SEEC FORM 20

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

Page 1 of 17

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			WHANGIAN						
1, NAME OF COMMITTEE	THE CONTRACT OF STREET OF STREET			A statement					
James Jimmy	Sanchez f	for City	Council	ranga, starak tabuk					
2. TREASURER NAME									
First Kelly	Mt	Last Bilo de	eau		Suffix				
3. TREASURER ADDRESS									
Street Address	City	y 10 h		State	Zip Code				
97 Roslyn Street	et l	tartford		CT	06/06				
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete on	ly if Candidate Committee)			6. DISTRICT NUMBER				
(min/dd/yyyy) 11/05/2619	City Counc	i l			(if applicable)				
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)								
First Tames Jimm	J MI	Sanche	22		Suffix				
8. TYPE OF REPORT (Check One Box)				<u> </u>					
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preced	ling referendum	☐ Initial Cont (PACs ONLY)	ribution or Disbursement				
April 10 filing	☐ 30 days following primary	☐ 45 days follow	ving referendum	☐ Amendmen	it to				
☐ July 10 filing	☐ 7th day preceding election	☐ Deficit		Type of Rep	oort:				
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination							
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November								
9. PERIOD COVERED									
	Beginning Date	Enc	ling Date						
	February 1, 201	19 thru Mar	ch 31, 20	019					
10. CERTIFICATION									
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.									
Kelly Sulo Si treasurer (of deputy treasure	eau <u>K</u> er (signature) Pr	elly Bilo int name of signer	deau		04/08/2019 DATE (mm/dd/yyyy)				
A person who is	found to have knowingly and f faces a civil p	willfully violated an penalty or imprisonn		campaign find	ance 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 April 10 fili	
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		
13. Contributions Received from Individuals (Sections A and B)	#2,245.00	# 2,245,00
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)	#125,00	#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)	#2,370.00	#2,370.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	# 2,370.00	#2,370.00
19. Expenses Paid by Committee (Section P)		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	# 2,370,00	\$2,370,00
21. In-Kind Donations not Considered Contributions Received (Section L4)		
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		1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1
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)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	# 477,50	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$477.50	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
James Jimmy Sanchezfor C	The last of the second	April 10	Aling
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	and the state of t	\$ 596,00	
	The state of the s		
B. Itemized C	Contributions from Indivi	duals	
Last Name Recorder	First		MI
Rosado Residential Street Address	City	Sta	ate Zip Code
134 Forster Street	Hartford	C	T 06/06
134 Forster Street Principal Occupation Executive Assistant	Name of Employer Har-Hord	Housing F	Juthority
	00 to a candidate for a chief executiv she is associated with have a contract □ Yes 묘사이	with earl municipality	Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 0328/9/A Is contributor a principal of If yes, indicate which to of government the contributor in the contributor of government the contributor in the contribution associated with an event reported in Section L1? If yes Is contributor a principal of the contributor in the contrib		e contractor?	
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mon	ney Order 03/28/19	Aggregate Contributions	
Sand ler	First Tam-es		P
Residential Street Address 800 CoHage Grove Road Principal Occupation	Bloomfield	Sta	te Zip Code 7 06002
Principal Occupation Altorney	Name of Employer Sandler +	Mara P.C.	•
Is contributor a lobbyist, spouse,	00 to a candidate for a chief executive the is associated with have a contract Yes No		Amount of Contribution # 250,00
Is this contribution associated with an event reported in Section L1? If yes, list Event # \(\Omega \frac{28}{9} \frac{9}{9} \) Is contributor a principal of If yes, indicate which to of government the contributor apprincipal of government the contributor apprincipal of government the contributor apprincipal of the second seco		te contractor?	
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mon	Date Received	Aggregate Contributions #250,60	
Last Name Mara	Pirst Danie/	'	MI /
Residential Street Address 193 Duncaster Road	Bloomfield	· · · · · · · · · · · · · · · · · · ·	ate Zip Code 27 06002
Principal Occupation A Homey	Name of Employer Sandler	& mara F.	C,
	00 to a candidate for a chief executive she is associated with have a contract Yes Yos		Amount of Contribution # 250.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032819 A Is contributor a principal of fyes, indicate which to of government the contributor of government the contributor apprincipal of the section of government the section of the section o		te contractor?	, .
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mod	ney Order 03/28/19	Aggregate Contributions #250.00	<u> </u>
SU	BTOTAL Section B — This	Page # 600,	00
TOT	AL of additional Section B	Pages # 1,050	0,00
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li	OM INDIVIDUALS (Sections ne 13, Column A of Summary Page	(A+B)	

