SEEC	FORM	20
Revised	l January	2015

SEEC FORM 20 Revised January 2015		I. MONETARY	RECEI	PTS (	Sections A-K)	Page	201	of	346
NAME OF COMMITTEE (Provide	le Complete	Name as Registered with Fil	ling Reposit	ory)		TYPE OF REPORT	unavas inglika Amalan Palas		an event
	e se contract	A COMPANY AND A STREET AND A COMPANY AND A C	TOTAL STATE		Transfer for the state of the s	7th day preceding p	orimary		
Bronin for Mayor A. Total Contributions from S	mall Cont	ributors . Received this	Period O	NLY					
					Subtotal Section A				\$0.00
(See instructions for definition of Si	nau Comra	niini) Distanciant C	antellanti	-(1517) Castri	om Individuals				
		D'ARIIIA U	VI.II IDIIU	First					M.l.
Last Name									ا را
Puglia				Dev	on		State	Zip Code	
Residential Street Address			City Brookly	n			NY	11231-	3521
194 President St		<u></u>	DIOUNIY	,	of Employer			L	
Principal Occupation					Knickerbocker				
Media Strategist									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business than \$5,000?	he/she is	associated with have a	No No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐Yes I	Is contributor a principal of a state  If yes, indicate which branch of branches of government the	эг	or prosp	_	✓No			\$200.00
If yes, list Event #  Method of contribution:		contract is with:  Card Payroli Deduction			Date Received 08/07/2019	Aggregate contributions \$200.00			
Cash Personal Check	Credit/Debit C	Card Payroll Deduction	I Molley Of		06/07/2019	Ψ200.00	1		M.I.
Last Name				First					
Quinn				Will	iam		T a	Zip Code	
Residential Street Address			City				State	06511	
650 Elisworth Ave			New H				10.	00011	
Principal Occupation Director of Health Departmen	nt			City	of Employer of Waterbury				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contribute municipality valued at more	er or business	he/she i	committee for a chief s associated with have Yes	executive officer of a a contract with said No	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a	✓ Yes	Is contributor a principal of a sta If yes, indicate which branch branches of government the contract is with:	or	r or pros	<del></del>				\$100.00
Method of contribution:  Cash ✓ Personal Check	Credit/Debit		Money Or	der	Date Received 08/22/2019	Aggregate contributions \$100.0			
Last Name	·			Firs	t				M.I.
Rabb				Ste	ephen				
Residential Street Address			City				State	Zip Cod	
1 S Ridge Dr			Bloom	field			CT	00002	2-5009
Principal Occupation Retired				Name Reti	e of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contribute municipality valued at more	or or busines than \$5,000	s he/she ?	Yes Yes	No No	Amou	nt of Co	ntribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a s  If yes, indicate which branch		n or pro	aprenie siate commen	<sup>⊃r?</sup> ∏Yes . <b>☑</b> No			\$200.0

SUBTOTAL Section B - This Page	\$500.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

Executive

**✓** No

Aggregate contributions

\$200.00

Legislative

Date Received 08/03/2019

If yes, indicate which branch or branches of government the contract is with:

✓ No

Method of contribution:
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order

If yes, list Event #

SEEC	FORM	20
Revised	i January	2015

Page	202	of	346
rage	202	OI	340

NAME OF COMMITTEE (Provide	Complete	Name as Registered with Fil	ing Reposit	ory)		TYPE OF REPORT			
Bronin for Mayor	Tives		27/28/22/20	<u> </u>		7th day preceding p	orimary		
A. Total Contributions from Sma	all Cont	ributors - Received this l	Period Of	VLY	Made Peleberah	-			
See instructions for definition of Sma					Subtotal Section A				\$0.00
pee Man action for notice		B. Itemized C	ontributi	ons fr	om Individuals				
Last Name	an en inves			First	(n)				M.I.
				Mar	v				
Ramdeen			City	,	<u> </u>		State	Zip Code	
Residential Street Address 68 Van Block Ave, 5			Hartford				CT _	06106-2	2800
Principal Occupation		<u> </u>		Name	of Employer		-		
Student				Stud					<u></u>
is contributed a transfer appropriate	Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h an \$5,000?	ie/she i	s associated with have:	a contract with said	Amoun	t of Cont	ribution
event reported in Section L1?	]Yes ']No	Is contributor a principal of a state  If yes, indicate which branch of branches of government the	r	or pros		IZ No			\$5.00
Method of contribution:  Cash Personal Check Cree	edit/Debit (	contract is with:  Card Payroll Deduction	Money Ord	er	Date Received 07/19/2019	Aggregate contributions \$10.00			
Last Name				First					M.I.
				Chr	ristopher				Р
Ranaudo Residential Street Address			City	l			State	Zip Code	
128 Strathmore Rd			Middleb	oury			СТ	06762-	1530
Principal Occupation			·		of Employer				
Fire Investigation				1 1	of Waterbury				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes <b>√</b> No	If contribution is in excess of municipality does contributor municipality valued at more t	or business han \$5,000?	he/she	is associated with have	a contract with said	Amour	nt of Cont	ribution
event reported in Section Life	Yes	Is contributor a principal of a sta		or pros	spective state contracto	r? ☐Yes ✔No			\$100.00
If yes, list Event # 082219a	No	branches of government the contract is with:	☐ Ex	ecutiv	e 🔲 Legisl	ative	]		
Method of contribution: Cash Personal Check Cr	redit/Debit	Card Payroll Deduction	Money Orc	ler	Date Received 08/22/2019	Aggregate contributions \$100.00	3		
Last Name				Firs	t				M.I.
Rand-Anastasiades				Ca	ггіе				
Residential Street Address			City	1	<del></del>		State	Zip Code	
195 Farmington Ave, Ste 200			Farmin	gton			CT	06032-	1700
Principal Occupation				1.	e of Employer				
Lobbyist					ne Associates				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contributo municipality valued at more	r or business than \$5,000?	he/shc	is associated with have	a contract with said  No	Amou	nt of Con	tribution
event reported in Section L1?	<b>√</b> Yes	Is contributor a principal of a sta If yes, indicate which branch		r or pro	spective state contracto	or? ☐Yes ☑No			\$250.00
If yes, list Event # 082119a	No	branches of government the contract is with:	□Е	xecuti		lative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ C	redit/Debi	t Card Payroll Deduction	Money Or	der	Date Received 08/13/2019	Aggregate contribution \$250.0			

age \$355.00	SUBTOTAL Section B - This Page
ges \$240,120.00	TOTAL of Section B Pages.
<b>B)</b> \$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page
1975	(Enter total on Line 13, Column A or Commany 1. 25%)

Page 203 of 346

NAME OF COMMITTEE - (Provide Comple	ete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Bronin for Mayor	The same of the sa	13112 1120			7th day preceding	orimary		
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY	urgetogratia				
(See instructions for definition of Small Com				Subtotal Section A				\$0.00
		ontributi	ons f	om Individuals				Maranas
Last Name			First					M.I.
			Gar	v				к
Ransom		City	00.	J		State	Zip Code	
Residential Street Address 14 Wentworth Park		Farming	ton			CT	06032-1	560
Principal Occupation		`		of Employer			<u> </u>	
Financial Analyst			Dow	ling & Partners				
		\$ 100 ·	11.1.4.	iu for a shiaf a	vacutive officer of a			
Is contributor a tobbyist, spouse, or dependent child of a tobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	nasaate he/she i	s associated with have	a contract with said  No	Amour	it of Conti	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat	e contractor	or pros	pective state contractor	? Yes		¢.	1,000.00
event reported in Section L1?	If yes, indicate which branch o	г			✓ No		Ф	,,000.00
If yes, list Event # 081319a No	branches of government the contract is with:	∐Ex	ecutiv	e Legisla	ntive (V)			
Method of contribution:	<u> </u>			Date Received	Aggregate contributions			
Cash Personal Check Credit/Deb	it Card Payrell Deduction	Money Ord	er	08/13/2019	\$1,000.00			
Last Name			First		<del> </del>			M.I,
Rastegar			Far	zad				
Residential Street Address		City				State	Zip Code	l
		Westor	1			СТ	06883-2	2911
30 Broad St Principal Occupation			Name	of Employer			· · · · · · · · · · · · · · · · · · ·	
Businessman			1 1	/ Ventures				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	or business han \$5,000?	he/she	is associated with have	a contract with said  No	Amoui	at of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta  If yes, indicate which branch of		or pro	spective state contractor	r? ☐ Yes ✔ No		\$	1,000.00
If yes, list Event #	branches of government the contract is with:	E)Ex	ecutiv	eLegisl	ative			
Method of contribution:		7.4		Date Received	Aggregate contributions			
Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Orc		08/13/2019	\$1,000.00	<u> </u>		1 141
Last Name			Firs	t				M.I.
Rastegar			Ne	da				<u> </u>
Residential Street Address		City				State	Zip Code	2011
30 Broad St		Westor	n			СТ	06883-	2911
Principal Occupation DESIGN DIRECTOR			DOI	of Employer RY VENTURE				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributo municipality valued at more	r or business than \$5,000?	he/she	is associated with have	a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta If yes, indicate which branch of branches of government the	or			✓ No		\$	1,000.00
If yes, list Event #	contract is with:	E	xecutiv	/e Legisl	ative			
Method of contribution: Cash Personal Check Credit/Del	bit Card Payroll Deduction	Money Or	der	Date Received 08/13/2019	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page \$3,000.00  TOTAL of Section B Pages \$240,120.00  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.00  [Forter total on Line 13, Column A of Summary Page]		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.00	SUBTOTAL Section B - This Page	\$3,000.00
	TOTAL of Section B Pages	\$240,120.00
	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

SEEC	FORM	20
Revised	January	2015

Page	204	of	346

Residential Street Address 30 Broad St Principal Occupation Fundraising  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Residential Street Address  95 Quarry Dock Rd  Name of Emploration is in excess of \$400 to a candidate committee municipality valued at more than \$5,000?  Is contributor a principal of a state contractor or prospective starting yes, indicate which branch or branches of government the contract is with:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Residential Street Address  95 Quarry Dock Rd  Name of Emploration  Name of Emplora	al Section A dividuals  ever  er for a chief executed with have a cor Yes  vate contractor?	utive officer of a attract with said	State CT	Zip Code 06883-29	
A. Total Contributions from Small Contributors - Received this Period ONLY    See Instructions for definition of Small Contributory   Subtota	ee for a chief executed with have a confractor?  Legislative eccived Ag	ative officer of a Intract with said No Yes No No units	СТ	06883-29	M.I. 911 ibution
Subtota   Subt	ee for a chief executed with have a confractor?  Legislative eccived Ag	ative officer of a Intract with said No Yes No No units	СТ	06883-29	M.I. 911 ibution
Rastegar Residential Street Address 30 Broad St Principal Occupation Fundraising  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Beardon Jr Residential Street Address 95 Quarry Dock Rd Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committe thumicipality does contributor or business he/she is associated municipality valued at more than \$5,000?  Is contributor a principal of a state contractor or prospective st flyes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date Re 08/13  Residential Street Address 95 Quarry Dock Rd  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate committe municipality valued at more than \$5,000?  Is this contributor a blobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate committe municipality valued at more than \$5,000?  Is this contributor a blobbyist, spouse, or dependent child of a lobbyist?  No  Is contributor a principal of a state contractor or prospective sevent reported in Section L1?  No  If contributor a principal of a state contractor or prospective sevent reported in Section L1?  No  Is contributor a principal of a state contractor or prospective sevent reported in Section L1?  No  Is contributor a principal of a state contractor or prospective sevent reported in Section L1?  No  Is contributor a principal of a state contractor or prospective sevent reported in Section L1?	oyer  ce for a chief executed with have a cor  Yes  Legislative eceived  Ag	ative officer of a Intract with said No Yes No No units	СТ	06883-29	911 ibution
Rastegar  Residential Street Address 30 Broad St  Principal Occupation Fundraising  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an executive contract is with:  Method of contribution:  City No  Is contributor a principal of a state contractor or prospective st  Method of contribution:  City No  Is contributor a principal of a state contractor or prospective st  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Residential Street Address  95 Quarry Dock Rd  Principal Occupation  Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate committe municipality valued at more than \$5,000?  Is contributor a principal of a state contractor or prospective st  Money Order  Payroll Deduction Money Order  Payroll Deduction Money Order  City Niantic  Name of Emplo Name o	oyer  ce for a chief executed with have a cor  Yes  Legislative eceived  Ag	ative officer of a Intract with said No Yes No No units	СТ	06883-29	911 ibution
Rastegar  Residential Street Address 30 Broad St  Principal Occupation Fundraising  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check V Credit/Debit Card Payroll Deduction Money Order  Residential Street Address 95 Quarry Dock Rd  Principal Occupation Attorney  If contribution is in excess of \$400 to a candidate committe municipality valued at more than \$5,000?  If contributor a principal of a state contractor or prospective st If yes, indicate which branch or branches of government the contract is with:  City Nane Personal Check Credit/Debit Card Payroll Deduction Money Order  Residential Street Address 95 Quarry Dock Rd  Principal Occupation Attorney  If contribution is in excess of \$400 to a candidate committe municipality valued at more than \$5,000?  If contributor a principal of a state contractor or prospective st If yes, indicate which branch or branches of government the contract is with:  City Niantic  Principal Occupation Attorney  If contribution is in excess of \$400 to a candidate committe municipality valued at more than \$5,000?  Is this contributor a bobbyist, spouse, or dependent child of a lobbyist?  No list this contributor or business he/she is associal municipality valued at more than \$5,000?  Is contributor a principal of a state contractor or prospective services of the principal of a state contractor or prospective services of the principal of a state contractor or prospective services of the principal of a state contractor or prospective services of the principal of a state contractor or prospective services of the principal of a state contractor or prospective services of the principal of a state contractor or prospective services of the principal of a state contractor or prospective services of the principal of a state contractor or prospective services of the principal of a state contractor or prospective services of the principal	ce for a chief executed with have a corn  Yes  water contractor?  Legislative eceived Ag	ative officer of a Intract with said No Yes No No units	СТ	06883-29	ibution
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Principal Occupation Fundraising  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Method of contribution:  Cash Personal Check Coredit/Debit Card Payroll Deduction Money Order  Residential Street Address 95 Quarry Dock Rd  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committe municipality valued at more than \$5,000?  If contributor a principal of a state contractor or prospective stance is with:  Date Re O8/13  First Robert 1  Residential Street Address 95 Quarry Dock Rd  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contributor a principal of a state contractor or prospective stance is with:  Name of Employers  If contribution is in excess of \$400 to a candidate committed municipality does contributor or business he/she is associal municipality valued at more than \$5,000?  Is this contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a principal of a state contractor or prospective stance is with:  Name of Employers  Robert 1  Residential Street Address 95 Quarry Dock Rd  Principal Occupation  Attorney  Is contributor a principal of a state contractor or prospective stance is associated with an event reported in Section L1?  No branches of government the principal of a state contractor or prospective stance is associated with an event reported in Section L1?  No branches of government the principal of a state contractor or prospective stance is associated with an event reported in Section L1?  No branches of government the principal of a state contractor or prospective stance is associated with an event reported in Section L1?  No branches of government the principal of a state contractor or prospective stance is associated with an event reported in Section L1?	ce for a chief executed with have a corn  Yes  water contractor?  Legislative eceived Ag	ative officer of a Intract with said No Yes No No units	СТ	06883-29	ibution
Principal Occupation Fundraising  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Residential Street Address  95 Quarry Dock Rd  Principal Occupation Attorney  Is contribution associated with an event reported in Section L1?  If contribution is in excess of \$400 to a candidate committe municipality valued at more than \$5,000?  Is contributor a principal of a state contractor or prospective st If yes, indicate which branch or branches of government the contract is with:  Date Re 08/13  City Niantic  Name of Emplo BFPCC, Inc	ce for a chief executed with have a corn  Yes  water contractor?  Legislative eceived Ag	with said No Yes No No	Amount		
Secontributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes dependent	ce for a chief executed with have a corn  Yes  water contractor?  Legislative eceived Ag	with said No Yes No No	Amount		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Residential Street Address 95 Quarry Dock Rd  Principal Occupation  Attorney  Is contribution associated with an event reported in Section L1?  If contributior a principal of a state contractor or prospective state of government the contract is with:  Executive  Date Repair No Payroll Deduction Money Order  Payroll Deduction Money Order  First  Robert 1  Residential Street Address 95 Quarry Dock Rd  Principal Occupation  Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  No Is contributor a principal of a state contractor or prospective surface and indicate committed in the principal of a state contractor or prospective surface and indicate which branch or branches of government the Executive  Executive  Is contributor a principal of a state contractor or prospective surface and indicate committed in Section L1?  Is contributor a principal of a state contractor or prospective surface and indicate which branch or branches of government the Executive	red with have a cord of the contractor?  Legislative eccived Ag	with said No Yes No No	Amount		
went reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  No Payroll Deduction Money Order  O8/13  Last Name  Reardon Jr  Residential Street Address 95 Quarry Dock Rd  Principal Occupation  Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committ municipality does contributor or business he/she is associal municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  No Principal Occupation  Attorney  Is contribution as associated with an event reported in Section L1?  No Principal Occupation  Attorney  Is contribution as principal of a state contractor or prospective sevent reported in Section L1?  No Principal Occupation  Name of Emploration is in excess of \$400 to a candidate committ municipality adued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  No Principal Occupation  No Principal Occ	Legislative	✓ No gregate contributions		\$1	,00.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Name  Reardon Jr  Residential Street Address 95 Quarry Dock Rd  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Is this contribution associated with an event reported in Section L1?  No  Date R  Payroll Deduction Money Order  Robert 1  First  Robert 1  Robert 1  First  Robert 1  Is contribution is in excess of \$400 to a candidate committ municipality does contributor or business he/she is associal municipality valued at more than \$5,000?  Is contributor a principal of a state contractor or prospective sevent reported in Section L1?  No  Figure 1  First  Robert 1  First  Robert 1  Section 1  First  Robert 1  First	I				
Last Name  Reardon Jr  Residential Street Address 95 Quarry Dock Rd  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Is the contributor a principal of a state contractor or prospective sevent reported in Section L1?  Is the contributor a principal of a state contractor or prospective sevent reported in Section L1?  Is contributor a principal of a state contractor or prospective sevent reported in Section L1?  Is contributor a principal of a state contractor or prospective sevent reported in Section L1?  Is contributor a principal of a state contractor or prospective sevent reported in Section L1?  Is contributor a principal of a state contractor or prospective sevent reported in Section L1?  Is contributor a principal of a state contractor or prospective sevent reported in Section L1?  Is contributor a principal of a state contractor or prospective sevent reported in Section L1?  Is contributor a principal of a state contractor or prospective sevent reported in Section L1?  Is contributor a principal of a state contractor or prospective sevent reported in Section L1?  Is contributor a principal of a state contractor or prospective sevent reported in Section L1?					
Reardon Jr  Residential Street Address  95 Quarry Dock Rd  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective sevent reported in Section L1?  Robert 1  City Name of Emplor The Reardor  If contribution is in excess of \$400 to a candidate committ municipality does contributor or business he/she is associal municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  No  Is contributor a principal of a state contractor or prospective sevent reported in Section L1?  Figure 1  Fi					M.I.
Residential Street Address  95 Quarry Dock Rd  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective second of the principal of a state contractor or prospective second of the principal of a state contractor or prospective second of the principal of a state contractor or prospective second of the principal of a state contractor or prospective second of the principal of a state contractor or prospective second of the principal of a state contractor or prospective second of the principal of a state contractor or prospective second of the principal of a state contractor or prospective second of the principal of a state contractor or prospective second of the principal of a state contractor or prospective second of the principal of a state contractor or prospective second of the principal of a state contractor or prospective second of the principal of a state contractor or prospective second of the principal of a state contractor or prospective second of the principal of a state contractor or prospective second of the principal of a state contractor or prospective second of the principal of a state contractor or prospective second of the principal of a state contractor or prospective second of the principal of the princ					
Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an covent reported in Section L1?  Is contributor a principal of a state contractor or prospective such as the section L1?  Is the contribution of a state contractor or prospective such as the section L1?  Is contributor a principal of a state contractor or prospective such as the section L1?  Is contributor a principal of a state contractor or prospective such as the section L1?  Is contributor a principal of a state contractor or prospective such as the section L1?  Is contributor a principal of a state contractor or prospective such as the section L1?  Is contributor a principal of a state contractor or prospective such as the section L1?  Is contributor a principal of a state contractor or prospective such as the section L1?  Is contributor a principal of a state contractor or prospective such as the section L1?  Is contributor a principal of a state contractor or prospective such as the section L1?  Is contributor a principal of a state contractor or prospective such as the section L1?  Is contributor a principal of a state contractor or prospective such as the section L1?  Is contributor a principal of a state contractor or prospective such as the section L1?		·	State	Zip Code	
Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committ municipality does contributor or business he/she is associant municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective section 1.1?  If yes, indicate which branch or branches of government the		-	CT	06357-1	908
Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committ municipality does contributor or business he/she is associal municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective section 1.1?  If yes, indicate which branch or branches of government the Frequence.					
dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  No municipality does contributor or business he/she is associated municipality valued at more than \$5,000?  Is contributor a principal of a state contractor or prospective sevent reported in Section L1?  No branches of government the Frequence.	on Law Firm, I				
event reported in Section L1?  If yes, indicate which branch or branches of government the Frequence	Yes	ntract with said  No	Amoun	t of Conti	ibution
	tate contractor?	☐ Yes ✓ No e			\$250.00
Method of contribution:	Received As 2/2019	gregate contributions \$250.00			
Last Name First					M.I.
Keily					
Realdon			State	Zip Code	<u> </u>
Residential Street Address Stonington			CT	06378-2	2610
44 Wilcox Rd  Principal Occupation  Name of Empl	loyer				
Attorney The Reard	lon Law Firm				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate commit municipality does contributor or business he/she is associate municipality valued at more than \$5,000?	Yes	cutive officer of a contract with said	Amour	nt of Cont	ributior
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective of the section L1?  If yes, indicate which branch or	etata contractor?	∏Ycs ✓No			\$250.0
If yes, list Event # branches of government the contract is with:	state contractor.	ggregate contributions			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date 1 08/0	Legislativ	EXICENT COMMINIONS			

SUBTOTAL Section B - This Page	\$1,500.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

SEEC	FORM	20
Revised	January	2015

Page	205	of	346

NAME OF COMMITTEE (Provide Complete N	ame as Registered with Fil	ing Reposit	ory)		TYPE OF REPORT			
Bronin for Mayor		Carrier (berry 193).	Control of the Contro	The state of the s	7th day preceding p	orimary		
A. Total Contributions from Small Contri	histors - Received this	Period ON	ILY.					
See instructions for definition of Small Contribu				Subtotal Section A				\$0.00
see maracinos par departer of carto	B Itemized C	ontributio	ons fr	om Individuals				
			First					M.I.
Last Name			Mad	elon				
Reed		City	Wida	3,0,1		State	Zip Code	
Residential Street Address		Branford	i			CT	06405-3	3587
60 Maple St, Apt 44 Principal Occupation			Name o	of Employer				
Writer/Producer TV			СТ	11.6	, rc f .			
dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h aan \$5,000?	ie/she is	associated with have	No No	Amoun	t of Cont	ribution
event reported in Section L1?	contributor a principal of a state of the contributor of government the	г	or prosp	F	✓ No			\$250.00
Method of contribution:  Cash Personal Check Credit/Debit Cas	contract is with:	]Money Orde	er	Date Received 08/31/2019	Aggregate contributions \$250.00			
Last Name		<u> </u>	First		<u></u>			M.L.
			Tho	mas				
Regan Residential Street Address		City	<u> </u>			State	Zip Code	
92 Wellington Heights Road		Avon				СТ	06001	
Principal Occupation			t .	of Employer	<u> </u>			
Attorney/Lobbyist			Brow	n Rudnick LLP				.4.7
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   No	If contribution is in excess of municipality does contributor municipality valued at more t	r or business I han \$5,000?	he/she i:	s associated with have	No No	Amou	nt of Cont	tribution
event reported in Section L1?	contributor a principal of a sta If yes, indicate which branch of branches of government the	or	or pros		□No			\$250.0
Method of contribution:	contract is with:			Date Received	Aggregate contributions	1		
Cash Personal Check Credit/Debit Ca	ard Payroll Deduction	Money Ord	ler	07/30/2019	\$500.00	)		
Last Name			First					M.I.
Reid			Cai	ol lo				
Residential Street Address		City				State	Zip Code 06120	
90 East St		Hartfor				CT	00120	-2011
Principal Occupation Owner				of Employer Reid Constructi	on LLC			,,,,,
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess of municipality does contribute municipality valued at more	r or business than \$5,000?	he/she	is associated with have	e a contract with said No	Amou	nt of Con	tributio
event reported in Section L1?	s contributor a principal of a sta If yes, indicate which branch		r or pros	pective state contracte	or? ☐ Yes ☑ No			\$500.0
If yes, list Event #	branches of government the contract is with:	□E:	xecutiv	c Legis	slative			
Method of contribution:  Cash ✓ Personal Check Credit/Debit C	F-7	Money Or	der	Date Received 08/12/2019	Aggregate contribution \$500.0	1		

\$1,000.00	SUBTOTAL Section B This Page
\$240,120.00	TOTAL of Section B Pages.
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page
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Page 206 of 346

NAME OF COMMITTEE (Provide Complete Name	as Registered with Fili	ing Reposit	ory)			TYPE OF REPORT			
Bronin for Mayor	minings of the second section of the second section of			***************************************		7th day preceding p	orimary		
A. Total Contributions from Small Contribut	ors - Received this I	Period Of	VLY	aryevir.					ļ
(See instructions for definition of Small Contributor)				Subtota	Section A				\$0.00
	B. Itemized Co	ontributio	ons fro	om Ind	iyiduals			er un en s	A CONTRACTOR OF THE CONTRACTOR
Last Name			First	1.74137777					M.I.
			Wan	da					
Reiff Residential Street Address		City					State	Zip Code	
120 Wayland Ave		Waterbu	ıry				СТ	06708-2	2151
Principal Occupation				f Employ	er				
State Marshall			Self						
dependent child of a lobbyist?	ontribution is in excess of S nicipality does contributor nicipality valued at more th	or business h nan \$5,000?	ne/she is	associate	Yes	No No	Amoun	t of Conti	ribution
event reported in Section L1? If yes No branc	ributor a principal of a state s, indicate which branch or thes of government the ract is with:	r	or prosp ecutive		te contractor	✓ No	Lover -		\$250.00
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card	Payroll Deduction	Money Ord	er	Date Re 08/22		Aggregate contributions \$250.00			
Last Name			First	****					M.I.
			Chri	stophe	er				
Reilly  Residential Street Address		City	<u> </u>		,		State	Zip Code	
1 Sandstone Rd		Plainvil	le				CT	06062-	1570
Principal Occupation	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			of Emplo					
Real Estate Manager			Lexin	igton P	roperty M	lanagement			
dependent child of a lobbyist?	contribution is in excess of micipality does contributor micipality valued at more t	or business han \$5,000?	he/she is	s associal	Yes	a contract with said  No	Amour	nt of Cont	ribution
event reported in Section L1?    Yes   If ye   V   No   bran	stributor a principal of a sta s, indicate which branch on the sof government the tract is with:	or	or pros		ate contracto	✓ No			\$500.00
Method of contribution:  Cash  Personal Check  ✓ Credit/Debit Card	Payroll Deduction	Money Ord	der		eccived 0/2019	Aggregate contributions \$625.0			
Last Name			First						M.I.
Revkin			Jan	nes					Н
Residential Street Address		City					State	Zip Code	
12 Highland Ave	. <u></u>	Branfo	rd				CT	06405	4/15
Principal Occupation Physician				of Empl er Inc.	oyer				
Is contributor a lobbyist, spouse, or Yes If dependent child of a lobbyist?	contribution is in excess of unicipality does contributo unicipality valued at more	r or business than \$5,000	he/she i	is associa	Yes	No No	Amou	nt of Con	tribution
event reported in Section L1?	ntributor a principal of a states, indicate which branch	or				✓No			\$100.00
	nches of government the stract is with:	E	xecutiv		Legis	lative	_		
Method of contribution:  ☐ Cash ☐ Personal Check ☑ Credit/Debit Card	Payroll Deduction	Money Or	rder		Received 9/2019	Aggregate contribution \$100.0			

