### SEEC FORM 20

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

TOWN SIGHTY OF EERK

Page 1 of 17

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Do Not Mark in This Space For Official Use Only

### COVER PAGE

	COTE			
1. NAME OF COMMITTEE				
Nick Lebron F	or composition coul	ncij		
2. TREASURER NAME				
First	MI	Last		Suffix
Dean		Jones		
3. TREASURER ADDRESS				
Street Address	City	'N N C N	State	Zip Code
423 Barbour	ST	Harthord	CI	06120
	5. OFFICE SOUGHT (Complete onl.	ly if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 00/10/2019	City Coun	al		(if applicable)
7. CANDIDATE NAME (Complete only if				
First	Mī	Last		Suffix
Nick		Lebron		
8. TYPE OF REPORT (Check One Box)				
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum		ribution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	(PACs ONLY)  ☐ Amendmen	t to
July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Rep	
☐ 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	Ending Date		
	4/1/2019	thru 6/30/62019		
•				
10. CERTIFICATION				
TWO CHANGE AND ADDRESS OF THE PARTY OF THE P				
I hereby certify and state, under n	nenalties of false statement, that	t all of the information set forth on this	s Itemized Car	npaign Finance
Disclosure Statement for the pe				1 0
	/Λ.,			
	\	landika lahana		7/8/10
1 NV		jennika Ledioni	<del></del>	71011
TRÉASIRER OR DEPUTY TREASURI	ER (SIGNATURE) PRI	INT NAME OF SIGNER		DATE (mm/dd/yyyy)
V				

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

# SEEC FORM 20

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

### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Nick Lebron for Council	July 10	
1	COLUMN A	COLUMN B
	This Period	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	0	
12. Balance on hand at the beginning of Reporting Period	<u> </u>	
13. Contributions Received from Individuals (Sections A and B)	\$6,645.00	
14. Receipts from Other Committees (Sections C1 and C2)	0	
15. Other Monetary Receipts (Sections D through K)	0	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	Ŏ	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	0	
19. Expenses Paid by Committee (Section P)	3010.56	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	3010.54 3537.96	
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	
23. In-Kind Contributions Received (Section M)	181.47	
24. Refundable Deposit to Telephone Company (Section N)	Ô	
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	
25b. + Interest and Penalties on Loan	D	
25c Payments on Loan	0	
25d. Total Outstanding Loan Amount	6	
26. Campaign Expenses Paid by Candidate (Section Q)	6	
27. Expenses Incurred on Committee Credit Card (Section R)	0	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	961.61	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	964.8	

