## **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 Out 1: 30

**COVER PAGE** 

1. NAME OF COMMITTEE			angka ngka pipananganangan Kananangan	
James Jimmy Sanchez for C	ity Council	at t		
2. TREASURER NAME				
Kelly	MI	Bilodeau		Suffix
3. TREASURER ADDRESS				_
97 Roslyn Street		Hartford	State	Zip Code 06/06
	5. OFFICE SOUGHT (Complete of	only if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11   05   2019				(if applicable)
7. CANDIDATE NAME (Complete only if C	man and a construction of the construction of	1		
James Jimmy	B	Sanchez	\$* . · · · ·	Suffix
8. TYPE OF REPORT (Check One Box)				
O January 10 filing	7th day preceding primary	7th day preceding referendum		ibution or Disbursement
April 10 filing	O30 days following primary	45 days following referendum	(PACs ONLY)  Amendment	to
July 10 filing	7th day preceding election	Deficit	Type of Repo	
October 10 filing	12th day preceding election (State Central Committees Only)	Termination		
O24 Hour Independent Expenditure Primary Election	O45 days following election not held in November		. 4	
9. PERIOD COVERED				
	Beginning Date	Ending Date	4	
	07/01/2019	thru 09/01/2019		
<del></del>				
10. CERTIFICATION				
I hereby certify and state, under pe Disclosure Statement for the per	enalties of false statement, the	at all of the information set forth on this	s Itemized Cam	paign Finance
:	•			
Kelly Bilodoa	u	Kelly Bilodean		08/30/2019
TREASURER OF DEPUTY TREASURE	R (SIGNATURE) PR	RINT NAME OF SIGNER		DATE (mm/dd/yyyy)
A person who is f	ound to have knowingly and	willfully violated any provisions of the	campaign finan	ace statutes

faces a civil penalty or imprisonment or both.

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					
James Jimmy Sanchez for City Council	Th day preceding s					
	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	#5053.85 #300.00					
13. Contributions Received from Individuals (Sections A and B)	\$ 200,00	#5715,00				
14. Receipts from Other Committees (Sections C1 and C2)						
15. Other Monetary Receipts (Sections D through K)		# 125,00				
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)	\$200.00	\$5840,00				
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$ 5253.85	\$ 5840.00				
19. Expenses Paid by Committee (Section P)	\$ 1604.60	#2190.75				
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	#3649,25	\$3649.25				
21. In-Kind Donations not Considered Contributions Received (Section L4)	A A	# 94.65				
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)	\$ 92.06	\$92.06				
27. Expenses Incurred on Committee Credit Card (Section R)						
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)						
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
James Jimmy Sanchez for City Council	Representation of the	7th day preced	ing primary filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$ 0				
Market Colored	ntributions from Indivi	duals				
Last Name GuH	Stanley		ME.			
140 Main Street A-1	Hartford State Zip Code Of 16					
Principal Occupation	Name of Employer	en Realty	110			
Owns and manages rental apartments  Is contributor a lobbyist, spouse,   Yes   If contribution is in excess of \$400	to a candidate for a chief executiv	e officer of a municipality,	Amount of Contribution			
or dependent child of a lobbyist? In No does contributor or business he/she valued at more than \$5,000?	is associated with have a contract ☐ Yes ☑No	with said municipality				
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a significant which brain of government the contract of government the contract.		e contractor?	\$ 100.00			
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 7/24/2019	Aggregate Contributions	-			
Last Name	First		MI			
Stone Residential Street Address	Christopher City - 10		State Zip Code			
77 Millwood Road	East Hartford	l	CT 06/18			
Principal Occupation Attorney	Name of Employer					
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?						
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a lifyes, indicate which brain of government the contraction.						
Method of Contribution:	Date Received,	Aggregate Contributions	-			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money  Last Name	Order $8/2/3019$	\$ 100,00	M			
Residential Street Address	City		State Zip Code			
Principal Occupation	Name of Employer	!	I			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a sevent reported in Section L1?  If yes, list Event #  Of government the contraction of government the government the government the government of government the government of government the government the government of go		e contractor?				
Method of Contribution:	Date Received	Aggregate Contributions	<u> </u>			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	1					
SUBT	OTAL Section B — This	Page # 6	200.00			
TOTAL	of additional Section B I	ages	0			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	I INDIVIDUALS (Sections A 13, Column A of Summary Page		0.00			