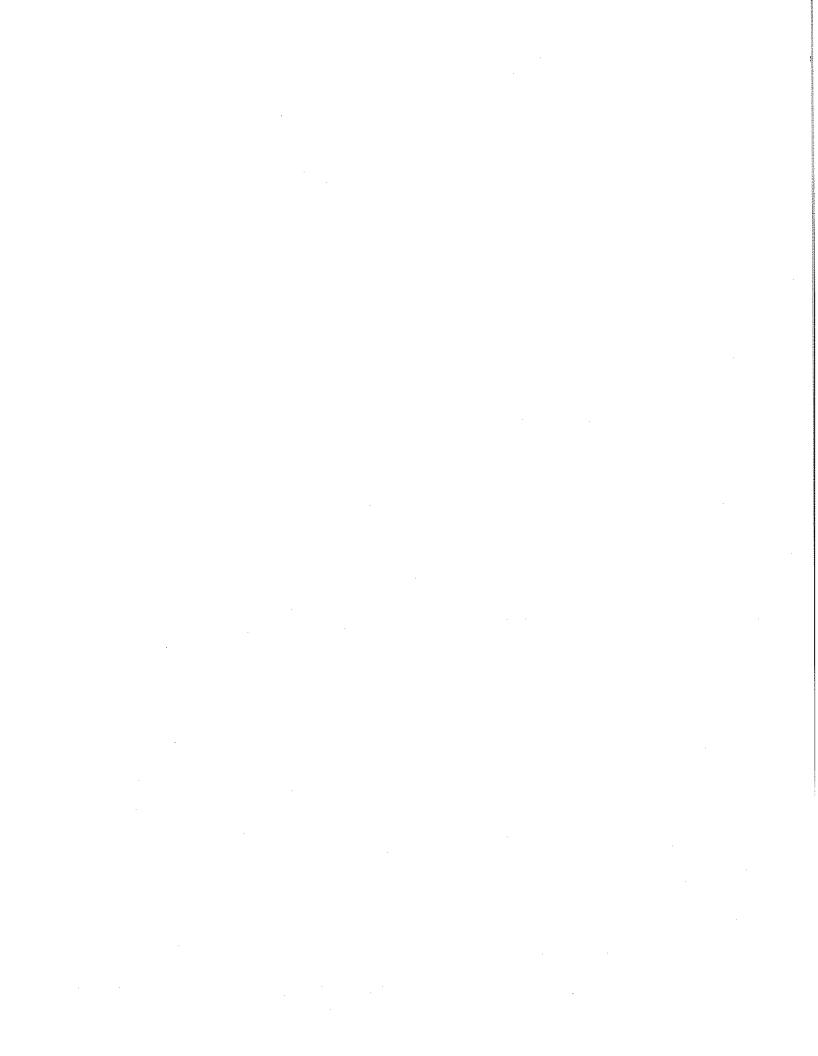
I. MONETARY RECEIPTS (Sections A—K)

NAME OF COM	MITTEE (Provide Comple	te Name as Registered w	ith Filing Reposi	itory)		TYPE OF REPORT		
James	Jimmy Sa	nchez f	or Cit	y Cour	വധി	April 10	filing	to the second section of the form
	1	C1. C	ontributio	ons from Ot				
Name of Committee					Name of Treas	surer		
Address				Is this contrib	d in Section L	ed with an ☐ Yes ☐ No 1? ist Event #	Amount of	Contribution
City		State	Zip Code	Date Receiv	ved	Aggregate Contributions		
Name of Committee	Marien Adoric Editionis con response foi incorrects as the limit of the incorrect				Name of Treas	surer		
Address					d in Section L	ed with an Yes No	Amount of	Contribution
City		State	Zip Code	Date Recei	ved .	Aggregate Contributions		
Name of Committee					Name of Treas	surer		
Address					d in Section/Ĺ	ed with an 🔲 Yes 🗎 No 1? ist Event #	Amount of	Contribution
City		State	Zip Code	Date Recei	ved	Aggregate Contributions		
Name of Committee	C2. I	teimbursemen	ts or Surpl	lus Distribú	tions fron	n other Committees surer		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	ent for shared e	expense Su	ırplus Distribu	tion	Amount	of Receipt
Description	·							
Name of Committee			7		Name of Trea	surer	·····	•
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimburse	ement for share	d expense	Surplus Distri	bution	Amount	of Receipt
Description								
	6			OTAL Section				
	TOTAL OF	ATT COMM		of additional			W.W.	
		SALL COMMIT is C1 + C2) (Enter						
					•	· ·	•	

Section B ADDITIONAL PAGE ___1 of __4

of	4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
James Jimmy Sanchez for City Council	April 10 filin	9					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	s Period ONLY TAL SECTION A	\$ 595.00					
				(Mile destablishment blad fick Milesen falls			
B. Itemized Co.	ntribu	tions from Individ	duals				
Last Name	First	;			Mī		
Vargas		Edwin					
Residential Street Address	City			State	Zip Code		
141 Douglas Street		Hartford		СТ	06114		
Principal Occupation		Name of Employer					
Legislator		State of Conne	cticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	to a cand is associa	idate for a chief executive ated with have a contract Yes XNo	e officer of a municipal with said municipality		ount of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a second reported in Section L1? No If yes, indicate which brain	nch or br	ractor or prospective state anches	_ 🗆 N	S	\$100		
If yes, list Event # 032819A of government the contract		☐ Executive Date Received	Legislative	_			
Method of Contribution: ☐ Cash ☐ Payroll Deduction ☐ Money	ľ		Aggregate Contributions				
		03/28/19	\$100				
Last Name	First				MI		
Cristofaro Residential Street Address	City	Victor		l gr	17: 0.1		
	CRy	Deeler 180		State	Zip Code		
87 Barry Place Principal Occupation	<u> </u>	Rocky Hill Name of Employer		CT	06067		
•							
Principal Is contributor a lobbyist, spouse,	to a soud	City of Hartfor		4 1			
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is associa	ated with have a contract of Yes 🖸 No	with said municipality	ty, Am	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032819A Yes Is contributor a principal of a lifyes, indicate which brain of government the contraction.	nch or br	anches	e contractor?		\$150		
Method of Contribution:	1	Date Received	Aggregate Contributions	_			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	03/28/19	\$150				
Last Name	First			•	MI		
Kowalyshyn	K	athleen			J		
Residential Street Address	City			State	Zip Code		
28 Forster Street		tford		CT	06106		
Principal Occupation		Name of Employer					
Attorney			owalyshyn LLC				
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?				ty, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 0328919A Yanded at more than \$5,000?							
Method of Contribution:	1	Date Received 03/28/19	Aggregate Contributions				
☐ Cash ☐ Payroll Deduction ☐ Money	Order	03/20/18	\$100 				
SUBT	TOTAL	Section B — This	Page	\$350.00			
The state of the s	ENGLISHED PO	litional Section B P		\$700.0	0		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$2,245.00							



SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE 2 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
James Jimmy Sanchez for City Council	April 10 filing						
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$ 595.00						
			Charles recommended to the control of the control o				
B. Itemized Co	ntrib	utions from Indivi	duals	113			
Last Name	Fir	st			MI		
Heslin		John			l w		
Residential Street Address	City			State	Zip Code		
235 Kenyon St		Hartford		СТ	06105		
Principal Occupation		Name of Employer		<u> </u>	,		
Insurance Agent		Wentworth De	Angelis, Inc				
Is contributor a lobbyist, spouse,		didate for a chief executiv	e officer of a municipality	/, Amou	unt of Contribution		
valued at more than \$5,000?		☐ Yes 💢 No		_ _	3100		
Is this contribution associated with an event reported in Section I.1? If yes, list Event # 1 Is contributor a principal of a lifyes, indicate which brain of government the contraction.	nch or b	oranches	e contractor?				
Method of Contribution:	JE 15 WILL	Date Received	Aggregate Contributions	4			
□ Cash □ Payroll Deduction □ Money	v Order						
Last Name	Fire	03/28/19	\$100		\ <i>N</i>		
	LH:				MI .		
Kozak Residential Street Address	lav	David		I 80	J		
	City	D () !!!!			Zip Code		
31 HuntersRidge Principal Occupation	Ĺ	Rocky Hill		CT	06067		
	•	Name of Employer					
Did not answer		K&S					
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?	to a can is assoc	didate for a chief executive intended with have a contract Yes No	e officer of a municipality with said municipality	', Amou	ınt of Contribution		
Is this contribution associated with an event reported in Section L1? No If yes, indicate which bra	nch or t	branches	□ No		\$100		
If yes, list Event # 032819A of government the contract Method of Contribution:	ct is with	Date Received	Legislative Aggregate Contributions	_			
☐ Cash ☐ Payroll Deduction ☐ Money	/ Order	03/28/19					
Last Name	Fire	et	\$100		MI		
					l .		
DiBella Residential Street Address	City	Donna		State	Zip Code		
11 Otter Brook Drive	ľ	d Coubrook		CT	06475		
Principal Occupation		d Saybrook Name of Employer		CI	00475		
Retired		Trans of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lif contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amou	ınt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032819A Is contributor a principal of a state contractor or prospective state contractor?							
Method of Contribution:		Date Received	Aggregate Contributions	7			
☐ Cash ☐ Payroll Deduction ☐ Money	Order	03/28/19	\$100				
SUBI	SUBTOTAL Section B — This Page \$300.00						
TOTAL	⊿ of ad	lditional Section B P	'ages	\$750.00)		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$2,245.00							

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE ___3 of __4

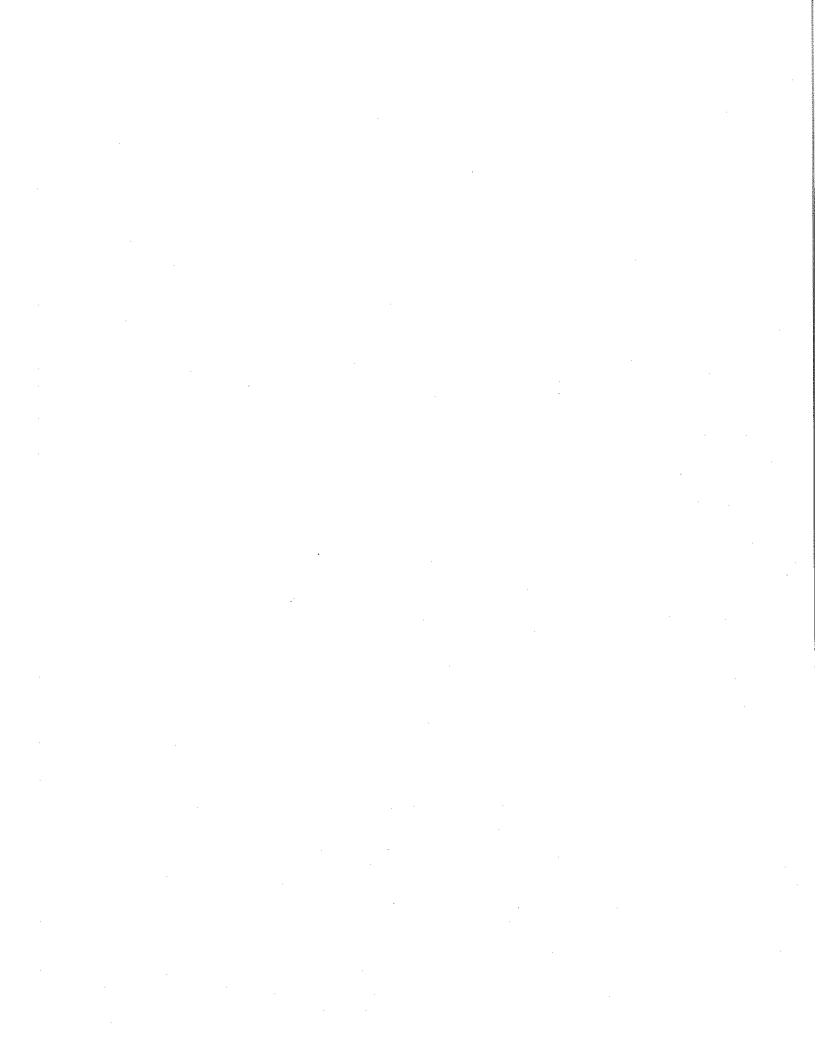
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
James Jimmy Sanchez for City Council	April 10 filir	April 10 filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	LY \$ 595.00				
			<u> </u>		
B. Itemized Co.	atributions from I	ndividuals	- 7/min-shee		
Last Name	First	AND A ACCUMENT	MI		
Ward	Deva	aughn	L		
Residential Street Address	City		State Zip Code		
400 Old Spring Road	Rocky Hi	1	CT 06067		
Principal Occupation	Name of Employer				
Attorney	Ward Lav	v LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Xes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is associated w <u>ith</u> have a c	xecutive officer of a municipality contract with said municipality ☑No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032819A IX Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or branches	tive state contractor?	\$100.00		
Method of Contribution:	Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 03/28/19	\$100.00			
Last Name	First		MI		
Residential Street Address	City		State Zip Code		
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	s associated with have a c	xecutive officer of a municipality ontract with said municipality 1 No	y, 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 s If yes, indicate which brancof government the contract	ich or branches	tive state contractor?			
Method of Contribution:	Date Received	Aggregate Contributions			
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order				
Last Name	First		М		
Residential Street Address	City		State Zip Code		
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	s associated with have a c	xecutive officer of a municipality ontract with said municipality No	y, 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 st If yes, indicate which bran of government the contract	ch or branches	ive state contractor? Yes			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money of Contribution □ Cash □ Payroll Deduction □ Money of Cash □ Payroll Deduction □	Date Received Order	Aggregate Contributions			
SUBT	OTAL Section B —	This Page \$100.00			
TOTAL	of additional Section	on B Pages \$950.0	0		
TOTAL OF ALL CONTRIBUTIONS FROM	INDIVIDUALS (Sect	tions A + B)			