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

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		etimoto e e e e e e e e e e e e e e e e e e	TYPE OF REPORT	### Company   Co
ME OF COMMITTEE (Provide Complete Name as I	Registered with ruing Repository)		111/1/1/1	<u>(1)</u>
NICE LEDION 401	ceuncii	The Adoptive		
A. Total Contributions from Smal (See instructions for definition of Small Contri	I Contributors-Received the	TAL SECTION A	\$	
(Dec Instructions for definition of Since Section			ynesse sidernikkeidet systyteiden men essermi laidet i tiva gynne residen ees kuusti sider	egenggggerman alliante i marropograpie, maki markeus alatiante hito krytinia pogonia passa amarkuna.
MANUFACTURE OF THE PROPERTY OF				
	B. Itemized Contribu	war and the same a	wais	Mi
st Name		Laglie		
sidential Street Address    Linder Place	City	1.740		State Zip Code
ncipal Occupation		Name of Employer		
Self Employers	00100		Real for	Amount of Contribution
dependent child of a lobbyist? I No doe	contribution is in excess of \$400 to a can us contributor or business he/she is assoc ued at more than \$5,000?	ciated with have a contract viated with have a contract \square \squar	vith said municipality	Amount of Contribution
this contribution associated with an vent reported in Section L1?	Is contributor a principal of a state con If yes, indicate which branch or to of government the contract is with	oranches	contractor? Yes  Legislative	P
fethod of Contribution:    Cash   Personal Check   Credit/Debit Card		Date Received	Aggregate Contributions	60.00
st Name	Fi	st Arandon		MI
Morales	City	Ditagasa		State Zip Code
saldential Street Address 54 Grafto	n at #2	NTFO		ct 66166
incipal Occupation Secretary		Name of Employer  \[ \int \frac{4}{9} \frac{1}{9} \cdot \text{(}		
dependent child of a lobbyist?	contribution is in excess of \$400 to a car es contributor or business he/she is asso- dued at more than \$5,000?	ndidate for a chief executive ciated with have a contract  Yes DNo	officer of a municipality with said municipality	/, Amount of Contribution
this contribution associated with an vent reported in Section L1? No	Is contributor a principal of a state of If yes, indicate which branch or of government the contract is wi	branches th:	☐ Legislative	
Aethod of Contribution:	En up t d Elver oden	Date Received	Aggregate Contributions	
Cash Personal Check Credit/Debit Card	and the second s	rst	48000	   MI
ast Nanje GUI Man		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
esidential Street Address	City	1.5		State Zip Code
746 Freeman St		Holpory		et 06106
rincipal Occupation		Name of Employer	y Horphol	
Medieul Askist.	contribution is in excess of \$400 to a ca	I		y, Amount of Contribution
r dependent child of a lobbyist?	contribution is in excess of \$400 to a ca ses contributor or business he/she is asso- dued at more than \$5,000?	ociated with have a contract  Yes  No	with said municipality	
s this contribution associated with an vent reported in Section L1?  If yes, list Event #	Is contributor a principal of a state of If yes, indicate which branch or of government the contract is wi	branches ith:	☐ Legislative	
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	Payroll Deduction	Date Received	Aggregate Contributions	
G Casti — Letzouai Cueck — Ctechnocou Card		AL Section B — This		140.00
		additional Section B		
TOTAL OF ALI	. CONTRIBUTIONS FROM IN	DIVIDUALS (Sections	A + B)	
	(Enter total on Line 13, Co	uumn A of Summary Page	1 otats)	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Nick Lebron for Council	2014 11	7				
A. Total Contributions from Small Contributors-Received						
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$				
B. Itemized Co	ntributions from Indivi	duals				
Last Name	First		MI			
Residential Street Address			State Zip Code			
10 Wighert drive	City		CT 00034			
Principal Occupation  Aphrovinant First	Name of Employer	Worth				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract \[ \sum \cong \text{Yes} \]	e officer of a municipality, with said municipality	Amount of Contribution			
Is this contribution associated with an Yes Is contributor a principal of a	state contractor or prospective state					
cvent reported in Section L1?  If yes, list Event #  Of government the contra		☐ Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order 6/4/16	202.00				
Last Name	First		MI			
Residential Street Address	City		State Zip Code			
Principal Occupation	Name of Employer					
Is contributor a lobbyist, spouse,   Yes If contribution is in excess of \$400	to a conditate for a stirf	-65 6 111				
or dependent child of a lobbyist?  If es in contribution is in excess of 3400 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 If yes, indicate which bra of government the contra		☐ No				
Method of Contribution:	Date Received	Aggregate Contributions	1			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order Order					
Last Name	First		MI			
Residential Street Address	City		State Zip Code			
			Siato Lip Code			
Principal Occupation	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract \( \sqrt{Yes} \sqrt{\sqrt{No}} \) No	officer of a municipality, with said municipality	Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which brain of government the contraction.		contractor?				
Method of Contribution:	Date Received	Aggregate Contributions	1			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order					
SUBT	FOTAL Section B — This	Page 🧠 👌	200			
TOTAL	. of additional Section B P	ages 140.	00			
SUBTOTAL Section B — This Page  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page Totals)  29310						