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMIT	TTEE (Provide Complete Nan	ne as Registered w	ith Filing Reposit	lory)		TYPE OF REPORT		
	James Jimmy Sand	hez for City (	Council			7th day preced	ding primo	ry
		C1. C	ontributio	ns from O	ther Comm		<b>U</b> .,	7
Name of Committee					Name of Treass	ner		
Address				Is this contrevent report	ed in Section L1	d with an Yes No?	Amount of	Contribution
City		State	Zip Code	Date Rece	ived	Aggregate Contributions		
Name of Committee					Name of Treasu	irer		
Address				Is this contr event report	ed in Section L1	d with an ☐ Yes ☐ No ? st Event#	Amount of	Contribution
City		State	Zip Code	Date Rece	ived	Aggregate Contributions		
Name of Committee		Luciani		,	Name of Treasu	irer		
Address				Is this contrevent report	ed in Section L1	d with an ☐ Yes ☐ No? st Event #	Amount of	Contribution
City		State	Zip Code	Date Rece	ived	Aggregate Contributions		
	C2. Reim	ıbursemeni	ts or Surpl	us Distrib	utions from	other Committees		
Name of Committee					Name of Treasu			
Address				City	· <b>1</b>		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	ent for shared e	xpense \( \sigma \)	Surplus Distribut	ion	Amount	of Receipt
Description								
Name of Committee					Name of Trease	ırer		
Address	/			City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type  Reimburse	ment for shared	d expense	Surplus Distrib	ution	Amount	of Receipt
Description			Sagaran Sagar	and deligações had mei hekkina saman		uhitoksiyooniti		
			SUBTO	TAL Section	on C — This	Page		•
					al Section C			
	FOTAL OF AL (Sections C1				S AND RECI Summary Page			

## I. MONETARY RECEIPTS (Sections A—K)

Page 5 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with I James Jimmy Sanchez for City	TYPE OF	· ···· i	eding primary		
	and the second of the second of the second of the second of	ed this Period			
Name of Lender		Source of Loan:	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)	1	,		I	Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:	didate ☐ Individual	Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)				1	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)				<u></u>	Amount Received
Street Address	City		State	Zip Code	
		TOTAL SECT	ION D		
E. Receipts from Entities other tha	n Individuals	or Other Com	mittees (Referen	dum Committe	es ONLY)
Name of Entity					
Street Address	<del></del>		Date Received		Amount Received
City	State	Zip Code	Aggregate Contrib	utions	
Name of Entity	<b>L</b>				
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contrib	utions	
Name of Entity	F		ı		
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contrib	utions	·
		TOTAL SECT	IONE		

#### I. MONETARY RECEIPTS (Sections A—K)

Page 6 of 17 -

NAME OF COMMITTEE (	Provide Complete Name as Regist James Jimmy Sanche					TYPE OF	REPORT	
T.	James Jimmy Sanche Amount Transferred	Apalataan ketadalah MANA	en menterale de la compe	ginoss Tuogs	Day (Proise		day preceding somery	
Date of Receipt	Is this transaction assoc	and the second second second second	- Control of the Cont	If yes, list Event		S Emily	Amount	
<u>-</u> -	event reported in Section		an ☐ Yes If yes, list Event # ☐ No					
Date of Receipt	Is this transaction associevent reported in Section		☐ Yes ☐ No	If yes, list Event	Ц		Amount	
Date of Receipt	Is this transaction assoc event reported in Section		☐ Yes ☐ No	If yes, list Event	<del>ļ</del>		Amount	
Date of Receipt	Is this transaction assoc event reported in Sectio		□ Yes □ No	If yes, list Event	1	,/	Amount	
				TOTAL	SECTION 1	F		
	.44		<del></del>					
G. Amount Tra	nsferred from Affilia	ted Labor	Union o	r Other Orga	nization T	reasur	y (Organization Committees ONLY)	
Date of Receipt  Date of Receipt					I	Date of Rec	eipt	
Ame	ount	Amount				Amount		
				TOTALS	ECTION G			
E	I, Personal Funds of	the Candi	date Rec	eived this Pe	riod <i>(Candi</i>	idate Con	nmittees ONLY)	
Date of Receipt	Method of payment:			inners.			Amount	
	☐ Çash		Personal Che	eck 🔲 (	Credit/Debit Car	rd		
Date of Receipt	Method of payment:						Amount	
	☐ Cash		☐ Personal Check ☐ Credit/Debit Card			rd		
Date of Receipt	Method of payment:			<u> </u>			Amount	
	☐ Cash		Personal Che	eck 🗆 (	Credit/Debit Ca	ırd		
Date of Receipt	Method of payment:						Amount	
/	☐ Cash		Personal Che	eck 🗆 (	Credit/Debit Ca	ırd	, was	
				ТОТА	L SECTION	ИН		
		I. Ar	ionymou	s Contributi	ons			
T	D 11'. A . 411 40	<b>A</b>	O		1	المواسم	anagitad in may	