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SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE __4 of __4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
James Jimmy Sanchez for City Council	April 10 filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$ 595.00					
B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name	Fir	st			М	П
Diaz		Jason				
Residential Street Address	City	,		State	Zip Code	C
203 Fairfield Avenue		Hartford		CT	061	14
Principal Occupation		Name of Employer				
Firefighter		City of Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400						ontribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032819A Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or b	oranches	□ No	7 9	\$100	
If yes, list Event # 032819A of government the contract Method of Contribution:	St IS WILL	Date Received	☐ Legislative Aggregate Contributions	-		
☐ Cash ☐ Payroll Deduction ☐ Money	Order	03/28/19				
Last Name	Fire	<u> </u>	\$100		М	т
Sarraga-Cieri	l I I				101	
	City	Anna		State	Zip Code	D
197 Fairfield Avenue	-1.7	Hartford		CT	061	
Principal Occupation		Name of Employer		U1	001	14
Retired						
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a can	l didate for a chief executive	e officer of a municipality	/. Amoi	unt of Co	ntribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is assoc	iated with have a contract Yes No	with said municipality			
Is this contribution associated with an event reported in Section L1? Yes If yes, list Event # 032819A Is contributor a principal of a If yes, indicate which bra of government the contra	nch or l	oranches	e contractor? Yes No Legislative		\$100	
Method of Contribution:		Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	03/28/19	\$100			
Last Name	Firs	st			М	I
Moran		Hector				L
Residential Street Address	City	··· · · · · · · · · · · · · · · · · ·		State	Zip Code	;
371 Franklin Avenue 2S	На	ntford		CT	06	114
Principal Occupation		Name of Employer Andrea's F	Restaurant	_		
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?	to a candis assoc	didate for a chief executive iated with have a contract Yes No	e officer of a municipality with said municipality	', Amoi	unt of Co	ontribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032819A Value at infer than \$5,0001 105						
Method of Contribution:		Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	03/28/19	\$100.00			
SUBT	OTA	L Section B — This	Page \$	300.00)	
TOTAL	of ad	ditional Section B P	ages	\$750.00		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		VIDUALS (Sections A umn A of Summary Page 1		245.00		



		olete Name as Registered		sitory)			TYPE OF	REPORT	
James	Jimmy	Sunchez	- for	ati	1 Counci	1	PAK	oril 10	filing
			D, Loan	s Receiv	ed this Perioc	1			٥
Name of Lender				•	Source of Loan:	ndidate [] Individu	al Other	Date of Receipt
Street Address			City		,		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guara	antor (if applicable)								Amount Received
Street Address			City				State	Zip Code	
Name of Lender					Source of Loan; Bank Ca	ndidate [] Individu	ol Other	Date of Receipt
Street Address	***************************************		City				State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guara	antor (if applicable)							1	Amount Received
Street Address			City				State	Zip Code	
Name of Lender			<u></u>		Source of Loan:	ndidate [] Individu	al Other	Date of Receipt
Street Address			City	,			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guara	antor (if applicable)								Amount Received
Street Address			City				State	Zip Code	
			/		TOTAL SECT	FION D		•	
	Receipts from	n Entities other	than Indi	viduals	or Other Con	ımittee	S (Refere	ndum Committe	es ONLY)
Name of Entity									
Street Address		/	, 			Date	Received		Amount Received
City				State	Zip Code	Agg	regate Contri	butions	
Name of Entity				<u> </u>	I	I			
Street Address					.	Date	Received		Amount Received
City				State	Zip Code	Agg	regate Contri	butions	
Name of Entity	<u> </u>	/		<u>i</u>		I			
Street Address						Date	Received		Amount Received
City		<u> </u>		State	Zip Code	Agg	regate Contri	butions	1.4.
					TOTAL SEC	TION E			<u> </u>