NAME OF COM	MITTEE (Provide Comp	1.0.37		ul. Ed. D			TYPE OF REPO	)DT		
Nick		Or Or	(OUNC	<u> </u>	погуу			10		
			and the second state of th	t Contributio	ns from	Other Co	mmittees			
Name of Committee						Name of	Freasurer			
Address					Is this co	orted in Sectio	ciated with an ☐ Yes ☐ No	An	nount of	Contribution
City			State	Zip Code	Date F	If y	Aggregate Contributions			
Name of Committee				ne	nd h	Name of	reasurer r			
Address	( 0 e	A	<u> </u>	-// wc	Is this co	orted in Sectio	ciated with an Yes No n L1? es, list Event #	, An	nount of	Contribution
City	<u> </u>		State	Zip Code	Date R	cceived	Aggregate Contributions			
Name of Committee	Warranger (constitution of the constitution of					Name of T	`reasurer			
Address						orted in Sectio	ciated with an Yes No n L1? es, list Event #	An	nount of	Contribution
City			State	Zip Code	Date R	eceived	Aggregate Contributions			
	C <sub>2</sub>	Reimh	ursement	L s or Surpl	ns Distri	butions fr	om other Committee	S		
Name of Committee						Name of T				
Address			· · ·		City			S	State	Zip Code
Date Received	Expenditure # (If applicable)		yment Type Reimburseme	ent for shared e	expense [	∃Surplus Distr	ibution		Amount	of Receipt
Description										
Name of Committee						Name of T	reasurer			
Address					City			s	State	Zip Code
Date Received	Expenditure # (if applicable)	l	nyment Type Reimburse	ment for shared	d expense	☐ Surplus Di	stribution	I	Amount	of Receipt
Description		E SON	a (cyco Polyty a 13-3 km bin in a	9641144779411151 Fr. 1111 VARANTIN - SAN	y phileson, per eve in					
						tion C — T				
	TOTALO	FAT.I C	OMMIT	TOTAL ( FEE CONT		nal Section  NS AND R				
				otal on Line 14						

NAME OF COMMITT	3 1	lete Name as I	Registered with 1	Filing Repo.	and the second second			PE OF	REPORT	
- Dick	<u>lebron</u>	for	<u>) N(KQ) </u>	eros preferencies esta				الال	Y 10	
Name of Lender			J	). Loan	s Recei	ved this Peri	od			<b>1</b>
TVAIRE OF ECHACI						4	Candidate 🔲 Ind	ividual		Date of Receipt
Street Address	<u></u>			City			Stat	e	Committee Zip Code	Is there a Cosigner or
									<del>-</del>	Guarantor of this loan?
Name of Cosigner/Guarant	or (if applicable)			1						Amount Received
										77770477047704
Street Address				City			Sta	te	Zip Code	
		Hards are server			Property of the same of the sa					
Name of Lender						Source of Loan:	Candidate 🔲 Indi	ividual	□Other	Date of Receipt
Street Address				Lein					Committee	
Direct Address				City			State	9	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guaranto	or (if applicable)			<u> </u>						☐ Yes ☐ No
Than or occupancy Culture	и (у пррисполе)									Amount Received
Street Address			<u> </u>	City			Stat	e	Zip Code	
								;	_	
Name of Lender		***************************************				Source of Loan:				Date of Receipt
						☐ Bank ☐ (	Candidate 🔲 Indi	vidual	☐ Other Committee	
Street Address				City			State	;	Zip Code	Is there a Cosigner or Guarantor of this loan?
										☐ Yes ☐ No
Name of Cosigner/Guaranto	r (if applicable)								-	Amount Received
Street Address				Low				,		
Succi Address				City			Stat	С	Zip Code	
								.,		
						TOTAL SEC	TION D			
					and the second s					
E. R	eccipts from	Entities	other tha	in Indiv	Aduals	or Other Co	mmittees <i>(Re</i>	ferena	um Committe	es ONLY)
Name of Entity										
Street Address							Date Receive	ed		Amount Received
City	***				State	Zip Code	Aggregate C	Contribu	ions	
Name of Entity							•			
Street Address							Data Baralan			
deel Address							Date Receive	ea		Amount Received
City					State	Zip Code	Aggregate C	Contribut	ions	
Name of Entity										***
treet Address					•		Date Receive	ed		Amount Received
Sh.	-				l ou c	- Tr. C :				
lity					State	Zip Code	Aggregate C	Contribut	ions	
										·
						TOTAL SEC	TION E			