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)

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NAME OF COMMITTEE (Provide Comple James Ji	nte Name as Registered with Filing Repository) mmy Sanchez for City Council	TYPE OF R	eport Yay prede	eding simony
	J. Interest from Deposits in Autho		12 / 12 12 12 2 2 2 2 2 2 2 2 2 2 2 2 2	
Name of Institution		Date Receive	d	Amount
Street Address	City	State 2	Lip Code	
Sheet Address	City			
Name of Institution		Date Réceive	d	Amount
Street Address	City	State	Lip Code	
		TAL SECTION J		
	Miscellaneous Monetary Receipts not C		ns Transaction	1 A D
Name	,			Amount Received
Street Address	City	State	Zip Code	
Description			)	
Name		Date of	Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of	Transaction	Amount Received
Street Address	City	State	Zip Code	
Description	/			
			C.T.	
Name		Date o	f Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
	TOTAL	SECTION K		
SUMM	ARY OF OTHER MONETARY RECI	EIPTS (Sections D thro	ugh K)	
Total Loans Received this Period (	/			
Total Receipts from Entities other t	han Individuals or Other Committees (Section E	E) +		
Total Amount Transferred from Af	filiated Business Treasury (Section F)	+		
	filiated Labor Union or Other Organization Tre	easury (Section G) +		
Total Amount of Personal Funds of	the Candidate Received this Period (Section H)	) +		
Total Amount of Interest from Dep	osits in Authorized Accounts (Section J)	+		
	eipts not Considered Contributions (Section K)	+		
		ther Monetary Receipt		

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

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
	mes Jimmy Sanchez for City Council		The state of the s	.12. 1	ceding 1	27mary		
	L1. Even	t Infori	nation	/ //		/		
Event # Date of Event Letter	Description		. ,		Was this a fu	ndraising event?		
Location: Street Address		lc:n			State	Zip Code		
Location. Street Address		City			Otale	zip code		
Subpart 1: (All Committe	tees)	<u> </u>		<del></del>		- I		
Was this event hosted at	a personal residence?	☐ Yes (If yes, go to Section 1.5 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						
	le goods or services donated by a business entity nated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) ☐ No						
	sale, auction, or other sale of donated items	☐ Yes	(If yes, enter Total Rece	ripts here.)				
with purchases from an ir	ndividual of up to \$100?	□ No		<b>→</b>	\$			
	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	nittees øt	ther than Exploratory (If yes, go to Section L3 or on a Sign and comp	Purchases of Advert		Program Book		
Subpart 3: (Town Com.	•	/ 	/re / 05 / 105					
	food or beverage at a fair or similar mass state with this fundraiser?	⊔ Yes	(If yes, enter Total Reco	\$				
<i>G</i>		□ No						
Event # Date of Event Letter	Description				Was this a fur ☐ Yes	ndraising event?		
Location: Street Address		City			State	Zip Code		
Subpart 1: (All Committee Was this event hosted at a	,	□ Yes	(If yes, go to Section L5 Associated with a Hou purchases made by host	se Party and complet	e required info			
	le 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 i		not Considered	Contributions		
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items advidual of up to \$100?	☐ Yes	(If yes, enter Total Reco	cipts here.)	\$			
Subpart 2: (Party Comm. Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Command advertising space in a program book or on a fundraiser?	nittees oti	her than Exploratory (If yes, go to Section L3 or on a Sign and comp	Purchases of Advert		Program Book		
Subpart 3: (Town Comn		_						
	food or beverage at a fair or similar mass state with this fundraiser?	□ Yes □ No	(If yes, enter Total Reco	ipts here.)	\$			
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr		of Donated Items — '	This Page				
/	SUBTOTAL Sect	ion L1—s	ubpart 3 <i>(Town Commit</i> 1 Food Purchases — '	tees ONLY)				
			of additional Section					
	TOTAL OF ALL RECE							
			Column A of Summary					