TOTAL of Section B Pages \$240,120.00  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.00  (Fater total on Line 13, Column A of Summary Page	SUBTOTAL Section B - This Page	\$850.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.00  (Fater total on Line 13, Column A of Summary Page	TOTAL of Section B Pages	\$240,120.00
	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

SEEC	FORM	20
Revised	LJanuary	2015

Page	207	of	346
rage	201	OI.	5.0

AME OF COMMITTEE (Provide Comple	te Name as Registered with Fil	ing Reposit	tory)		TYPE OF REPORT			
Bronin for Mayor			1.473.000 W.A.	An excellent of the season of	7th day preceding	primary		
. Total Contributions from Small Co	in lations - Received this	Period OI	VLY	erencera en cara				
See instructions for definition of Small Com				Subtotal Section A	:			\$0.00
see mistructions for defination of Share Com	R Hemized C	ontributi	ons fr	om Individuals		da ekanidade		8-5. B. 167
			First		No view and Albertan Property and Albertan P			M.I.
Last Name			TR	asilio				1
Reyes		City		451110		State	Zip Code	
Residential Street Address		New Ha	ven			СТ	06519-2	:844
13 Harbour Close Principal Occupation			Name	of Employer				
Freeman				of New Haven				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business t san \$5,000?	he/she is	s associated with have Yes	No No	Amoun	it of Conti	cibution
Is this contribution associated with an event reported in Section 1.1?  If yes, list Event # 073119a	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the	r	or prosp		₩o			\$150.00
Method of contribution:	contract is with:	Money Ord	er	Date Received 07/31/2019	Aggregate contributions \$150.00			
			First			1		M.I.
Last Name			Kev	ńn				N
Reynolds		City	1.00			State	Zip Code	
Residential Street Address		West H	lartfor	d		СТ	06117-	2845
71 Sycamore Rd Principal Occupation Lobbyist			Name RSG	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	r or business than \$5,000?	he/she i	is associated with have	No No	Amour	nt of Cont	ribution
Is this contribution associated with an cvent reported in Section L1?  If yes, list Event #	Is contributor a principal of a star If yes, indicate which branches of government the contract is with:	or	or pros	r=-1	✓ No		\$	61,000.00
Method of contribution:		7. Manau Ov	dor	Date Received 08/20/2019	Aggregate contribution \$1,000.0			
Cash Personal Check Credit/De	bit Card Payroll Deduction	_ IMOREY OR	.,		ψ1,000.0	<u>~</u>		M.l.
Last Name			Firs					
Richard			An	drew		State	Zip Code	
Residential Street Address		City	wich			CT	06830-	
38 Grahampton Ln		Green		e of Employer				
Principal Occupation  Banker			Eve	rcore				
Is contributor a lobbyist, spouse, or Y c dependent child of a lobbyist?	municipality does contribute municipality valued at more	or or business than \$5,000	s he/she ?	Yes Yes	No No	Amou	nt of Con	tributio
Is this contribution associated with an event reported in Section L1?    Yes     Yes, list Event #	Is contributor a principal of a st  If yes, indicate which branch branches of government the contract is with:	or	er or pro	<u>-</u>	slative No			\$500.0
Method of contribution:	COMPACT IS WITH			Date Received	Aggregate contribution	ns		

SUBTOTAL Section B - This Page	\$1,650.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$240,120.00
Chief to a solution of the sol	

SEEC	FORM	20
Revised	January	2015

Page	208	of	346

NAME OF COMMITTEE (Provide	e Complei	te Name as Registered with Fi	ling Reposi	iory)		TYPE OF REPORT			
Bronin for Mayor		<u>aan ee geroof gaag ar senings op 'n Nitory aan eel-el-elffe betroe</u>	20200000000000000000000000000000000000		The American	7th day preceding p	orimary		
A. Total Contributions from Sn	nall Cor	tributors - Received this	Period O	NLY	Nava Carrier 15 cand				
See Instructions for definition of Sm	The second of the second				Subtotal Section A				\$0.00
			ontributi	ons fi	om Individuals		al aduly (glyry		
Last Name				First		<u> </u>			M.I.
				Elle	n				s
Richman Residential Street Address			City				State	Zip Code	<u> </u>
777 W Putnam Ave			Greenw	rich			CT	06830-5	6091
Principal Occupation	<del>,</del>			Name	of Employer				
Professor			,	Colu	mbia University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	r or business l than \$5,000?	he/she i	s associated with have	a contract with said  No	Amoun	t of Cont	cibution
Is this contribution associated with an	Yes	Is contributor a principal of a sta	ite contractor	or pros	pective state contractor	г? Yes		\$	1,000.00
event reported in Section L1?	✓ No	If yes, indicate which branch or branches of government the				. ✓ No	1	•	.,
If yes, list Event #	<u>*</u> ]"	contract is with:	Ex	ecutive		ative	1		
Method of contribution: Cash Personal Check / C	redit/Debit	t Card Payroll Deduction	Money Ord	ler	Date Received 08/27/2019	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Richman				Ric	hard				P
Residential Street Address	·		City			**	State	Zip Code	5004
777 W Putnam Ave			Greenw	vich			СТ	06830-	5091
Principal Occupation Chairman	·-			4	of Employer man Real Estate	ŀ			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributo municipality valued at more	or or business than \$5,000?	he/shc	is associated with have	e a contract with said  No	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	∐Yes <b>√</b> No	Is contributor a principal of a sta If yes, indicate which branch branches of government the contract is with:	or	or pros		☑ No		\$	61,000.00
Method of contribution: Cash Personal Check	Credit/Debi		Money Orc	der	Date Received 08/27/2019	Aggregate contributions \$1,000.00	1		
Last Name				Firs	t				M.i.
Rinko				Ad	am				
Residential Street Address			City		-		State	Zip Code	
43 McVeigh Rd			Woodb				СТ	06798-	2311
Principal Occupation Emergency Manager					e of Employer terbury Fire Depa	artment			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes <b>✓</b> No	municipality does contribute municipality valued at more	or or business than \$5,000?	he/she	is associated with have	e a contract with said	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  If yes, fist Event # 082219a	✓ Yes No	Is contributor a principal of a st  If yes, indicate which branch branches of government the contract is with:	or	r or pro	<u></u>	✓ No			\$50.0
Method of contribution:  Cash					Date Received	Aggregate contributions			

SUBTOTAL Section B - This Page	\$2,050.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

Page 209 of 346

NAME OF COMMITTEE (Provide Cor	mplete Name as Registered with Fi	ling Reposi	itory)		Seis de les	TYPE OF REPORT			
Bronin for Mayor					,,	7th day preceding	primary		
A. Total Contributions from Small	Contributors - Received this	Period O	NLY		745-725-75 745-725-75				
(See instructions for definition of Small C	Contributor)			Subtotal S	ection A				\$0.00
	B. Itemized C	ontributi	ons fr	om Indiv	iduals				
Last Name			First						M.I.
Rivera			Sam	nuel					
Residential Street Address		City			•		State	Zip Code	
80 Heather Ln	·····	New Br					СТ	06053-1	918
Principal Occupation				of Employer Renewe	d				
Warehouse Manager									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l			vith have a		Amoun	t of Contr	ribution
Is this contribution associated with an	es Is contributor a principal of a stat	e contractor	or prosp	ective state o	contractor's	Yes			\$100.00
event reported in Section L1?  If yes, list Event # 083119a	If yes, indicate which branch or		ecutive		Legisla	tive No			ψ100.00
Method of contribution:  ✓ Cash Personal Check Credit/I	Debit Card Payroll Deduction	Money Ord	er	Date Receiv 08/31/20		Aggregate contributions \$100.00			
Last Name			First						M.I.
Rockefeller	•		Vale	erie					
Residential Street Address		City	- <del></del>				State	Zip Code	
38 Highview Ave		Old Gre					СТ	06870-1	704
Principal Occupation Director			1	of Employer efeller Bro	others F	und			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business l			vith have a		Amour	ıt of Contı	ribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch of		or prosp	ective state o	contractor	☐ 1 cs			\$500.00
If yes, list Event #	o branches of government the contract is with:	Ex	ecutive		Legisla				
Method of contribution:  Cash Personal Check ✓ Credit/I	Debit Card Payroll Deduction	Money Ord	ler	Date Receiv 08/12/20	- 1	Aggregate contributions \$1,150.00			<b>,</b>
Last Name			First						M.I.
Rogers			Cha	ries					
Residential Street Address		City,	4				State CT	Zip Code 06114-2	717
380 Fairfield Ave		Hartford		of Employer			CI	00114-2	27 17
Principal Occupation Retired			Retire						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business			vith have a		Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch o		or prosp	ective state of	contractor	<u> </u>			\$5.00
If yes, list Event #	O branches of government the contract is with:	☐Ex	ecutive		Legisla	tive No	1		
Method of contribution:  Cash Personal Check Credit/	Debit Card Payroll Deduction	Money Ord	ler	Date Receiv 08/31/20		\$5.00			

\$605.00	SUBTOTAL Section B - This Page
\$240,120.00	TOTAL of Section B Pages
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 210 of 346

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Fill	ing Reposi	tory)		TYPE OF REPORT			
Bronin for Mayor					7th day preceding	primary		
A. Total Contributions from Small Contribut (See instructions for definition of Small Contributor)		eriod O	NLY	Subtotal Section A				\$0.00
(See instructions for definition of small Contributor)	The state of the s	mtelbuti	one f	rom Individuals				00.00
Last Name	Distenseux	mu wuu	First	The state of the s				M.I.
Roggi		City	vva	yne		State	Zip Code	<u> </u>
Residential Street Address 278 Hudson St		Hartford	i			CT	06106-1	1777
Principal Occupation				of Employer				
auto repair				gis Automotive				:
dependent child of a lobbyist?	ontribution is in excess of \$ sicipality does contributor o sicipality valued at more tha	r business H				Amoun	t of Cont	ribution
event reported in Section L1?    Yes   If yes,   V No   branci	tibutor a principal of a state , indicate which branch or hes of government the act is with:		or pros ecutiv	-	□ res ✓ No			\$300.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card		Money Orde	èr	Date Received 07/29/2019	Aggregate contributions \$300.00			
Last Name			First					M.I.
Rojas			Jos	e				
Residential Street Address		City				State	Zip Code	
23 Avaion Ln	•	Maribor				СТ	06447-1	1054
Principal Occupation Attorney			ı	of Employer rojas law firm				
dependent child of a lobbyist?	ontribution is in excess of \$ nicipality does contributor o nicipality valued at more tha	r business l				Amoun	t of Cont	ribution
event reported in Section L1?  Yes  If yes	ributor a principal of a state , indicate which branch or hes of government the				∐ tes √ No			\$250.00
If yes, list Event # contra	act is with:	Ехе	ecutiv					
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction	Money Orde	er	Date Received 08/15/2019	Aggregate contributions \$250.00			
Last Name			First					M.1.
Ronan	1		Dar	niei		Ca	1 57 67 1	K
Residential Street Address 36 Old Pepperidge Ln, Apt A3		City Wethers	sfield			State CT	Zip Code 06109-3	3129
Principal Occupation Sales			Name Cinta	of Employer as				
dependent child of a lobbyist?	ontribution is in excess of \$ nicipality does contributor on nicipality valued at more that	r business l				Amoun	t of Cont	ribution
event reported in Section L1?  If yes list Event # 080219a  If yes branch	ributor a principal of a state , indicate which branch or hes of government the		or pros		∐ res ✓ No			\$25.00
Method of contribution:  Cash Personal Check Credit/Debit Card	act is with:	Money Orde		Date Received 08/02/2019	Aggregate contributions \$25.00			

\$575.00	SUBTOTAL Section B - This Page
\$240,120.00	TOTAL of Section B Pages
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page)

Page 211 of 346

NAME OF COMMITTEE (Provide Compi	lete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Bronin for Mayor					7th day preceding	primary		
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY	The state of the s				
(See instructions for definition of Small Con	tributor)			Subtotal Section A				\$0.00
		ontributi	ons f	rom Individuals				
Last Name			First					M.I.
Roos			No	rman	•			
Residential Street Address		City	1	The state of the s		State	Zip Code	
27 Wyngate Dr		Avon				СТ	06001-4	112
Principal Occupation		L	Name	of Employer				
Partner				inson & Cole LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat  If yes, indicate which branch o		or pros	pective state contractor	? ☐Ycs ✓ No			\$150.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv	,	ative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 07/24/2019	Aggregate contributions \$150.00			
Last Name		·	First			•		M.I.
Rosen			Bei	nard				
Residential Street Address		City	<u></u>			State	Zip Code	
21 Temple St, Apt 503		Hartford	1			СТ	06103-1	312
Principal Occupation Educator			Name Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat  If yes, indicate which branch o		or pros	pective state contractor	Lites			\$50.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv					
Method of contribution:  Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 08/08/2019	Aggregate contributions \$50.00			
Last Name		,	Firs					M.I.
Rosengren			Sai	muel				
Residential Street Address	- <del>W. F</del>	City				State	Zip Code	
140 Huyshope Ave, Apt 516		Hartford	1			CT	06106-2	889
Principal Occupation Kurien Ouelette LLC			Name Atto	of Employer rney				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	ıt of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch o		or pros	spective state contractor	1 cs			\$50.00
If yes, list Event # 082119a No	branches of government the contract is with:	Ex	ecutiv					
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	ег	Date Received 08/21/2019	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

SEEC FORM 20	
Revised January 2015	

Page	212	of	346

NAME OF COMMITTEE (Providence	de Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Bronin for Mayor	race spaint Section 1985	And the second second relationship was referred to the second of the second sec				7th day preceding	orimary		
A. Total Contributions from S	mall Co	tributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	om Individuals	A ANGEST SALES CONTROL OF THE SECOND			tulers a communit
Last Name				First	72(1) X 12 X 13		51131111111111111111111111111111111111		M.I.
Rossi				Jeff	rey				w
Residential Street Address			City	.l			State	Zip Code	
105 N Racebrook Rd			Woodbr	idge			СТ	06525-1	407
Principal Occupation				§	of Employer				
CPA				Conr	Reznick LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business I				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	∏Yes ✓ No	Is contributor a principal of a stat  If yes, indicate which branch or		or prosi	pective state contractor	? ☐Yes ☑No			\$500.00
If yes, list Event #	V NO	branches of government the contract is with:	Ex-	ecutivo	Legisla	ative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 08/29/2019	Aggregate contributions \$500.00			
Last Name				First					M.I.
Rossi				Joh	n				F
Residential Street Address			City				State	Zip Code	
22 Whetton Rd			West H	artford	i		СТ	06117-2	2856
Principal Occupation Director					of Employer ord Healthcare				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	∏Yes ✓ No	Is contributor a principal of a state of yes, indicate which branch o		or prosj	pective state contractor	? ☐Yes ✓ No			\$500.00
If yes, list Event #	<b>₩</b> No	branches of government the contract is with:	□Ex	ecutive	E Legisla	ative			
Method of contribution:  Cash Personal Check	Credit/Debi	r Card Payroll Deduction	Money Ord	er	Date Received 08/11/2019	Aggregate contributions \$500.00			
Last Name				First					M.1.
Roth				Ros	alie				<u> </u>
Residential Street Address	·		City	4.5			State	Zip Code	1007
79 Bloomfield Ave			West H				СТ	06105-1	1007
Principal Occupation Director of Development					of Employer Mark Twain Hous	se & Museum			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more #	or business han \$5,000?	he/she i	s associated with have	a contract with said No	Amour	nt of Cont	ribution
Is this contribution associated with an	Yes	ls contributor a principal of a sta		or pros	pective state contractor	r? ∐Yes			\$50.00
event reported in Section L1?  If yes, list Event #	No	If yes, indicate which branch o branches of government the contract is with:		ecutive	e [Legisl	ative No			<b>*</b> 22. <b>6</b> 0
Method of contribution: Cash Personal Check			Money Ord	ler	Date Received 08/29/2019	Aggregate contributions \$200.00	A CHARLES		

on B - This Page \$1,050.00	SUBTOTAL Section B - This Page
Section B Pages \$240,120.00	TOTAL of Section B Pages
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 213 of 346

Rounic for Mayor  A. Total Contributions from Small Contributors - Received this Period ONLY  Site instructions for inspirition of Small Contributors - Seceived this Period ONLY  Subtolal Section A  B. Hemized Contributors Shorm Individuals  First Chance    First   Chance   State   Chance   State   Chance   State   Chance   State   Chance   State   Chance   State   Chance   Chan	NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT		VIII INCLUMENTAL I	
Substitution for definition of Swall Contribution   Substitution	Bronin for Mayor	***************************************			***********		7th day preceding	primary		
Rueger   Field   Chance   Chan				Period O	NLY	Subtotal Section A				\$0.00
Recidential Street Address   City   Glass (Dobuty   City   Gloss (Surphy   City   Glass (Dobuty   City   City   Glass (Dobuty   City   City   Glass (Dobuty   City   City	The state of the s		B. Itemized C	ontributi	ons f	rom Individuals				
Reidential Street Address 82 Uplands Way 82 Uplands Way 83 State 84 State 85 State 85 State 86 State 86 State 87 State 86 State 87 State 87 State 87 State 87 State 87 State 87 State 88 State 88 State 88 State 88 State 88 State 88 State 89 State 8	Last Name				First					M.I.
See Uplands Way	Rueger				Cha	ance				
Name of Employer   Grandparent Partners, LLC	Residential Street Address				<del> </del>					
Insurance Agent  Is contribution a lobbyist, sposses, or dependent child of a lobbyist?  Is contribution associated with any event reported in Section 1.1?  If yes, infact Event #  If contribution is in excess of \$400 to a candidate committee for a chief executive with said municipality valued at more than \$5,000	<u>'</u>			Glaston				СТ	06033-3	357
dependent child of a lobbyist?	- •				1		s, LLC			
## Special file Section 1.17   first   free, is at Event # 081319a   No   No   If see, is indicate which branch or branches of government the contract is white.    first   Date Received   Asserted econtributions   Storo   On   On   On   On   On   On   On   O			municipality does contributor	or business l		s associated with have	a contract with said	Amoun	t of Conti	ribution
Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   08/13/2019   \$500.00	event reported in Section L1?		If yes, indicate which branch or branches of government the	_		_	∐ res [✓] No			\$500.00
Residential Street Address 1 River Rd 2 Residential Street Address 1 River Rd 2 Residential Street Address 1 River Rd 2 Residential Street Address 2 River Rd 2 Residential Street Address 2 River Rd 2 Residential Street Address 3 Roof Residential Street Address 3 Roof Residential Street Address 3 Roof Residential Street Address 4 Residential Street Address 5 Roof Residential Street Address 5 Roof Residential Street Rd 5 Roof Roof Residential Street Rd 6 Residential Street Rd 6 Residential Street Rd 6 Residential Street Rd 7 Residential Street Rd 7 Roof Roof Roof Roof Roof Roof Roof Roo		Credit/Debit	Card Payroll Deduction	Money Orde	er					
Residential Street Address 1 River Rd City Cos Cob Name of Employer LAW OFFICES OF PHILIP RUSSELL Security of a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution a sociated with an event reported in Section L1?  West, list Event #  Method of contribution:  Residential Street Address 522 W End Ave, New York  Residential Street Address 522 W End Ave, New York  Residential Street Address  State Name Residential Street Address State No No No Manue of Employer Legislative Date Received OB/11/2019 St.1,000.00  MAI.  Amount of Contribution OB/11/2019 St.1,000.00  MAI.  MI.  MI.  MI.  MI.  MI.  Residential Street Address State No State No	Last Name				First					M.I.
River Rd	Russell				Phi	lip				
Principal Occupation ATTORNEY    Name of Employer   LAW OFFICES OF PHILIP RUSSELL					 b				1 '	755
In this contribution associated with any a contract with said municipality valued at more than \$5,000?	Principal Occupation				•		HILIP RUSSELL		<u> </u>	
State   Stat			municipality does contributor	or business l		s associated with have	a contract with said	Amoun	t of Contr	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Last Name Ruthizer  Residential Street Address 522 W End Ave, New York  Principal Occupation Attorney  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes Vool  Is this contribution associated with an event reported in Section L1?  Method of contribution:    Ves   If contributor a principal of a state contractor or prospective state contractor?   Yes very not contract is with:    Method of contribution:   Date Received   Aggregate contributions	event reported in Section L1?		If yes, indicate which branch or	_		_	∐ res ✓ No		\$	1,000.00
Last Name  Ruthizer  Ted  Residential Street Address 522 W End Ave, New York  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  M.I.  Method of contribution  First  Ted  City New York  Name of Employer Kramer Levin  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  If yes, list Event #  Method of contribution:  Date Received  Aggregate contributions  Method of Contributions	Method of contribution:	Credit/Debit	contract is with:			Date Received	Aggregate contributions			
Residential Street Address  State				1			Ψ1,000.00			MJ
Residential Street Address  522 W End Ave, New York  Principal Occupation Attorney  Name of Employer Kramer Levin  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section I.1?  If yes, list Event #  Method of contribution:  State Zip Code NY 10024-3228  Amount of Contribution  Figure 1										172471
Principal Occupation Attorney    Name of Employer Kramer Levin				City			····	State	Zip Code	
Attorney  Kramer Levin  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section I.1?  If yes, list Event #  Method of contribution:  Kramer Levin  Frescontribution a chief executive officer of a municipality valued at more than \$5,000?  Yes  You  No  Spour Method of contribution:  Date Received Aggregate contributions	522 W End Ave, New York		•	New Yo	rk			NY	10024-3	228
dependent child of a lobbyist?  In municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L.1?  If yes, list Event #  Method of contribution:  If yes indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions  Amount of Contribution  Fyes   No    Source   Yes   Source    Yes   Source   Yes    Yes   Source   Yes    Yes   Source    Yes   Source										
cvent reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Stress \$50.00    Fyes, indicate which branch or branches of government the contract is with:    Date Received   Aggregate contributions   Date Received   Contributions   Date Received   Aggregate Contributions   Date Received   Contributions   Contrib		Lacard	municipality does contributor	or business l		s associated with have	a contract with said	Amoun	t of Conti	ribution
Method of contribution:  Date Received Aggregate contributions	event reported in Section L17	_	If yes, indicate which branch or branches of government the			_	∐ res ✓ No			\$50.00
	Method of contribution:	Credit/Debit				Date Received	Aggregate contributions			

SUBTOTAL Section B - This Page	\$1,550.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

SEEC FORM 20 Revised January 2015

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

Page 214 of 346

NAME OF COMMITTEE (Provide Complete Na	me as Registered with Filing Repo.	sitory)		TYPE OF REPORT			gi. Sanari
Bronin for Mayor				7th day preceding	ргітагу		
A. Total Contributions from Small Contrib	utors - Received this Period (	)NLY					
(See Instructions for definition of Small Contributo		Subi	otal Section A				\$0.00
	B. Itemized Contribut	ions from	Individuals				GOWEN THE STATE OF
Last Name	A 133 C. J. B. C.	First			7700.000		M.I.
Rzeszutek		Robert					P
Residential Street Address	City				State	Zip Code	
197 Riggs St	Oxford				CT	06478-1	1144
Principal Occupation Retired		Name of Em Retired	ployer				
dependent child of a lobbyist?	contribution is in excess of \$400 to a ca unicipality does contributor or business unicipality valued at more than \$5,000?	he/she is associ			Amoun	at of Cont	ribution
event reported in Section L1?  If you list Event # If you brain	ntributor a principal of a state contractor es, indicate which branch or nches of government the	or prospective	state contractor	∐ res <b>⊘</b> lNo			\$200.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card	tract is with: E)  Payroll Deduction Money Ore	Date	Received 30/2019	Aggregate contributions \$200.00			
Last Name		First			·		M.I.
Sachdev		Mohan					
Residential Street Address	City				State	Zip Code	
616 South St	Suffield				СТ	06078-2	2214
Principal Occupation Self		Name of Em Veterinar					
dependent child of a lobbyist?	contribution is in excess of \$400 to a ca unicipality does contributor or business unicipality valued at more than \$5,000?	he/she is assoc			Amoun	t of Conti	ribution
event reported in Section L1?	ntributor a principal of a state contractor s, indicate which branch or	or prospective	state contractor	Yes			\$500.00
	tract is with:	cecutive	Legisla	ative No			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction Money Ord	.	Received 29/2019	Aggregate contributions \$500.00			
Last Name		First					M.I.
Sager		Geoffrey					W
Residential Street Address 15 White Oak Rd	City Farmin	gton			State CT	Zip Code 06032-1	725
Principal Occupation President		Name of Em Metro Rea	<sub>ployer</sub> alty Group		L	l	
dependent child of a lobbyist?	contribution is in excess of \$400 to a ca unicipality does contributor or business unicipality valued at more than \$5,000?	he/she is assoc			Amoun	t of Conti	ribution
event reported in Section L1?  If ye bran	tributor a principal of a state contractor s, indicate which branch or uches of government the tract is with:	or prospective	state contractor	∐ res ✓ No		\$^	1,000.00
Method of contribution:  Cash Personal Check Credit/Debit Card	Payroll Deduction Money Ord	. 1	Received 31/2019	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$1,700.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$240,120.00