SEEC FORM 20
Revised January 2015

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

Page 6 of 17

NAME OF COMMITTEE	C (Provide Complete Name as Regist	tered with Filing R	epository)			TYPE	OF REPORT
F.	Amount Transferred	from Affili	iated Bus	siness Treasur	y (Busine	ess Entity	Committees ONLY)
Date of Receipt	Is this transaction assoc event reported in Section		☐ Yes ☐ No	If yes, list Event#			Amount
Date of Receipt	Is this transaction associevent reported in Section		□ Yes □ No	If yes, list Event#			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 #			Amount
				TOTAL SI	ECTION	F	
G. Amount Tra	ansferred from Affilia	ted Labor l	Jnion or	Other Organi	zation T	Freasui	y (Organization Committees ONLY)
Date of Receipt		Date of Receipt				Date of Re	ceipt
An	nount	Amount			Amount		
				TOTAL SEC	TION G		
							· · · · · · · · · · · · · · · · · · ·
J	H. Personal Funds of	the Candid	ate Rece	ived this Perio	d (Cand	idate Co	mmittees ONLY)
Date of Receipt	Method of payment:		2) (1775) (1876)				Amount
	☐ Cash	□ Pe	ersonal Checl	k 🛮 Cred	lit/Debit Ca	ırd	
Date of Receipt	Method of payment:						Amount
	☐ Cash	☐ Pe	ersonal Checl	k 🗖 Crec	lit/Debit Ca	ırd	
Date of Receipt	Method of payment:						Amount
	☐ Cash	□ Pe	ersonal Check	k 🛘 Cred	lit/Debit Ca	rd	
Date of Receipt	Method of payment:						Amount
	☐ Cash	☐ Pe	ersonal Checl	k □ Cred	lit/Debit Ca	rd	
				TOTALS	ECTIO	Η	
		I. Ano	nymous	Contributions	i e		
p	Per Public Act 11-48	Anonymoi	ıs Contri	ihiitions may i	na lange	er he d	enosited in any

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.

NAME OF COMMITTEE (Provide Complete Nan	ne as Registered with Filing Repository)	TY	PE OF R	EPORT	
	J. Interest from Deposits in Aut	horized Accounts			
Name of Institution	or the control population and		te Receive	d	Amount
Street Address	City	State	2	Zip Code	
Name of Institution		Da	te Receive	d	Amount
Street Address	City	State	2	Lip Code	
		OTAL SECTION J			(11 - 11 - 11 - 11 - 11 - 11 - 11 - 11
77.30					
Name	ellaneous Monetary Receipts not	Considered Contr	40000000000000000000000000000000000000	NS Transaction	
					Amount Received
Street Address	City	S	tate	Zip Code	
Description					
			1		
Name			Date of	Transaction	Amount Received
Street Address	City	S	tate	Zip Code	
Description					
Name			Date of	Transaction	Amount Received
Street Address	City	Si	ate	Zip Codc	
Description					_
Description					
Name			Date of	Transaction	Amount Received
Street Address	City	S	tate	Zip Code	_
Description					
	TOTA	L SECTION K			
SUMMADA	OF OTHER MONETARY REC		. 41	rah IZ)	
Total Loans Received this Period (Section		EET 13 (Sections 1	/Ermrox	ign K)	
Total Receipts from Entities other than In		E) +			
Total Amount Transferred from Affiliated		+			
Total Amount Transferred from Affiliated		ENERGY.			
Total Amount of Personal Funds of the Ca					
Total Amount of Interest from Deposits in					
		+			
Total Miscellaneous Monetary Receipts no		ther Monetary Re	novit strett er tholiotisk te		
(Add Sec	fions D through K) (Enter total on Line 15, (				