	-			or a sale of donated item		Ough LL.	TOMOVEA
NAME OF COMMI	TTEE (Provide Complete Name	as Registered with Filing Reposit	tory)	TYPE OF REPO		1	
TTML or reserve a constraint declara-	James Jimmy Sancl	ISS INL Cità Connon			prei	ceding pr	imacy
	L3. Pı	irchases of Advertisi	ing in a Prog	ram Book or on a Sign/			
Name of Purchaser						se Made By:	<b></b> 1 Out
						isiness Entity	☐ Other
			Lac		∐ In•	dividual/Sole P	· • · · · · · · · · · · · · · · · · · ·
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Program Ad Purch	asé	Amount of Sig	gn Purchase
Name of Purchaser					Purcha	se Made By:	
Name of Fill Grasci					l	isiness Entity	☐ Other
					I —	dividual/Sole P	
Street Address			City		1111	State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
			/	/	Dorales	se Made By:	
Name of Purchaser						se made by: Isiness Entity	☐ Other
						dividual/Sole P	_
Street Address			City	THE RESIDENCE OF THE PARTY OF T		State	Zip Code
Sirect Address				•		Suic	Zip Coas
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
					1		
Name of Purchaser						se Made By:	<b></b>
		. /			_	isiness Entity	Other
			l ore		∐ in	dividual/Sole P	Zip Code
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
					Davaha	se Made By:	
Name of Purchaser						se Made By: Isiness Entity	☐ Other
					1	isiness Enuty dividual/Sole P	
Street Address			City		m	State	Zip Code
Sirect Address			City			Stato	Lip odd
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
	SUBTOTAL Sect	ion L3 Total Purchases o	f Advertising in	Program Book — This Page	•		
	SUBTOT	AL Section L3 Total Pur	chases of Adver	tising on a Sign — This Page			
			TOTAL o	f additional Section L3 Pages			
n n	OTAL OF ALL PURCE	LASES OF ADVERTISH	VC IN A PROG	RAM BOOK or ON A SIGN			

(Enter total on Line 16c, Column A of Summary Page Totals)

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

NAME OF COMMITTE	E (Provide Complete Name as Registe	red with Filing Repository)		)	YPE OF REPOR		4	
	James Jimmy Sanchez fo	r City Council			7th day	recedi	no F	nmay
	L4. In-F	Kind Donations N	ot Conside	red Contribut	ions /	C	] *	
Name of Donor				Arthur English	ala <b>ki)</b> kani ok			
Street Address			City			S	tate	Zip Code
Donation Given By:	Description of Donation		1			Fair Ma	rket Va	lue of Donation
☐ Business Entity				,				
☐ Individual	Date Received	Event #		Aggregate Value for	his Event			
☐ Sole Proprietorship								
Name of Donor								
Street Address			City			Si	tate	Zip Code
Donation Given By:	Description of Donation					Fair Ma	rket Va	lue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate Value for	his Event			
☐ Sole Proprietorship		<u> </u>						
Name of Donor								
Street Address			City			S	tate	Zip Code
	· ·							
Donation Given By:  Business Entity	Description of Donation					Fair Ma	rket Va	lue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
Name of Donor								
Street Address	/	<u>«</u>	City			S	tate	Zip Code
Donation Given By:	Description of Donation					Fair Ma	rket Va	lue of Donation
	Date Received	Event #		Aggregate value for t	his Event	_		
☐ Sole Proprietorship	Date Received	Event #		· ·				
		SUBT	OTAL Section	L4— This Page				
e	/	TOTAI	of additional	Section L4 Pages				
то	TAL OF ALL IN-KIND DON						-	i
	(Ente	r total on Line 21, Co	umn A OJ SUM	many 1 age 10tals				
		•						