Page 215 of 346

NAME OF COMMITTEE (Provide Co	omplete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT			
Bronin for Mayor			v erro (2 h e, 110)		7th day preceding	primary	Contract Programme	
A. Total Contributions from Small	Contributors - Received this	Period C	NLY					
(See instructions for definition of Small	Contributor)			Subtotal Section	Ä			\$0.00
	B, Itemized (	Contribut	ions	rom Individuals		Car Box Seri		
Last Name			Firs	THE THE STREET STREET STREET STREET	g ame green and in a set in the law tage of the 10 th tage of the	Andrew Colonia		M.I.
Sahay			Ch	ittaranjan				
Residential Street Address		City		<u> </u>		State	Zip Code	<u></u>
170 E Opal Dr		Glastor	bury			СТ	06033-	1454
Principal Occupation			1	of Employer		***************************************	<u> </u>	
Professor			Univ	ersity of Hartford				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributed municipality valued at more	r or business i	ndidate he/shc	committee for a chief is associated with have Yes	executive officer of a a contract with said  No	Amour	ıt of Cont	tribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch of		or pros	spective state contracto	∐ Y es			\$50.00
ij yes, list Event #	branches of government the contract is with:	Ex	ecutiv	eLegisl	ative No			
Method of contribution: Cash Personal Check Credit	Debit Card Payroll Deduction	Money Ord	er	Date Received 08/06/2019	Aggregate contributions \$50.00			
Last Name			Firs					M.I.
Sako			Alb	i				
Residential Street Address		City	<u> </u>	<del></del>		State	Zip Code	
823 Wethersfield Ave		Hartford	<u></u>			CT	06114-	3115
Principal Occupation Treasurer			I	of Employer ford Dem Town (	Cmte			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business l	ndidate hc/she i	committee for a chief s associated with have Yes	executive officer of a a contract with said No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch of		or pros	pective state contractor	r? ☐ Yes ✓ No			\$20.00
If yes, list Event # 0002 19a	branches of government the contract is with:	Ex	ecutiv	eLegist	ative V No			
Method of contribution: Cash Personal Check Credit/	Debit Card Payroll Deduction	Money Orde	er	Date Received 08/02/2019	Aggregate contributions \$40.00			
Last Name	•		First					M.I.
Sako			Alb	i				
Residential Street Address		City		*****		State	Zip Code	
823 Wethersfield Ave		Hartford	_			CT	06114-3	3115
Principal Occupation Treasurer				of Employer Ford Dem Town C	cmte			
Is contributor a lobbyist, spouse, or dependent child of a fobbyist?	Tes If contribution is in excess of municipality does contributor municipality valued at more that	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat		or pros	pective state contractor	? Yes			\$20.00
If yes, list Event # 082119a	If yes, indicate which branch o branches of government the contract is with:	-	ecutive	: Legisla	ative No			Ψ2.0.00
Method of contribution:  Cash Personal Check Credit/I	Debit Card Payrolf Deduction	Money Orde	er	Date Received 08/21/2019	Aggregate contributions \$40.00			

SUBTOTAL Section B - This Page	\$90.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

Page 216 of 346

NAME OF COMMITTEE (Provide Con	uplete Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT		inici	
Bronin for Mayor					7th day preceding	primary		
A. Total Contributions from Small	Contributors - Received this	Period O	NLY					
(See instructions for definition of Small C	Contributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons fr	om Individuals		9884444		
Last Name	A Company of the Comp		First	***************************************				M.I.
Salman			Sob	ia				
Residential Street Address		City	I			State	Zip Code	
366 Prospect Ave, Apt 32		Hartford	1			СТ	06105-4	119
Principal Occupation			ł .	of Employer				
n/a			n/a					
Is contributor a lobbyist, spouse, or Y dependent child of a lobbyist?	nunicipality does contributor municipality valued at more th	or business nan \$5,000?	he/she is	associated with have	a contract with said  No	Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	branches of government the	r	or prosp	-	<b>√</b> №			\$300.00
Method of contribution:	contract is with:	Money Ord		Date Received	Aggregate contributions \$300.00			
	Debit Cald Payton Deduction	Jivioney Old	First	07/11/2019	\$300.00	<u> </u>		M.I.
Last Name								7,1,1,
Salvatore		Lav	Clai	re		D-4-	Zip Code	<u> </u>
Residential Street Address		City New Ca	naan			State	06840	
1135 Ponus Ridge Road Principal Occupation		1.1011 01		of Employer				
Homemaker				mployed			·	*****
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more that	or business				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch o	ı			∐ les		\$	1,000.00
If yes, list Event #	contract is with:	Ex	ecutive					
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/I	Debit Card Payroll Deduction	Money Ord	ler	Date Received 08/27/2019	Aggregate contributions \$1,000.00			
Last Name			First					M.I.
Salvatore			Ran	ıdall				М
Residential Street Address		City				State	Zip Code	
1135 Ponus Ridge Road		New Ca	_			СТ	06840	
Principal Occupation Real Estate Developer				of Employer Companies				
Is contributor a lobbyist, spouse, or Yependent child of a lobbyist?	interpretary (three at these	or business han \$5,000?	he/she is	s associated with have	a contract with said  No	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If ves. indicate which branch of		or pros	ective state contracto	r? ✓ Yes		\$	1,000.00
If yes, fist Event#	o branches of government the contract is with:	Ex	ccutive	Legisl	ative			
Method of contribution: Cash Personal Check Credit/I	Debit Card Payroll Deduction	Мопеу Оп	ler	Date Received 08/27/2019	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$2,300.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

SEEC FORM 20
Davies January 2015

Page 217 of 346

NAME OF COMMITTEB (Provide Compl	ete Name as Registered with Fi	ing Reposi	tory)		TYPE OF REPORT			
Bronin for Mayor	An American Commission of the				7th day preceding	orimary		
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY					
(See Instructions for definition of Small Con	fributor)			Subtotal Section A				\$0.00
		ontributi	ons fi	om Individuals		hizuáni		
Last Name	20,000 to 100 to the control of the particle of the 100 to	30, 4 (40)	First					M.J.
Salvio			Mic	hael				R
Residential Street Address		City	<u>i</u>			State	Zip Code	<b>'</b>
551 Willow St		Waterb	ury			СТ	06710-1	328
Principal Occupation			ş.	of Employer				
Retired			Retir	ea				
Is contributor a lobbyist, spouse, or  Yes dependent child of a lobbyist?	municipality does contributor municipality valued at more th	or business l nan \$5,000?	he/shc i	s associated with have	a contract with said  No	Amoun	t of Conti	ribution
Is this contribution associated with an Ves	Is contributor a principal of a stat		or pros	pective state contractor	<sup>?</sup> ☐ Yes			\$100.00
event reported in Section L1:	If yes, indicate which branch o branches of government the	-		F-17	. 🗸 No			,
If yes, list Event # UOZZ 19a	contract is with:	∐Ex	ecutive					
Method of contribution:  Cash ✓ Personal Check Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 08/22/2019	Aggregate contributions \$100.00			
Last Name			First					M.I.
Salzman			Day	<i>r</i> id				
Residential Street Address		City	_			State	Zip Code	1440
12 Varian Ln		Scarsd				NY	10583-2	2116
Principal Occupation				of Employer man Real Estate				
President								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more to	or business	he/she i	committee for a chief s associated with have Yes	executive officer of a a contract with said  No	Amour	it of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat	te contractor	or pros	pective state contractor	r? Yes		\$	1,000.00
event reported in Section L1?	If yes, indicate which branch or branches of government the			<b>□</b> +	✓ No		•	.,
If yes, list Event #	contract is with:	Ex	ccutiv		ative			
Method of contribution:  Cash Personal Check ✓ Credit/Det	oit Card Payroll Deduction	Money Ord	ler .	Date Received 08/27/2019	Aggregate contributions \$1,000.00			
	on care Traylon Declares.		First		Ψ1,000.00	<u> </u>		M.I.
Last Name				nes				
Sandler		City	Jai	1103		State	Zip Code	<u> </u>
Residential Street Address 800 Cottage Grove Rd, Ste 312		Bloomf	ield			СТ	06002-3	3064
Principal Occupation		<u> </u>	Name	of Employer				
Attorney				dler and Mara, Po				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	or business han \$5,000?	he/she	is associated with have	a contract with said No	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section I 12	Is contributor a principal of a sta		or pros	pective state contracto	r? Yes			\$100.00
event reported in Section L1?  If yes, list Event # 080219a	If yes, indicate which branch of branches of government the contract is with:	-	xecutiv	eLegisl	lative No			
Method of contribution:  ☐ Cash		]Молеу Оп	der	Date Received 08/02/2019	Aggregate contributions \$1,000.00	)		

\$1,200.00	SUBTOTAL Section B - This Page
\$240,120.00	TOTAL of Section B Pages
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 218 of 346

NAME OF COMMITTEE (Provide Comp	lete Name as Registered with Fi	ling Reposi	tory)	risia use delle essentione delle Sentimbrissa delle sectione	TYPE OF REPORT			
Bronin for Mayor	and the second s	110000000000000000000000000000000000000			7th day preceding	orimary		
A. Total Contributions from Small C	ontributors - Received this	Period O	NLY					
(See instructions for definition of Small Co				Subtotal Section A				\$0.00
		ontributi	ons fi	om Individuals	Section 1975   1			
Last Name	Control Section Control Contro	7	First					M.I.
Sandler			Jan	nes				
Residential Street Address		City	<u> </u>			State	Zip Code	
800 Cottage Grove Rd, Ste 312		Bloomfi	eld			СТ	06002-3	064
Principal Occupation			1	of Employer	,			
Attorney				iler and Mara, PC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	or business han \$5,000?	he/she i	s associated with have	a contract with said  No	Amour	nt of Contr	ibution
Is this contribution associated with an cvent reported in Section L1?  If yes, list Event #	Is contributor a principal of a star If yes, indicate which branch of branches of government the	or	or pros		✓ No			\$150.00
Method of contribution:  Cash Personal Check Credit/Do	contract is with:	Money Ord		Date Received 08/30/2019	Aggregate contributions \$1,000.00			
Last Name			First					M.I.
Sandore			Pel	er				
Residential Street Address		City	-			State	Zip Code	
40 Winthrop Dr		Middlet	oury			СТ	06762-1	431
Principal Occupation Advisor			ł .	of Employer re Industries				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more (	r or business than \$5,000?	he/she	is associated with have	a contract with said  No	Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a	Is contributor a principal of a sta  If yes, indicate which branches of government the contract is with:	or	or pros		✓ No			\$500.00
Method of contribution: Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money Or	der	Date Received 08/22/2019	Aggregate contributions \$500.00	1		
Last Name			Firs	t	4			M.I.
Sansone			Th	omas				<u> </u>
Residential Street Address		City				State	Zip Code	2442
820 Litchfield Tpke		Bethan	<del> </del>			СТ	06524-	3112
Principal Occupation Attorney			Car		andak & Hennessey	/ LLP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributo municipality valued at more	r or business than \$5,000?	he/she	is associated with have	a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch	or			✓ No		\$	1,000.00
If yes, list Event # 0731130	contract is with:		xecuti der	Date Received 07/31/2019	Aggregate contributions	1		
Cash Personal Check Credit/D	ent Card Traylon Deduction	1		0110112019	ψ1,000.00	1		

\$1,650.00	SUBTOTAL Section B - This Page
\$240,120.00	TOTAL of Section B Pages
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC FORM 20 Revised January 2015

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

Page 219 of 346

NAME OF COMMITTEE (Provide Com	olete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Bronin for Mayor	<u> 1900-yang 1906 (1900-yang 1900-yang 1900-yang</u>				7th day preceding p	orimary		
A. Total Contributions from Small C		Period O	NLY	Subtotal Section A				\$0.00
(See instructions for definition of Small Co		onteibuti	one f	rom Individuals	vencers (sees elegics			
		oner ioan	First					M.I.
Last Name								
Santopietro		T or	Ma	K		State	Zip Code	<u></u>
Residential Street Address 36 Chestnut Dr		City Wolcott				CT	06716-2	202
Principal Occupation		<u> </u>	Name	of Employer				
Police Detective				of Waterbury				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more the	or business l han \$5,000?	he/she i	s associated with have	a contract with said No	Amoun	t of Contr	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a	Is contributor a principal of a state of the	F	or pros		☑ No			\$25.00
Method of contribution:  Cash  Personal Check  Credit/D		Money Ord	er	Date Received 08/22/2019	Aggregate contributions \$25.00			
Last Name			Firs	<u> </u>				M.1.
Santoro			Gle	enn				
Residential Street Address		City	<u> </u>			State	Zip Code	
26 Wyndham Ln		Farmin	gton			СТ	06032-2	2758
Principal Occupation Attorney & PAC Treasurer		-	Rob	of Employer inson & Cole				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	r or business	he/she	committee for a chief is associated with have Yes	executive officer of a a contract with said	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	If yes, indicate which branch of	or	or pro		ative No	The state of the s		\$250.00
Method of contribution:  Cash ✓ Personal Check Credit/L	Debit Card Payroll Deduction	Money Ord	ler	Date Received 08/09/2019	Aggregate contributions \$250.00	)		
Last Name			Fire	it				M.I.
Santos			Ca	rlos				
Residential Street Address		City				State	Zip Code	
165 Falcon Crest Road		Morris		<u></u>		СТ	06763	
Principal Occupation Attorney			Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		r or business than \$5,000?	he/she	is associated with have	a contract with said  No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a	branches of government the	or	r or pro		✓ No			\$100.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/1	contract is with:			Date Received 08/22/2019	Aggregate contributions \$100.00			

\$375.00	SUBTOTAL Section B - This Page
\$240,120.00	TOTAL of Section B Pages
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page
	(Filler total on the second of

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Page	220	of	346
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NAME OF COMMITTEE (Provide Complete N	ame as Registered with Fili	ng Reposit	ory)		TYPE OF REPORT	e laborationis Marchael		
				350 37.3 38	7th day preceding p	rimary		
Bronin for Mayor A. Total Contributions from Small Contrib	- 1 Dangingd Hrie I	Parind ON	JT V					
L. Total Contributions from Small Contribu See instructions for definition of Small Contribu				Subtotal Section A	i			\$0.00
ge manacional production of the second	B. Itemized Co	ontributio	ns fr	om Individuals				
Last Name	2 mg		First				-	M.i.
Santos			Lear	ndro				
Residential Street Address		City				State CT	Zip Code 06109-3	2006
41 Byrd Rd		Wethers				G1	00109-0	
Principal Occupation				of Employer ano Restaurant a	nd Bar			
Owner								
dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor of municipality valued at more th	or business h an \$5,000?	ie/she is	associated with have	No No	Amoun	t of Cont	ribution
event reported in Section L1?	contributor a principal of a state fyes, indicate which branch or manches of government the contract is with		or prosp ecutive	<b></b>	✓ No			\$700.00
Method of contribution:  Cash		Money Orde	er	Date Received 08/23/2019	Aggregate contributions \$700.00			
Last Name			First					M.I.
Sapiain			Edo	lie _				
Residential Street Address		City		*		State	Zip Code 06106	
84-86 Van Block Ave		Hartford				CT	06106	
Principal Occupation		- <b>u</b>	1	of Employer				
Owner			C To			,		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business han \$5,000?	he/she i	s associated with have	No No	Amour	nt of Cont	tribution
event reported in Section L1?	contributor a principal of a state of the state of the state of government the	)r 	or pros	F-7	✓ No			\$500.00
	contract is with:			Date Received	Aggregate contributions	1		
Method of contribution:   Cash   Personal Check   Credit/Debit Ca	ard Payroll Deduction	Money Orc	der	08/23/2019	\$500.00	<u> </u>		1 277
Last Name			Firs	t				M.I.
Sardilli			Do	n			1 = 0 .	
Residential Street Address		City	1			State	Zip Code 06114	
212 Locust St, 212 Locust St		Hartfor		CE Lucia		101	10077	
Principal Occupation President			Sar	e of Employer dilli Produce & Da		<del>.</del>		
Is contributor a lobbyist, spouse, or VYes dependent child of a lobbyist?	If contribution is in excess of municipality does contributo municipality valued at more	r or business than \$5,000	hc/she	is associated with hav	e a contract with said  No	Amou	nt of Con	tributio
event reported in Section L1?	s contributor a principal of a sta  If yes, indicate which branch	or .—			✓ No			\$500.0
If yes, list Event #	branches of government the contract is with:	□Е	xecuti		slative	4		
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit C	ard Payroll Deduction	Money Or	rder	Date Received 08/29/2019	Aggregate contribution \$500.0			<del> </del>

\$1,700.00	SUBTOTAL Section B - This Page
\$240,120.00	TOTAL of Section B Pages
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 221 of 346

NAME OF COMMITTEE (Provide Complete Name as Registere	d with Filing Repo	sitory)		TYPE OF REPORT			
Bronin for Mayor				7th day preceding	primary		
A. Total Contributions from Small Contributors - Receiv	ed this Period (	DNLY		(1) (1)			
(See instructions for definition of Small Contributor)			Subtotal Section				\$0.00
egsplace value of the B. Her	mized Contribu	tions f	rom Individuals				araray
Last Name		First					M,I.
Sarram		Shi	va				
Residential Street Address	City				State	Zip Code	
33 Soundview Ln	New C	anaar	l		СТ	06840-2	2732
Principal Occupation		1	of Employer				
n/a		Not	Employed				
dependent child of a lobbyist?		he/she i	committee for a chief is associated with have Yes		Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a princip:  If yes, indicate which branches of governments.	t branch or	r or pros	-	∐ Yes √No			\$100.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Ded			Date Received 08/21/2019	Aggregate contributions \$100.00			
Last Name		First			<u> </u>		M.I.
Saunig		Ma	tthew				
Residential Street Address	City				State	Zip Code	
186 Chimney Sweep Hill Rd	Glasto	<u>_</u>			СТ	06033-3	3904
Principal Occupation Attorney		1	of Employer necticut Departm	ent of Banking			
dependent child of a lobbyist? municipality does co		he/she i	committee for a chief s associated with have Yes		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which branches of governments of governments.	branch or	r or pros	pective state contracto	r? Yes			\$50.00
If yes, list Event # contract is with:	E	kecutive	e Legisl	ative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Ded	uction Money Or	der	Date Received 08/02/2019	Aggregate contributions \$50.00	I		
Last Name		First					M.I.
Savage		Jos	eph				J
Residential Street Address	City	LOV.			State CT	Zip Code	1070
16 School House Ln Principal Occupation	Simsbu	<del>-</del>	-f F			06070-1	1976
Banker			of Employer ster Bank				
dependent child of a lobbyist? municipality does co		he/she i	committee for a chief s associated with have Yes		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes If we indicate which		or pros	pective state contracto	r? Yes			\$250.00
## yes, list Event # No branches of governme contract is with:	ent the	cecutive	eLegisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Dedi	uction Money Ord	ler	Date Received 07/30/2019	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

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'S (Sections A-K)	rage	ZZZ	O1	.)-10

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Reposi	itory)		TYPE OF REPORT			
Bronin for Mayor				7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this	s Period O	NLY					
See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized	Contributi	ions fr	om Individuals				
Last Name		First					M.I.
Scalettar		Eller	1				
Residential Street Address	City				State CT	Zip Code 06525-	1001
1265 Racebrook Rd	Woodbi				[ 01	00020-	1024
Principal Occupation Consultant		Self	of Employer		<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business	he/she is	committee for a chief associated with have Yes	executive officer of a a contract with said  No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, list Event #  Is contributor a principal of a st  If yes, indicate which branch branches of government the contract is with:	or	or prosp		✓ No			\$100.00
## ## ## ## ## ## ## ## ## ## ## ## ##		der	Date Received 08/11/2019	Aggregate contributions \$100.0			
Last Name		First					M.I.
Scandrett		Gra	eme				
Residential Street Address	City				State	Zip Code	
50 Copper Beech Dr	Cheshi				СТ	06410-	2953
Principal Occupation Healthcare Economist			of Employer adHealthcare				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess municipality does contribut municipality valued at more	or or business e than \$5,000?	: he/she i ?	s associated with have	a contract with said No	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a s  If yes, indicate which branch branches of government the contract is with:	1 ог	r or pros	<u> </u>	☑ ✓ No			\$100.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Or	der	Date Received 08/27/2019	Aggregate contribution \$100.0			
Last Name		First					M.I.
Scappini .		Ric	hard				J
Residential Street Address	City				State	Zip Code 06708	
227 Maybrook Rd	Watert				СТ	00700	-3233
Principal Occupation  Lawyer		City	of Employer of Waterbury - 0	Office of the Corpora	ation Co	unsel	
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?    Yes   If contribution is in excess municipality does contribute municipality valued at more	tor or business e than \$5,000	s he/she i ?	is associated with hav	e a contract with said No	Amou	int of Con	tributio
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a  Is contributor a principal of a lifyes, indicate which branches of government the contract is with:	h or	or or pros Executiv		✓ No			\$100.0
Method of contribution:			Date Received	Aggregate contribution	ns		

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

Page 223 of 346

NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fil	ling Reposi	iory)		TYPE OF REPORT			
Bronin for Mayor					7th day preceding p	orimary		
A. Total Contributions from Small Co	ntributors - Received this	Period O	NI Y					
(See instructions for definition of Small Con				Subtotal Section A				\$0.00
Dec napacitoris for defination of course with		ontributi	ons fi	om Individuals				
		Mandal Maria	First					M.I.
Last Name			Lou	ie				
Schatz		O'	Lou	15		State	Zip Code	
Residential Street Address		City West H	artford	i		CT	06117-1	009
2 Candlewood Dr		VVC3(11		of Employer				
Principal Occupation Attorney		!	1	man & Goodwin I	_LP			
·			L'					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	ndidate he/she i	s associated with have	a contract with said  No	Amoun	t of Contr	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat	e contractor	or pros	pective state contractor	? Yes			\$500.00
event reported in Section L1?	If yes, indicate which branch o	r			✓ No			φυσυ.συ
If yes, list Event #	branches of government the contract is with:	∏Ex	ecutive	eLogisla	ntive			
Method of contribution:  Cash Personal Check Credit/Del		Money Ord	er	Date Received 08/07/2019	Aggregate contributions \$500.00			
Last Name			First			!		M.I.
			Kur	ŧ				ļ
Schmoke		City	ittui			State	Zip Code	1
Residential Street Address		Annapo	olis			MD	21403-4	1927
1292 Hollywood Ave		1		of Employer	,	J		
Principal Occupation Educator			Univ	ersity of Baltimor		F		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	or business han \$5,000?	he/shc i	s associated with have	a contract with said  No	Amoui	at of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a sta	te contractor	or pros	pective state contractor	r? Yes			\$500.00
event reported in Section L1?	If yes, indicate which branch of	or			✓ No	Ì		4555.5.
If yes, list Event #	branches of government the contract is with:	E	ecutiv	c Legisl	ative			
Method of contribution:		7		Date Received	Aggregate contributions			
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Ord	ler	08/31/2019	\$500.00	1		1
Last Name			Firs	L				M.l.
Schneider			Pa	ul				<u> </u>
Residential Street Address		City				State	Zip Code	0700
8 Upper Heatherwood	<u>,                                      </u>	Cromw	rell			CT	06416-	2708
Principal Occupation			1	of Employer				
Retired			Reti	red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributo municipality valued at more	r or business than \$5,000	he/she	is associated with have	a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta		r ог рго	spective state contracto	or? ☐ Yes ☑ No			\$50.0
If yes, list Event #	branches of government the contract is with:	Е	xecutiv		lative	1		
Method of contribution:  Cash Personal Check ✓ Credit/De	bit Card Payroll Deduction	Money Or	der	Date Received 08/28/2019	Aggregate contributions \$50.0			

	<del>.</del>
SUBTOTAL Section B - This Page \$1,050.0	SUBTOTAL Section B - This Page \$1,050.00
TOTAL of Section B Pages \$240,120.0	TOTAL of Section B Pages \$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.0  (Enter-total on Line 13, Column A of Summary Page	

Page 224 of 346

NAME OF COMMITTEE (Provide Complete N	ame as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			
Bronin for Mayor					7th day preceding	primary	.3100011.00010.0000	<u> </u>
A. Total Contributions from Small Contrib		Period O	NLY					
(See instructions for definition of Small Contribu			i de	Subtotal Section	7,4400			\$0.00
	B. Itemized C	ontributi						
Last Name			Firs	l				M.I.
Schreiber			Sh	eryl				
Residential Street Address		City		_		State	Zip Code	
54 Westmont St		West H				CT	06117-	2927
Principal Occupation			l	of Employer				-
Attorney			INTI   	nstitute of CT				
dependent child of a lobbyist?	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l				Amour	nt of Cont	ribution
event reported in Section L1?	ontributor a principal of a state yes, indicate which branch or anches of government the		-		∐ Yes ✓ No			\$250.00
If yes, list Event # co	ontract is with:	Exe	ecutiv	eLcı	rislative	_		
Method of contribution:  ☐ Cash	Payroll Deduction	Money Orde	er	Date Received 07/09/2019	Aggregate contributions \$250.0	1		
Last Name		•	Firs					M.I.
Schwartz			Da	rren				
Residential Street Address		City				State	Zip Code	1
530 Country Club Rd		Waterbu	ury			CT	06708-	3258
Principal Occupation Educator				of Employer erbury				
dependent child of a lobbyist?	If contribution is in excess of \$ nunicipality does contributor o nunicipality valued at more th	or business l				Атоп	it of Cont	ribution
event reported in Section L1?	ontributor a principal of a state yes, indicate which branch or		or pros	pective state contra	∐ i es			\$100.00
If yes, list Event # GGZZ TGG co	anches of government the intract is with:	Exc	ecutiv		islative No			
Method of contribution:  ☐ Cash  Personal Check ☐ Credit/Debit Card	Payroll Deduction	Money Ordo	er	Date Received 08/22/2019	Aggregate contributions \$100.00	E		
Last Name Schwartztol			First Lar					M.I.
Residential Street Address		City	Lui	' '		State	Zip Code	<u> </u>
422 Huron Ave		Cambrio	ige			MA	02138-	2126
Principal Occupation Attorney			Name	of Employer ect Democracy		. <b></b>	<u> </u>	
dependent child of a lobbyist?	f contribution is in excess of \$ nunicipality does contributor on nunicipality valued at more that	or business h				Amoun	t of Cont	ribution
event reported in Section L1?	ontributor a principal of a state yes, indicate which branch or		or pros	pective state contra				\$100.00
IJ yes, list Event # col	anches of government the ntract is with:	Exc	ecutiv		islative No			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card	Payroll Deduction	Money Orde	r	Date Received 08/11/2019	Aggregate contributions \$200.00	1		

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

Page 225 of 346

NAME OF COMMITTEE (Provide Comple	te Name as Registered with Fil.	ing Reposit	tory)		TYPE OF REPORT			
Bronin for Mayor					7th day preceding p	rimary		
A. Total Contributions from Small Cor	itributors - Received this l	Period O	NLY					
See instructions for definition of Small Cont				Subtotal Section A				\$0.00
See married by dejinator of cine.	R Hemized C	ontributi	ons fi	om Individuals				
			First			1-10-11-12-11-1-2-11-1-2-11-1-1-1-1-1-1-		M.I.
Last Name			We	mar				
Schweiger		City	vve	inci		State	Zip Code	J
Residential Street Address		Bloomfi	eld			CT	06002-	1176
24 Beaudry Ln		Biocitiii		of Employer				
Principal Occupation Utility Exec				source				
·	If contribution is in excess of S	\$400 to a con	ndidata	committee for a chief e	vecutive officer of a		4 - 8 Cl4	-ibution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more th	or business b	he/she i	s associated with have	a contract with said  No	Amoun	t of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a state	e contractor	or pros	pective state contractor	? Yes			\$700.00
event reported in Section L1?	If yes, indicate which branch or				. 🔽 No			ψ1 00.00
If yes, list Event #	branches of government the contract is with:	☐ Ex	ecutiv	e	tive			·
Method of contribution:  Cash ✓ Personal Check Credit/Debi		Money Ord	er	Date Received 08/22/2019	Aggregate contributions \$700.00			
Last Name			Firs	<u> </u>				M.I.
			Ch	ris				
Scyocurka		City	1			State	Zip Code	
Residential Street Address		Longme	eadov	N		MA	01106-	2411
208 Shaker Rd		<u>.                                      </u>		of Employer				
Principal Occupation Executive			1	en Earth Energy		_		
Is contributor a lobbyist, spouse, or  Yes dependent child of a lobbyist?	municipality does contributor municipality valued at more t	or business han \$5,000?	he/shc	is associated with have	No No	Атош	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state of the	or	r or pro xecutiv	<b>—</b>	✓ No		;	\$1,000.00
If yes, list Event #	contract is with:			Date Received	Aggregate contributions			
Method of contribution:   Cash   Personal Check   Credit/Deb	it Card Payroll Deduction	Money Or	der	08/27/2019	\$1,000.00	)		
Last Name			Fire	st				M.1.
			Pa	ilge				
Scyocurka Residential Street Address		City		<u> </u>		State	Zip Cod	
208 Shaker Rd		Longm	eado	w		MA	01106	-2411
Principal Occupation		, l		e of Employer				
Co-Owner		_	1		PhotoVoltaic Corp			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ✓ No	municipality does contributo municipality valued at more	r or business than \$5,000°	s he/she ?	is associated with have	No No	Amou	nt of Cor	tribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta If yes, indicate which branch		or or pro		✓ No			\$1,000.0
If yes, list Event #	branches of government the contract is with:	E	xecuti		lative	_		
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Det	bit Card Payroll Deduction	Money O	rder	Date Received 08/28/2019	Aggregate contributions \$1,000.0	5		

TOTAL of Section B Pages \$240,120.00  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.00	SUBTOTAL Section B - This Page	\$2,700.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.00	TOTAL of Section B Pages	\$240,120.00
	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

Page 226 of 346

IAME OF COMMITTEB (Provide Complete Name as Registered	with Filing Reposi	itory)		TYPE OF REPORT			
Company of the control of the contro			CONTRACTOR DESIGNATION AND ADDRESS OF THE PERSON NAMED AND ADD	7th day preceding	primary		
ronin for Mayor , Total Contributions from Small Contributors - Receive	od this Period O	NLY					
	<b></b>	7107 € :: 	Subtotal Section A				\$0.00
See instructions for definition of Small Contributor)	iized Contribut						
	uveu <i>c</i> ourrieur	First	<u> </u>	Name of the second seco			M.I.
Last Name						1	В
Segaloff		Barb	ara		State	Zip Code	<u> </u>
Residential Street Address	City Clinton				CT	06413-2	!327
9 East Walk	Cilition		of Employer		<u></u>		
Principal Occupation		RETI					
RETIRED					т		
dependent child of a lobbyist? Inunicipality does communicipality valued	ontributor or business at more than \$5,000?	he/she is	committee for a chief of associated with have	₩ No	Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes If yes, indicate which branches of governments and the section L1?	branch or	r or prosp xecutive	<del></del>	✓ No			\$100.00
If yes, list Event # contract is with:  Method of contribution:  Cash  Personal Check  Credit/Debit Card Payroll Ded  Payroll Ded	luction Money Or	rder	Date Received 08/11/2019	Aggregate contribution \$100.0			
Casa: V r craonar Crista		First	<u></u>	<del></del>			M.I.
Last Name		Lon					J
Seidman	City	Lon			State	Zip Code	
Residential Street Address	Ivoryto	n	•		CT	06442-	1108
76 Bushy Hill Rd	110.70		of Employer				
Principal Occupation Self Employed		Lon.	TV LLC		<del></del>		
dependent child of a lobbyist?  No municipality values of municipality values.	contributor or busines I at more than \$5,000	is he/she i )?	Yes Yes	✓ No	Amou	nt of Cont	tributior
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a princip If yes, indicate which branches of government contract is with:	h branch or	or or pros Executiv	r1	<b>✓</b> No			\$250.0
			Date Received	Aggregate contribution			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Debit Card	duction Money C	)rder	08/08/2019	\$250.0	)0		
		Firs	t				M.I.
Last Name		Stu	uart				S
Semple	City				State	Zip Code	
Residential Street Address	Wate	rtown			CT	06795	-3084
65 Regency Hill Dr		Name	e of Employer				
Principal Occupation Consultant		Self		Constitution of Constitution of Constitution	<del></del>		4. ***4*
dependent child of a lobbyist?    V   No	contributor or busine ed at more than \$5,00	ess hc/she )0?	Sis associated with have	ef executive officer of a ve a contract with said  No	Amou	unt of Con	tribuus
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a princ types, indicate which branches of governments and the principles of governments.	ch branch or			<b>√</b> No			\$100.
If yes, list Event # 082219a branches of government contract is with:		Executi		islative	_		
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll D	eduction Money	Order	Date Received 08/22/2019	Aggregate contribution \$100.			