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Prov	ide Complete Name as Regist	ered with Filing l	Repository)		TYPE O	REPORT
James Jim	my Sanche	z for C	lity C	ouncil	Apr	il 10 filma
F. Am	ount Transferred	from Affil	iated Bu	siness Treasury	(Business Entity	Committees ONE Y)
Date of Receipt	Is this transaction associ		☐ Yes ☐ No	If yes, list Event#		Amount
Date of Receipt	Is this transaction associ	<u> </u>				Amount
Date of Receipt	Is this transaction associ		□ Yes □ No	If yes, list Event #		Amount
Date of Receipt	Is this transaction associ		□ Yes □ No	If yes, list Event #	MATERIAL PROPERTY AND ADMINISTRATION OF THE PROPERT	Amount
				TOTAL SEC	TIONE	
			a de se de la companya del companya della companya			
G. Amount Transf	erred from Affilia	ted Labor	Union of	Other Organiz	ation Treasur	y (Organization Committees ONLY)
Date of Receipt		Date of Receipt	and had adding an artist		Date of Rec	133,000
Amount	ŧ	Amount			Amount	
				TOTAL SECT	ION G	
, un migra diga (Champara and America) (Patrick) Trajector at the chambailt	eurings (Elegista) is 1995 in europe (1995).	y estatografia estatografia (ellegados	din ser ser gerga daser s		Street of September 1997 (1997)	
H.]	Personal Funds of	the Candi	date Rec	eived this Perioc	(Candidate Cor	nmittees ONLY)
Date of Receipt	Method of payment:					Amount
02/21/19	Œ Cash		Personal Che	ck 🛘 Credi	/Debit Card	# 25,00
Date of Receipt	Method of payment:					Amount
	☐ Cash		Personal Che	ck 🗆 Credi	/Debit Card	
Date of Receipt	Method of payment:					Amount
	☐ Cash		Personal Che	ck 🔲 Credi	/Debit Card	
Date of Receipt	Method of payment:				* .	Amount
	☐ Cash		Personal Che	ck 🛘 Credi	t/Debit Card	
				TOTAL SI	ECTIONH	# 25.00
		I. Aı	ıonymou	s Contributions		
	Public Act 11-48,					eposited in <i>any</i> lign treasurer shall

immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

Revised January 2015	JULIANI RECEII 19 (8	ccuons A—r	x)	
NAME OF COMMITTEE (Provide Complete Name as Registe			OF REPORT	
James Jimmy Sunchez (re-lieure il vince des el la colònique de la c	terrigan terterakan kecamatan dalah	pril lofil	mq
And the reading of the energy of the additional relations to the control of the c	erest from Deposits in Authorize	eliterate la recentación de la seguida la constitución de la constitución de la constitución de la constitución	Received	
Name of Institution		Date	Received	Amount
Street Address	City	State	Zip Code	_
Name of Institution	namenen makama katuuda kaka ka minista kikiin da tinta tama ta oo	Date I	Received	Amount
			I /	
Street Address	City	State	Zip Code	
	TOTAL	SECTION J		
K Miscallanac	ous Monetary Receipts not Consi		ntions	
NT	ous monetary Accepts not Const	er in a man and a man and an artist of the second and a factorial	Date of Transaction	Amount Received
Street Address 315 main Street			03/13/1	9
Street Address	City Mildle-trus	Stat	e Zip Code	\$100.00
Street Address 3)5 main Street Description Bonus payment for a	Madicion		1 067	37
Bonus payment for a	opening account			
Name			Date of Transaction	Amount Received
Street Address	City	Stat	e Zip Code	
·				
Description				
Name			Date of Transaction	Amount Received
Street Address	City	Stat	e Zip Code	
Description			<u>, </u>	
			D	
Name			Date of Transaction	Amount Received
Street Address	City	Sta	te Zip Code	
Description				
	TOTAL SEC	CTION K	# 10	0,00
SUMMARY OF O	THER MONETARY RECEIPT	S (Sections D	through K)	
Total Loans Received this Period (Section D)		er gro. 💙 e ekite e er e freuete eget kreet '		
Total Receipts from Entities other than Individua	ls or Other Committees (Section E)	. +		
Total Amount Transferred from Affiliated Busine	ess Treasury (Section F)	+		
Total Amount Transferred from Affiliated Labor	Union or Other Organization Treasury	(Section G) +		
Total Amount of Personal Funds of the Candidate	e Received this Period (Section H)	. 4	# 0	25,00
Total Amount of Interest from Deposits in Author	rized Accounts (Section J)	+		
Total Miscellaneous Monetary Receipts not Cons	idered Contributions (Section K)	·+	净	100.60
(Add Sections D	Total of Other] through K) (Enter total on Line 15, Column	the market of the second second second second second second second	eipts Totals)	25.00
	approximation 🖳 a sur 🕜 to 🖰 in Spirit for the Mark Mark Conference of the Spirit Mark Confer	a ang •grangga natay (•gr⊞e) (• €).	egerny and	

	() III () Cottons EI E5)	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	61.
James Jimmy Sunchez for City Con L1. Even	mail April 10	ti]Mq
	Information	
Event # Date of Event Letter 032819 A Re-elect James Jimmy Location: Street Address 229 White Street	Suchez for City Council	Was this a fundraising event? ✓ Yes □ No
Location: Street Address	City	State Zip Code
229 WhiteStreet	Hartford	CT 06/14
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations Associated with a House Party and comple purchases made by host(s) for food, beverage	te required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donations and complete required information.) ☐ No	not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Receipts here.)	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Adveror or on a Sign and complete required inform	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$
Event # Description Date of Event Letter		Was this a fundraising event? ☐ Yes ☐ No
Location: Street Address	City	State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	☐ Yes (If yes, go to Section L5 In-Kind Donations Associated with a House Party and complete purchases made by host(s) for food, beverage ☐ No	te required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donations and complete required information.) ☐ No	not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Community Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Adveror or on a Sign and complete required inform No	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items — This Page	
	ion L1—Subpart 3 <i>(Town Committees ONLY)</i> ipts from Food Purchases — This Page	
	TOTAL of additional Section L1 Pages	
	IPTS FROM SMALL PURCHASES	