	·	LIS)		_
AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	31/	TYPE OF REPORT		· · · · · · · · · · · · · · · · · · ·
Nick Lebron for Council		L JULY 1	<u> 10                                    </u>	
vent # 06 13 19 A Description	nt Information		Apolitic experimental and a subject	·
O6 13 19 A Meet & Gree	2+	•	Was this a fu	indraising even
114 Warrenton Ave	Hartford	×	State	Zip Code 06 10 5
ubpart 1: (All Committees)		· · · · · · · · · · · · · · · · · · ·		<u> </u>
Vas this event hosted at a personal residence?	Yes (If yes, go to Section L.: Associated with a Hot purchases made by hos  No	ise Party and complete	e required info	rmation for any
rid this fundraiser include goods or services donated by a business entity fup to \$200 or items donated by an individual of up to \$100?	Yes ( <i>If yes</i> , go to Section L and complete required i	4 In-Kind Donations nations nations.)	ot Considered	Contributions
/as this fundraiser a tag sale, auction, or other sale of donated items ith purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Reco	eipts here.)	\$	
ubpart 2: (Party Committees, Municipal Candidates and Political Com	The state of the s	Committees)		Marie Control of the
yere there purchases of advertising space in a program book or on a gn associated with this fundraiser?	☐ Yes (If yes, go to Section L3 or on a Sign and comp ☐ No	Purchases of Adverti	sing Space in a tion.)	Program Book
ubpart 3: (Town Committees ONLY)  iid your committee sell food or beverage at a fair or similar mass athering held within the state with this fundraiser?	☐ Yes ( <i>If yes</i> , enter Total Reco	eipts here.)	\$	
vent # Description				
ite of Event Letter			Was this a fun  ☐ Yes	ndraising event
cation: Street Address	City		State	Zip Code
abpart 1: (All Committees) 'as this event hosted at a personal residence?	☐ Yes (If yes, go to Section L5  Associated with a House purchases made by host( ☐ No	e Party and complete	required inform	Contributions mation for any
id this fundraiser include goods or services donated by a business entity up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L4 and complete required in	In-Kind Donations no aformation.)	ot Considered (	Contributions
<sup>7</sup> as this fundraiser a tag sale, auction, or other sale of donated items	☐ No ☐ Yes (If yes, enter Total Rece	Ints here \		
ith purchases from an individual of up to \$100?	□ No		\$	
abpart 2: (Party Committees, Municipal Candidates and Political Committees there purchases of advertising space in a program book or on a gn associated with this fundraiser?	the state of the s	Purchases of Advertis	ing Space in a I	Program Book
ibpart 3: (Town Committees ONLY) id your committee sell food or beverage at a fair or similar mass thering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Recei	pts here.)	\$	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	□ No			W-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V
SOBTOTAL Section Di-Suspant (An Comminues) Total Receipts in	om Sale of Donated Items — 1	his Page	<u> </u>	<del>-</del>
SUBTOTAL Sect Total Rece	ion L1—Subpart 3 <i>(Town Committe</i> ipts from Food Purchases — T	es ONLY) his Page	WA	
	TOTAL of additional Section 1	L1 Pages	0	,
TOTAL OF ALL RECE (Enter total on	IPTS FROM SMALL PUR Line 16a, Column A of Summary I	CHASES Page Totals)		

	I VIII (Sections 111—115)	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	15
Nick lebron for council	1 1019	IO
	it Information '	
Event # 042719 A Date of Event Letter  OH 27/19  A  Description  Lick Off EVENT		Was this a fundraising event
Location: Street Address	City	State Zip Code
69 Hawthorn St.	Hartford	CT 06105
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations of Associated with a House Party and complete purchases made by host(s) for food, beverage No	e 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.)	not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items	Yes (If yes, enter Total Receipts here.)	
with purchases from an individual of up to \$100?	No No	\$
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?	mittees other than Exploratory Committees)  Yes (If yes, go to Section L3 Purchases of Advert or on a Sign and complete required information 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.)	\$
gameting noid within the state with this fundialiser;	□ No	7
Event # 060914 A Description		I
06/09/19 A Lunch With Lebron		Was this a fundraising event?  ▼Yes □ No
Location: Street Address 150 Albany Ave	Hartford	State Zip Code O6120
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations n Associated with a House Party and complete purchases made by host(s) for food, beverage a	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.)	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 No	
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 Advertion or on a Sign and complete required information 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 fro		
	on Li-Subpart 3 (Town Committees ONLY)	
	pts from Food Purchases — This Page	,
	TOTAL of additional Section L1 Pages	
	IPTS FROM SMALL PURCHASES Line 16a, Column A of Summary Page Totals)	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT enron )Jly O) LOUNCE L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City Zip Code Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City State Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: ☐ Other ☐ Business Entity ☐ Individual/Sole Proprietorship Street Address City State Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City State Zip Code Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City State Zip Code Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase **Amount of Sign Purchase** 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)