NAME OF COMMITTEE (	Provide Complete Name as Registered with Filing Rep	pository)			TYPE OF RE		
	James Jimmy Sanchez for City Count	cil			7thday pa	reactore,	Armery
L5	. In-Kind Donations Not Consider	ered (	Contributions Associa	ted with a H	louse Part	y O	//
Name of Host				committee? [	upporting mo □ Yes □ No nplete Itemiza	O	ne candidate or lendum L5
Street Address			City			State	Zip Code
Description of Donation	·				Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	ggregate Value of all Events—this h	ost/candidate			
Name of Host				committee? [	upporting mo □ Yes □ No mplete Itemiza	0	ne candidate or lendum L5
Street Address	. I SANSANI,		City			State	Zip Code
Description of Donation					Fair Mar	ket Value (	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	grogate Value of all Events—this h	ost/candidate			
Name of Host				committee?	upporting mo Yes No nplete Itemiza	0	ne candidate or
Street Address			City	-		State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events— <i>this h</i>	ost/candidate			
Name of Host				committee?		0	ne candidate or
Street Address			City	•		State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate			
		SUE	BTOTAL Section L5 —	This Page	;		
			AL of additional Section				
TOTAL O ASSOCIATED WITH	DF ALL IN-KIND DONATIONS N A HOUSE PARTY (Enter total or		ONSIDERED CONTRI 22, Column A of Summary				

#### III. NONMONETARY RECEIPTS (Sections M—O)

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NAME OF COMMITTEE Provide Complete	Name as Re	eistered with	Filing Repositor	לע		TYPEC	F REPORT		***	
James Jimmy				,		74	day prea	eding	Primory	
			M. In-Ki	ind Cont	ributions 💮		77	ال	7	
Name	,.,,,			- 18 1-4 1-1 1-1 1-1 1-1 1-1 1-1 1-1 1-1 1-1						
Street Address		1.1		(	City			State	Zip Code	
					- I					
Type of contributor:	Date Recei	ate Received Aggregate Contributions Description of In-Kind Contribution								
☐ Individual / Sole Proprietorship ☐ Other	70 . 1		24400			- CC C	.4.419			
Is contributor a lobbyist, spouse, Sor dependent child of a lobbyist?	does cor	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?						Fair Market Value of this Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ☐ No									
Name										
Street Address				C	City /			State	Zip Code	
Type of contributor:	Date Recei	ved	Aggregate Cont	tributions	Description of In-Kind	I Contributio	n			
☐ Individual / Sole Proprietorship ☐ Other										
contributor a lobbyist, spouse, dependent child of a lobbyist? Ves No Source of this 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 No										
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ☐ No	☐ Yes Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No ☐ No ☐ Sovernment the contract is with: ☐ Executive ☐ Legislative								
Name	· · · · · · · · · · · · · · · · · · ·									
Street Address					City			State	Zip Code	
Type of contributor:	Date Recei	ved /	Aggregate Cont	tributions	Description of In-Kino	I Contributio	n			
☐Individual / Sole Proprietorship ☐Other										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ibution is in intributor or at more than	business he/sh	0 to a candid ne is associate	ate for a chief executive d with have a contract  Yes No	e officer of with said m	a municipality, unicipality		Market Value Contribution	
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	☐ Yes ☐ No/	If yes,	tor a principal indicate which	branch or b			□ No			
y yes, nse Brone "		0.50.0	despiration and the second			Seddesel				
	/		SUE	STUTALS	ection M — This Pa	ige				
	/		TOTA	AL of addit	ional Section M Pa	ges				
TOTAL OF ALL IN-KIND CON	TRIBU	TIONS (E	Enter total on Li	ine 23, Colun	in A of Summary Page [	Potals)				
/	N.	Refund	dable Depo	osit to Te	lephone Compa	ny				
Last Name of Individual	and estentibles, etheres par	entriferent terretakon eta	a-valer a vikarggay, 1900-194, 500 🞩 sad	First	ereget () 👢 en et eljene til og ekt filte for meg til stig ib 👢 eller e		МІ	Date Deposi	t Made	
/										
Residential Street Address			City	ļ		State	Zip Code		1-1	
			:						Amount of Deposit	
Name of Telephone Company/										
Street Address			City			State	Zip Code			
							1	<u> </u>		
TOTAL SI	CTION	N (Enter	total on Line 2	84, Column⊅	1 of Summary Page To	tals)				

