# **SEEC FORM 20**

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

Page 1 of 17

Do Not Mark in This Space For Official Use Only

### COVER PAGE

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1. NAME OF COMMITTEE							
Lebron For Council							
2. TREASURER NAME							
First		MI	Last	<u> </u>			Suffix
Dean			Jone	es			
3. TREASURER ADDRESS							
Street Address			City		State	Zip C	ode
423 Barbour St			Hartford		CT	061	20
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	only if Candle	late Committee)		6. DIST	RICT NUMBER
(mni/dd/yyyy) 11/05/2019	City Council					(if applicable	7
7. CANDIDATE NAME (Complete only If	Candidate or Explorator	y Committee)					
First		MI	Last			***************************************	Suffix
Nick			Lebr	on			
8. TYPE OF REPORT (Check One Box)							
O January 10 filing	7th day preced	ing primary	07	th day preceding referendum			r Disbursement
OApril 10 filing	30 days follow	ing primary	<b>O</b> 4	5 days following referendum	(PACs ONL)  Amendment		
OJuly 10 filing	O7th day preceding election ODeficit		Type of Report:				
October 10 filing	12th day prece		n Oı	ermination			·
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in Nov	ing election					
9. PERIOD COVERED						74.3 FF6	\$
	Beginning Dat	e		Ending Date			
	09/03/2019		thru	09/30/2019			10
•			-				
			0 vee - v 200 700 V		Ę.	Ţ	
10. CERTIFICATION						٠٠٠	
I hereby certify and state, under p Disclosure Statement for the per	riod covered is tr	rue, accura	ite and co	mplete.	nis Itemized Ca	10/08/2	
\w\						(	, , , , , , , , , , , , , ,
A person who is	found to have kno fa	wingly and aces a civil	l willfully penalty o	violated any provisions of th r imprisonment or both.	e campaign fine	ance statu	tes

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	
	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		0
12. Balance on hand at the beginning of Reporting Period	1769.38	
13. Contributions Received from Individuals (Sections A and B)	350	8555
14. Receipts from Other Committees (Sections C1 and C2)	0	250
15. Other Monetary Receipts (Sections D through K)	О	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	o	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	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	350	8805
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	2119.38	8805
19. Expenses Paid by Committee (Section P)	750	6360.47
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1369.38	2444.53
21. In-Kind Donations not Considered Contributions Received (Section L4)	O	o
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	О
23. In-Kind Contributions Received (Section M)	225	493.27
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	o	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	86.35	1495.52
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a, Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

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

NAME OF COMMITTEE (Provide Complete Name as Regist	ered with Filing Repository)			TYPE OF REPORT			
A. Total Contributions from Small Co	선생님에 대한 경험 경험 경험 경험 경험 경험 사람들은 사람들이 되었다. 그 사람들이 되는 것은 사람들이 되었다. 그 사람들이 하는 것이 되었다.	40.000	Period ONLY TAL SECTION A	\$ 350			aza kanada a kanada a da kanada a da kanada a mayan a m
			And the second s			tion and the second	and the second s
	B. Itemized Contr	rihm	ions from Individ	duals			
Last Name	A CONTRACTOR OF THE CONTRACTOR	First			unuummayoonuu		MI
Pilon		Ky	ie				
Residential Street Address	City		<u> </u>		State	Zip	Code
NA					СТ	06	105
Principal Occupation	· · · · · · · · · · · · · · · · · · ·	i	Name of Employer		l		
Director			Child hood grant				
or dependent child of a lobbyist?	bution is in excess of \$400 to a stributor or business he/she is as t more than \$5,000?	ı candi ıssocia	date for a chief executive ted with have a contract  Oyes  No	e officer of a municipality		Amount of Contributi	
	ontributor a principal of a state  If yes, indicate which branch of government the contract is	or bra	inches	Contractor? Yes No			
Method of Contribution:	Sold and the contract to		Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPa	yroll Deduction OMoney Ord	der	9/28/19	50.00			
Last Name		First					М
Residential Street Address	City	,			State	Zip (	Code
Principal Occupation		1	vame of Employer	<u>, , , , , , , , , , , , , , , , , , , </u>		L	
or dependent child of a lobbyist?    No does control valued at lobbyist?    No does control valued at lobbyist?    Is this contribution associated with an event reported in Section L1?    No lf yes, list Event #  Method of Contribution:	nution is in excess of \$400 to a tributor or business he/she is as more than \$5,000?  contributor a principal of a state If yes, indicate which branch of government the contract is	e control or bra	ted with have a contract of Yes No No ractor or prospective state anches	with said municipality	Ante	ount o	Contribution
Ocash OPersonal Check Ocredit/Debit Card OPay							-
Last Name		First					MI
Residential Street Address	City	·			State	Zip (	Code
Principal Occupation		ì	Name of Employer			.1	
or dependent child of a lobbyist? O No does cont	ution is in excess of \$400 to a ctributor or business he/she is as more than \$5,000?	candio ssociat	late for a chief executive ed with have a contract v	officer of a municipality with said municipality	, Amo	ount of	Contribution
event reported in Section L1?   No	ontributor a principal of a state  If yes, indicate which branch of of government the contract is well	or bra	nches	contractor? Yes No Legislative			
Method of Contribution:			ate Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Pay	roll Deduction OMoney Ord	ler				-	
	SUBTOT	ſAL	Section B — This	Page 50.00			
	TOTAL of	add	itional Section B P:	ages			
TOTAL OF ALL CON	TRIBUTIONS FROM IN (Enter total on Line 13, C				war an		