SUBTOTAL Section B : This Page	\$450.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$240,120.00
(Enter via via contrary)	

Page 227 of 346

NAME OF COMMITTEE (Provide C	omplete Name as Registered with F	iling Repos	citory)		TYPE OF REPORT			
Bronin for Mayor					7th day preceding	primary	41.12.12.12.12.12.12.12.12.12.12.12.12.12	iosaan Malakins
A. Total Contributions from Smal	l Contributors - Received this	Period C	NLY	in the little of the later of t	3	,,		
(See instructions for definition of Small	Contributor)			Subtotal Section .	Å			\$0.00
		Contribut	ions fi	om Individuals		20-380-51272		ψυ. φυ.
Last Name			First					M.I.
Sentner			Frai	nk				14111
Residential Street Address		City	114			State	Zip Code	
21A Capitol Ave		Hartford	d			CT	06106-	1707
Principal Occupation		<u> </u>	Name	of Employer		<u> </u>		
Consultant			Sent	wood Consulting	}			
dependent child of a labbuist?	Yes If contribution is in excess of municipality does contributor municipality valued at more that	or business l	he/she is	committee for a chief s associated with have	executive officer of a a contract with said	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082119a	<ul> <li>If yes, indicate which branch o</li> </ul>	г			∐ res ✓No			\$50.00
Method of contribution:  Cash  Personal Check Credit	contract is with:		ecutive	Date Received	Aggregate contributions			
Last Name		jirioney Ora	First	08/21/2019	\$215.00	<u> </u>		Г.
Shaban								M,I,
Residential Street Address			Ada	m			•	S
376 Maybrook Rd		City Waterbu	urv			State CT	Zip Code	205
Principal Occupation		valerbe	<del>,                                    </del>	of Employer		<u> </u>	06708-3	1205
Accountant			l	of Waterbury				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business F				Amour	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch or		or prosp	ective state contractor	∐ i es			\$100.00
If yes, list Event # 082219a	O branches of government the contract is with:	Exe	ecutive	Legisla	ative No			
Method of contribution:  ☐ Cash  Personal Check ☐ Credit	Debit Card Payroll Deduction	Money Orde	ег	Date Received 08/22/2019	Aggregate contributions \$100.00			
Last Name			First					M.I.
Shanahan			Carl					
Residential Street Address		City				State	Zip Code	
280 Ocean Dr E	·	Stamfor				CT	06902-8	238
Principal Occupation Ceo				of Employer alty cable corpo	ration			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of 3 municipality does contributor of municipality valued at more th	or business h	ididate c ic/she is	ommittee for a chief e associated with have	executive officer of a a contract with said	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	If ves, indicate which branch or	_	or prospe	ective state contractor	∐ Yes ✓ No		\$1	,000.000,
Method of contribution:  Cash Personal Check Credit/			T	Date Received 08/19/2019	Aggregate contributions			
	L 2	,		00/18/2018	\$1,000.00			

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13; Column A of Summary Page	\$240,120.00

Page 228 of 346

NAME OF COMMITTEE (Provide C	omplete Name as Registered with F	iling Repos	itory)_	[10] A Committee of the	TYPE OF REPORT		no isti della seco	
Bronin for Mayor		**************************************		The second secon	7th day preceding	primary	\$10002000000000000000000000000000000000	
A. Total Contributions from Sma	II Contributors - Received this	s Period O	NLY	ringiana ikupian		· · ·	· · · · · ·	
(See instructions for definition of Small	Contributor)			Subtotal Section .	Š.			\$0.00
	B. Itemized G	Contribut	ions fr	om Individuals		Sangalanist		
Last Name			First				N. 1.44 (1)	M.I.
Shanahan			Mar	У				
Residential Street Address		City		•		State	Zip Code	.i
280 Ocean Dr E		Stamfor	rd			СТ	06902-8	3238
Principal Occupation			1	of Employer				
Homemaker			Home	emaker				
dependent child of a labbuist?	Yes If contribution is in excess of municipality does contributed municipality valued at more	r or business i				Amour	it of Cont	ribution
View reported an Section 21:	Yes Is contributor a principal of a state of the state of	or			∐ Yes ✓ No		\$	1,000.00
1) yex, list Event #	contract is with:	Exe	ecutive	Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credi	t/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/25/2019	Aggregate contributions \$1,000.00			
Last Name			First			·		M.J.
Sheehan III			Eug	ene A.				Α :
Residential Street Address		City		· · · · · · · · · · · · · · · · · · ·		State	Zip Code	L
289 Capitol Ave		Hartford	<u> </u>			СТ	06106-1	503
Principal Occupation President/Managing Partner			1	of Employer ran & LeShane F	Public Relations, Inc.			
dependent shild of a labbudat?	Yes If contribution is in excess of municipality does contributor municipality valued at more t	r or business h				Amoun	t of Conti	ribution
event reported in Section L17	Tes Is contributor a principal of a sta  If yes, indicate which branch of		or prosp	ective state contractor	Y es			\$100.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive					
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit	/Debit Card Payroll Deduction	Money Orde	er	Date Received 07/31/2019	Aggregate contributions \$100.00			
Last Name			First					M.I.
Shirley			Mari	ilyn				
Residential Street Address		City				State	Zip Code	
27 Alden Cir	***************************************	Tolland			· · · · · · · · · · · · · · · · · · ·	СТ	06084-2	935
Principal Occupation Retired			Name o	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amoun	t of Contr	ibution
event reported in Section L17	es Is contributor a principal of a stat  If yes, indicate which branch o  branches of government the	er		_	? ☐Yes ☑No			\$10.00
If yes, list Event #	contract is with:	Exc	ccutive	Legisla	tive			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit	Debit Card Payroll Deduction	Money Orde		Date Received 08/29/2019	Aggregate contributions \$10.00			

SUBTOTAL Section B. This Page	\$1,110.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

SEEC	FORM	20
Revised	January	2015

Page	229	of	34

NAME OF COMMITTEE (Provide Complete Name as Regis	stered with Filing Repository)		TYPE OF REPORT			
	Thinks to the same that the same to the same to the same that the same to the same that the same to the same the same that the s	7	7th day preceding p	rimary		
ronin for Mayor A. Total Contributions from Small Contributors - Re	recived this Period ONLY					
See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
see instructions for definition of single contractions.	Itemized Contributions fro	om Individuals		1815		
versite and the second of	First	NAME OF TAXABLE PARTY.	77.			M.I.
Last Name	Rona	ald				
Shortell	City	210		State	Zip Code	
Residential Street Address	Waterbury		ļ	CT	06708-3	234
162 Maybrook Rd	Name o	of Employer				
Principal Occupation Owner	Astro	Electric Co				
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist? No If contribution municipality d municipality v	n is in excess of \$400 to a candidate of does contributor or business he/she is valued at more than \$5,000?	associated with have a	No No	Amoun	t of Contr	ibution
		eLegislat	live No			\$250.00
N. ddC anti-butions	oll Deduction Money Order	Date Received 08/22/2019	Aggregate contributions \$250.00			
Last Name	First					M.I.
Shufro	Jen	nifer				<u> </u>
Residential Street Address	City			State	Zip Code	)E44
63 Beverly Dr	Avon			СТ	06001-3	1014
Principal Occupation Not employed	Not e	of Employer employed				
dependent child of a lobbyist?	on is in excess of \$400 to a candidate does contributor or business he/she i valued at more than \$5,000?	Yes	✓ No	Amour	nt of Cont	cibution
is this continuation and the		<b></b>	☑ V No			\$100.00
Note to Constitution	roll Deduction Money Order	Date Received 07/31/2019	Aggregate contributions \$100.00			,
Last Name	First	t				M.I.
Siegel	Na	ncy				
Residential Street Address	City			State	Zip Code	
55 Coulter St	Old Saybroo			СТ	06475-	∠30 l
Principal Occupation Unemployed		of Employer employed				
Is contributor a lobbyist, spouse, or Yes If contribution dependent child of a lobbyist? Very No municipality	on is in excess of \$400 to a candidate y does contributor or business he/she y valued at more than \$5,000?	Yes	✓ No	Amou	nt of Con	ributio
event reported in Section L1?    If yes, indicate   If yes, indicate	principal of a state contractor or pro- te which branch or overnment the Executive	<b>—</b> 3	✓No			\$50.0
If yes, list Event # contract is with Method of contribution:  Cash Personal Check Credit/Debit Card Pay	yroll Deduction Money Order	Date Received 08/15/2019	Aggregate contributions \$50.0			

\$400.00	SUBTOTAL Section B - This Page	
\$240,120.00	TOTAL of Section B Pages	
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	

SEEC	FORM	20
Revised	Iamary	2015

Page	230	of	346

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Fil	ing Reposi	tory)			TYPEOF	REPORT			
Bronin for Mayor	en (men 11 mil mil 1972) (1972				Languis	7th day i	oreceding p	orimary		
A. Total Contributions from Small Contributives (See instructions for definition of Small Contributor)	The state of the s	Period O		Subtotal	Section A					\$0.00
	B, Itemized C	ontributi	ons fr	om Ind	viduals	harring the state of the state				
Last Name		:	First							M.I.
Siegel			Rev	a						
Residential Street Address PO Box 208215		City New Ha	ven					State CT	Zip Code 06520-8	215
Principal Occupation			Name o	of Employ	er					
Professor			Yale							
dependent child of a lobbyist?	ontribution is in excess of S nicipality does contributor nicipality valued at more th	or business h an \$5,000?	ie/she is	associate	i with have Yes	a contract w  ·  No	icer of a ith said	Amoun	t of Conti	ibution
cvent reported in Section L1?  If yes branches b	ributor a principal of a statu , indicate which branch or thes of government the act is with:		or prosp ecutive		e contractor	, ,	Yes No			\$150.00
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction	Money Orde	er	Date Rec 08/20/	- 1	Aggregate	contributions \$150.00			
Last Name			First			-				M.I.
Silveno			Dav	id						
Residential Street Address		City					·	State	Zip Code	204
255 E Main St		Waterb						СТ	06702-2	2301
Principal Occupation Police		!		of Employ rbury P	er olice Dep	ot				
dependent child of a lobbyist?	ontribution is in excess of nicipality does contributor nicipality valued at more the	or business l	ndidate o he/she is	associate	for a chief d with have Yes	executive off a contract w No	ficer of a ith said	Amour	nt of Conti	ribution
event reported in Section L1?    V   Yes     If yes	ributor a principal of a stat s, indicate which branch or ches of government the act is with:	r	or prost		te contractor	[	Yes Z No			\$25.00
Method of contribution:  ✓ Cash Personal Check Credit/Debit Card	Payroll Deduction	Money Ord	er	Date Red 08/22/		Aggregate	contributions \$25.00			
Last Name			First							M,I.
Silverman			Mar	c						
Residential Street Address		City New Ha	ลงคก					State CT	Zip Code 06515-2	2010
232 McKinley Ave Principal Occupation		1101111		of Employ	/er			L		
Attorney			Depa	artment	of Justice					
dependent child of a lobbyist?	contribution is in excess of micipality does contributor micipality valued at more t	or business han \$5,000?	he/she i	s associate	ed with have Yes	a contract w	ficer of a vith said	Amoui	nt of Cont	ribution
event reported in Section L1?  If ye bran	tributor a principal of a stat s, indicate which branch on the sof government the tract is with:	or	or pros		te contracto	[	Yes ✓ No			\$50.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card	Payroll Deduction			Date Re 08/31/	ceived		contributions \$300.00	1		
						<u> </u>	<u>-</u>	,		

SUBTOTAL Section B - This Page	\$225.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00
	<u> </u>

Page 231 of 346

NAME OF COMMITTEE. (Provide Complete Name as Registered	with Filing Reposit	ony)	TYPE OF REPORT			
Bronin for Mayor		The fields was the property of a second base of the	7th day preceding	orimary		
A. Total Contributions from Small Contributors - Receive	d this Period Of	ijΥ	100 No.			
See instructions for definition of Small Contributor)	ener izvezilen izvezile. Persinan erribiak	Subtotal Section	À			\$0.00
See instructions for defination of Small Contradition	ized Contributi	ons from Individual:	The second secon			
		First				M.I.
Last Name		Steven			Ì	
Simmons	City	Steven		State	Zip Code	
Residential Street Address	Greenwi	ich		CT	06831-3	734
66 Winding Ln		Name of Employer				
Principal Occupation President		Patriot Media Const	ulting			
dependent child of a lobbyist?  No municipality does communicipality valued a	ntributor or business h at more than \$5,000?	didate committee for a chic le/she is associated with har Yes or prospective state contract	ve a contract with said No	Amour	it of Contr	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal If yes, indicate which branches of government contract is with:	branch or		islative No		;	\$500.00
Method of contribution: Cash Personal Check CCcdit/Debit Card Payroll Dedu	uction Money Orde	Date Received 08/05/2019	Aggregate contributions \$500.00	)		
Last Name		First				M.I.
Simons		Bruce				S
Residential Street Address	City			State	Zip Code	004
3 Squirrel Hill Rd	West H	artford		СТ	06107-1	004
Principal Occupation		Name of Employer				
Owner		Figure 8 Properties				
dependent child of a lobbyist?	ontributor or business ! at more than \$5,000?	he/she is associated with he	we a contract with said  ✓ No	Amou	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal flyes, indicate which branches of government contract is with:	h branch or	or prospective state contra	gislative		\$	1,000.00
Method of contribution:	fuction Money Ord	Date Received 08/08/2019	Aggregate contribution \$1,000.0			
Last Name		First				M.I.
Simons		Harris				<u> </u>
Residential Street Address	City			State	Zip Code	2012
433 S Main St, Ste 328	West H			CT	06110-	2012
Principal Occupation Owner		Name of Employer Self Employed				
dependent child of a lobbyist?    No   municipality valued municipality valued	contributor or business d at more than \$5,000?		No	Amou	int of Cont	ribution
event reported in Section L1?    If yes, indicate which branches of governments o	eh branch or	For prospective state contra	actor?		4	31,000.0
If yes, list Event # contract is with:  Method of contribution:	<u>LI</u> E	xecutivel.e	Aggregate contribution	ıs		

TOTAL of Section B Pages \$240,120.00  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.00  (Enter total on Line 13, Column A of Summary Page)	SUBTOTAL Section B - This Page	\$2,500.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.00  (Enter total on Line 13, Column A of Summary Page	TOTAL of Section B Pages	\$240,120.00
		\$240,120.00

Page 232 of 346

NAME OF COMMITTEE (Provide	Complet	e Name as Registered with Fil	ing Reposit	ory)		TYPE OF REPORT			
Bronin for Mayor	20,000 (T			<u>, , , , , , , , , , , , , , , , , , , </u>	Control of the Contro	7th day preceding	primary		
A. Total Contributions from Sn	iall Con	tributors - Received this l	Period Of	NLY	1870,				
See instructions for definition of Sui					Subtotal Section A				\$0.00
See instructions for defination by said	mi com		onfributi	ang fi	om Individuals			A Company (Section)	44646012
		A CONTROL OF THE PROPERTY OF T	Control National	First		Contractive special statements			M.I.
Last Name				Dav	rid.				В
Simpson			City	Dav	nu .		State	Zip Code	
Residential Street Address			Waterbu	ırv			CT	06708-1	930
153 Irvington Ave					of Employer		L		
Principal Occupation Public Works Director				•	of Waterbury				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l an \$5,000?	ie/she i	s associated with have a	No No	Amoun	t of Cont	ribution
ls this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a	✓ Yes No	Is contributor a principal of a state  If yes, indicate which branch or  branches of government the	r	or pros		✓ No			\$100.00
Method of contribution:  Cash  Personal Check  C	redit/Debi	contract is with:	Money Ord	er	Date Received 08/22/2019	Aggregate contributions \$100.00	)		
Last Name				Firs		· · · · · · · · · · · · · · · · · · ·			M.I.
				Ga	vle			1	s
Slossberg Residential Street Address			City	ــــــــــــــــــــــــــــــــــــــ	,		State	Zip Code	
14 Honeysuckle Ln			Milford				CT	06461-	1671
Principal Occupation			·	Name	of Employer				
Independent contractor				Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes	If contribution is in excess of municipality does contributor municipality valued at more t	or business han \$5,000?	he/she	is associated with have Yes	No No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L.1?  If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a sta  If yes, indicate which branch of branches of government the contract is with:	or .	or pro	F-7	ative No		\$	61,000.0
Method of contribution:			7		Date Received	Aggregate contribution			
Cash Personal Check 🗸	Credit/Deb	it Card Payroll Deduction	Money Or		08/15/2019	\$1,000.0	<u> </u>		M.J.
Last Name				Fire					171.11
Smith				Alf	red		1 00 1	1:70: 0 1	
Residential Street Address			City	لمزير			State	Zip Code 06525-	
17 Ansonia Rd			Woodk				1 -	1 33020	
Principal Occupation Attorney					e of Employer rtha Cullina LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	municipality does contributo municipality valued at more	r or business than \$5,000	he/sho	is associated with have	No No	Amou	nt of Con	tributio
Is this contribution associated with an event reported in Section L1?	☐Yes ✓ No	Is contributor a principal of a sta If yes, indicate which branch branches of government the	or	r or pro xecuti	<u> </u>	∏No			\$100.0
If yes, list Event #  Method of contribution:  Cash Personal Check		contract is with:			Date Received 08/02/2019	Aggregate contribution \$100.0	1		
Cash Personal Check	CICUIDE				1 00.02.120.10	1			

SUBTOTAL Section B - This Page \$1,200	
TOTAL of Section B Pages \$240,120	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120 (Enter total on Line 13, Column A of Summary Page	

SEEC	FORM	20
Revised	lanuary	2015

Page	233	of	346

NAME OF COMMITTEE (Provide Complete Name as Registered with Fill	ing Reposit	lory)		TYPE OF REPORT			
Bronin for Mayor	and the state of t	7 may 2 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18		7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this F See instructions for definition of Small Contributor)	Period Of	The second second	ibtotal Section A				\$0.00
B, Itemized Co	ontributio	ons from	n Individuals		anals os t		
Last Name		First					M.I.
Smith		Barba	ıra				E
Residential Street Address	City				State	Zip Code 06426-	1076
9 Little Point St	Essex		· · · · · · · · · · · · · · · · · · ·		СТ	00420-	1070
Principal Occupation Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor of municipality valued at more that	or business h	ndidate con ne/she is a	mmittee for a chief ssociated with have Yes	executive officer of a a contract with said  No	Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state of the section L1?  If yes, indicate which branch or branches of government the contract is with:		or prospec	tive state contracto	V No			\$500.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde		Date Received 08/14/2019	Aggregate contributions \$750.00			
Last Name		First					M.I.
Smith		Desm	nond				
Residential Street Address	City	1			State	Zip Code	
25 Windabout Dr	Greenw				CT	06831-	3702
Principal Occupation Executive		Fannie					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l nan \$5,000?	he/she is a	ssociated with have	a contract with said  No	Amou	nt of Cont	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	r	or prospe	ctive state contracto	✓ No			\$100.00
Method of contribution:  ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord		Date Received 09/01/2019	Aggregate contributions \$100.0	1		
Last Name		First					M.I.
Smith		Marjo	orie				
Residential Street Address	City				State	Zip Code 06830	
352 North St	Greenw				CT	00030	-3830
Principal Occupation RETIRED		RETIF					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more that	or business han \$5,000?	he/she is	associated with hav	e a contract with said No	Amou	nt of Con	tributio
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	or	r or prospo xecutive	ective state contract	☑ ☑No		;	\$1,000.0
## Contract is with:  Method of contribution:	<u> </u>		Date Received	Aggregate contribution	s		

\$1,600.00	SUBTOTAL Section B - This Page
\$240,120.00	TOTAL of Section B Pages
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 234 of 346

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository	)	TYPE OF REPORT			100 (100 (100 (100 (100 (100 (100 (100
		nan 24 August Anna 200 Canada Anna 200 Canada Anna 200 Canada Canada Canada Canada Canada Canada Canada Canada	7th day preceding p	rimary		
Bronin for Mayor A. Total Contributions from Small Contributors - Received this Perio	d ONL					
See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
B. Itemized Contri	butions	from Individuals				
Last Name		irst				M.Í.
	F	rederick				D
Sorcinelli City				State	Zip Code	
Residential Street Address 30 Lawlor St, Fl 2 Wat	terbury			СТ	06708-3	3407
Principal Occupation		me of Employer				
Inspector		ay Star				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to municipality does contributor or busing municipality valued at more than \$5.	iness he/sl ;000?	lie is associated with have	No No	Amoun	it of Centi	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a  Is this contributor a principal of a state contract is with:	racior or p		✓ No			\$100.00
Method of contribution:  Cash  Personal Check  Credit/Debit Card  Payroll Deduction  Mone	ey Order	Date Received 08/22/2019	Aggregate contributions \$100.00			
Last Name	Γ	rirst				M.I.
Sotil		Rick				
Residential Street Address City				State CT	Zip Code 06026-	
6 Valley View Dr	st Gran			CI	00020-	3000
Principal Occupation Arborist	s	ame of Employer elf				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 tmunicipality does contributor or bus municipality valued at more than \$5	siness he/s 5,000?	she is associated with have	No No	Amou	nt of Cont	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080119a  Is contributor a principal of a state contributor apprincipal of a state contributor appri	tractor or	FT.	lative No			\$100.00
Method of contribution	ncy Order	Date Received 08/01/2019	Aggregate contributions \$100.00			
Last Name		First				M.I.
Soule	-	Sandra		<del></del>		W
Residential Street Address Cit	•			State	Zip Code 06878	
18 Lakeview Dr	iverside				00070	
Principal Occupation Retired	F	Name of Employer Retired		T-,		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 municipality does contributor or but municipality valued at more than \$	usiness he 5,000?	/slic is associated with hav ☐ Yes	No No	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  Yes   Is contributor a principal of a state configuration of the state of the section L1?  Yes   Is contributor a principal of a state configuration of the state of the section L1?			✓ No			\$25.0
If yes, list Event # contract is with:	Exec		Aggregate contribution	_		
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction More	oney Order	Date Received 08/13/2019	\$25.0			

SUBTOTAL Section B - This Page \$225.00	Nation 1
TOTAL of Section B Pages. \$240,120.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.00  (Enter total on Line 13, Column A of Summary Page	