Page 13 of 17

Revised January 2015		0===0					
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	~.			
	James Jimmy Sanchez for City Council		7 day precedi	The day preceding primary filing			
	P. Expenses I	Paid by Committee	/ /				
Name of Payee			Date of Payment	Method of Payment:			
The Lui	1110 Way	·	8/19/2019	☐ Debit Card ☐ EFT			
Street Address	tino Way n Street 3rd Floor	City		State Zip Code			
220000	a Street and Floor	Har Hord		CT 06106			
330 MAI	1 91.00	TIGTIVE					
Purpose of Expenditure	Description		Event #	Amount			
MISC	Photo Session						
				\$150,00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required uni	less "None of the below" is	checked)	7700.55			
	None of the below						
	☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind contril						
Name of Payee	Coolemated without reimousement sought (making conduct	Organiza	tion: O A O B O C O D  Date of Payment,	Method of Payment:			
Name of Fayer				E Check # 91			
Hartford	DTC		8/22/2019	☐ Debit Card ☐ EFT			
Street Address		City		State Zip Code			
823 1101	hersfield Avenue  Description Party Candidate Listin	Hackbard		CT 06114			
US WA	nespera riveriac	Mai Tora		01 00111			
Purpose of Expenditure	Description	. Literature	Event #	Amount			
(by code)	Party Condidate Listic	19-for ROWA					
100				4 10 00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit	ess "None of the below" is a	checked)	\$500,00			
,	☐ None of the below		4				
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contrib						
Name of Payee	Coordinated without remotissment sought (in-kind control	Grganizat	Date of Payment,	Method of Payment:			
			1 1 1	E Check # 92			
James c	anchez		8/27/19	☐ Debit Card ☐ EFT			
Street Address		City	· · · · · · · · · · · · · · · · · · ·	State Zip Code			
270 From	man Street	Hartford		CT 06/06			
01-1160				00)			
Purpose of Expenditure	Description bursement - Candidate For postage, printing, copies a	- 01	Event #	Amount			
(by code)	For protesse proting Copies a	nd strice		,			
71110	For gestages	- Coupy nes		\$ 92.06			
Expenditure # (if applicable)	Type of Expenditure Hemization in Addendum P Required un	iess "ivone of the below" is	спескеа)	7/4			
	✓ None of the below  ☐ Coordinated with reimbursement sought (joint expenditure	e) 🗍 Indepen	dent				
	Coordinated without reimbursement sought (in-kind contribution)	-	ntion: o A o B o C o D				
Name of Payee		, Digamiza	Date of Payment	Method of Payment:			
. 0 - 1 \			al-lana	☐ Check #			
UPantin	q		8/5/2019	Debit Card DEFT			
Street Address		City	1	State Zip Code			
Conn 11	coled Augus	Van Nays		CA 91406			
8000 H	Description Bookmarks for Distribution	TWI MMYS		0,777			
Purpose of Expenditure	Description	. /	Event #	Amount			
(by code) A - OTH	Bookmarks for Normbut	on					
				\$109.81			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required uni	less "None of the below" is	checked)	4109.01			
	None of the below		tont.				
	☐ Coordinated with reimbursement sought (joint expenditure ☐ Coordinated without reimbursement sought (in-kind contril	· .					
	Coordinates assists temperatural sorBut furging contin	U Organiza	tion: o A o B o C o D				
	<u>S</u>	UBTOTAL Section P —	-This Page #	851.87			
	то	FAL of additional Section	on P Pages #	152,73			
	TOTAL OF ALL EXPE	NSES PAID BY COM	IMITTEE # / (	604.60			

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repositor BS Jimmy Sanchez for City Council	l/c	TYPE OF REPORT				
James Jimmy Sanchez for City Council  Q. Campaign Expenses Paid by Candidate							
Name of Pavee (Name of V	Q. Campaign Ex endor, Person or Entity who candidate paid directly)	penses Paid by Cand	Date of Payment	Is reim	bursement claimed?		
Amazon	, , , , , , , , , , , , , , , , , , , ,		7/28/2019		Yes No		
Street Address	Q1001	Sea Hle		State M/A	Zip Code 98/08- 1226		
PO BOX &		Dealite	Event #		Amount		
Purpose of Expenditure (by code)  OFFICE	Note Cards		Event #	#13	3.81		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment		bursement claimed?		
Amazon			8/5/2019		Yes 🗆 No		
Street Address PO BOX	81226	Seattle		State WA	Zip Code 98/08- 1226		
Purpose of Expenditure (by code)	Postage Stamps		Event#		Amount 5.79		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment 8/6/2019		bursement claimed? Yes 🔲 No		
Street Address PD Box	81226	Seattle		State WA	Zip Code 98/08- 1226		
Purpose of Expenditure (by code) POST	Pastage Stamps		Event #		Amount 6.79		
Name of Payee (Name of V Fed EX	endor, Person or Enlity who candidate paid directly)		Date of Payment 8/7/2019	1	bursement claimed? Yes   No		
Street Address 544 Fari	nington Avenue	Hartford		State	Zip Code 06/05		
Purpose of Expenditure (by code)	Copies + Printing	- Live section	Event #	\$4	Amount 4.67		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment		bursement claimed? Yes  No		
Street Address		City	<u> </u>	State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Name of Payee (Name of V	l 'endor, Person or Entity who candidate puid directly)		Date of Payment		bursement claimed?		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	1	Event#		Amount		
		SUBTOTAL Section Q	— This Page #	92,	06		
TOTAL of additional Section Q Pages  TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals)							
		PENSES PAID BY CA ine 26, Column A of Summar	NDIDATE y Page Totals)	92.0	6		