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

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYPE OF REPORT				
A. Total Contributions from St (See instructions for definition of Small C	그리고 부탁했다. 이 경향 전 하루 하시아 아내를 보이면 보이는 때문에 보고 있었다. 그 사람이 되었다.		nis Period ONLY OTAL SECTION A	\$ 350		www.ma	AZTo-g-b-Bittonisk vid SE d-Bobberg hympogropy og regnesses	
			iki katala da da salam da da sa	The second secon				
	B. Itemized Cor	atrib	utions from Indivi	duals				
Last Name		1	irst				МІ	
Brodsky			Anne					
Residential Street Address 215 Laurel st		City	lford		State	1 -	Code	
Principal Occupation		Hart			СТ	00	105	
Retired			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 car is asso	ndidate for a chief executive ciated with have a contract  Yes  No	e officer of a municipality with said municipality		Amount of Contribution		
	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ich or	branches	contractor? Yes No				
Method of Contribution;			Date Received	Aggregate Contributions	_			
OCash OPersonal Check OCredit/Debit Ca	rd OPayroll Deduction OMoney	Order	9/3/19	100.00				
Last Name	подотников в под под на продотности в под под на под гот на под го	Fi	rst				MI	
Girard		N	∕laggle					
Residential Street Address		l City			State	Zip (	Code	
237 Oxford St.		Hart	ford		CT	06	105	
Principal Occupation			Name of Employer		·			
Attorney			AT&T					
or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	o a car is assoc	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality		Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		ich or	branches	e contractor? SYes No		••		
Method of Contribution;			_ <u></u>	Aggregate Contributions	$\dashv$			
OCash OPersonal Check OCredit/Debit Car	rd Payroll Deduction OMoney	Order	9/7/2019	50.00				
Last Name	annontificaria sun directio in imperiori del del condition del consideration del con	Fi	rst		unite but militarity m	***************************************	МІ	
Dormon		C	Candice					
Residential Street Address		City			State	Zip (	1	
26 Roydon rd		New	/ Haven		СТ	06	511	
Principal Occupation Owner			Name of Employer  Daycare					
or dependent child of a lobbyist? One	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?					ount of	f Contribution	
this contribution associated with an vent reported in Section L1?  Yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative								
Method of Contribution:  Date Received Aggregate Contributions								
Cash Personal Check Credit/Debit Car	rd OPayroll Deduction OMoney	Order	9/23/19	\$300.00		/·		
SUBTOTAL Section B — This Page \$300								
TOTAL of additional Section B Pages \$50.00								
TOTAL OF AI	L CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page 1					