SEEC	FORM	20
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Page	235	of	346
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NAME OF COMMITTEE (Provide Comple	te Name as Registered with Fil	ing Reposi	tory)		TYPE OF REPORT			
Bronin for Mayor	201000000000000000000000000000000000000		2,0000000000		7th day preceding	primary		
A. Total Contributions from Small Cor	ntributors - Received this	Period O	NLY	## (BUC)				
(See instructions for definition of Small Cont				Subtotal Section A				\$0.00
		ontributi	ons fi	om Individuals			The contract of	
Last Name	<u> 1981 (de la Persona de la constanció de la Persona de la</u>	***************************************	First					M.I.
Spagnolo			Fer	nando				
Residential Street Address		City				State	Zip Code	
214 Parkman St		Oakville	<b>)</b>			СТ	06779-1	352
Principal Occupation				of Employer				
Police Officer			City	of Waterbury				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l ian \$5,000?	he/she i	s associated with have	a contract with said  No	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a	Is contributor a principal of a state  If yes, indicate which branch or branches of government the contract is with:	г	or pros ecutiv	<b></b> -	☑ No	-		\$50.00
Method of contribution:  Cash ✓ Personal Check Credit/Debi		Money Ord	er	Date Received 08/22/2019	Aggregate contributions \$50.00			
Last Name	<u> </u>		First					M,I.
Spinelli			Ant	oinette				
Residential Street Address		City	ــــــــــــــــــــــــــــــــــــــ			State	Zip Code	
18 New Haven Ave		Waterb	игу			СТ	06708-4	517
Principal Occupation			L	of Employer				
Town Clerk			City	of Waterbury				
Is contributor a lobbyist, spouse, or	If contribution is in excess of municipality does contributor municipality valued at more the	or business	he/she	committee for a chief is associated with have Yes	executive officer of a a contract with said No	Amour	nt of Contr	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a	Is contributor a principal of a state of the state of government the contract is with:	or	or pros		✓ No			\$100.00
Method of contribution:	Contract is with.			Date Received	Aggregate contributions	<u>-</u>		
Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Or	icr	08/22/2019	\$100.00			
Last Name			Firs	t				M.I.
Spitzer			Ha	rold				<u> </u>
Residential Street Address		City				State	Zip Code	1619
1016 Ridge Rd		Hamde				CT	06517-1	1010
Principal Occupation ARCHITECT			HAF		R ARCHITECT P.C			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	r or business than \$5,000?	he/she	is associated with have	e a contract with said No	Amou	nt of Cont	ributior
Is this contribution associated with an event reported in Section L1?  Yes  No	Is contributor a principal of a star		r or pro	_	☑ No			\$50.0
If yes, list Event #	branches of government the contract is with:	Е	xecuti		lative	4		
Method of contribution:  ☐ Cash Personal Check ☐ Credit/Deb	oit Card Payroll Deduction	Money Or	der	Date Received 08/18/2019	Aggregate contribution \$50.0	3		<u>-</u>

SUBTOTAL Section B - This Page \$2	200.00
TOTAL of Section B Pages \$240,1	,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,1  (Enter total on Line 13, Column A of Summary Page	,120.00

SEEC !	FORM	20
Revised	January	2015

Page	236	of	346

ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Bronin for Mayor			7th day preceding primary				
A. Total Contributions from Small Contributors - Received th	is Period (	)NLY					ļ
See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemizec	Contribu	tions fr	om Individuals			e de la come	
Last Namc	Children grayer ( ) and to substitute	First					M.I.
		Felix	(				
Springer Residential Street Address	City				State	Zip Code	
60 Stoner Dr	West I	lartford			CT	06107-1	308
Principal Occupation			of Employer				
RETIRED		1	PITNEY, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution in the contribution in the contribution is in excess municipality does contribution in the contribution in the contribution is in excess municipality does contribution in excess municipality and the contribution in excess municipality does contribution in excess municipality and the contribution in excess municipali	utor or busines re than \$5,000	s he/she is ?	associated with have	No No	Amour	ıt of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a ff yes, indicate which brane	ch or	or or prosp	pective state contracto	r? ∐Yes ☑No			\$250.00
If yes, list Event # Dranches of government the contract is with:		Executive		ative	_		
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	n Money O	rder	Date Received 08/14/2019	Aggregate contributions \$250.00	)		
Last Name		First					M,I.
Squatrito		Car	la				<u> </u>
Residential Street Address	City				State	Zip Code 06042-	2404
192 Knollwood Rd	Manc	hester			101	00042-	2401
Principal Occupation President			of Employer a's Pasta				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in exces municipality does contribution is in excess municipality does contribution.	outor or busine ore than \$5,00	ss he/she i 0?	S associated with have	No No	Amou	nt of Cont	tribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  You be It Found for the contribution associated with an event reported in Section L1?  Yes  You be a section L1?	nch or	tor or pros Executiv	<del></del> .	✓ No			\$200.0
If yes, list Event # contract is with:			Date Received	Aggregate contribution	S		
Method of contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	n Money (	Order	08/27/2019	\$200.0	0		
Last Name		Firs	t	<u> </u>			M.I.
Stafford		Jos	seph				S
Residential Street Address	City	<del></del>			State	Zip Code 06117	
48 Claybar Dr	West	: Hartfo			101	00117	-3017
Principal Occupation Realtor			c of Employer eph Stafford Ass	ociates			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excemunicipality does contribution is in excemunicipality.	butor or busing tore than \$5,00	ess he/she 00?	is associated with hav	Ve a contract with said  No	Amou	int of Con	tributio
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of If yes, indicate which bra	nch or	etor or pro	spective state contract	tor?			\$50.0
If yes, list Event # 082119a No branches of government to contract is with:		Executi		slative  Aggregate contribution	18		
Method of contribution:  ☐ Cash	on Money	Order	Date Received 08/21/2019	*\$50.0	3		

<u></u>	
SUBTOTAL Section B - This Page	\$500.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00
(Enter total on Line 13, Column 4 Colombia 18, 200	

Page 237 of 346

NAME OF COMMITTEE: (Provide Complete Name as Registered v	with Filing l	Repository)		TYPE OF REPORT			
Bronin for Mayor		and the same of th		7th day preceding p	orimary		
A. Total Contributions from Small Contributors - Received	d this Peri	od ONLY				· ——	
(See instructions for definition of Small Contributor)			Subtotal Section A	i			\$0.00
	ized Conti	ributions	rom Individuals				
Last Name	410,000 00000000000000000000000000000000	Fire					M.I.
Stanco		Ke	nneth				
Residential Street Address	Cit	1			State	Zip Code	
61 Keefe St	W	aterbury			СТ	06706-1	619
Principal Occupation		l l	e of Employer				
Project Liaison		City	of Waterbury				
dependent child of a lobbyist? municipality does con municipality valued a	ntributor or bu at more than \$3	isiness he/she 5,000?	e committee for a chief is associated with have Yes	a contract with said  No	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a  Is contributor a principal ffyes, indicate which I branches of governmen contract is with:	branch or	itractor or pro		✓ No		;	\$150.00
Method of contribution:  ☐ Cash	ection Moi	ney Order	Date Received 08/22/2019	Aggregate contributions \$150.00			
Last Name		Fir	st				M.I.
Stanworth		Ca	arolyn				
Residential Street Address	Ci	-			State	Zip Code	000
180 Foxwood Rd S	G	uilford			СТ	06437-2	238
Principal Occupation Executive		I.	e of Employer Companies				
dependent child of a lobbyist?  Mo municipality does communicipality valued a	ntributor or ba at more than \$	usiness he/sh \$5,000?	te committee for a chief is associated with have \times Yes	a contract with said	Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, indicate which branches of government contract is with:	branch or	ntractor or pr		ative No		\$	1,000.0
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Dedu	uction Mo	oney Order	Date Received 08/30/2019	Aggregate contributions \$1,000.00	)		
Last Name		Fi	st				M.I.
Startup			art		T o	T-21 - C - 1	<u> </u>
Residential Street Address		ity Ilumouth			State CT	Zip Code 06782-2	2104
14 Barry Rd	P	lymouth	es of Employer		10.	1 00/02 :	
Principal Occupation city employee		Cit	nc of Employer y of Waterbury		•	_,-	
dependent child of a lobbyist?    I No   municipality does communicipality valued	ontributor or b at more than :	ousiness he/sh \$5,000?	te committee for a chief e is associated with have Yes	e a contract with said  No	Amou	nt of Cont	ributio
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a  Is contributor a principal of yes, indicate which branches of governme contract is with:	branch or	entractor or pr	<b>—</b>	✓ No			\$100.0
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Dedit	luction Mo	oney Order	Date Received 08/22/2019	Aggregate contributions \$100.00			

age \$1,250.00	SUBTOTAL Section B - This Page
ges \$240,120.00	TOTAL of Section B Pages
	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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	220	. 6	346
Page	238	of	340

NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fil	ing Reposi	tory)		TYPE OF REPORT			
Bronin for Mayor	A result of the second of the				7th day preceding [	orimary		
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Con				Subtotal Section A		_		\$0.00
		ontributi	ons f	om Individuals			KAN PARKE	
Last Name	N. (16.4.) 2.6. (1.2. (1.3. (1		First					M.I.
Steneck			Gei	пе				
Residential Street Address		City				State	Zip Code	
36 Rolling Hills Dr		Oxford				СТ	06478-6	140
Principal Occupation				of Employer				
Lt. Inspector- WFD			1	of Waterbury				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the Is contributor a principal of a state.	or business l nan \$5,000?	ne/she	s associated with have	a contract with said No	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch o		ог ргоз	pective state contractor	Yes ✓ No			\$100.00
If yes, list Event # 082219a No	branches of government the contract is with:	Ex	ecutiv	eLegisla	ativo			
Method of contribution:  Cash Personal Check Credit/Del	nit Card Payroll Deduction	]Money Ord	er	Date Received 08/22/2019	Aggregate contributions \$100.00	4		
Last Name			Firs					M.I.
Stephens			Ed	ward				
Residential Street Address		City				State	Zip Code	
185 Central Ave		Wolcott	<u> </u>			СТ	06716-3	3026
Principal Occupation Police Officer			}	e of Employer en of Wolcott				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	or business han \$5,000?	he/she	is associated with have	a contract with said  No	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a	Is contributor a principal of a sta  If yes, indicate which branch of branches of government the	or	or pro	r	✓ No			\$100.00
Method of contribution:  Cash ✓ Personal Check Credit/Del	contract is with:	Money Orc	ler	Date Received 08/22/2019	Aggregate contributions			
Last Name		<u> </u>	Fire		<u> </u>	<u> </u>		M.I.
			Ke	llv				1
Steuber Residential Street Address		City	1	***		State	Zip Code	<u></u>
176 Whitney St, Apt 2		Hartfor	d			CT	06105-2	2269
Principal Occupation Policy Development Coordinator		<u> </u>	1	e of Employer te of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributo municipality valued at more	r or business than \$5,000?	he/she	is associated with have	e a contract with said ✓ No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  No. 082119a	Is contributor a principal of a sta If yes, indicate which branch or branches of government the	ог			✓No			\$50.00
If yes, list Event # 082119a No	contract is with:	E	xecuti	ve Legis  Date Received	Aggregate contributions	-		
Method of contribution:  Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Or	der	08/21/2019	\$50.0			

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00
(Effer total of the Community 1299)	

SEEC	FORM	20
Revised	I January	2015

n	220	o.f	346
Page	239	of	240

NAME OF COMMITTEE (Provide Complete Name as Registered with Fil	ling Reposito	(עתנ		TYPE OF REPORT			
Bronin for Mayor		<u> </u>		7th day preceding p	orimary		
A. Total Contributions from Small Contributors - Received this I See instructions for definition of Small Contributor)	Period ON	LY	ubtotal Section A				\$0.00
B. Itemized Co	ontributio	ns fro	m Individuals				
Last Name		First					M.I.
Stone		Chris	topher				R
Residential Street Address	City				State	Zip Code	704
77 Milwood Rd	East Har	tford			СТ	06118-1	734
Principal Occupation Attorney	1-	Name o MDC	f Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business he han \$5,000?	e/she is	associated with have	No No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080219a  Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:			ective state contractor	✓ No			\$100.00
Method of contribution:  Cash   Personal Check Credit/Debit Card Payroll Deduction  Payroll Deduction	Money Order	r	Date Received 08/02/2019	Aggregate contributions \$700.00			
Last Name		First					M.I.
Sullivan		Johr	1				F
Residential Street Address	City				State	Zip Code	0040
43 Sass Dr	Manches	ster			СТ	06042-	2243
Principal Occupation Attorney			of Employer Office of John F	. Sullivan			
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of municipality does contributor municipality valued at more t	r or business h than \$5,000?	ic/she is	associated with have	No No	Amoui	nt of Cont	iribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a sta If yes, indicate which branch to branches of government the contract is with:	or	or prosp	<del></del> 1	✓ No			\$250.00
Method of contribution:	Money Orde	er	Date Received 08/31/2019	Aggregate contributions \$250.0	_		
Last Name		First					M.I.
Sullivan		Rok	ert				
Residential Street Address	City				State	Zip Code	
827 Oronoke Rd, Apt 3-7	Waterbu				СТ	06708	-3936
Principal Occupation Judicial Marshal			of Employer cial Marshal Ser	vices			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess or municipality does contribute municipality valued at more	or or business l	ndidate he/she i	committee for a chie s associated with hav \Yes	f executive officer of a e a contract with said No	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a	or	or pros		✓No			\$100.0
Method of contribution:   Cash   Personal Check   Credit/Debit Card   Payroll Deduction			Date Received 08/22/2019	Aggregate contribution \$100.0			

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$240,120.00
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Page	240	of	346

NAME OF COMMITTEE (Provide Complete Name of	is Registered with Filing Repo	sitory)		TYPE OF REPORT			
Bronin for Mayor	Control of the Contro	***************************************		7th day preceding p	orimary		
A. Total Contributions from Small Contribute	rs - Received this Period (	ONLY					
See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
Dee Havituetions for defination of chain Commission of	B. Itemized Contribu	tions fr	om Individuals	er ar der Engraften		19445715.S	
		First					M.I.
Last Name		Pau	ı				
Summers	Cin	Fau			State	Zip Code	ļ
Residential Street Address	City Torring	aton			CT	06790-3	3064
69 Rockledge Loop, Portsmouth	101111		of Employer				
Principal Occupation Attorney		Botto	mline Technolog				
dependent child of a lobbyist? No muni-	tribution is in excess of \$400 to a c cipality does contributor or busines cipality valued at more than \$5,000	ss he/she is )?	associated with have	a contract with said  No	Amoun	t of Cont	ribution
event reported in Section L1?  If yes,  No branch	ontor a principal of a state contracte indicate which branch or es of government the	or or prosp Executive		✓ No			\$25.00
Method of contribution:  Cash Personal Check  Credit/Debit Card	Payroll Deduction   Money O	)rder	Date Received 07/15/2019	Aggregate contributions \$125.00	)		
		First		· · · · · · · · · · · · · · · · · · ·	·		M.1.
Last Name		Pau	d				
Summers	City	1 00	21		State	Zip Code	
Residential Street Address	Torrin	naton			CT	06790-	
69 Rockledge Loop, Portsmouth			of Employer				
Principal Occupation Attorney		Botte	omline Technolog				
dependent child of a lobbyist?	ntribution is in excess of \$400 to a icipality does contributor or busine icipality valued at more than \$5,00	ss he/she	s associated with have	No No	Amou	nt of Con	tributior
event reported in Section L1?	butor a principal of a state contract indicate which branch or less of government the	tor or pros Executiv	<b></b>	✓ No			\$50.0
	ct is with:		Date Received	Aggregate contributions	5		
Method of contribution:   Cash   Personal Check   Credit/Debit Card	Payroll Deduction Money	Order	08/10/2019	\$125.00	D		
Last Name		Firs	ı				M.I.
		Ma	ırk				
Sussman	City				State	Zip Cod	
Residential Street Address	Wolc	ott			СТ	06716	-3317
28 Birch Ave Principal Occupation		Nam	e of Employer				
Attorney			tha Cullina				
dependent child of a lobbyist?	ontribution is in excess of \$400 to a nicipality does contributor or busing nicipality valued at more than \$5,00	ess he/she 00? 	is associated with hav	e a contract with said	Amou	nt of Cor	itributio
event reported in Section L1?    If yes   If yes	ributor a principal of a state contract, indicate which branch or the of government the	ctor or pro		✓ No	E .		\$100.0
If yes, list Event # contribution:	act is with:		Date Received	Aggregate contribution			
Cash Personal Check Credit/Debit Card	Payroll Deduction Money	Order	08/12/2019	\$100.0			

SUBTOTAL Section B - This Page \$17	5.00
TOTAL of Section B Pages \$240,12	0.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,12  (Enter total on Line 13, Column A of Summary Page	20.00

Page 241 of 346

NAME OF COMMITTEE (Providence)	le Complet	e Name as Registered with Fil	ing Reposi	tory)			A	REPORT			
Bronin for Mayor		And the second s	7207-0220				7th day	preceding p	rimary		
A. Total Contributions from S	mall Con	tributors - Received this l	Period O	NLY							Ì
See instructions for definition of S	A				Subtot	al Section A					\$0.00
		B. Itemized C	ontributi	ons fr	om In	dividuals				N. Milani	
Last Name	A. A	The transfer of the said to first a specify the said to the said t	22.30.20.00.00.00.00.00	First							M.I.
Sutton				Jam	es					-	ļ
Residential Street Address			City						State	Zip Code	
25 Northbrook Dr			West H	artford					CT	06117-1	533
Principal Occupation				Name o		oyer					
Retired				Retire	ed						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of a municipality does contributor municipality valued at more the	or business l nan \$5,000?	he/she is	associa	ted with have Yes	a contract	fficer of a vith said	Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes	Is contributor a principal of a stat  If yes, indicate which branch or branches of government the contract is with:	r	or prosp ecutive		tate contracto		Yes • No			\$25.00
Method of contribution:  Cash Personal Check	Credit/Debit		Money Ord	ler		Received 7/2019	Aggregat	e contributions \$100.00			
Last Name				First							M.I.
Sweeney				Lian	n					_	
Residential Street Address			City						State	Zip Code	
29 Penn Dr			West H	lartford	i				CT	06119-	1153
Principal Occupation Lobbyist					of Emp Linc	loyer oln Strateg	ies				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contributor municipality valued at more t	or business han \$5,000?	he/she i	s associ	Yes	a contract  No	with said	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080219a	✓ Yes ☐ No	Is contributor a principal of a sta  If yes, indicate which branch of branches of government the contract is with:	or	r or pros		state contracto		☐Yes ✓No			\$100.0
Method of contribution:  Cash ✓ Personal Check	Credit/Debi		Money Or	der		Received 12/2019	Aggrega	te contributions \$200.00	)		
Last Name	·			First							M.J.
Taiman				Edv	ward						С
Residential Street Address			City						State	Zip Code	
19 Lisa Ln			Willing						СТ	06279-	·2.241
Principal Occupation Attorney				Sab		man, LLC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ☑No	municipality does contributo municipality valued at more	r or business than \$5,000	s he/shc	is assoc	iated with hav	e a contrac	with said	Amou	nt of Con	tributio
Is this contribution associated with an event reported in Section L1?	✓ Yes No	Is contributor a principal of a sta If yes, indicate which branch branches of government the	or					☐Yes ✓No			\$300.0
If yes, list Event # 083119a  Method of contribution:		contract is with:	Money O	xecutiv	Date	Legi Received 31/2019		ate contribution:			
Cash Personal Check	Credit/Deb	it Card Prayron Deduction			_ UO/	3172019		Ψ000.0	<u> </u>	<u></u>	

SUBTOTAL Section B - This Page	\$425.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

SEEC	FORM	20
Revised	I January	2015

Page 242 of 346

Bronin for Mayor  A. Total Contributions from Small Contributors - Received this Period ONLY	NAME OF COMMITTEE (Providence)	de Complete	e Name (	as Registered with Fil	ing Reposi	(ory)		TYPE OF REPORT			
See instructions for definition of Small Contributors   Section ONLY					and the second second			7th day preceding	primary		
See instructions for definition of Small Contributions   Small C		mall Con	tributo	rs - Received this	Period O	NLY					
B. Hemized Contributions from Individuals    First		work to the second of the second					Subtotal Section A				\$0.00
Tanner  Residential Street Address 36 Church St, Noank  Residential Street Address 36 Church St, Noank  Residential Street Address 36 Church St, Noank  Residential Street Address 46 CT 67000  Residential Street Address 46 CT 67000  Residential Street Address 46 CT 67000  Residential Street Address 47 No  It contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business holds is associated with have a contract with said unuicipality does contributor or business holds is associated with have a contract with an immunicipality does contributor or business holds is associated with have a contract with said unuicipality does contributor or business holds is associated with have a contract with an immunicipality does to contributor or business holds is associated with have a contract with and the contract or prospective state contractor?  If yes, indicate which hance to meet the stop of the security of the second with have a contract with and the contract or prospective state contractor?  If yes, indicate which hance to meet the stop of the security of the second with have a contract with and the contract or prospective state contractor?  If yes, indicate which hance to meet the stop of the security of the se	iges nightections for defination of a			R Itemized C	ontributi	ons f	rom Individuals				
Art   Art				Pillon State of the State of th		April 14 Server		habil Department of the Million Comment			M.I.
Residential Street Address 36 Church St, Noank    Ves										ļ	
Residential Street Address  36 Church St, Noank  Principal Occupation Retired  Is contributor a follobyist, spouse, or dependent child of a follobyist?  Is this contributor a sociated with an event reported in Section 1.1?  If contributor a follobyist?  No  Is this contributor a sociated with an event reported in Section 1.1?  If yes, its Event #  Name of Employer  Retired  Amount of Contribution  Section 1.1?  No  Is this contributor a sociated with an event reported in Section 1.1?  No  Is this contributor a special with an event reported in Section 1.1?  No  Is this contributor a special with an event reported in Section 1.1?  No  Is this contributor a special with an event reported in Section 1.1?  No  Is this contributor a principal of a state contractor?  No  Retired  Amount of Contribution  Section 1.1?  No  Settle CT  Settle Employed  Settle Employed  If contributor a with:  No  Retired  Amount of Contribution  No  Settle Employed  Settle Employed  If contributor a principal of a state contractor?  No  Retired  No  No  Retired  Amount of Contribution  Settle CT  Settle Employed  If contributor a principal of a state contractor or prospective state contractor?  No  Retired  No  Retired  No  Retired  Amount of Contribution  Settle Employed  Settle Employed  If contributor a principal or a state contractor or prospective state contract with and music pality addition as one of supplying the set of supplying th	The state of the s				Chi	\(\frac{1}{2}\)			State	Zip Code	
Name of Employer   Retired   Name of Employer   Retired   Section L17   No   No   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business holshe is associated with have a contract with said municipality valued at more than \$5,000?   Yes									ı		658
Retired    Secutifulation   Secutifulati					Cioton	Name	of Employer			L	
If contribution is lobbyist, spouse, or dependent child of a lobbyist?   No   No   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contribution or business he/she is associated with have a contract with aid municipality adued at more time \$5,500?   Yes   No   No   No   No   No   No   No   N	*										
dependent child of a lobbyist?   Vino   municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?   Yes   Vino   Yes   Vino   Yes	Retired					L			Г.		
event reported in Section L1?			muni	cipality does contributor	or business l	ndidate ne/she i	is associated with have:	a contract with said	Amoun	t of Contr	ibution
event reported in Section L1?	Is this contribution associated with an	□V <sub>en</sub>	Is contri	butor a principal of a stat	e contractor	or pros	pective state contractor	? Yes			\$250.00
Method of contribution:   Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Mosey Order   Date Received   Aggregate contributions   State   State   City   Secutive   Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Mosey Order   Date Received   O8/09/2019   \$250.00		= 1			ı			<del></del>			ψ2.00.00
Mediad of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Date Received 08/09/2019   \$250.00     Last Name   First   Muhammad   Payroll Deduction   Money Order   Date Received 08/09/2019   \$250.00     Multiple	If yes, list Event #	<b>✓</b> ]No			☐ Ex	ecutiv	c Legisla	tive			
Last Name	Method of contribution:	Credit/Debit			Money Ord	ег	1 1		] ]		
Residential Street Address   City   Wethersfield   State   Zip Code   O6109-1412						.,	<u> </u>		<u> </u>		M.I.
Residential Street Address 103 Concord Cir  Principal Occupation Charter Swiss LLC  Is contributor a tobbyist, spouse, or dependent child of a tobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Tanveer  Residential Street Address 194 Hang Dog Ln  Principal Occupation Charter Swiss LLC  Is contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No  Is contributor a principal of a state contractor or prospective state contractor?  Yes flyes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Tanveer  Residential Street Address 194 Hang Dog Ln  Principal Occupation Self-employed  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said and the proper of th						100	lan				1
Residential Street Address  103 Concord Cir  Principal Occupation Charter Swiss LLC  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event of the proposed of th					l or	Als	siaii		State	Zip Code	L
Name of Employer    Principal Occupation   Self Employed	1					sfield			1	4 .	1412
Self Employed					VICTIO			<u>~</u>	<u> I</u>	<u> </u>	
dependent child of a lobbyist?    Is this contribution associated with an event reported in Section L1?   Yes   Is contributor a principal of a state contractor or prospective state contractor?   Yes   Ye					_	Self	Employed				
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 07/23/2019  Last Name  Tanveer  Residential Street Address 194 Hang Dog Ln  Principal Occupation Self-employed  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributior or business he/she is associated with have a contract with said		_	mun mun	icipality does contributor icipality valued at more t	or business han \$5,000?	he/she	is associated with have	a contract with said  No	Amou	nt of Contr	cibution
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 07/23/2019 \$1,000.00  Last Name  Tanveer  Residential Street Address 194 Hang Dog Ln  Principal Occupation Self-employed  Is contributor a lobbyist, spouse, or december thild of a lobbyist?  Is contributor or business he/she is associated with have a contract with said  Is contributed in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received 07/23/2019  Aggregate contributions 07/23/2019  State City Wethersfield  CT 06109-4025	Is this contribution associated with an	Ves	Is contr	ibutor a principal of a sta	te contractor	or pro	spective state contractor	r? Yes		\$	1.000.00
If yes, list Event #   Date Received   O7/23/2019   \$1,000.00	event reported in Section L1?	<b>-</b> ⊢ i			OΓ			<b>√</b> No		•	.,-
Method of contribution:  Cash Personal Check Cedit/Debit Card Payroll Deduction Money Order 07/23/2019 \$1,000.00  Last Name  Tanveer  Residential Street Address 194 Hang Dog Ln  Principal Occupation Self-employed  Is contributor a lobbyist, spouse, or december thild of a lobbyist?  Is contributor or business he/she is associated with have a contract with said  Aggregate contributions \$1,000.00  M.I.  M.I.  M.I.  M.I.  M.I.  Manuad  City Wethersfield  Name of Employer Charter Swiss LLC  State CT 06109-4025	If yes, list Event #	[A]IAO			E	cecutiv	∕e ∐Legisl	ative			
Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   07/23/2019   \$1,000.00	Method of contribution:						1		ł.		
Last Name Tanveer  Residential Street Address 194 Hang Dog Ln  Principal Occupation Self-employed  Is contributor a lobbyist, spouse, or december child of a lobbyist?  Is contributor a lobbyist, spouse, or december child of a lobbyist?  Is contributor or business he/she is associated with have a contract with said  In the Muhammad  City Wethersfield  Name of Employer Charter Swiss LLC  Is contributor a lobbyist, spouse, or december child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said		Credit/Debit	t Card	Payroll Deduction	Money Ore	der	07/23/2019	\$1,000.00			Т
Residential Street Address 194 Hang Dog Ln  Principal Occupation Self-employed  Is contributor a lobbyist, spouse, or december thild of a lobbyist?  Is contributor of business he/she is associated with have a contract with said  City Wethersfield  Name of Employer Charter Swiss LLC  Is contributor a lobbyist, spouse, or december thild of a lobbyist?  The municipality does contributor or business he/she is associated with have a contract with said  Amount of Contribution	Last Name					Fire	st				M.I.
Residential Street Address  194 Hang Dog Ln  Principal Occupation Self-employed  Name of Employer Charter Swiss LLC  Is contributor a lobbyist, spouse, or december to bild of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said  Amount of Contribution  Amount of Contribution	Tanveer					Mt	uhammad				
194 Hang Dog Ln  Principal Occupation Self-employed  Is contributor a lobbyist, spouse, or december thild of a lobbyist?  Is contributor a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said  Amount of Contribution					City						1005
Principal Occupation Self-employed  Is contributor a lobbyist, spouse, or december thild of a lobbyist?  Is contributor a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said	1				Wethe	rsfield	i		CI	06109-	4025
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said											
dependent child of a lobbyist? municipality does contributor or business he/she is associated with have a contract with said	Self-employed					Cha	arter Swiss LLC				
			mur	nicipality does contributo nicipality valued at more	r or business than \$5,000	he/she	is associated with have	a contract with said  No	Amou	nt of Cont	ribution
event reported in Section L1?  If yes, indicate which branch or	Is this contribution associated with an event reported in Section L1?		If yes	, indicate which branch		r or pro	ospective state contracto			\$	\$1,000.0
If yes, list Event # Executive Legislative	If yes, list Event #	MO NO			E	xecuti		lative	_		
Method of contribution:  Cash  Personal Check  Credit/Debit Card  Payroll Deduction  Money Order  Date Received  07/11/2019  \$1,000.00		Credit/Debi	it Card	Payroll Deduction	Money O	der	1				