# Section P. ADDITIONAL PAGE / of /

NAME OF COMMIT	TBE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
	James Jimmy Sanchez for City Counci		7th day per	ceding primary
	P. Expenses	Paid by Committee		· · /
Name of Payee  Signs of	n the Cheap		Date of Payment 8/5/2019	Method of Payment:  Check # Debit Card  DEFT
Street Address	n the Cheap itonehollow Dr. Swite 160	Austin		State Zip Code 78 758
Purpose of Expenditure (by code) A-SIGN	Description Lawn Signs		Event #	Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the cont	ommittee) re)	,	\$670,31
Warne of Payce  Whiting		1	Date of Payment  8/20/2019	Method of Payment: Check # Debit Card DEFT
Street Address H	askell Avenue	Van Nuys	, <b>)</b>	CA 71406
Purpose of Expenditure (by code)	Bookmarks for Distrik	oution	Event #	Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or continuated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	mmittee)		#82.42
Name of Payee		_	Date of Payment	Method of Payment: O Check # 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 under None of the below (does not involve another candidate or concluded the Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the Coordinated without reimbursement s	ommittee) ore)	,	
Name of Payee		J. O. Iganiza	Date of Payment	Method of Payment: O Check #O Debit Card OEFT
Street Address		City		O Debit Card O EFT State Zip Code
Purpose of Expenditure (by code)	Description	,	Event#	Amount
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind conte	mmittee)	•	1
		SUBTOTAL Section P —		52.73

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# Section P. ADDENDUM PAGE \_\_\_\_ of \_\_\_

NAME OF COMMITTEE	\$400 M		TYPE OF RI	
James Jimmy Sanchez for City Council			Tond	wy preceding primory filir
	Paid by	Committee — Addendu	m	1'
Expenditure #	☑ Supp	oorted	1	Amount of Expenditure
	ծաքր	orteu 🗀 Opposeu	>	\$500,00
Name of Candidate or Committee		Office Sought (if applicable)		Cost Allocated to Candidate or Committee
Endorse Democrats Row F.	7			\$500,00
Name of Candidate or Committee		Office Sought (if applicable)		Cost Allocated to Candidate or Committee
Name of Candidate or Committee		Office Squalt (if applicable)		Cost Allocated to Candidate or Committee
Name of Candidate of Committee		Office Sought (if applicable)		Cost Allocated to Candidate or Committee
Name of Candidate or Committee		Office Sought (if applicable)		Cost Allocated to Candidate or Committee
Name of Candidate or Committee		Office Sought (if applicable)		Cont Allower to Constitute on Committee
Think of Canada a Committee		Omee dought (ii applicable)		Cost Allocated to Candidate or Committee
Name of Candidate or Committee		Office Sought (if applicable)		Cost Allocated to Candidate or Committee
Name of Candidate or Committee		Office Sought (if applicable)		Out All control Out Et al. Out The
- Tamber of Calabasis of Calabasis		Office sought (if applicable)		Cost Allocated to Candidate or Committee
Name of Candidate or Committee		Office Sought (if applicable)		Cost Allocated to Candidate or Committee
Name of Caudidate or Committee		Office Sought (if applicable)		Cost Alfocated to Candidate or Committee
				SSUPERIOR STANDARD OF COMMENCE
Name of Candidate or Committee		Office Sought (if applicable)		Cost Allocated to Candidate or Committee
Name of Candidate or Committee		Office Sought (if applicable)		Cost Allocated to Candidate or Committee
Name of Candidate or Committee		Office Sought (if applicable)		Cost Allocated to Candidate or Committee
Name of Candidate or Committee		Office Sought (if applicable)		Cost Allocated to Candidate or Committee
New SQ VIII Queries		om a 1.00 "		
Name of Candidate or Committee	ľ	Office Sought (if applicable)		Cost Allocated to Candidate or Committee