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 TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) April James Jimmy L3. Purchases of Advertising in a Program Book or on a Sign Purchase Made By: Name of Purchaser ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Zip Code Street Address City State **Amount of Sign Purchase** Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Purchase Made By: Name of Purchaser ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Zip Code City. Street Address Amount of Sign Purchase Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Purchase Made By: Name of Purchaser ☐ Business Entity Other ☐ Individual/Sole Proprietorship Zip Code City Street Address Aggregate Purchases for All Event's Amount of Program Ad Purchase Amount of Sign Purchase Event# Date Received Purchase Made By: Name of Purchaser ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Zip Code City Street Address Aggregate Purchases for All Events **Amount of Program Ad Purchase Amount of Sign Purchase** Event # Date Received Purchase Made By: Name of Purchaser ☐ Other ☐ Business Entity ☐ Individual/Sole Proprietorship State Zip Code Street Address City **Amount of Sign Purchase** Amount of Program Ad Purchase Date Received Event# Aggregate Purchases for All Events SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN

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

II. EVENT ACTIVITY (Sections L1—L5)

Tame of Donor	imny Sanche L4. In-1	und Donations i	voi Conside	rea Contributions					
treet Address			City			State	Zip Code		
Oonation Given By: Business Entity	Description of Donation				Fair Market Value of Donat				
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event					
Tame of Donor									
treet Address			Cîty		,,,,	State	Zip Code		
Oonation Given By: ☐ Business Entity	Description of Donation				Fair	l Market V	alue of Donation		
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event					
lame of Donor	l								
trect Address			City			State	Zip Code		
Donation Given By:	Description of Donation			***************************************	Fair	Market V	alue of Donation		
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event					
lame of Donor	<u> </u>		• • •		· · · · · ·				
itreet Address		/	City			State	Zip Code		
Donation Given By: Business Entity	Description of Donation				Fair	Market V	alue of Donation		
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value for this Event					
		SUBT	OTAL Section	L4—This Page	•				
		TOTA	L of additional	Section L4 Pages					
TO	FAL OF ALL IN-KIND DON (Ente.	ATIONS NOT CO Total on Line 21, Co							

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Con	nplete Name as Registered with Filing Reposito	rry)		TYPE OF RE	PORT	
James Jimm	y Swichez Cov nd Donations Not Considere	- City Cource		April	10 fi	ling
L5. In-Kii	nd Donations Not Considere	d Contributions Associa	ted with a H	ouse Part	y	
Name of Host			Is this event so committee?	apporting mo	ore than o	ne candidate or dendum L5
Street Address		City			State	Zip Code
Description of Donation		•		Fair Mar	ket Value	of Donation
Event # Aggres	gate Value of this Event <i>—all hosts</i>	Aggregate Value of all Events—this h	ost/candidate	<i></i>		
Name of Host			committee?	upporting me Yes Nonplete Itemiza	0	ne candidate or dendum 1.5
Street Address		City	1		State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event # Aggres	gate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			
Name of Host			committee?	upporting mo Yes IN nplete Itemize	D	ne candidate or dendum L5
Street Address		City	1		State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event # Aggres	gate Value of this Event—all hosts	Aggregate Value of all Events—this ha	ost/candidate			
Name of Host			committee?	upporting mo Yes Nonplete Itemiza	0	ne candidate or dendum 1.5
Street Address	/	City			State	Zip Code
Description of Donation	<u>,,,</u>			Fair Mar	ket Value	of Donation
Event # Aggres	gate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			
	S	UBTOTAL Section L5 —	This Page			
	TO	TAL of additional Section	L5 Pages			
TOTAL OF ALL ASSOCIATED WITH A HOU	. IN-KIND DONATIONS NOT ISE PARTY (Enter total on Liv	CONSIDERED CONTRI ne 22, Column A of Summary				

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

Revised January 2015	1. 110111110	TIETANI NEC					
NAME OF COMMITTEE (Provide Complete				YPE OF REPORT			
James Jimmy	Sanchez	for City Ce	runci	Aponl 10 fil	ma		
		M. In-Kind Cont	ributions	V			
Name							
					10.0		
Street Address		l ^o	City		State Zip Code		
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind Con	atribution			
☐ Individual / Sole Proprietorship ☐ Other	,						
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No		n excess of \$400 to a candida r business he/she is associate in \$5,000?			Fair Market Value of this Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ No If ye.	butor a principal of a state con s, indicate which branch or t vernment the contract is with	oranches /	□No			
Name							
Street Address			City		State Zip Code		
Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other	Date Received	Aggregate Contributions	Description of In-Kind Con	atribution			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Fair Market Value							
or dependent child of a lobbyist? \(\begin{aligned} \text{ No} \end{aligned}	does contributor valued at more th	or business he/she is associati an \$5,000?	ed with have a contract with Yes No	i said municipality	of this Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ No If yes	Yes Is contributor a principal of a state contractor or prospective state contractor?					
Name	·····	/			**************************************		
		/					
Street Address			City		State Zip Code		
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind Co	ntríbution			
☐ Individual / Sole Proprietorship ☐ Other							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		in excess/of \$400 to a candid or business he/she is associat			Fair Market Value of this Contribution		
Is this contribution associated with an		outor a principal of a state co		contractor?			
event reported listed in Section L1? If yes, list Event #	□ No If yes	s, indicate which branch or the contract is with	oranches	. No			
		SUBTOTAL S	Section M — This Page				
	/	TOTAL of addi	tional Section M Pages				
TOTAL OF ALL IN-KIND CON	TRIBUTIONS			9)			
	N. Refu	ndable Deposit to To	elephone Company				
Last Name of Individual	The second section of the second seco	First	<u>and the second of the second</u>	мі	Date Deposit Made		
					•		
Residential Street Address	/	City	S	ate Zip Code	Amount of		
	/				Deposit		
Name of Telephone Company	· /						
Annual of Telephone Company	(
Street Address	*	City	S	até Zip Code			
				id 42			
					<u> </u>		
TOTAL SI	ECTION N (Ente	er total on Line 24, Column 2	4 of Summary Page Totals				