SUBTOTAL Section B - This Page \$2,250.00  TOTAL of Section B Pages \$240,120.00		
TOTAL of Section B Pages \$240,120.00	\$2,250.00	SUBTOTAL Section B - This Page
	\$240,120.00	TOTAL of Section B Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.00  (Enter-total on Line-13, Column A of Summary Page	\$240,120.00	

SEEC 1	FORM	20
Revised	Запиагу	2015

Page 243 of 346

NAME OF COMMITTEE (Provide Complete Name as Regi	istered with Filing Repos	itory)		TYPE OF REPORT			
Bronin for Mayor				7th day preceding p	orimary		
A. Total Contributions from Small Contributors - R See instructions for definition of Small Contributor)			Subtotal Section A			Statistical de la constantina de la co	\$0.00
$oldsymbol{B}$	. Itemized Contribut	ions fro	om Individuals				
Last Name		First					M.I.
Taveras		Ange	el				
Residential Street Address	City				State	Zip Code	194E
77 Iroquois Trl	North 9	Scituate	)		RI	02857-2	2040
Principal Occupation	<del></del>		of Employer Oberg Traurig				
Attorney		1					
dependent child of a lobbyist?	n is in excess of \$400 to a co does contributor or business valued at more than \$5,000	s he/she is ?	associated with have	a contract with said No	Amoun	t of Cont	ribution
1 is		r or prosp xecutive		✓ No			\$250.00
Method of contribution:	oll Deduction Money Or		Date Received 08/08/2019	Aggregate contributions \$250.00			
Last Name		First					M.I.
		Deb	ra				
Taylor Residential Street Address	City		.,		State	Zip Coxle	
8 Brightview Dr	West I	Hartford	d		СТ	06117-	2001
Principal Occupation Attorney		IFG (	of Employer Companies		<u> </u>		
dependent child of a lobbyist?   municipality   Mo   municipality   No   municipality	on is in excess of \$400 to a contributor or busines valued at more than \$5,000	s he/sho is )?	s associated with have	No No	Amou	nt of Com	tribution
event reported in Section L1?    If yes, indicate		or or prosj Executive	·	✓ No			\$50.00
If yes, list Event # contract is with	ih:		Date Received	Aggregate contributions			
Method of contribution:   Cash	roll Deduction Money O	rder	07/31/2019	\$150.00	)		
Last Name		First					M.I.
Tejada		Lov	elie e				
Residential Street Address	City		···	·	State	Zip Code	
310 Clarkson Ave, 816	Brook	dyn			NY	11226	-2998
Principal Occupation Manager		Name 1992	of Employer 2				
dependent child of a Jobbyist?   municipality	on is in excess of \$400 to a y does contributor or busine y valued at more than \$5,00	ss he/she i	committee for a chie is associated with hav Yes	f executive officer of a e a contract with said No	Amou	nt of Con	tributio
event reported in Section L1?    Ves   If yes, indication   If yes, indi	n principal of a state contract to which branch or soveniment the			✓ No			\$25.0
If yes, list Event # contract is wi	' I I	Executiv		Aggregate contribution			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Page 1940	yroll Deduction Money (	Order	Date Received 08/16/2019	\$35.0			

\$325.00	SUBTOTAL Section B - This Page
\$240,120.00	TOTAL of Section B Pages
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC	FORM	20
Revised	l January	2015

Page	244	of	346

NAME OF COMMITTEE (Providence)	le Complei	e Name as Registered with Fil	ing Reposi	ory)		TYPE OF REPORT			
Bronin for Mayor						7th day preceding	primary		
A. Total Contributions from S See instructions for definition of Si		ibutor)		ajtošak	Subtotal Section /	7.1. C.			\$0.00
	SOSSYNEE IRA	B. Itemized C	ontributi	ons fi	om Individuals				
Last Name				First					M.I.
Terenzo				Salv	vatore				
Residential Street Address			City				State CT	Zip Code 06795-3	165
340 Lovley Dr			Waterto				Ci	00/95-5	103
Principal Occupation Firefighter				City	of Employer of Waterbury		1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Ycs ✓No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l	ndidate ne/she i:	committee for a chief s associated with have Yes	executive officer of a contract with said  No	Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a	✓ Yes	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the contract is with:	r	or pros		✓ No			\$50.00
Method of contribution:  Cash Personal Check	Credit/Debit		Money Ord	er	Date Received 08/22/2019	Aggregate contributions \$50.00	)		<del>,.</del>
Last Name				First					M.I.
Theroux				Dav	vid				
Residential Street Address			City		· · · · · ·		State	Zip Code	226
137 Westridge Dr			Waterb				СТ	06708-3	330
Principal Occupation Real Estate				Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business han \$5,000?	he/she i	is associated with hav	e a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a	✓ Yes No	Is contributor a principal of a sta  If yes, indicate which branch of branches of government the contract is with:	or	or pros	<b>—</b>	✓ No			\$100.00
Method of contribution: Cash Personal Check	Credit/Debi		Money Ord	ler	Date Received 08/22/2019	Aggregate contributions \$100.00	1		
Last Name				Firs	t				M.J.
Thiele				Tiff	fany		<del> </del>		<u> </u>
Residential Street Address		***	City				State	Zip Code 06248-	1314
626 Gilead St			Hebror		of Employer		101	002-10	
Principal Occupation Communications				Con	necticut College				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributo municipality valued at more	r or business than \$5,000?	he/she	is associated with hav	ve a contract with said  No	Amou	nt of Cont	ributior
Is this contribution associated with an event reported in Section L1?	☐Yes ✓No	Is contributor a principal of a sta If yes, indicate which branch branches of government the	OF			√ No	E		\$25.0
If yes, list Event #  Method of contribution:		contract is with:		xecutiv	Date Received 07/15/2019	Aggregate contribution \$25.0	_		
Cash Personal Check 🗸	Lctedit/Dep	it Cald			01/13/2013	ψ20.0			

\$175.00	SUBTOTAL Section B - This Page
\$240,120.00	TOTAL of Section B Pages
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC	FORM	20
Revised	LJanuary	2015

**Page** 245 **of** 346

NAME OF COMMITTEE (Provide Comp.	lete Name as Registered with Fil	ing Reposii	iory)		TYPE OF REPORT			
Bronin for Mayor	100 100 100 100 100 100 100 100 100 100		11.000		7th day preceding	orimary		
A. Total Contributions from Small Co	ontributors - Received this l	Period Ol	NLY			<del></del> -		
(See instructions for definition of Small Cor				Subtotal Section A				\$0.00
		ontributi	ons fi	om Individuals				
Last Name	and the state of t		First					M.I.
Thompson Suisman			Moy	/e				
Residential Street Address		City				State	Zip Code	
201 Mabery Rd		Santa M	lonica	a		CA	90402-1	205
Principal Occupation				of Employer				
Ceramist			Self	Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more th	or business l an \$5,000?	ne/she i	s associated with have a	a contract with said No	Amour	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  Yes, list Event #	Is contributor a principal of a state of yes, indicate which branch or branches of government the contract is with:	r	or pros		✓ No			\$100.00
Method of contribution:  Cash Personal Check ✓ Credit/De		Money Ord	er	Date Received 07/31/2019	Aggregate contributions \$600.00			
Last Name	· · · · · · · · · · · · · · · · · · ·		First		<u> </u>			M.I.
Thornberry			Cai	olyn				
Residential Street Address		City	I.			State	Zip Code	
70 Timberwood Rd		West H	artfor	d		СТ	06117-1	1466
Principal Occupation retired			none					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	or business han \$5,000?	he/she	is associated with have	a contract with said  No	Amow	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  V No  If yes, list Event #	Is contributor a principal of a star If yes, indicate which branch obranches of government the contract is with:	or	or pros		✓ No			\$100.00
Method of contribution:  Cash Personal Check Credit/De		Money Ord	ler	Date Received 08/25/2019	Aggregate contributions \$100.00			
Last Name			Firs	t				M.I.
Thurm			Ke	vin				
Residential Street Address		City				State	Zip Code	
1271 Avenue Of The Americas, Fl 4	2	New Yo				NY	10020-	1401
Principal Occupation Non profit administration			Clin	e of Employer ton Foundation			140	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more	r or business than \$5,000?	he/she	is associated with have	a contract with said  No	Amou	nt of Cont	tribution
Is this contribution associated with an event reported in Section L1?    Yes     V   No	If yes, indicate which branch of branches of government the	or	r or pro		<b>✓</b> No			\$350.0
Method of contribution:  Cash Personal Check Cedit/D	contract is with:			Date Received 08/25/2019	Aggregate contribution \$350.0			

SUBTOTAL Section B - This Page \$550.00  TOTAL of Section B Pages \$240,120.00  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.00  (Enter total on Line 13, Column A of Summary Page		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.00	\$550.00	SUBTOTAL Section B - This Page
	\$240,120.00	TOTAL of Section B Pages
	\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 246 of 346

NAME OF COMMITTEE (Provide Complète Name	as Registered with Fili	ng Reposit	ory)		TYPE OF REPORT			
Bronin for Mayor			A Transport Annual Control		7th day preceding p	orimary		
A. Total Contributions from Small Confribut	ors - Received this F	Period ON	LY.					
See instructions for definition of Small Contributor)				Subtotal Section A				\$0.00
Dee Manuerona for definition of small extension		ontributio	ons fr	om Individuals		vakultust.		904105497
Last Name			First	\$550 Charles of a 200 Charles of the Section of the				M.I.
			Morg	nan				w
Tingley		City	141013			State	Zip Code	L
Residential Street Address	j	Hartford				CT	06105-1	114
239 Terry Rd Principal Occupation			Name o	f Employer				
Professor		1		rsity of Connecti			<del> </del>	
dependent child of a lobbyist?	ontribution is in excess of \$ nicipality does contributor of nicipality valued at more the	or business h an \$5,000?	e/shcis	associated with have	No No	Amoun	t of Cont	ribution
event reported in Section L1?    If yes   If yes   brane	ributor a principal of a state , indicate which branch or thes of government the		or prosp ecutive	<b>-</b>	✓ No			\$250.00
Method of contribution:  Cash Personal Check Credit/Debit Card	act is with:  Payroll Deduction	Money Orde	er	Date Received 08/21/2019	Aggregate contributions \$250.00			
Last Name			First					M.I.
			Rho	nda				
Tobin Residential Street Address		City				State	Zip Code	<u></u>
4 Anja Dr		Simsbu	ry			СТ	06070-	1547
Principal Occupation				of Employer				
Partner			Robi	nson & Cole				
dependent child of a lobbyist?	contribution is in excess of inicipality does contributor inicipality valued at more the	or business han \$5,000?	he/she i	s associated with have	A contract with said	Amour	it of Cont	ribution
event reported in Section L1?  If ye  No brane	tributor a principal of a stat s, indicate which branch or ches of government the ract is with:	r	or pros		✓ No			\$250.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card	Payroll Deduction	Money Ord	ler	Date Received 08/20/2019	Aggregate contributions \$250.00			
Last Name			First					M.I.
			Wil	liam				<u> </u>
Tomasso  During Street Address		City	<u></u>		.,,	State	Zip Code	
Residential Street Address 111 Kent Rd		New Bi	ritain			CT	06052-	1919
Principal Occupation EXECUTIVE		•		of Employer Construction				
dependent child of a lobbyist?	contribution is in excess of unicipality does contributor unicipality valued at more t	r or business than \$5,000?	he/she	is associated with have	a contract with said  No	Amou	nt of Con	tribution
event reported in Section L1?	ntributor a principal of a sta es, indicate which branch on thes of government the	or		_	☑ No		;	\$1,000.0
	tract is with:	∐E.	xecutiv			_		
Method of contribution:  Cash ✓ Personal Check Crcdit/Debit Card	Payroll Deduction	Money Or	der	Date Received 08/20/2019	Aggregate contribution \$1,000.0			

TOTAL of Section B Pages \$240,120.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.00  (Enter total on Line 13, Column A of Summary Page	

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Method of contribution:

Residential Street Address

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?

Is this contribution associated with an

event reported in Section L1?

If yes, list Event # 080219a

Method of contribution:

44 Goshen St

Consultant

Principal Occupation

✓ Cash

Last Name

Torres

Personal Check Credit/Debit Card

Yes

**✓** No

**✓** Yes

No

SEEC FORM 20 Revised January 2015	I. MONETARY RECEIPTS (Sections A-K)			Pag	e 247	7 of	346	
NAME OF COMMITTEE (Provide Comp	lete Name as Registered with Fil	ing Reposi	(ory)		TYPE OF REPORT			
Bronin for Mayor					7th day preceding	ргітагу		
A. Total Contributions from Small C		Period O						\$0.00
(See instructions for definition of Small Co.			85990434	Subtotal Section A		- HURANA		ψ0.00
	B. Hemizea C	ontributi	C. C. SHILLIAN S.	om Individuals				M.I.
Last Name			First					
Torrence			Mau	reen			,	ļ
Residential Street Address		City				State	Zip Code 06787-	(400
129 Hickory Hill Rd		Thomas	ston		······································	СТ	00/0/-	1102
Principal Occupation Benefits Coordinator				of Employer of Waterbury				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	launiainniity does contributor	or business	ndidate o	committee for a chief associated with have Yes	executive officer of a a contract with said No	Amoun	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the contract is with:	г	or prosp		☑ No	- Atanama		\$100.00
Method of contribution:  ☐ Cash		Money Ord	ler	Date Received 08/22/2019	Aggregate contributions \$100.00			
Last Name			First					M.I.
Torres			Jua	n				
Residential Street Address		City	_!			State	Zip Code	
10 Warner St		Hartford	d			СТ	06114-	6303
Principal Occupation				of Employer				
Law Enforcement			Depa	rtment of Corre	ctions			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	or business han \$5,000?	he/she i:	s associated with have	e a contract with said  No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080219a	Is contributor a principal of a sta  If yes, indicate which branch of branches of government the contract is with:	)ı.	or pros		✓ No			\$40.00

Payroll Deduction Money Order

If yes, indicate which branch or

branches of government the contract is with:

Personal Check Credit/Debit Card Payroll Deduction Money Order

City

Is contributor a principal of a state contractor or prospective state contractor?

Hartford

Aggregate contributions

Yes

**✓** No

Aggregate contributions

\$25.00

Legislative

Date Received

08/02/2019

\$40.00

State

CT

M.I.

\$25.00

Zip Code

Amount of Contribution

06106-4106

Date Received

08/02/2019

First

If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a

municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?

Executive

Pedro

Name of Employer

Behavior Mem

SUBTOTAL Section B - This Page	\$165.00
TOTAL of Section B Pages \$24	40,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$24  (Enter total on Line 13, Column A of Summary Page	40,120.00

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R	evised	j Ja	nuar	v	201	٤

Page	248	of	346

NAME OF COMMITTEE (Provide Complete Name as Registered with I	Filing Reposi	iory)		TYPE OF REPORT			
Bronin for Mayor		***************************************		7th day preceding p	orimary		
A, Total Contributions from Small Contributors - Received thi	s Period O	NLŸ	25 yrosən olay 25 1 (2003) 27 - 27 - 27 - 27 - 27 - 27 - 27 - 27 -				
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
	Contributi	ons fr	om Individuals				
Last Name		First					M.I.
		Jam	es	4			
Torrey	City	1 0 0			State	Zip Code	
Residential Street Address 70 Seaview Ave, Marine Building East	Stamfor	rd			СТ	06902-6	3066
Principal Occupation		Name	of Employer				
private investor		retire	d				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business e than \$5,000?	he/she is	s associated with have	a contract with said  No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes If yes, indicate which branch branches of government the contract is with:	ı or	or pros	<u> </u>	✓ No			\$250.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Монеу От	ler	Date Received 08/06/2019	Aggregate contributions \$250.00			
Last Name		First					M.I.
Torrey		Meg	gan				
Residential Street Address	City				State	Zip Code	
60 Harvest Ct	Newing				CT	06111-	4053
Principal Occupation Executive			of Employer d Affairs				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution is in excess municipality does contribution.	tor or business re than \$5,000?	he/she i	s associated with have Yes	a contract with said  ✓ No	Amoui	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  If yes, lindicate which branches of government the contract is with:	h or	r or pros xecutiv	<u> </u>	✓ No			\$50.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	Money Or	der	Date Received 07/31/2019	Aggregate contributions \$50.00			
Last Name		Firs	t				M.I.
Turgeon		Jol	าก				
Residential Street Address	City				State	Zip Code	
3 Strawberry Ln	Enfield	1			CT	06082	-5/04 
Principal Occupation Partner		Coh	e of Employer InReznick				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	utor or busines are than \$5,000	s he/she ?	is associated with have	e a contract with said No	Amou	nt of Con	tributior
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a If yes, indicate which branches of government the	ch or		<u></u>	□No			\$200.0
If yes, list Event # contract is with:		xecuti			_		
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	Money O	rder	Date Received 08/28/2019	Aggregate contribution \$300.0			

SUBTOTAL Section B. This Page \$500.00	SUBTOTAL Section B ≠ This Page
TOTAL of Section B Pages \$240,120.00	TOTAL of Section B Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.00  (Enter total on Line 13, Column A of Summary Page	

Page 249 of 346

NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Repo	itory)		TYPE OF REPORT			
Bronin for Mayor	Control of the Contro		The project of the second	7th day preceding p	orimary		
A. Total Contributions from Small Contributors - Receive See instructions for definition of Small Contributor)	d this Period (	NLY	Subtotal Section A				\$0.00
	iized Contribut	ions f	rom Individuals				
Last Name		First					M.I.
Tzambazakis		Mai	ry				
Residential Street Address	City				State	Zip Code 06082-2	1149
205 The Mdws	Enfield	,			СТ	00002-2	
Principal Occupation Chief Administrative Officer		Hart	of Employer ford Public Librar				
dependent child of a lobbyist?  No municipality does communicipality valued a	ntributor or business at more than \$5,000	s he/she i ?	committee for a chief of a sassociated with have Yes	a contract with said  No	Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal If yes, indicate which branches of government contract is with:	branch or	r or pros		✓ No			\$150.00
Method of contribution:	uction Money O	rder	Date Received 08/08/2019	Aggregate contributions \$150.00			T
Last Name	- <del></del>	Firs	t				M.I.
Ugalde		Gre	egory				F
Residential Street Address	City				State	Zip Code 06013-2	2007
15 South Rd, 19	Burlin	<del></del> _			01	00013	2007
Principal Occupation President & CLO		T&N	e of Employer I Building Co., In				
dependent child of a lobbyist?    I will be a municipality does or municipality valued	ontributor or busines at more than \$5,000	s he/she )?	e committee for a chief is associated with have Yes	No No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contribution a princip If yes, indicate which branches of government is with:	branch or	or or pro Executiv	<b></b>	✓ No			\$500.0
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Ded	duction Money C	rder	Date Received 08/26/2019	Aggregate contributions \$500.06	_		
Last Name		Fire	st				M.I.
Urbanski		Ma	ark				
Residential Street Address	City				State	Zip Code	:
115 Kalico Dr	Wolce	ott	· · · · · · · · · · · · · · · · · · ·		CT	06716	
Principal Occupation Refuse Dept		City	e of Employer of Waterbury				
dependent child of a lobbyist?    I   No   municipality valued municipality valued	ontributor or busine I at more than \$5,00	ss he/she 0?	te committee for a chief e is associated with hav Yes	e a contract with said No	Amou	nt of Con	tributio
event reported in Section L1?    Vives   If yes, indicate which branches of government   No   br	h branch or	tor or pro Executi	ospective state contract	☑ ✓ No			\$100.0
If yes, list Event # 0022184   contract is with:   Method of contribution:			Date Received 08/22/2019	Aggregate contribution \$100.0	1		

SUBTOTAL Section B - This Page \$750.00  TOTAL of Section B Pages \$240,120.00  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.00  [Enter total on Line 13, Column A of Summary Page \$240,120.00]		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.00	SUBTOTAL Section 8 - This Page	\$750.00
	TOTAL of Section B Pages	\$240,120.00
	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

Page 250 of 346

NAME OF COMMITTEE (Provide Complete Name as Registered with Fili	ing Reposit	(ory)		TYPE OF REPORT			(1.252.115.75) (1.252.115.75)
Bronin for Mayor		CISCI, Applica		7th day preceding	orimary		
A. Total Contributions from Small Contributors - Received this I	Period O	VLY.					
See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
	ontributi	ons fr	om Individuals				
Last Name	AND PROPERTY OF A STATE OF	First					M.I.
	•	Wils	on				М
Urena Espinal Residential Street Address	City	<u> </u>			State	Zip Code	
165 Wethersfield Ave	Hartford	l			СТ	06114-1	114
Principal Occupation			of Employer				
Owner		C-To	wn Supermarket				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of smunicipality does contributor of municipality valued at more the	or business b nan \$5,000?	ne/she is	associated with have	a contract with said No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	г	or prosp ecutive		✓ No			\$500.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 08/20/2019	Aggregate contributions \$500.00	)		<b>.</b>
Last Name		First					M.I.
Vagnini		Alfre	ed				
Residential Street Address	City			**	State	Zip Code	
133 n ridgedrive	Middlet				СТ	06762	
Principal Occupation President			of Employer er station events				
Is contributor a lobbyist, spouse, or	or business han \$5,000?	he/she i	s associated with have	a contract with said  No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a  Is contributor a principal of a state of the section L1?  If yes, list Event # 082219a  Is contributor a principal of a state of the section L1?  If yes, list Event # 082219a	or	or pros		✓ No			\$200.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ler	Date Received 08/22/2019	Aggregate contributions \$200.0			
Last Name		First					M.I.
   VanDeHoef		Chi	ris				
Residential Street Address	City				State	Zip Code	
17 Lincoln Ave	West F				СТ	06117-	2020
Principal Occupation Lobbyist		Peni	of Employer n Lincoln Strateg				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contributor is in excess of municipality does contributor municipality valued at more to	r or business than \$5,000	he/she	is associated with have	No No	Amou	nt of Con	tributio
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a star lf yes, indicate which branch of branches of government the		r or pros		✓No			\$250.0
If yes, list Event # branches of government the contract is with:	E	xecutiv	e Legis	lative	_		
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Or	der	Date Received 08/29/2019	Aggregate contribution \$250.0			

SUBTOTAL Section 8 - This Page	\$950.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

SEEC:	FORM	20
Revised	January	2015

Page	251	of	346

NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Fil	ing Reposi	(ary		TYPE OF REPORT			
Bronin for Mayor			-115444555		7th day preceding	primary		
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY					
(See Instructions for definition of Small Com				Subtotal Section A				\$0.00
		ontributi	ons fr	om Individuals				Mary arrive to
Last Name		Carry Server of the Party of	First	State Service Street, Service				M.l.
			Edv	/in				
Vargas Residential Street Address		City				State	Zip Code	
141 Douglas St		Hartford	l			СТ	06114-2	422
Principal Occupation	· · · · · · · · · · · · · · · · · · ·		Name	of Employer				
Legislator			State	of Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more th	or business l 1an \$5,000?	ne/she is	s associated with have	a contract with said  No	Amoun	nt of Contr	ibution
ls this contribution associated with an cvent reported in Section L1?  If yes, list Event # 083119a	Is contributor a principal of a stat  If yes, indicate which branch or branches of government the contract is with:	г	or prosp		✓ No			\$50.00
Method of contribution:  Cash Personal Check Credit/Deb		Money Ord	ст	Date Received 08/31/2019	Aggregate contributions \$250.00	)		
Last Name	<u> </u>		First					M.I.
Vaz			Joh	n				
Residential Street Address		City				State	Zip Code	
129 Georgetown Dr		Waterto	own			СТ	06795-3	3350
Principal Occupation Retired			Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	or business han \$5,000?	he/she i	s associated with have	a contract with said  No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a	Is contributor a principal of a star If yes, indicate which branch of branches of government the contract is with:	or	or pros	<b>—</b>	✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Del		Money Ore	ler	Date Received 08/22/2019	Aggregate contributions \$100.0	1		
Last Name			Firs					M.I.
Veerasammy			Arr	old				<u> </u>
Residential Street Address		City				State	Zip Code	1000
104 Hannah Ln		Covent	<u> </u>			CT	06238-	1203
Principal Occupation President			Elec	of Employer strical Power Solt				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributed municipality valued at more	r or business than \$5,0007	he/she	is associated with have	e a contract with said  No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section 1.1?  If yes, list Event # 080219a  No	Is contributor a principal of a state of the	or	r or pro xecutiv	<b></b> .	☑ V No			\$40.00
Method of contribution:  Cash Personal Check Credit/De	contract is with:			Date Received 08/02/2019	Aggregate contribution \$40.0			

SUBTOTAL Section B - This Page	\$190.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