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## IV. EXPENDITURES (Sections P-T)

NAME OF COMMITT	BB (Provide Complete Name as Registered with Filing Repositor)  James Jimmy Sanchez for City Counci	i —	TYPE OF REPORT	
and common the selection and	R. Expenses Incurre			ng pamary
Name of Issuing Insti		Type of Credit Card:		
		☐ Visa ☐ Master C	ard Discover America	an Express
Name of Vendor, Person o	or Entity			Date of Transaction
Street Address	1016/4	City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
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 co	iture) Indepe		
Name of Vendor, Person o	r Entity		Address of the Section of the Sectio	Date of Transaction
Street Address		City		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/expend) Coordinated without reimbursement sought in-kind of	iture) 🔲 Indepe		
Name of Vendor, Person o	r Entity			Date of Transaction
Street Address		City	WANTE	State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required  None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	iture) 🔲 Indepe		
	St	ЛВТОТАL Section R — Т	his Page	
	гот	AL of additional Section	R Pages	
	TAL OF ALL EXPENSES INCURRED ON ( Enter total on Line	COMMITTEE CREDI 27, Column A of Summary 1		
:				

NAME OF COMMIT	EE (Provide Complete Name as Registered with Filing Repo	ository)	TYPE OF REPORT	`	
	James Jimmy Sanchez for City Counc		7th day pre	eceding	gimary
	S. Expenses Incurred by C	Contract to the Contract to the Contract Contrac	t Paid During this Period	<i>''</i>	
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		iount Incurred timate or Actual)
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum S Red  None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in-	expenditure) [	e below" is checked)  Independent  Organization: • A • B • C	0 D	
Name of Creditor				Date Incu	rred
Street Address	-	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum S Red  None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	expenditure) [	e below" is checked)  Independent  Organization: • A • B • C	<b>⋄</b> D	
Name of Creditor	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	1	nount Incurred stimate or Actual)
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum S Re  None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	expenditure)	e below" is checked) Independent Organization: OA OB OC	о в	
	The security of the second security of the second s	SUBTOTAL	Section S-This Page		
		TOTAL of addi	ional Section S Pages		
TOTAL OF ALL	EXPENSES DECURRED BY COMMITTEE (Enter to)	DURING THIS PER tal on Line 28, Column A	OD BUT NOT PAID of Summary Page Totals)		
	Previously reports	ed Expenses Unpaid a	nd still Outstanding		
	TOTAL OF ALL EXPENSES INCU (Enter total	RRED BY COMMII I on Line 28a, Column A	TEE BUT NOT PAID of Summary Page Totals)		

## IV. EXPENDITURES (Sections P-T)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Reposit	ory)	TYP	E OF REPORT		
	James Jimmy Sanchez for City Council		17*	day p	receding	Primary
	T. Itemization of Reim		d Secondary Pay	ees /	U.	
Last Name of Worker/Cou	sultaní	First		MI	Date of P. Person or	ayment to Vendor, Entity
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant	THAN STATE OF THE		Payment to Reim reported in Section	burse Committee W	/orker/Consultant as
				☐ Check #_	Deb	oit Card 🔲 EFT
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 Requi	red unless "None of t	he below" is checked)			
	☐ None of the below ☐ Coordinated with reimbursement sought (joint exp ☐ Coordinated without reimbursement sought (in-kin		☐ Independent ☐ Organization: ○ A	0 B 0 C 0	> D	
Last Name of Worker/Con	sultant	First		МТ	Date of Pa Person or	nyment to Vendor, Entity
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant	<del></del>		Daymant to Daine	hara Carritta V	(t/O t :
	, and the second		r	reported in Section Check #	n P;	orker/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 #	**************************************	Į.	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addentum T Required None of the below Coordinated with reimbursement sought (joint expenditured Coordinated without reimbursement sought (in-kind)	enditure)	he below" is checked)  Independent Organization: o A	ов ос с	) D	
Last Name of Worker/Cons	sultant	First		МІ	Date of Pa Person or	yment to Vendor, Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	•	n	Payment to Reimber to Reimber to Rection Check #	n P;	orker/Consultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City		<u></u>		Zip Code
Purpose of Expenditure (by code)	Description		Event #		A	Amount
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(			ction T — This Page		······································	
		TOTAL of additi	onal Section T Pages			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WORKERS ANI	CONSULTANTS	3	uiv <u>.</u>	

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