NAME OF COMMITTEE (Provide Complete	Nante as Re	gistered with	Filing Repository)	W.(3)		ТҮРЕС	F RE	PORT		
			M. In-Kind Con	ıtri	butions					
Name			ymre de la companya d			·				
Brian Gallagher				_						
Street Address				City					State	Zip Code
237 Oxford St	1			L	artford	<u> </u>			СТ	06106
Type of contributor; Committee  Individual / Sole Proprietorship Oother										
	Other 9/7/19 \$75.00 Food  O Vest If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality,							<del></del>		
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor		business he/she is associat	ted v					Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	If yes,	utor a principal of a state or indicate which branch or ernment the contract is with	r bra	actor or prospective sta unches Executive (	_		QYes No	\$75	
Name Lenny Speiller (Civicus)										
Street Address				City	ew Haven				State CT	Zip Code
Type of contributor; Committee	Date Recei		Aggregate Contributions	<u></u>	Description of In-Kind (	Contribution	ì	· · · · · · · · · · · · · · · · · · ·		<del></del>
OIndividual / Sole Proprietorship OOther	9/10/19	€	\$200.00		Consulting					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		n excess of \$400 to a candi business he/she is associa n \$5,000?	ated					Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	d in Section L1? No If yes, indicate which branch or branches					\$150.00				
Name						) EVBILLIO			***************************************	
Street Address				City	,				State	Zip Code
Type of contributor: Committee  Individual / Sole Proprietorship Other	Date Receiv	/ed	Aggregate Contributions		Description of In-Kind C	Contribution	l			<u>.</u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		excess of \$400 to a candid business he/she is associated \$5,000?	ited :					Fair Market Value of this Contribution	
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	8 Yes No	If yes, i	tor a principal of a state co indicate which branch or rnment the contract is with	brai		_		8Yes No		
			SUBTOTAL	Sec	tion M — This Pag	e 225	.00			payment and the second
			TOTAL of addi	itio	nal Section M Page	S		ZMRONIO (MARIA MARIA	<u>eliku-pakkankan ang manana</u>	
TOTAL OF ALL IN-KIND CON	FRIBUT	IONS Œ	nter total on Line 23, Colur	nue /	A of Summary Page Tot	als) 225	.00			
	N.	Refund	lable Deposit to To	ele	phone Compan	y				
Last Name of Individual			First					MI	Date Deposit	t Made
Residential Street Address	<u></u>		City			State	Zip (	Code		Amount of Deposit
Name of Telephone Company							<u></u>	<u> </u>		
Street Address			City		]:	State	Zip (	Code	-	
TOTAL SE	CTION	N (Enter to	otal on Line 24, Column 2	A oj	Summary Page Total	s)				

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 FORAL 20

#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
	P. Expenses	Paid by Committee					
Name of Payee Dean Jones			Date of Payment 9/9/19	Method of Payment:  O Check # O Debit Card OEFT			
Street Address		City		State State	Card OEFT Zip Code		
236 Barbour st		Hartford		СТ	06105		
Purpose of Expenditure (by code)	Description		Event #		Amount		
A OTH	Poll standing			125.00			
Expenditure # (if applicable)							
Name of Payee	and the second design and the second second and the		Date of Payment	Method of Payment:			
Tara Jones			9/10/19	O Check			
Street Address		City		State	Zip Code		
236 Barbour st		Hartford		СТ			
Purpose of Expenditure (by code)	Description		Event #		Amount		
AOTH	Poll standing			125.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) O Independ	ŕ				
Name of Payee			Date of Payment	Method of Payment:			
Leslie Shanchez			9.10.19	O Check			
Street Address		City Hartford		State CT	Zip Code		
Purpose of Expenditure (by code) A oth	Description Poll Standing		Event #	\$125.0	Amount		
Expenditure # (If applicable)							
Name of Payee			Date of Payment	Method of I	-		
Shanelle Morris			9.10.19	O Check			
Street Address 63 Huntingtion st		City Hartford		State	Zip Code		
Purpose of Expenditure (by code) A oth	Description Poll standing	125.00	Amount				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	e) O Independ	,	_			
	S	SUBTOTAL Section P	This Page 500.00				
	To	TAL of additional Section	n P Pages 250.00				
	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY COM 219, Column A of Summary					

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to Item/ze 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

