		Tes □ No	with said municipality	of this Contribution
Is this contribution associated with an		tor a principal of a state c	ontractor or prospective st	ate contractor? Yes	and the second second
event reported listed in Section L1?	☐ No If yes, i	indicate which branch or	branches	□ No	
If yes, list Event #	of gove	rnment the contract is with	h: Executive	☐ Legislative	
 And the property of the state o		SUBTOTAL	Section M — This Pa	ge	
	/				
	/	TOTAL of add	itional Section M Pag	es	
TOTAL OF ALL IN-KIND CON	TRIBUTIONS &	nter total on Line 23, Colu	ımn A of Summary Page T	otals)	
	/ N. Refund	lable Deposit to T	elephone Compai	ny	
Last Name of Individual	/	First		мі	Date Deposit Made
m				·	
Residential Street Address		City		State Zip Code	
According Direct Audiess		City	and the second second	Sign Code	Amount of
/			;		Deposit
Name of Telephone Company		The second secon		and the second s	
·		A contract of the second	The second second		
		Lak	<u> </u>	12:	
Street Address		City		State Zip Code	
TOTALS	ECTION N (Enter	total on Line 24, Column	A of Summary Page Tol	(als)	

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
James J	immy Sanchez for City Council		Uctober	10 tiling
	P. Expenses I	Paid by Committee		j
Name of Payee			Date of Payment	Method of Payment: Deck # 93
JA:	mes Spinchez		09/24/2019	Debit Card EFT
Street Address		City		State Zip Code
370	Freeman St.	Hartford		CT OUIDE
Purpose of Expenditure (by code) _	Description Rembursement - Condicel	cite	t#	Amount
RMB	Food for Campaign mee			\$62 ⁴¹
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required unl	ess "None of the below" is check	red)	JDU Z
() applications	None of the below			
i i	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contrib		A OB OC OD	
Name of Payee	A CONTRACTOR OF THE PROPERTY O		Date of Payment	Method of Payment:
Sion	Design and Banner, L	1 (09/09/2019	☐ Check # MDebit Card ☐ EFT
Street Address	Lesign and Banner, L	City	10112011	State Zip Code
132	25 Main St.	Hartford		CT 06103
Purpose of Expenditure (by code)	Description	Even	t #	Amount
A-DTH	CAmpagn T-Shirts			\$39881
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unle	ess "None of the below" is check	ed)	#348 -
((f applicable)	None of the below			·
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contrib		A OB OC OD	
Name of Payee		J. Barrier	Date of Payment	Method of Payment:
				Check #
Street Address	- A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A	City		☐ Debit Card ☐ EFT State Zip Code
:				
Purpose of Expenditure	Description	Event	t#	Amount
(by code)	Description			Ашоци
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is chec	ked)	
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure	e) 🔲 Independent		
	Coordinated without reimbursement sought (in-kind contra		OA OB OC OD	
Name of Payee			Date of Payment	Method of Payment:
				☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
Purpose of Expenditure	Description	Even	ıt#	Amount
(by code)				
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un.	less "None of the below" is cheek	ked)	
(f applicable)	None of the below	and from of the botton is encor	reny	
	Coordinated with reimbursement sought (joint expenditure	•		
	Coordinated without reimbursement sought (in-kind contri	Organization:	OA OB OC OD	77
Sea Capal Keni Angrasan ang disebat		UBTOTAL Section P — Thi	THE THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED I	2122
	To:	TAL of additional Section P	Pages 5	6
	TOTAL OF ALL EXPE	NSES PAID BY COMMI 19, Column A of Summary Page	TTEE \$40	122

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
	lames Jimmy Sanchez for City Council		October	10 Clina
aco assesso de la companio		enses Paid by Candi	date	
Name of Payee (Name of V	endor, Person or Entity who candidate poid directly)		Date of Payment	Is reimbursement claimed?
Costic	b Wholesale		09/2012019	Yes 🗆 No
Street Address 405 }	lartford Rol.	city New Brita	1	State Zip Code CT 04 053
Purpose of Expenditure	Description		Event #	Amount
(by code) FDOD	Campaian Meeting	1-Food		\$6241
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly))	Date of Payment	Is reimbursement claimed?
		· · · · · · · · · · · · · · · · · · ·		☐ Yes ☐ No
Street Address		City	to describe	State Zip Code
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?
				☐ Yes ☐ No
Street Address		City		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?
The state of the s		•		Yes No
Street Address		City		State Zip Code
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?
:				☐ Yes ☐ No
Street Address		City		State Zip Code
	the second second	a was san a sa A san a		
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Dayles (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
ivanic of Layco (ivanic of F	emon, reison or Limby who caminade paid anecisy)	÷	Date of Fayment	☐ Yes ☐ No
Street Address	•	City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Philippina (Company Company Company)	${f s}$	UBTOTAL Section Q —	This Page \$6	2 ⁴¹
	ТО	TAL of additional Sectio	a a sa a l	to.
Supple of the second	TOTAL OF ALL EXP Enter total on Lin	ENSES PAID BY CAP e 26, Column A of Summary	NDIDATE 8/02	41