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

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

Renised January 2015		·		/	
NAME OF COMMIT	IEE (Provide Complete Name as Registered with Filing Repository,)		TYPE OF REPORT	7
James 5	Firmmy Sunchez for City	Courc		April 1	o filma
: Virtherity grander	P. Expenses	Paid by Co	ommittee		
Name of Payee				Date of Payment	Method of Payment:
					Check #
Ct., t Add.		City			Debit Card DEFT State Zip Code
Street Address		City			State Zip Code
Purpose of Expenditure	Description	<u></u>		Event#	Amount
(by code)				1	
	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	nless "None of i	the below" is	checked)	
10.12	☐ None of the below			. /	
	Coordinated with reimbursement sought (joint expenditu		☐ Independ	1	
Name of Payee	T Cooldhialed without teimodisement sought (in-kind con	artouson)	☐ Organiza	Date of Payment	Method of Payment:
Name of Payee			1	Dave of Laymon	☐ Check #
					Debit Card EFT
Street Address		City		- · · · · · · · · · · · · · · · · · · ·	State Zip Code
· · · · · · · · · · · · · · · · · · ·	T			V H	
Purpose of Expenditure (by code)	Description	, , 		Event #	Amount
(by code)		/			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	nless "None of t	he helow" is	checked)	
(if applicable)		Mess Trone of .	ne octon to	cncencuy	
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditu	/ ure)	☐ Independ	lent	
	Coordinated without reimbursement sought (in-kind, cont			tion: oA oB oC o	D .
Name of Payee				Date of Payment	Method of Payment:
					☐ Check #
	/	Lat			Debit Card EFT
Street Address		City			State Zip Code
•					
Purpose of Expenditure	Description			Event #	Amount
(by code)					
	/				<u> </u>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to	unless "None of	the below" is	checked)	
(y cgp.11011010)	☐ None of the below				
	☐ Coordinated with reimbursement sought (joint expendit☐ Coordinated without, reimbursement sought (in-kind coincident)	ture) atribution)	☐ Indeper		_
N 65	Coordinated without John outselffer sought (m-kind con	automion)	L. Organiz	Date of Payment	Method of Payment:
Name of Payee				Date of Layment	Check #
					☐ Debit Card ☐ EFT
Street Address		City		, , , , , , , , lun	State Zip Code
				[F #	
Purpose of Expenditure (by code)	Description			Event #	Amount
(0) 1020)					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	inless "None of	the helow" ic	checked)	
(if applicable)	[· · ·] .	110110 0)	· · ·		
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditu	ure)	☐ Indepen	dent	
	Coordinated without reimbursement sought (in-kind con			ntion: OA OB OC O	D
					•
		SUBTOTAL	section P –	- 1 nis Page	
		Off 1 7 7 7 -		2.7	
	1	OTAL of addi	tional Secti	on P Pages	
	TOTAL OF ALL EXP	ENCEC DAT	D BV CON	<i>M</i> ITTED	
	TOTAL OF ALL EXP (Enter total on Liv				

NAME OF COMMIT	TEE (Provide Complete Name as I	Registered with Filing Repository	,	TYPE OF RE	PORT	
James			Dity Cource	April	10-G/N	76
		O. Campaign Exp	enses Paid by Cand			Ĵ
Name of Payee (Name of V	endor, Person or Entity who candid		ing transport and provident and provident in the provident provident in the provident	Date of Payment	Is reim	bursement claimed?
						Yes 🗆 No
Street Address			City	<u></u>	State	Zip Code
D				P #		A mount
Purpose of Expenditure (by code)	Description			Event #		Amount
			1-0 politic 1100 1100 1100 1100 1100 1100 1100 11			
Name of Payee (Name of V	endor, Person or Entity who candid	ate paid directly)		Date of Payment	Is reim	bursement claimed?
				4		Yes 🔲 No
Street Address			City	7	State	Zip Code
			/			
Purpose of Expenditure	Description			Event #		Amount
(by code)						
Name of Payee (Name of L	 endor, Person or Entity who candid	late naid directly)		Date of Payment	Te raim	bursement claimed?
Trame of Fayes (riame by F	ciator, 1 croon or Entry who curing	ate puta unecity)	Ž	Date of Layment		Yes No
Carra A Id			Lov			
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 candid	ate paid directly)		Date of Payment	Is reim'	bursement claimed?
:		,	/	44		Yes 🔲 No
Street Address			Cîty		State	Zîp Code
		/				
Purpose of Expenditure	Description	/		Event #		Amount
(by code)						
N CD CM CE		(1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (la ea		
Name of Payce (Name of V	endor, Person or Entity who candid	are para unecry)		Date of Payment		bursement claimed?
			1			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 candid	ate paid directly)		Date of Payment	Is reim	bursement claimed?
						Yes 🔲 No
Street Address			City		State	Zip Code
Purpose of Expenditure	Description	<u> </u>		Event #		Amount
(by code)	1					
		\$	SUBTOTAL Section Q –	- This Page		
		TO	TAL of additional Section	on Q Pages		•
	J		ENSES PAID BY CA			
		(Enter total on Lit	ie 26, Column A of Summarj	rage i viais)		