NAME OF COMMITT	EE (Provide Complete Name as R	A	ssitory)	TYPE OF RE	PORT		
Mick		Her Counc		101	y 10		
Name of Donor	[L4,]	In-Kind Donatio	ns Not Cons	sidered Contributions			
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☐ Business Entity ☐ Individual							
☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor			<u></u>		<u> </u>	Panal Mariantina pilantina an anasta a	
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair I	 Market Va	lue of Donation
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☐ Individual ☐ Sole Proprietorship	Date Received	Event#		Aggregate Value for this Event			
Name of Donor			,				
Street Address			City			State	Zip Code
Donation Given By:  Business Entity	Description of Donation				Fair I	Market Val	lue of Donation
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Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair N	l Aarket Val	l ue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event#		Aggregate value for this Event			
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тот	'AL OF ALL IN-KIND DO (E)			CONTRIBUTIONS ummary Page Totals)			
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NAME OF COMMITTEE (Pro	ovide Complete Name as Registered with Filing Repos	sitory)		TYPE OF RE	PORT	
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L5.	In-Kind Donations Not Consider	ed Contributions Associa	ated with a I	Iouse Par	ty	
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A formation of the second of t	OF HOME FOR ME	ET & Greet		Fair Mai	ket Value	of Donation
8 061319 A	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate	12)	4	
Name of Host			Is this event s committee?	upporting m □ Yes □ N	ore than or o	ne candidate or
			If yes, co	mplete Itemiza	·	·
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Name of Host			committee?		O	ne candidate or
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Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate			
Name of Host	<u> </u>		committee?		)	e candidate or lendum L5
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Description of Donation				Fair Mar	ket Value o	f Donation
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NAME OF COMMITTEE (Provide Complete	e Name as Re	gistered with	Filing Repositor	לע			ТҮРЕ	OF REPORT		
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150 4/	bany	Αl	10			HIFA			CT	06/30
Type of contributor:	Date Recei		Aggregate Con			Description of In-Kind	Contributi	on		
Pindividual / Sole Proprictorship Other	1 9 7 1 1	. ,	18/41			1000				
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	does con	bution is in stributor or t more than	business he/she	to a candid is associat	ted w	for a chief executive ith have a contract w □Yes ↓No	officer of vith said m	a municipality, unicipality		Market Value Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ☐ No	If yes,	ator a principal indicate which ernment the con	i branch or	brar	actor or prospective s nehes Executive		⊿No.	15	42
Name										
Street Address			<b></b>		City			<del></del>	State	Zip Code
Type of contributor:	Date Receiv	red	Aggregate Cont	ributions	Ч	Description of In-Kind	Contributio	DB.		
☐ Individual / Sole Proprietorship ☐ Other										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? \( \square\) No	does cor	bution is in ntributor or at more than	business he/sh	0 to a candi e is associa	ited w	for a chief executive with have a contract value. Yes No	officer of vith said n	a municipality, nunicipality		Market Value s Contribution
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Street Address					City				State	Zip Code
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does con		business he/she		ted w	for a chief executive with have a contract was Yes No				Market Value Contribution
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TOTAL OF ALL IN-KIND CON	TRIBUT	IONS Œ				<u> </u>		**CORRECTED OF THE PROPERTY OF	42	atu bin <u>a</u> d
	N.	Refund	lable Depo	sit to To	elep	hone Compan	ıy			
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Name of Telephone Company										Solvan
Street Address			City				State	Zip Code		
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#### IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
	P. Expenses	Paid by Committee		
Name of Payee	M.A.N.C	an and a supplied to the supplied of the suppl	Date of Payment	Method of Payment:  ☐ Check # 9 9  ☐ Debit Card ☐ EFT
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Purpose of Expenditure by code)	Description la	Ev	ent #	Amount
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#### IV. EXPENDITURES (Sections P-T)

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W/4T	Indian Social Club		2/1//4	☐ Debit Card ☐ EFT		
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7 7	The state of the s	1 100 11 10 14	UST/			
'urpose of Expenditure   by code)	Description	ļ <sup>1</sup>	EVent #	Amount		
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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.

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#### IV. EXPENDITURES (Sections P—T)

ed January 10\$5	A A S A S A S A S A S A S A S A S A S A	CANDO (Decelona		<del></del>	
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
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	P. Expenses	Paid by Committee			
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	Coordinated with reimbursement sought (joint expenditure				
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ц арүмскину	None of the below				
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and the second	· Collada	Harthold		IN	
Dunnan (SD	Possibility 9	114711014	Event#	<u> </u>	
Purpose of Expenditure (by code)	Description		Trotte ii	Amount	
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#### IV. EXPENDITURES (Sections P-T)