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Page 252 of 346

B. Itemized Contributions from In  Last Name  Verdone Schwarz  Residential Street Address 1010 Goodale Hill Rd  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  B. Itemized Contributions from In  Rosemari  Rosemari  If contribution is in excess of \$400 to a candidate committ municipality does contributor or business he/she is associal municipality valued at more than \$5,000?  Is contributor a principal of a state contractor or prospective surfaces of government the contract is with:  Method of contribution:  Date In  Dat	e  loyer lly & Spellacy, P.C. tee for a chief executive office ated with have a contract with Yes  No state contractor?	es es	e	Zip Code 06033-4	
Subtot   S	e  Toyer  Thy & Spellacy, P.C.  Stee for a chief executive office atcd with have a contract with Yes No state contractor?  Legislative  Received Aggregate contractive Aggregate contractor.	of a Am		06033-4	M.I. A 010
Last Name  Verdone Schwarz  Residential Street Address 1010 Goodale Hill Rd  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Rosemaria  Rosemaria  Rosemaria  Rosemaria  First  Rosemaria  First  Rosemaria  In this contribution is in excess of \$400 to a candidate commit municipality does contributor or business he/she is associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Parel Rosemaria  Rosemaria  Rosemaria  Page Substance  Substance Rosemaria  Page Substance  Page Substance Rosemaria  Rosemaria  Rosemaria  Page Substance  Substance Rosemaria  Rosemaria  Page Substance  Page Substance Rose  Rosemaria  Page Substance  Page Substance Rose  Rosemaria  Rosemaria  Rosemaria  Rosemaria  Page Substance  Page Substance Rose  Rosemaria  Rosemaria  Rosemaria  Page Substance  Rosemaria  Rosemaria  Rosemaria  Rosemaria  Rosemaria  Page Substance  Rosemaria  Rosemar	loyer  Ily & Spellacy, P.C.  Itee for a chief executive office ated with have a contract with Yes No state contractor?	of a Am		06033-4	A 010
Verdone Schwarz  Residential Street Address 1010 Goodale Hill Rd  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Rosemaria  Rosemaria  Rosemaria  Rosemaria  Fityes  It contribution is in excess of \$400 to a candidate commit municipality does contributor or business he/she is associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective surfaces of government the contract is with:  Date F.  O8/1	loyer  Ily & Spellacy, P.C.  tee for a chief executive office ated with have a contract with  Yes  No  state contractor?	of a Am		06033-4	A 010
Residential Street Address  1010 Goodale Hill Rd  Principal Occupation Attorney  Is contribution a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  City Glastonbury  Name of Empl Updike, Kel  If contribution is in excess of \$400 to a candidate commits municipality does contributor or business he/she is associated municipality valued at more than \$5,000?  Is contributor a principal of a state contractor or prospective substances of government the contract is with:  Date F. 08/1	loyer  Ily & Spellacy, P.C.  tee for a chief executive office ated with have a contract with  Yes  No  state contractor?	of a Am		06033-4	010
1010 Goodale Hill Rd  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Name of Empl Updike, Kel  If contribution is in excess of \$400 to a candidate commit municipality does contributor or business he/she is associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective surprises, indicate which branch or branches of government the contract is with:  Date F. 08/1	tee for a chief executive office and the with have a contract with Yes No state contractor?	of a Am		06033-4	
Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Name of Empl Updike, Kel Updik	tee for a chief executive office and the with have a contract with Yes No state contractor?	of a Am			
Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Updike, Kell Updike, Mellow, Kell Updike, Kell Upd	tee for a chief executive office and the with have a contract with Yes No state contractor?	es es	ount	of Contr	ibution
dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order    Volume   No   No   No   No   No   No   No   N	ated with have a contract with Yes No state contractor?  Legislative  Received Aggregate contractor	es es	ount	of Contr	ibution
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date I 08/1	Legislative  Received Aggregate con	1			เมนเมษน
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date F  08/1	Received Aggregate con	NO		;	\$100.00
First Name	5/2019	tributions \$100.00			
East Patite	· · · · · · · · · · · · · · · · · · ·				M.I.
Veretto Jason					
Residential Street Address City		Sta		Zip Code	000
43 Mountain Brook Rd West Hartford		C1		06117-1	836
Principal Occupation Name of Emp Unemployed Unemployed	ed				
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate commit municipality does contributor or business he/she is associ municipality valued at more than \$5,000?	ated with have a contract with Yes No	r of a said	oun	t of Contr	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective If yes, indicate which branch or branches of government the contract is with:  Executive	state contractor?	1			\$250.00
Method of contribution:	Received Aggregate co	tributions \$250.00			
Last Name First					M.I.
Verney					ļ
Residential Street Address City		Sta C		Zip Code 06092-2	2017
266 Westledge Rd West Simsbury		U		00092-2	.017
Principal Occupation  Executive  Name of Employment UnitedHead	althcare				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate comminumicipality does contributor or business he/she is associon municipality valued at more than \$5,000?	iated with have a contract with Yes Vo	er of a said An	10UN	t of Cont	cibution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective figure, indicate which branch or branches of government the	state contractor?	Yes No			\$100.00
If yes, list Event #   contract is with:   Date	Received Aggregate co	ntributions 1,750.00			

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

SEEC	FORM	20
Revised	Hannary	2015

Page 253 of 346

NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fil	ling Reposi	tory)		TYPE OF REPORT			
Bronin for Mayor	The second secon	Const. Car. Car. Car. Car. Car.			7th day preceding	primary		
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY	30 (11/25/25/25) 12/2			•	
(See instructions for definition of Small Con	The state of the s	oranicolorii Goddinia	A 440 34 44	Subtotal Section A				\$0.00
		ontributi	ons fr	om Individuals				will while
Last Name		Nest store in the last	First					M.I.
Verney	4		Jeffe	erv			1	
Residential Street Address		City	<u> </u>			State	Zip Code	
266 Westledge Rd		West Si	imsbu	ry		СТ	06092-2	017
Principal Occupation				of Employer				ļ
Unemployed			Unen	nployed				
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	municipality does contributor municipality valued at more th	or business l nan \$5,000?	he/she is	s associated with have Yes	a contract with said  No	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  V No	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the contract is with:	r	or prosp		✓ No	4444111111		\$100.00
Method of contribution:  Cash Personal Check Credit/Deb		Money Ord	ler	Date Received 08/31/2019	Aggregate contributions \$100.00			
Last Name			First					M.J.
Vigliotti			Jan	nes				
Residential Street Address		City				State	Zip Code	
11 Rosemary Dr		Stratfor	d			CT	06615-7	065
Principal Occupation				of Employer  Canaan Public S	Sahaala			
Teacher								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business	he/shc i	committee for a chief s associated with have Yes	executive officer of a a contract with said  No	Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a sta  If yes, indicate which branch o branches of government the	ж	or pros	_	✓ No			\$25.00
	contract is with:		COUNTY	Date Received	Aggregate contributions	1		
Method of contribution:  Cash Personal Check ✓ Credit/Del	oit Card Payroll Deduction	Money Ord	der	08/29/2019	\$25.00	. 1		
Last Name		· · · · · · · · · · · · · · · · · · ·	First	<u> </u>				M.I.
Viola			Jan	nes				
Residential Street Address		City				State	Zip Code	<u> </u>
1 Lise Cir		Suffield	t			CT	06078-	1381
Principal Occupation Retired CPA			1	of Employer a, Chrabascz, Re	eynolds & Co.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more	r or business than \$5,000?	he/she i	is associated with have	e a contract with said  No	Amou	nt of Cont	ributior
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a standard of the standard of th	or			✓No			\$250.0
If yes, list Event #	contract is with:	E	xecutiv			-		
Method of contribution:  Cash ✓ Personal Check Credit/Dec	bit Card Payroll Deduction	Money Or	der	Date Received 08/20/2019	Aggregate contribution: \$250.0	1		

\$375.00	SUBTOTAL Section B - This Page
\$240,120.00	TOTAL of Section B Pages
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC	FORM	20
Revised	l January	2015

Page 254 of 34
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NAME OF COMMITTEE (Provide Complete Name as Registered with Fig.	ling Reposi	itory)		TYPE OF REPORT			
Bronin for Mayor	1125 m 16 8 mm (n/2, 19)	Section of the sectio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this	Period O	NLY	Rungi Bugangan				
See instructions for definition of Small Contributor)			ubtotal Section A				\$0.00
See instructions for defination of small Commentary  B. Itemized C	outribut	ions fro	m Individuals			Control Name of Control	
	viiti ivat	First					M.I.
Last Name		1					j
Votto	T ou	John			State	Zip Code	L
Residential Street Address	City Cheshii	ro			CT	06410-3	3231
633 Tudor Ct	CHesin		Employer			l	<del></del>
Principal Occupation			ITAL FOR SPE	CIAL CARE			
HOSPITAL CEO					т		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contributor municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality does contributor in the contributor is in excess of municipality does contributor in the contributor is in excess of municipality does contributor in the contributor is in excess of municipality does contributor in the contributor is in excess of municipality does contributor in the contributor is in excess of municipality does contributor in the contributor is in excess of municipality and the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of the contributor	or business	he/shc is a	mmittee for a chief e ssociated with have	executive officer of a a contract with said  No	Amoun	t of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a state	te contractor	r or prospe	ctive state contractor	? Yes			\$100.00
event reported in Section L1?	or			. <b>☑</b> No			ψ100.00
If yes, list Event # branches of government the contract is with:	<u></u> Б×	xecutive	Legisla	tive			
Method of contribution:	_		Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	der (	08/15/2019	\$100.00	)		
Last Name		First					M.i.
Vrabely		J					
Residential Street Address	City				State	Zip Code	
	Berlin				СТ	06037-	4019
42 Whitney Ln Principal Occupation		Name of	f Employer		L.,,,	3	
Metals Distrib.		Atlanti	ic School				
is contributor a lobbyist, spouse, or Yes If contribution is in excess of	\$400 to a c	andidate co	ommittee for a chief	executive officer of a	Amou	nt of Cont	ribution
dependent child of a lobbyist? No municipality does contributor municipality valued at more	r or business than \$5,000?	s he/she is : ?	associated with have	a contract with said  No	Amou	n or Com	i ivution
Is this contribution associated with an VYes Is contributor a principal of a sta	te contracto	or or prospe	ective state contractor	<sup>r?</sup> ☐Ycs			\$100.00
event reported in Section 1.1?  If yes, indicate which branch of	or			<b>✓</b> No	1		•
If yes, list Event # 082219a South Production of government the contract is with:	E	executive	Legisl	ative			
Method of contribution:	7		Date Received	Aggregate contributions	1		
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Or	rder	08/22/2019	\$100.0	<u> </u>		T
Last Name		First					M.I.
Waide		Patri	ck				<u> </u>
Residential Street Address	City				State	Zip Code	
164 Zaccheus Mead Ln	Green	wich			СТ	06831-	3/49
Principal Occupation			of Employer				
INDEPENDENT DIRECTOR		MUTU	JAL OF AMERI	CA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  V No  If contribution is in excess o municipality does contribute municipality valued at more	or or busines:	s he/she is	committee for a chief associated with have	executive officer of a contract with said  No	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a st		or or prosp	ective state contracto	<u></u>			\$500.0
No branches of government the		Executive	Legis	☑ No lative			
If yes, list Event # contract is with:		L		Aggregate contribution	is.		
Method of contribution:	Money O	)rder	Date Received 08/31/2019	\$500.0			
				·			

144 A	
SUBTOTAL Section B - This Page \$700.00	SUBTOTAL Section B - This Par
TOTAL of Section B Pages \$240,120.00	TOTAL of Section B Page
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.00  (Enter total on Line 13, Column A of Summary Page	

Page 255 of 346

NAME OF COMMITTEE (Provide Complete	e Name as Registered with Fil	ing Reposit	ory)		TYPE OF REPORT			
Bronin for Mayor	desirin - marani diseputera si partimali di 1918 belang belan		- print 22(2)	A COLUMN TO A STATE OF THE STAT	7th day preceding p	orimary		
A. Total Contributions from Small Con	tributors - Received this	Period Ol	YLY					
(See instructions for definition of Small Contr.				Subtotal Section A				\$0.00
		ontributi	ons fr	om Individuals	regiliavalogisti ibol			
Last Name			First					M.l.
Wallace			Jac	ob				
Residential Street Address		City	·			State	Zip Code	
62 Mountain View Ter		North H	aven			CT	06473-4	427
Principal Occupation		<u> </u>		of Employer				
Professor			Yale	University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h nan \$5,000?	ie/she i	s associated with have	a contract with said  No	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the contract is with:	r	or pros		✓ No			\$100.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit		Money Ord	er	Date Received 08/20/2019	Aggregate contributions \$100.00			
Last Name	·····	······································	First					M.I.
Wallace			Ma	tthew				
Residential Street Address		City				State	Zip Code	
324 Deming St		South V	Vinds	or		СТ	06074-3	3/13
Principal Occupation Owner			l .	of Employer im,Inc.	•			
	If contribution is in excess of	£100 to	di data	assumitton for a chief	executive offices of a	Ι."	. 0.61 4	·1 · · · ·
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	or business	he/she	is associated with have	a contract with said	Amour	nt of Centi	гиниоп
ls this contribution associated with an Yes	Is contributor a principal of a sta	te contractor	or pros	spective state contracto	r? Yes		\$	1,000.0
event reported in Section L1?	If yes, indicate which branch of branches of government the		ecutiv	e Legisl	<b>✓</b> No ative		·	•
If yes, list Event #	contract is with:			Date Received	Aggregate contributions	1		
Method of contribution:   Cash   Personal Check	Card Payroll Deduction	Money Ord	ler	08/27/2019	\$1,000.00			
Last Name			Firs	t				M.I.
Walsh			Ed	ward				
Residential Street Address		City				State	Zip Code	20.46
51 Elm St		New H	aven			СТ	06510-2	2049
Principal Occupation			1	of Employer				
Attorney			Į	Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contribute municipality valued at more	r or business than \$5,000?	he/she	is associated with have	e a contract with said  No	Amou	nt of Cont	ributio
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta If yes, indicate which branch branches of government the	or			✓No			\$100.0
If yes, list Event #	contract is with:	E	xecutiv		lative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debi	t Card Payroll Deduction	Money Or	der	Date Received 08/21/2019	Aggregate contribution: \$100.0	2		

SUBTOTAL Section B - This Page	\$1,200.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

Page 256 of 346

NAME OF COMMITTEE (Provide	Complete	e Name as Registered with Fil	ing Reposi	tory)		TYPE OF REPORT			
Bronin for Mayor	general desired	CONTRACTOR OF THE STATE OF THE	THE PARTY OF THE P			7th day preceding	primary		
A. Total Contributions from Sm (See instructions for definition of Snu	0.0000000000000000000000000000000000000	The American Company of the Company	Period O		Subtotal Section A				\$0.00
			ontributi	ons fr	om Individuals				
Last Name		N. N. S.		First					M.I.
Walsh				Suz	anne				
Residential Street Address			City				State	Zip Code	
18 Nathaniel Dr			Wethers	sfield			СТ	06109-2	2541
Principal Occupation Attorney				Murti	of Employer na Cullina ————				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l nan \$5,000?	he/she i	s associated with have Yes	a contract with said No	Amoun	t of Cont	ribution
event reported in Section L17	Yes No	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the contract is with:	г	or prosp		✓ No			\$50.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Cr	redit/Debit		Money Ord	ler	Date Received 08/12/2019	Aggregate contributions \$50.00	)		
Last Name				First					M.I.
Wax-Krell				Mat	tt				
Residential Street Address		<del></del>	City				State	Zip Code	4005
48 Concord St			West H				CT	06119-	1305
Principal Occupation  Lawyer					of Employer n Nassau LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more t	or business han \$5,000?	he/shc i	s associated with have	a contract with said  No	Amou	nt of Cont	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	_Yes ✓No	Is contributor a principal of a sta  If yes, indicate which branch of branches of government the	)r	or pros	<b>□1</b>	☑ No			\$50.00
	1	contract is with:			Date Received	Aggregate contributions	;		
Method of contribution:  Cash Personal Check CC	rcdit/Debit	Card Payroli Deduction	Money On	der	07/16/2019	\$50.0	0		
Last Name			***	Firs	t			. –	M.I.
Weaver				Be	linda				
Residential Street Address			City	,			State	Zip Code	
224 Walnut St			Watert	oury		. "	СТ	06704	-4003
Principal Occupation					of Employer				
Principal Human Resources S	pecialis				e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributo municipality valued at more	r or business	s he/she	e committee for a chief is associated with hav Yes	f executive officer of a e a contract with said  No	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a	✓ Yes No	Is contributor a principal of a standard of the standard of th	or	r or pro xecutiv	ve Legis	slative No			\$100.00
Method of contribution: Cash Personal Check C	Credit/Debi	t Card Payroll Deduction	Money Or	rder	Date Received 08/22/2019	Aggregate contribution \$100.0	1		

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00
Energy Control of the	

SEEC	FORM	20	
Revised	Llannary	201	5

Page	257	of	346

NAME OF COMMITTEE (Provide Compl	ele Name as Registered with Fil	ling Reposi	tory)		TYPE OF REPORT			
Bronin for Mayor 7th day preceding p			orimary					
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY					\$0.00
(See instructions for definition of Small Con				Subtotal Section A				<b>\$0.00</b>
	B. Itemized C	ontributi	ons fi	rom Individuals			Oleka erre erre er	
Last Name	· · · · · · · · · · · · · · · · · · ·		First					M.I.
Weaver			Cor	nie				
Residential Street Address		City				State NY	Zip Code 10017-3	206
730 3rd Ave		New Yo				N I	10017-3	200
Principal Occupation  Marketing			Trac	of Employer ker Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business	ndidate he/she i	committee for a chief es associated with have	executive officer of a a contract with said  No	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  V No	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the	ır	or pros		✓ No		\$1	1,000.00
### Method of contribution:    Cash	contract is with:	Money Ord		Date Received 08/13/2019	Aggregate contributions \$1,000.00			
Last Name			Firs	l				M.I.
Weaver			Da	vid				
Residential Street Address		City				State	Zip Code	
81 Seagate Dr, Apt 1102		Naples				FL	34103-2	485
Principal Occupation Retired			Name Reti	e of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	r or business	he/she	e committee for a chief is associated with have Yes	executive officer of a a contract with said No	Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L.1?  Yes  V No  If yes, list Event #	Is contributor a principal of a state of the	or	r or pro xecutiv	<b></b>	✓ No		\$	1,000.00
Method of contribution:  Cash Personal Check Credit/De	oit Card Payroll Deduction	Money Or	der	Date Received 08/13/2019	Aggregate contributions \$1,000.00			
Last Name			Firs	st				M,I.
Webster			Mo	onroe				<u> </u>
Residential Street Address		City				State	Zip Code	2420
9 Crown St		Watert				СТ	06704-3	) <del>4</del> 3U
Principal Occupation Aide			City	e of Employer  of Waterbury				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributo municipality valued at more	r or business than \$5,000	s he/she ?	is associated with have	a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section I.1?  If yes, list Event # 082219a	Is contributor a principal of a standard figures, indicate which branch branches of government the contract is with:	or	xecuti		☑ ✓No	OF THE STATE OF TH		\$100.0
Method of contribution:  Cash Personal Check Credit/Do		Мопеу Ог	rder	Date Received 08/22/2019	Aggregate contribution \$100.0	;		

\$2,100.00	SUBTOTAL Section B - This Page
\$240,120.00	TOTAL of Section B Pages
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC	FORM	20
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Page	2.58	of	346

NAME OF COMMITTEE (Provide	Complet	e Name as Registered with I	iling Repo	sitory)		TYPE OF REPORT			
Bronin for Mayor	112000	<u> Paran enan (Algertalisch eine Manneng alline in Albeitaute</u>	A 1222 A 1-11 SA 2-12	quetlue6	**************************************	7th day preceding p	orimary		
A. Total Contributions from Sm	all Con	tributors - Received thi	s Period (	NLY	Market Market Strategy				
See instructions for definition of Smo	A . A . A	to be produced by the control of the			Subtotal Section A				\$0.00
en et er en	Allindratic		Contribu	tions fi	om Individuals				vikaasii k
Last Name				First					M.I.
WELLS				Gal	en				w
Residential Street Address			City				State	Zip Code	<u></u>
224 W Norwalk Rd			Norwa	lk			СТ	06850-4	1316
Principal Occupation				Name	of Employer	· · · · · · · · · · · · · · · · · · ·			
Retired				Retir	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓No	If contribution is in excess of municipality does contribute municipality valued at more	or or busines than \$5,000	s he/she i ?	s associated with have	a contract with said  No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a si  If yes, indicate which branch branches of government the contract is with:	or	r or pros		<b>V</b> No			\$50.00
Method of contribution:  Cash Personal Check ✓ Cr	cdit/Debit		Money O	rder	Date Received 08/20/2019	Aggregate contributions \$50.00			
Last Name			·····	First					M.I.
Wells				Wil	liam				J
Residential Street Address			City				State	Zip Code	1070
15 Hawks Nest Dr		_	South	ington			СТ	06489-	1372
Principal Occupation					of Employer				
n/a		4		n/a	_				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess municipality does contribut municipality valued at mor	or or busine: e than \$5,000	s he/she )?	is associated with have  Ves	e a contract with said	Amoui	nt of Cont	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a s If yes, indicate which branch branches of government the	or	er or pros		✓ No			\$250.0
		contract is with:		3.000	Date Received	Aggregate contributions	1		
Method of contribution:  Cash ✓ Personal Check Contribution:	redit/Debi	t Card Payroll Deduction	Money C	)rder	08/28/2019	\$250.00	)		
Last Name				Firs	t				M.I.
West				<u>C.</u>			State	Zip Code	
Residential Street Address			City   Hartfe	ard			CT	06105-	
65 Kenyon St			Haitie		e of Employer			1	
Principal Occupation Retired				Ret	ired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess municipality does contribu municipality valued at mo	tor or busine c than \$5,00	ss he/she 0?	is associated with have	e a contract with said No	Amou	nt of Con	tributio
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a If yes, indicate which branches of government the contract is with:	h or	tor or pro Executi		☑ ☑ No			\$25.0
2 7-2,		COBITACE IS WITH:							
Method of contribution:					Date Received	Aggregate contributions	S		

SUBTOTAL Section B - This Page \$325.00  TOTAL of Section B Pages \$240,120.00		
TOTAL of Section B Pages \$240,120.00	SUBTOTAL Section B - This Page \$325.	
	TOTAL of Section B Pages \$240,120.	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240,120.00  (Enter total on Line 13, Column A of Summary Page		

SEEC	FORM	20
Davisor	t fannary	2015

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Page	239	O.	

NAME OF COMMITTEE (Provide Complete Name as Registered with	h Filing Reposi	tory)		TYPE OF REPORT			
Bronin for Mayor	And the second second second second second	- PERCONS		7th day preceding p	rimary		
A. Total Contributions from Small Contributors - Received the	his Period O	NI Y					
See Instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
The state of the s	d Contributi	ons fr	om Individuals				
Last Name		First	\$100 to the party see a facility of the large see a facili			<u> </u>	M.I.
		C.					
West	City				State	Zip Code	
Residential Street Address 65 Kenyon St	Hartford	t			CT	06105-2	2506
Principal Occupation		Name	of Employer			,	
Retired		Retir			,		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes if contribution is in excess municipality does contribution. If contribution is in excess municipality does contribution.	butor or business lore than \$5,000?	he/she i:	s associated with have	No No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a lf yes, indicate which bran branches of government the contract is with:	nch or	or prosp	<del>-</del>	✓ No			\$25.00
Method of contribution:  ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduction	on Money Ord	ler	Date Received 08/31/2019	Aggregate contributions \$50.00			
Last Name	<del></del>	First					M.I.
Westphal		Em	manuel				<u> </u>
Residential Street Address	City			<del></del>	State	Zip Code	F704
535 Jeff Davis Dr	Richmo	ond			TX	77469-	5701
Principal Occupation Safety Division		Name Enbi	of Employer ridge				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in exceed municipality does contribution is in exceed municipality does contribution.   Yes   If contribution is in exceed municipality does contribution is in exceed to the property of the	butor or business nore than \$5,000?	he/she	s associated with have	a contract with said  No	Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080219a  Is contributor a principal of If yes, indicate which brain branches of government the contract is with:	nch or	r or pros xecutiv		✓ No			\$30.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	on Money Or	der	Date Received 08/02/2019	Aggregate contributions \$30.00			
Last Name		Firs	t				M.I.
Whitney		Dia	ine				W
Residential Street Address	City				State CT	Zip Code 06095	
24 Orchard Rd	Winds				C1	00093	3403
Principal Occupation attorney			e of Employer man & Comley Li	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in execution and the property of	ibutor or busines: more than \$5,000	s he/she	is associated with have  Yes	e a contract with said	Amou	nt of Con	tributior
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of If yes, indicate which but branches of government to	anch or			√No			\$250.0
If yes, list Event # contract is with:	<u></u>	xecuti		lative	4		
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deducti	ion Money O	rder	Date Received 08/27/2019	Aggregate contribution \$350.0		<del>-</del>	

\$305.00	SUBTOTAL Section B • This Page
\$240,120.00	TOTAL of Section B Pages
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 260 of 346

Last Name Wiener Carolyn  Residential Street Address 66 Vista Dr Principal Occupation lawyer  First Carolyn  First Carolyn  Residential Street Address  Otty Greenwich Name of Employer retired	S C	State CT	Zip Code 06117-2	\$0.00 M.I. B
A. Total Contributions from Small Contributors - Received this Period ONLY    Subtotal Section A	of a A did A	CT	06117-2	M.I. B
See instructions for definition of Small Contributors	of a A did A	CT	06117-2	M.I. B
I ast Name  Whittemore  Residential Street Address 53 Westwood Rd  Principal Occupation Attorney  If contribution is in excess of \$400 to a candidate committee for a chief executive officer municipality does contributor or business he/she is associated with have a contract with sevent reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroli Deduction Money Order  Residential Street Address 66 Vista Dr  Principal Occupation  Name of Employer Murtha Cullina  Name of Employer Murtha Cullina  No  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:  Carolyn  Residential Street Address 66 Vista Dr  Principal Occupation  Rawger  Residential Street Address 66 Vista Dr  Principal Occupation  Residential Street Address First Carolyn  Residential Street Address Frincipal Occupation  Residential Str	of a A did A	CT	06117-2	В
Whittemore  Residential Street Address 53 Westwood Rd  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  West Hartford  Name of Employer Murtha Cullina  Pyes in action associated with have a contract with sequence of \$400 to a candidate committee for a chief executive officer municipality valued at more than \$5,000?  If yes, indicate which branch or branches of government the contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Residential Street Address 66 Vista Dr  Principal Occupation  In Mame of Employer retired	of a A did A	CT	06117-2	В
Whittemore  Residential Street Address 53 Westwood Rd  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash V Personal Check Credit/Debit Card Payroli Deduction Money Order  Residential Street Address 66 Vista Dr  Principal Occupation  Residential Street Address 66 Vista Dr  Principal Occupation  Residential Street Address 66 Vista Dr  Principal Occupation  Residential Street Address 66 Vista Dr  Remainder of Cash V Personal Check Credit/Debit Cash Color of Cash Cash Color of Cash Cash Color of Cash Cash Color of Cash Cash Color of Cash Cash Cash Cash Cash Cash Cash Cash	of a A did A	CT	06117-2	
Residential Street Address  Sa Westwood Rd  Principal Occupation Attorney  If contribution is in excess of \$400 to a candidate committee for a chief executive officer municipality does contributor or business he/she is associated with have a contract with sometime for incipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Date Received   O8/13/2019   Section L1   O8/13/2019   Se	of a A did A	CT	06117-2	2253
Sa Westwood Rd  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroli Deduction Money Order  West Hartford  Name of Employer Murtha Cullina  Name of Employer Murtha Cullina  Name of Employer municipality of the associated with have a contract with semunicipality valued at more than \$5,000?  Yes No  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branch or branches of government the contract is with:  Date Received N8/13/2019  Aggregate contract is with:  Carolyn  Residential Street Address 66 Vista Dr  Principal Occupation  lawyer	of a A			2253
Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution associated with an event reported in Section L1?  If contribution a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroli Deduction Money Order  Wiener  Residential Street Address 66 Vista Dr  Principal Occupation  Is contribution is in excess of \$400 to a candidate committee for a chief executive officer municipality valued at more than \$5,000?  If yes a contract with semunicipality valued at more than \$5,000?  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  Oatolyn  First  Carolyn  Residential Street Address 66 Vista Dr  Principal Occupation  Is contribution is in excess of \$400 to a candidate committee for a chief executive officer municipality valued at more than \$5,000?  If yes indicate which branch or branches of government the contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative  Oatolyn  Aggregate contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Carolyn  Residential Street Address  City Greenwich  Name of Employer retired	es	kmoun	t of Cont	
Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Wiener  Carolyn  Residential Street Address 66 Vista Dr  Principal Occupation lawyer	es	moun	t of Cont	
dependent child of a lobbyist?  No municipality does contributor or business he/she is associated with have a contract with sentunicipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Last Name  Wiener  Residential Street Address 66 Vista Dr  Principal Occupation lawyer	es	moun	t of Cont	
went reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroli Deduction Money Order 08/13/2019  Last Name  Wiener  Residential Street Address 66 Vista Dr  Principal Occupation   Section L1?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative  Aggregate contribution:  Carolyn  Carolyn  Name of Employer retired				ribution
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Base Received 08/13/2019  First Carolyn  Residential Street Address 66 Vista Dr  Principal Occupation lawyer  Date Received 08/13/2019  Squagate contribution:  City Greenwich  Name of Employer retired	1			\$500.00
Wiener Carolyn  Residential Street Address 66 Vista Dr Principal Occupation lawyer  Carolyn  City Greenwich  Name of Employer retired	ibutions 500.00			
Residential Street Address 66 Vista Dr Principal Occupation lawyer  City Greenwich Name of Employer retired				M.l.
Residential Street Address 66 Vista Dr  Principal Occupation lawyer  City Greenwich  Name of Employer retired				Т
66 Vista Dr  Principal Occupation   Name of Employer   retired    Name of Employer   retired   Principal Occupation   Principal Occupatio		State	Zip Code	7400
lawyer retired		CT	06830-	/128
1 IV. He attend to a condidate committee for a chief executive officer				
dependent child of a lobbyist?    I No   municipality does contributor or business he/she is associated with have a contract with s municipality valued at more than \$5,000?   Yes   No	of a A	Amour	nt of Con	ribution
Is this contribution associated with an event reported in Section I.1?  Is contributor a principal of a state contractor or prospective state contractor?  If 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			Ş	\$1,000.00
Mathed of contribution:  Date Received Aggregate con	ributions ,000.00			
Last Name First				M.I.
Wiener Malcolm				Н
Residential Street Address City		State	Zip Code	
66 Vista Dr Greenwich		СТ	06830	-/128
Principal Occupation Prehistorian  Name of Employer INSTAP			,,,	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive office municipality does contributor or business he/she is associated with have a contract with municipality valued at more than \$5,000?   Yes   No	of a said	Amou	nt of Con	tribution
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If yes, list Event # Executive Legislative  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 08/26/2019 \$				