	BE (Provide Complete Name as Registered with Filing Repository 68 Jimmy Sanchez for City Council		TYPE OF REPORT	10 t	Tina
1980	R. Expenses Incurre	ed on Committee Cre	edit Card		ma -
Name of Issuing Insti		Type of Credit Card:			······································
		☐ Visa ☐ Master (Card ☐ Discover ☐ Americ	ean Express	s Other:
Name of Vendor, Person o	or Entity			Date of 1	ransaction
					<u> </u>
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	- 1	Event #		Amount
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind coordinated)	liture) 🔲 Indep			
Name of Vendor, Person o	or Entity	and the state of t		Date of T	Fransaction .
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#	i	Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend	diture) Indep		D	
Name of Vendor, Person o	or Entity	/	, and the second	Date of T	Fransaction .
Street Address		City	* 120, 200 Late 1880 0 0 0 0	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint/expended) Coordinated without reimbursement sought (in-kind of	diture) 🔲 Indep		D	
Secretary Religion and page 1884		UBTOTAL Section R —	This Page		
		TAL of additional Section			
TO	TAL OF ALL EXPENSES INCURRED ON (Enter total on Liv	COMMITTEE CREI ne 27, Column A of Summary			
	and the second of the second o	William State			

NAME OF COMMITT	BE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	_	
	s Jimmy Sanchez for City Council		October	10 fi	linc
	S. Expenses Incurred by Com	mittee but Not Paid I	During this Period		
Name of Creditor		miniminiminiminiminiminiminiminiminimin	GO GEOGRAPHICA GEORGE BEDOOGS AND AN ANA ON AN OCH CONTAINER AN	Date Incurre	d
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		unt Incurred nate or Actual)
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	☐ Indepe	1		
Name of Creditor				Date Incurre	đ
Street Address	:	City	**	State	Zip Code :
Purpose of Expenditure (by code)	Description		Event #	•	unt Incurred nate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in kind co	☐ Indepe			
Name of Creditor				Date Incurre	d
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	 	Event #	1	unt Incurred nate or Actual)
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum S Required \[\begin{align*} \text{None of the below} \\ \text{Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in kind coordinated without reimbursement sought).} \]	☐ Indepe			
	Property (plane)	SUBTOTAL Section :	S-This Page		
		FOTAL of additional Sec	tion S Pages		
TOTAL OF ALL F	XPENSES INCURRED BY COMMITTEE DURI (Enter total on L	ING THIS PERIOD BUT ine 28, Column A of Summa			Section 1
	Previously reported Exp	enses Unpaid and still O	utstanding	, , , · , · · · · · · · · · · · · · · ·	
n in reache de le la grece de la company	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lic	D BY COMMITTEE BU ne 28a, Column A of Summa			

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor	-0)	ТҮР	E OF RE	PORT	e (62 (62 (53	
	nes Jimmy Sanchez for City Council	Name and the second sec		<u> </u>	*	10 41	Mg
V	T. Itemization of Reiml	oursements and Seconda	ary Pay			granes in	
Last Name of Worker/Cons		First			MI	Date of Pa Person or I	yment to Vendor, Butity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	ł			Section P:		orker/Consultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City	/			State	Zip Code
Purpose of Expenditure (by code)	Description	E	vent#			A	mount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir None of the below Coordinated with reimbursement sought (joint expe	enditure) 🔲 Independe	ent	о В о	C O D		
Last Name of Worker/Cons	ultant	First		:	MI	Date of Pa Person or I	yment to Vendor, Batity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				Section P:		orker/Consultant as
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
Purpose of Expenditure (by code)	Description	/ B	event#			A	mount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir None of the below Coordinated with reimbursement sought (joint expe	anditure) Independ	lent	ов о	СОД		
Last Name of Worker/Cons	ultant	First			MI	Date of Pa Person or I	yment to Vendor, Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				Section P:	Committee W	orker/Consultant as it Card □ EFT
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
Purpose of Expenditure (by code)	Description	E	event#			. A	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir None of the below Coordinated with reimbursement sought (joint expe	enditure) 🔲 Independ	lent	ов о	Сор		
		SUBTOTAL Section T —	This Pag	je			
		TOTAL of additional Section	n T Page	as .			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS AND CONSU	LTANI	'S			

HORES TO ME SET SECTION OF THE CO.

			· 自由自由。在 自身 中 美国美国的美国基础	क्षांत्रीचे अस्य सम्ब	
			the state of the s		
1					
	:				
•		ű.			
		•	e e e	. 1	
					-
·	and the state of t	ji nanga	e de la companya de l	1 4 1	+ 48 Jun 1
			e transfer		
	white grant I	4 - 44 - 4	equilibrium entren de la lacció la per-	Harry Villey	
	A mark the street of the stree		i denominante arthur egista, caso e especiales en mesos especiales		and the second of the second
•		:			1
		1			
talian di Paranta Managan			And the second of the second o	4	And the second
and the second s	- 1				
8 a - 1	i :	42			
:		:			
:		*			
:			and the second s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
:	:			:	
				· · · · · · · · · · · · · · · · · · ·	
	e de Georgia de Maria de Caralda. O como de Caralda de C				20 A 2 A
	harantap (A Self-ap S Grady Call at the way of a Association	A Section 1	31
	en e	at the second of the	National Control of the Control of the	3 0	
		e e e de	production of the second of th		general englisher
: ,		:		*	. ,

		A Commence of the Commence of	
	1		
		and the second of the second o	1900
the state of the s			

and the second	production of			
		÷	gradient von der	
•				

*				
+ :		•		
	the first term of the control of the control of the second of the control of the		1	
	ad the second		i	
	and the control of th	er Alexandra		

e i kom za zastan entre trak i bereta	The section of the se	professional transfer and the species of	frequency	+++	÷
The second of the state of the second of the	vice (1)				

1. 11. 11.11.1		7.4		The second of the second		The state of the s	
+ 1 - 1	1 1 1 1			2 3 4	A POST OF A PROPERTY.	The second of	. •