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repositor	y)	TYPE OF REPORT	
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Name of Payee	P. Expense	es Paid by Committee	Date of Payment	Method of Payment:
Street Address	Morbel daz	City		Debit Card EFT  State Zip Code
52	ty tolland at	Ethert		27 06/06
Purpose of Expenditure (by code)	Description OUGY (VONT		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required and None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continue)	ture) 🔲 Indepen		126.74
Name of Payee			Date of Payment	Method of Payment:  ☐ Check # ☐ Debit Card ☐ EFT
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NAME OF COMMI	TTEE (Provide Complete Name as	Registered with Filing Repository	)	TYPE OF REPOR	ľT .	
		Q. Campaign Exp	enses Paid by Cano	lidate		
Name of Payee (Name of	Vendor, Person or Entity who cand	idate paid directly)		Date of Payment	Is rein	bursement claimed?
				İ		Yes 🔲 No
Street Address			City		State	Zip Code
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Street Address			City		State	Zip Code
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Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	_	imbursement claimed?	
Street Address			City	<b>I</b>	State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		Amount
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Street Address			City	<b> </b>	State	Zip Code
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Purpose of Expenditure by code)	Description			Event #		Amount
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		FOTAL OF ALL EXPE (Enter total on Line	ENSES PAID BY CA 26, Column A of Summary			

### IV. EXPENDITURES (Sections P—T)

Page 15 of 17

NAME OF COMMIT	TBE (Provide Complete Name as Registered with Filing Repos	itory)		TYPE O	F REPORT		-
	R. Expenses Incu	rred on Con	mittee Cre	edit Card			
Name of Issuing Insti	tution	Type of Cre	dit Card:				
		☐ Visa	☐ Master C	Card   Discov	er	m Express	s 🔲 Other:
Name of Vendor, Person	or Entity					Date of T	Transaction
Street Address	,	City				State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
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Name of Vendor, Person of	r Eatity			······································		Date of T	ransaction
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Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing R	epository)	TYPE OF REPORT		
	S. Expenses Incurred by	Committee but Not Paid	During this Period		
Name of Creditor	Vich Labor			Date Incur	red 130/14
Street Address		City		State	Zip Code
192	Laurelat	Holtford		CT	06/05
Purpose of Expenditure (by code)	Description  Rembussing 1	landida 10	Event #	1	ount Incurred timate or Actual)
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	oseyh londren			Date Incura	4
	298c+45+	City		State	Zip Code 66 104
Purpose of Expenditure (by code) A-We	Description  Website		Event#		ount Incurred limate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Re	☐ Indep	is checked) endent ization: OAOBOCO	D 246	8.99
Name of Creditor				Date Incurr	ed
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Purpose of Expenditure (by code)	Description		Event#		ount Incurred imate or Actual)
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		SUBTOTAL Section	S-This Page	961.4	1 many course
		TOTAL of additional Sec	ction S Pages	961.4	
TOTAL OF ALL E	XPENSES INCURRED BY COMMITTEE (Enter to)	DURING THIS PERIOD BU'l tal on Line 28, Column A of Summe	T NOT PAID  ary Page Totals)	961.61	
	Previously reporte	ed Expenses Unpaid and still O		- Marie Marie Andrews Company of the	
	TOTAL OF ALL EXPENSES INCU (Enter total	RRED BY COMMITTEE BU l on Line 28a, Column A of Summa	nii ang	61.51	
				'	

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Reposite	ory)	TY	PE OF RI	EPORT		
	T. Itemization of Reim	hursements and Seco	idam Pa	TOOR			
Last Name of Worker/Con		First First	luai y i a	yeto	MI	Date of Person o	Payment to Vendor, or Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant					Committee	Worker/Consultant as
					n Section P: ck #	_ <b>D</b> e	bit Card
Street Address of Vendor, l	Person or Entity Paid by Committee Worker/Consultant	City		<u>I</u>		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		•		Amount
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Last Name of Worker/Cons	rultant	First			MI	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				Section P:		Worker/Consultant as
Street Address of Vendor, P	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
Purpose of Expenditure (by code)	Description	•	Event #				Amount
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Last Name of Worker/Const	ultant	First			MI	Date of I Person or	ayment to Vendor, r Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u> </u>		Payment to Reimburse Committee Worker/Consultant reported in Section P:  Check # Debit Card E			
Street Address of Vendor, P	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 Require  None of the below  Coordinated with reimbursement sought (joint expended)  Coordinated without reimbursement sought (in-kind	enditure)	•	ово	СОР		
		SUBTOTAL Section T -	— This Pag	e			
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TOTAL OF ALL I	REIMBURSEMENT TO COMMITTEE V	VORKERS AND CONS	ULTANT	'S			