Resided January 2015	A VO EZZNA EZI VAZA	CICES (Sections	11)	* "GC 10 01 17
NAME OF COMMI	ITEE (Provide Complete Name as Registered with Filing Repository)	delication and the plant are recovered to the second secon	TYPE OF REPORT	orie-renormanischi materia-materia-material (1995-1997). Seine sein sein sein sein sein sein sein
	P. Expenses	Paid by Committee		
Name of Payee	the state of the s	The second secon	Date of Payment	Method of Payment:
Jose Melendez			9/10/19	⊙ Check #
			07 107 10	O Debit Card OEFT
Street Address		City		State Zip Code
		Hartford		CT 06105
Purpose of Expenditure	Description		Event#	Amount
(by code) A OTH	·	Amount		
X 0 111	Poll standing			125.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checked)	7
(i) apparaise)	None of the below			
	Coordinated with reimbursement sought (joint expenditure	e) 🔘 Indepen	dent	
Encountries and Services and Se	Coordinated without reimbursement sought (in-kind contr	ibution) Organiza	ationOA OB OC OD	
Name of Payee			Date of Payment	Method of Payment:
Jose quinones			9/10/19	O Check #O Debit Card OEFT
Street Address		City	<u>l</u>	State Zip Code
		Hartford		СТ
		Traitioid		10,
Purpose of Expenditure	Description		Event #	Amount
(by code) AOTH	Poll standing			125.00
Expenditure #	<u>, I </u>	1(01	<u> </u>	- 125.00
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)	
	None of the below Coordinated with reimbursement sought (joint expenditure	) Independ	dent	
	Coordinated with reimbursement sought (in-kind contri		_	
Name of Payee		Organiza	Date of Payment	Method of Payment:
·				① Check #
				O Debit Card OEFT
Street Address		City		State Zip Code
Purpose of Expenditure	Description	<del></del>	Event #	<b>1</b>
(by code)				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to	nless "None of the below" is	checked)	7
ң иррноине)	None of the below			
	Coordinated with reimbursement sought (joint expenditu	<b>∀</b> '		
***************************************	Coordinated without reimbursement sought (in-kind cont	ribution) Organiz	منف وسألط وخرابسها الأرجوبيين والتناقب ببينها المساعد	
Name of Payee			Date of Payment	Method of Payment:
			9.10.19	O Check # EFT
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				
Expenditure #				4
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un	tess "None of the below" is	checked)	
	None of the below Coordinated with reimbursement sought (joint expenditure	) Independ	dont	
	Coordinated with reimbursement sought (in-kind contri		ation OA OB OC OD	
	S	UBTOTAL Section P —	- This Page   250.00	
	TO	TAL of additional Section	on P. Pages	
	10	vs sugmonal detil	re 404 <b>45 v</b> 20	
	TOTAL OF ALL EXPE		SCHOOL SCHOOL COLUMN # 7311 7 1717	
	(Enter total on Line	19, Column A of Summary	Page Totals)	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Film	ig Repository)	TYPE OF REPOR	T.		
		ign Expenses Paid by	Candidate			
	Vendor, Person or Entity who candidate paid directly)	and international control of the AMA CONTROL OF THE	Date of Payment	Is reimbursement claimed?		
Stop and SHop			9.9.19			
Street Address		City		State Zip Code		
150 New Park A	ve	Hartford				
Purpose of Expenditure (by code) Food	Description Committee meeting		Event #	Amount 86.36		
Name of Payee (Name of I	l /endor, Person or Entity who candidate paid directly)	www.more.comedicaledocologicalesco.com.com.com.com.com.com.com.com.com.c	Date of Payment	Is reimbursement claimed?		
				O Yes O No		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount		
Name of Payre (Name of I	endor, Person or Entity who candidate paid directly)					
	enati, reson or Linky who Caminate paid anecity)		Date of Payment	ls reimbursement claimed?  O Yes O No		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)	tanoning in high park-encopy polarine and an analysis and park and place and provide a second provide and park	Date of Payment	Is reimbursement claimed?		
Street Address		City		Yes No State Zip Code		
				oute Zip cout		
Purpose of Expenditure (by code)	Description		Event #	Amount		
Name of Payee (Name of Ve	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
				O Yes O No		
Street Address		City		State Zip Code		
Purpose of Expenditure by code)	Description	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	Event #	Amount		
Name of Payce (Name of Ve	endor, Person or Entity who candidate paid directly)	MARIAN CARRACTURE CONTRACTOR CONT	Date of Payment	Is reimbursement claimed?		
Street Address		City		Yes O No State Zip Code		
				Zip conc		
rurpose of Expenditure by code)	Description		Event #	Amount		
		SUBTOTAL Section	1 Q — This Page   86.36	akilak saalinnih (panju (panutasak-si-ani-an-u-poupyu-pyu-pyu-pyu-pyu-ani-an-ah-ah-unupy		
		TOTAL of additional	Section Q Pages	<del>And Charles and the state of t</del>		
	TOTAL OF AL (Enter to	L EXPENSES PAID BY tal on Line 26, Column A of Su	CANDIDATE 86.36			