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository	y	TYPE OF REPORT					
				film				
	immy Sanchez for City R. Expenses Incurre	ed on Committee Cre	edit Card	J				
Name of Issuing Instit	ution	Type of Credit Card:						
		☐ Visa ☐ Master C	Card Discover Amer	ican Expres	s 🔲 Other:			
Name of Vendor, Person o	r Entity			Date of T	Transaction			
Street Address		City		State	Zip Code			
Purpose of Expenditure	Description		Event#		Amount			
(by code)		,						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required	d unless "None of the below"	is checked)					
(y apprecions)	□ None of the below	diture) 🔲 Indep	ondant					
	Coordinated with reimbursement sought (joint expend	D						
Name of Vendor, Person o	r Entity		······································	Date of	Fransaction			
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Purpose of Expenditure	Description		Event #		Amount			
(by code)								
Expenditure #	Type of Expenditure (Itemization in Addendum R Require	d unless "None of the below"	is checked)					
(if applicable)	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent							
	☐ Coordinated with reimbursement sought (joint expen ☐ Coordinated without reimbursement sought (in-kind of		ization: OA OB OC O	D				
Name of Vendor, Person o	r Entity			Date of	Transaction			
Street Address		City		State	Zip Code			
Purpose of Expenditure	Description		Event #		Amount			
(by code)								
Expenditure #	Type of Expenditure (Itemization in Addendum R Require	d unless "None of the below"	is checked)					
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	☐ Coordinated with reimbursement sought (joint expen☐ Coordinated without reimbursement sought (in-kind of		endent ization: OAOBOCO	D				
				_				
	S	SUBTOTAL Section R —	This Page					
	TO	TAL of additional Section	n R Pages					
ТО	TAL OF ALL EXPENSES INCURRED ON (Enter total on Liv	COMMITTEE CREI ne 27, Column A of Summar,						

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository	y)	TYPE OF REPORT	
James :	Jimmy Sanchez for City S. Expenses Incurred by Com	Council	April 10 fi	ing
	S. Expenses Incurred by Com	mittee but Not Paid	During this Period	
Name of Creditor Nutshell	Cafe			Date Incurred 03/2-8/19
Street Address 229 Wh	ite Street	City Hartford		State Zip Code Cot 06/14
Purpose of Expenditure (by code) Food	Description	- I.	032819 A	Amount Incurred (Estimate or Actual)
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought)	当477.50		
Name of Creditor				Date Incurred
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement)	Independiture)		
Name of Creditor				Date Incurred
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred (Estimate or Actual)
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of the second of	☐ Independiture) ☐ Organi		
		SUBTOTAL Section	S-This Page	477.50
		TOTAL of additional Sec	ction S Pages	
TOTAL OF ALL 1	EXPENSES INCURRED BY COMMITTEE DUR (Enter total on	RING THIS PERIOD BUT Line 28, Column A of Summ		\$477,50
	Previously reported Ex	xpenses Unpaid and still O	Dutstanding	
	TOTAL OF ALL EXPENSES INCURRE (Enter total on L	ED BY COMMITTEE BU Line 28a, Column A of Summa	T NOT PAID ary Page Totals)	477,50

										.00
	EE (Provide Complete Name as Registe	· • • • • • • • • • • • • • • • • • • •				E OF RE			444444444	
Janes	Jimmy Sano			ouncil		upril	106	1179	an i saidan ka sa	X
	/ T. Itemi	zation of Reim	bursements a	nd Seconda	ry Pay	vees		<u> </u>		
Last Name of Worker/Con	sultant	,,,,,	First				MI	Date of I Person o	Payment to Ver r Entity	idor,
Name of Vendor, Person o	r Entity Paid by Committee Worker/Cor	sultant			· · · ·			Committee	Worker/Consul	tant as
			<u> </u>			reported 1	n Section P:		bit Card] EFT
Street Address of Vendor,	Person or Entity Paid by Committee We	rker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description			Б	vent#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in None of the below Coordinated with reimburses Coordinated without reimburses	ment sought (joint exp	enditure)	f the below is a line of the below is a line	ent	οВ	o Co D			
Last Name of Worker/Con	svltant		First				МІ	Date of Person of	Payment to Ver r Entity	ndor,
Name of Vendor, Person o	r Entity Paid by Committee Worker/Co	isultant					n Section P:		Worker/Consul	
Street Address of Vendor,	Person or Entity Paid by Committee We	orker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description	/		E	vent#				Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in None of the below Coordinated with reimburse Coordinated without reimburse	ment sought (joint exp	enditure)	of the below" is o	lent	οВ	oc o D			
Last Name of Worker/Cor	sultant		First	e .			MI		Payment to Ve or Entity	ndor,
Name of Vendor, Person of	or Entity Paid by Committee Worker/Co	nsultant	,				in Section P:		Worker/Consu	
Street Address of Vendor,	Person or Entity Paid by Committee W	orker/Consultant	City	_,,		J. .		State	Zip Code	
Purpose of Expenditure (by code)	Description			E	Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization is None of the below Coordinated with reimburse Coordinated without reimbur	ment sought (joint exp	enditure)	of the below" is a lindepend	lent	о В	0C 0 E)		
			SUBTOTAL	Section T —	This Pa	ge				
			TOTAL of ad	ditional Sectio	n T Pag	es				
TOTAL OF ALI	L REIMBURSEMENT TO	COMMITTEE	WORKERS A	ND CONSU	LTAN	TS				