SUBTOTAL Section B - This Page \$2	,500.00
TOTAL of Section 9 Pages \$240	,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$240 (Enter total on Line 13, Column A of Summary Page	,120.00

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noitudi	t of Contr	anomA			or business he/she i	If contribution is in excess of S municipality does contributor of the promise as more the	<b>N</b> N∘ □ λ¢2	ls contributor a lobbyist, spouse, or dependent child of a lobbyist?
				of Employer Hartford				Principal Occupation Executive
343	1-61190	TO			West Hartfor			58 Walbridge Rd
	aboD qiZ	State	-		City			Residential Street Address
TW					Baift HOL			Last Name Wilcox
117		<u></u>	anoihudi'n'noo əlegəregA 00.000,1\$	Date Received 07/01/2019	Money Order	ned Payroll Deduction	:O tidəU\tibən	Method of contribution:
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00.021\$			N <sub>N</sub>			s contributor a principal of a state (f yes, indicate which branch or branches of government the	√No ↓ Kez	eventseponed in Section D.13
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				оў Евроуст Націога	ŧ			Principal Occupation Executive
343	1-61190	TO		р	West Hartfor			58 Walbridge Rd
	sboO qiZ	State		14	City			Sesidential Street Address
TW					kri4			1.аят Ивпле Wilcox
	·		snoiludinnos əlegəregA 00.001\$	Date Received 08/22/2019	Money Order	norionad lloves bre	D tidəUtibət	
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00.001\$			% ☐ Yes . ☑ No	pective state contracto		s contributor a principal of a state If yes, indicate which branch or	_No No No	eventacipatica in section Et.:
noitudi	it of Contr	nnomA			or business he/she	If contribution is in excess of municipality does contributor municipality valued at more th	<b>N</b> 0 □ Ke2	ls contributor a lobbyist, spouse, or dependent child of a lobbyist?
				of Waterbury				Principal Occupation
321	E-80490	LD			Waterbury			100 Eastridge Dr
	Sip Code	State		20	City			Residential Street Address
J.M.					en⊞ niJ			Last Manne Wilhbey
				rom Individuals		D, Itemized C	Z KRZESZE Z	
00.0\$				Subtotal Sections			μημος ηση	iS to nothingsb tot enothartent 998)
			\$2 12 2 2 2		Period ONLY	zibutors - Received this	mall Cont	R. Total Contributions from S
		primary	7th day preceding	A NAME OF THE PARTY OF THE PART				Bronin for Mayor
			LA SE OF REPORT		(vrotizoqsA gni)	Name as Registered with Fi	le Complete	NAME OF COMMITTEE (Provide

\$540,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page
\$240,120.00	segs B rolloes to JATOT
00.001,1\$	age9 aid7 - 8 notice2 JATOTBUS

SEEC FORM 20	
Revised January 20	15

Page	262	of	346

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repo:	sitory)		TYPE OF REPORT			
Bronin for Mayor				7th day preceding p	orimary		
A. Total Contributions from Small Contributors - Received th	is Period (	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized	Contribut	ions f	rom Individuals				
Last Name		First					M.L
Will		Phi	lip				
Residential Street Address	City				State	Zip Code	
227 Girard Ave	Hartfor				СТ	06105-2	2234
Principal Occupation Software Deverloper		Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution in the contribution is in excess municipality valued at more municipality valued at more	tor or business	he/she i	committee for a chief of a sassociated with have Yes	executive officer of a a contract with said No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a section L1?  If yes, list Event #  Is contributor a principal of a section L1?  If yes, indicate which branches of government the contract is with:	h or	r or pros		✓ No			\$10.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction			Date Received 08/28/2019	Aggregate contributions \$10.00			
Last Name		Firs	1				M,I.
Williams		Se	an				
Residential Street Address	City				State	Zip Code	2050
107 Eastfield Rd	Watert				СТ	06708-	3253
Principal Occupation Government Affairs			of Employer nes For America				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution.	itor or business	s he/she	committee for a chicf is associated with have Yes	executive officer of a a contract with said	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  No Is contributor a principal of a If yes, indicate which branches of government the branches of government the	th or	-		✓ No			\$100.00
If yes, list Event # 002213d contract is with:		xecutiv					
Method of contribution:  Cash	Money Or	der	Date Received 08/22/2019	Aggregate contributions \$100.00	<u> </u>		<del>1-22.</del>
Last Name		Firs	t				M.I.
Winthrop		Ja	/				<u> </u>
Residential Street Address	City	'arle			State NY	Zip Code 10175-	กกกร
521 5th Ave	New Y		of Employer		INT	10173	0000
Principal Occupation INVESTMENT MANAGEMENT		DO	JGLASS WINTHI	ROP ADVISORS L.L.	С		
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist? If contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution in the contribution is in excess municipality valued at mo	ator or busines	s he/she	e committee for a chief is associated with have Yes	executive officer of a ea contract with said  No	Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a fixed which branch branches of government the contract is with:	ch or	or or pro Executiv		✓ No			\$500.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received 08/05/2019	Aggregate contributions \$500.00	•		

\$610.00	ŞUBTOTAL Section B - This Page
\$240,120.00	TOTAL of Section B Pages
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

263

of 346

NAME OF COMMITTEE (Provide	Complet	e Name as Registered with Fil	ing Reposi	tory)	and complement	TYPE OF REPORT			
Bronin for Mayor	Carl Carl Towns					7th day preceding p	rimary		
A. Total Contributions from Sn	iall Con	tributors - Received this	Period O	NLY	Pastical desid				
See instructions for definition of Sm	75 145 M 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Carried and the second of the			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fr	om Individuals				an area e la
Last Name				First					M.I.
Wolfson				Johi	า				М
Residential Street Address			City				State	Zip Code	
1 Constitution Plz, Ste 900			Hartford	t			СТ	06103-1	836
Principal Occupation			·		of Employer				
Attorney				Feine	er Wolfson				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business nan \$5,000?	he/she is	s associated with have a	ontract with said  No	Amoun	t of Cont	cibution <sup>l</sup>
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 080219a	Yes No	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the contract is with:	r	or prosp		✓ No			\$750.00
Method of contribution:  Cash  Personal Check  Ci	redit/Debit		Money Ord	ter	Date Received 08/02/2019	Aggregate contributions \$1,000.00			
Last Name				First					M.J.
Wolter				Joh	n				F
Residential Street Address			City -				State	Zip Code	
16 Chittenden Ln, PO Box 393	3		East Ha				CT	06423-	1467
Principal Occupation Attorney					of Employer ke, Kelly & Spella	асу			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business han \$5,000?	he/she i	s associated with have	a contract with said No	Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section 1.1?  If yes, list Event #	Yes ✓ No	Is contributor a principal of a sta  If yes, indicate which branch o branches of government the contract is with:	or	r or pros xecutiv		☑ V No			\$250.00
Method of contribution:  Cash Personal Check CC	redit/Debit		Money Ore	der	Date Received 08/07/2019	Aggregate contributions \$250.00			
Last Name				Firs	1				M.I.
Wood				Ada	am				M
Residential Street Address			City				State	Zip Code	
260 France St			Rocky		- W		CT	06067-	2910
Principal Occupation Public Relations				City	of Employer + State				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contributo municipality valued at more	r or business than \$5,000	s he/she ?	is associated with have	a contract with said  No	Amour	nt of Con	tributior
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082119a	✓ Yes No	Is contributor a principal of a sta If yes, indicate which branch- branches of government the contract is with:	ог	xecutiv	<b>—</b>	ative No			\$250.0
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroli Deduction	Money Or	rder	Date Received 08/21/2019	Aggregate contributions \$250.00	1		

SUBTOTAL Section B - This Page	\$1,250.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

Page	264	of	346

NAME OF COMMITTEE (Provide Comp	lete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			Maria Valenti
Bronin for Mayor					7th day preceding p	orimary		
A. Total Contributions from Small C (See instructions for definition of Small Co.		Period O	NLY	Subtotal Section A				\$0.00
		ontributi	ons fi	om Individuals		7.77	A company of the comp	
Last Name			First					M.I.
Wood			Kar	en				
Residential Street Address		City				State	Zip Code	000
33 Sunset Hill Rd		New Ca				СТ	06840-4	002
Principal Occupation Homemaker			Retir					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more th	or business l han \$5,000?	he/she i	s associated with have	a contract with said No	Amoun	t of Conti	ributio <b>n</b>
Is this contribution associated with an event reported in Section L1?  Yes  V No	Is contributor a principal of a state of the	er	or pros	_	Z No			\$50.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Do		Money Ord	ler	Date Received 07/31/2019	Aggregate contributions \$50.00			·
Last Name			First					M.I.
Woolf			The	omas				Р
Residential Street Address	· · · · · · · · · · · · · · · · · · ·	City				State	Zip Code	2000
10 Flanders Woods Ln		Covent	<del>-</del>			СТ	06238-	3266
Principal Occupation Retired			Reti				***	. 4
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	r or business than \$5,000?	he/she	is associated with have	a contract with said  No	Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  No	Is contributor a principal of a sta  If yes, indicate which branch o  branches of government the  contract is with:	or	or pro		✓ No			\$50.00
Method of contribution: Cash Personal Check Credit/D		Money Or	der	Date Received 08/14/2019	Aggregate contributions \$50.00	)		
Last Name			Firs	t				M.I.
Woomer			Aa	ron				Н
Residential Street Address		City				State	Zip Code 06019~	2024
14 Tanglewood Dr		Cantor			***	CT	1 000 19-	ZUZ4
Principal Occupation Research Analyst			Dov	e of Employer vling & Partners				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	nunicipality does contributo municipality valued at more	r or business than \$5,000°	he/she	is associated with have	a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081319a	branches of government the	or	r or pro		✓ No			\$500.00
Method of contribution:  Cash ✓ Personal Check Credit/E	contract is with:			Date Received 08/13/2019	Aggregate contributions \$500.00	. 1		

\$600.00	SUBTOTAL Section B - This Page
\$240,120.00	TOTAL of Section B Pages.
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC	FORM	20
Revised	January	2015

Page 265 of 346

NAME OF COMMITTEB (Provide Comp	lete Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			
Bronin for Mayor					7th day preceding	primary		
A. Total Contributions from Small Co	ontributors - Received this	Period O	NLY					
(See instructions for definition of Small Con	tributor)			Subtotal Section /				\$0.00
	B.Itemized C	ontributi	ions f	rom Individuals				
Last Name			First					M.I.
Woulfe			Jar	nes				
Residential Street Address	VIII. II. II. II. II. II. II. II. II. II	City				State	Zip Code	
2 Columbia St		Hartford	,			СТ	06106-	1312
Principal Occupation Government Relations			I	of Employer Connecticut Gro	up LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amoui	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082119a	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	r	or pros		∐ res √No			\$200.00
Method of contribution:  Cash Personal Check Credit/Deb		Money Ord	er	Date Received 08/21/2019	Aggregate contributions \$200.00			
Last Name			First					M.I.
Wright			Ele	ase				
Residential Street Address	· · · · · · · · · · · · · · · · · · ·	City		· · · · · · · · · · · · · · · · · · ·		State	Zip Code	
205 Girard Ave		Hartford				СТ	06105-2	2234
Principal Occupation RETIRED			l	of Employer NA INC.				
Is contributor a lobbyist, spouse, or  Yes dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more to	or business i				Amoui	nt of Cont	ribution
ls this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the contract is with:	r _	or pros	_	∐ res ✓ No			\$500.00
Method of contribution:  Cash Personal Check Credit/Deb		Money Ord	er	Date Received 08/02/2019	Aggregate contributions \$500.00			
Last Name			First	i				M.I.
Wylie			Rol	bert				
Residential Street Address PO Box 1858		City El Gran	ada			State CA	Zip Code 94018-	1858
Principal Occupation Retired	<del>*************************************</del>		Name Retii	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more ti	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the		or pros	pective state contractor	°? ☐ Yes ✓ No			\$50.00
If yes, list Event #	contract is with:	Ex	ecutiv	e [Legisl	ative			
Method of contribution: Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Ord	ег	Date Received 07/27/2019	Aggregate contributions \$50.00			

SUBTOTAL Section B. This Page	\$750.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00

SEEC FORM 20	
Revised January 2015	

Page 266 of 346

NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing I	Repository	<b>/</b>		TYPE OF REPORT			
Bronin for Mayor					7th day preceding	primary		
A. Total Contributions from Small Contributors - Receive	ed this Peri	od ONL	Υ -					·
(See instructions for definition of Small Contributor)			Subtota	l Section A				\$0.00
B. Iten	ilzed Conti	ibutions	s from Ind	ividuals				
Last Name	· · · · · · · · · · · · · · · · · · ·	Fi	irsŧ					M,J.
Yamin		Jo	oseph					
Residential Street Address	Cit					State	Zip Code	
354 Waterbury Rd	Mi	ddlebury				СТ	06762	
Principal Occupation Self		Se	me of Employ olf	/er				
Is contributor a lobbyist, spouse, or Yes If contribution is in e dependent child of a lobbyist? Volume If contribution is in e municipality does comunicipality valued a	ntributor or bu	siness he/sh	he is associate		executive officer of a a contract with said No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082219a  Is contributor a principal fyes, indicate which branches of government contract is with:	branch or	tractor or pr		te contractor	∐ res ✓ No			\$100.00
Method of contribution: ☐ Cash	uction Mon	ey Order	Date Rec 08/22/		Aggregate contributions \$100.00			
Last Name		Fi	irst					M.I.
Yanicke		S	Steven					R
Residential Street Address	Cit	-				State	Zip Code	
21 Capitol Ave, # C	Ha	ırtford				СТ	06106-1	1707
Principal Occupation Manager			me of Emplor nited Healf					
Is contributor a lobbyist, spouse, or	ntributor or bu	siness he/sh	he is associate		executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082119a  Is contributor a principal ff yes, indicate which branches of government contract is with:	branch or	tractor or pr		te contractor	∐ 1 es ✓ No			\$50.00
Method of contribution:  ☐ Cash  Personal Check  Credit/Debit Card  Payroll Dedu	uction Mon	ey Order	Date Re- 08/21/		Aggregate contributions \$50.00			
Last Name		Fi	irsŧ					M.I.
Yazbak		P	Peter					<u> </u>
Residential Street Address 140 Huyshope Ave, Apt 525	Cir Ha	v artford				State CT	Zip Code 06106-2	2855
Principal Occupation Communications Director	I		me of Emplo ate of CT	yer .		•	,	
Is contributor a lobbyist, spouse, or Yes If contribution is in e dependent child of a lobbyist? No municipality does comunicipality valued:	entributor or bu	siness he/sh	he is associate		executive officer of a a contract with said	Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  No Page 14102   No Page 15   If yes, indicate which branches of government of the page 15   If yes, indicate which because the page 15   If yes, ind	branch or	tractor or pi	rospective sta	te contractor	? Yes			\$50.00
If yes, list Event # 002119a contract is with:	nt the	Execut		Legisla	ative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Dedi	uction Mon	ey Order	Date Re 08/21/		Aggregate contributions \$50.00			

\$200.00	SUBTOTAL Section 8 - This Page
\$240,120.00	TOTAL of Section B Pages
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 267 of 346

NAME OF COMMITTEE (Provide Comp.	lete Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			
Bronin for Mayor	na za fizika et 1,1 mareketa taribat kalendaria kuntuka kuntuka et eta 1,17 mareketa eta 1,18 ka ilandi.				7th day preceding	primary	***************************************	
A. Total Contributions from Small Co (See instructions for definition of Small Cor		Period O	NLY	Subtotal Section /				\$0.00
		ontribut	ions f	rom Individuals				65.043 SEL-C SS-188-184-2
Last Name			Firs	de maniferen de Armenton en	<u> Politiku pirkibe Politik-Kibal</u>			M.I.
Yennie			Ну	acinth				
Residential Street Address		City				State	Zip Code	
190 Cheshire St		Hartford				СТ	06114-2	2204
Principal Occupation Retired				of Employer chian Restoration	n Cleaners			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082119a	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the contract is with:	r	or pros		∐ res ✓No	Principal de la constanta de l		\$20.00
Method of contribution:  Cash Personal Check Credit/Det		Money Ord	er	Date Received 08/21/2019	Aggregate contributions \$235.00			
Last Name			Firs	1				M.I.
Youngblood			Joh	n				L
Residential Street Address		City				State	Zip Code	1010
57 Spectacle Ridge Rd, Fl 29	WHAT	South h				СТ	06785-	1310
Principal Occupation Managing Partner			1	of Employer atin Capital LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a stat  If yes, indicate which branch o  branches of government the	г	or pros		∐ Tes √No			\$100.00
Method of contribution: Cash Personal Check Credit/Deb	contract is with:	Money Ord		Date Received 08/09/2019	Aggregate contributions \$100.00	- )		
Last Name			Firs	t				M.I.
Zahren			Be	rnard				
Residential Street Address 40 Gibraltar Ln		City Avon				State CT	Zip Code 06001-3	3910
Principal Occupation CEO		J	I	of Employer ren Financial CO	LLC	l	.1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the second contribution of the second contribution is in excess of the second contribution of the second contribution is in excess of the second contribution is in excess of the second contribution of the second contribution is in excess of the second contribution of the second con	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section 1.1?  Yes  V No	Is contributor a principal of a state  If yes, indicate which branch of branches of government the	r —		_	✓ No		\$	1,000.00
If yes, list Event #	contract is with:	Ex	ecutiv	,				
Method of contribution:  ☐ Cash  Personal Check ☐ Credit/Deb	it Card Payroll Deduction	Money Ord	ler	Date Received 08/11/2019	Aggregate contributions \$1,000.00			

\$1,120.00	SUBTOTAL Section B - This Page
\$240,120.00	TOTAL of Section B Pages
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 268 of 346

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Reposi	(ory)		TYPE OF REPORT			Talle south
Bronin for Mayor		***************************************		7th day preceding p	orimary		
A. Total Contributions from Small Contributors - Received th	is Period O	NLY	ie pomenie produkt				
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
	Contributi	ons fr	om Individuals				
Last Name		First					M.J.
		Rich	nard				
Zayas Residential Street Address	City				State	Zip Code	
7 Hunter Road Ext, 20 Grand St, Htfd CT 06106	Simsbu	ry			CT	06070-3	059
Principal Occupation			of Employer				
lawyer		2019					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribution in excess municipality does contribution is in excess municipality does contributed in excess munici	ntor or business l re than \$5,000?	ne/she i	s associated with have	a contract with said  No	Amoun	t of Contu	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a second of the sec	ch or	or pros		☑No			\$500.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	<u> </u>		Date Received 07/24/2019	Aggregate contributions \$500.00			
Last Name		First					M.I.
Zelinger		C. I	₹				
Residential Street Address	City				State	Zip Code	
18 Adams Rd	Weatog	ue			СТ	06089-9	3775
Principal Occupation Attorney	·		of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess municipality does contribution in excess municipality does contribution in the contribution is in excess municipality does contribution in excess municipality valued at more dependent child of a lobbyist?	utor or business ore than \$5,000?	he/she	s associated with have Yes	a contract with said  No	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section I.1?  If yes, list Event #  Is contributor a principal of a lf yes, indicate which brane branches of government the contract is with:	ch or	or pros		✓ No			\$200.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	Money Orc	ier	Date Received 08/29/2019	Aggregate contributions \$200.00			<b>.</b> ,
Last Name		Firs	1				M.I.
Ziotas		An	gelo				А
Residential Street Address	City				State	Zip Code	2510
184 Atlantic St, Silver Golub & Teitell LLP	Stamfo				СТ	06901-	0010
Principal Occupation Attorney			of Employer or Golub & Teitell	ILLP			
Is contributor a lobbyist, spouse, or Yes If contribution is in excess municipality does contributed at monicipality valued at monicipali	outor or business ore than \$5,000	he/she	is associated with have	e a contract with said	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If contributor a principal of a ff yes, indicate which bran branches of government the	ich or			☑ No		4	31,000.00
If yes, list Event # contract is with:   Method of contribution:   Cash		xecutiv der	Date Received 08/06/2019	Aggregate contributions \$1,000.0			

SUBTOTAL Section B - This Page	\$1,700.00
TOTAL of Section B Pages	\$240,120.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$240,120.00
	<del></del> ;

Page 269 of 346

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing I	Repositor	(ימ		TYPE OF REPORT			
Bronin for Mayor	A. C. 11 12275 Seri	1981 37-27-10-27-1		7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this Peri	iod ONI	LY					
See instructions for definition of Small Contributor)		Su	btotal Section A				\$0.00
Batemized Contu	ribution	ns fron	ı Individuals				
Last Name		First					M.I.
		Kirster	1				
Ziotas Cit					State	Zio Code	J
Residential Street Address	ew Can	aan			СТ	06840	
474 Ponus Ridge Road Principal Occupation	N	lame of I	imployer				
Psychologist			ployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 municipality does contributor or bu municipality valued at more than \$500.	usiness he/ 55,000?	/she is as	sociated with have	No No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  Is contributor a principal of a state con  If yes, list Event #  Is contributor a principal of a state con  If yes, indicate which branch or  branches of government the  contract is with:		prospec	rive state contractor			\$	1,000.00
Method of contribution:	ney Order	Б	ate Received 8/06/2019	Aggregate contributions \$1,000.00	)		
Last Name		First					M.I.
Zwiener		David					
Residential Street Address Cir	ity				State	Zip Code	
1429 Park St. Ste 100	lartford				СТ	06106-	2243
Principal Occupation Retired		Name of Retired	Employer 				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of \$400 municipality does contributor or by municipality valued at more than \$100 municipality valued at more than	siness he \$5,000?	e/she is a	ssociated with have	a contract with said  No	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contributor apprincipal o		er prospec	tive state contracto	✓ No		:	\$1,000.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Mo	oney Order		Date Received 08/28/2019	Aggregate contributions \$1,000.0			
Last Name		First					M.J.
Zwiener	Į	Nanc	y				В
	žity – *				State	Zip Cod	
1429 Park St, Ste 100	Hartford				СТ	06106	-2243
Principal Occupation Owner	L.	Desig	Employer 1SourceCT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of \$40 municipality does contributor or be municipality valued at more than	business h \$5,000?	ne/she is a	Secreted with have	No No	Amou	nt of Cor	tribution
Is this contribution associated with an event reported in Section L1?  Is this contribution associated with an event reported in Section L1?  It sentributor a principal of a state of the section L1?  If yes, indicate which branch or branches of government the				<b>✓</b> No			\$1,000.00
If yes, list Event # contract is with:	∐Ех€	ecutive	Legis	Aggregate contribution			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ Me	Ioney Orde		Date Received 08/28/2019	\$1,000.0			

\$3,000.00	SUBTOTAL Section B - This Page
\$240,120.00	TOTAL of Section B Pages
\$240,120.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page
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Page 270 of 346

NAME OF COMMITTEE (Provide Com	olete Name	as Registe	ered with	Filing R	lepository)		TYPE OF RE	PORT	
Bronin for Mayor	Andrew Angeles					<u> </u>	7th day pre	The state of the s	primary
		C1. Cc	ntribut	ions fro	m Other Co	mmittees	The state of the s		
Name of Committee AT&T Connecticut Employee					Name of Trea				<u>Instrument und Call Challe, in part describes N. s.</u>
Address 2 Science Park, Fl 2				ontributio d in Sectio	n associated witi n L1?	h an event If yes, list Event #		]No a	Amount of Contribution
City New Haven	State CT	Zip Cod 06511			Received 1/2019	Aggregate Cor		250.00	\$250.00
Name of Committee Connecticut Healthcare Di					Name of Trea Suzanne C				· · · · · · · · · · · · · · · · · · ·
Address 265 Windsorville Rd				entributio I in Sectio	n associated with n L17	h an event <i>If yes,</i> list Event #		No	Amount of Contribution
City Ellington	State CT	Zip Code 06029		1	leceived 2/2019	Aggregate Con		00.00	\$1,500.00
Name of Committee CT Union of Telephone Wor					Name of Trea Louise M G				
Address 3055 Dixwell Ave				this contribution associated with an event Yes No ported in Section L1?  If yes, list Event # 082119a					Amount of Contribution
City Hamden	State CT	Zip Code 06518			eccived 1/2019	Aggregate Con		00.00	\$1,500.00
Name of Committee O'Leary 2019					Name of Trea Tracy DiGio				
Address 137 Westridge Dr				ontribution I in Section	associated with LI?	ı an event <i>If yes,</i> list Event #		No 1	Amount of Contribution
City Waterbury	State CT	Zip Code 06708-			eccived 2/2019	Aggregate Con		00.00	\$1,000.00
Name of Committee Peoples United Bank State					Name of Trea Alexander (				
Address 850 Main St, 15th Floor RC 591				ontribution in Section	associated with L1?	an event f yes, list Event #		No	Amount of Contribution
City Bridgeport	State CT	Zip Code 06604-		Date Re 08/22	eceived 1/2019	Aggregate Con		00.00	\$1,500.00
Name of Committee T3 for CT PAC			_		Name of Trea Robert De (			·	
Address 84 Drumlin Rd			Is this contribution associated with an event  VYes No reported in Section L1?  If yes, list Event # 082119a					Amount of Contribution	
City South Glastonbury	State CT	Zip Code 06073-		Date Re 08/21	eceived /2019	Aggregate Conf		00.00	\$500.00

SUBTOTAL Section C1 - This Page	\$6,250.00
TOTAL of Section C1 Pages	\$6,250.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page	\$6,250.00

I. MONETARY RECEIPTS (Sections A-I	<b>(</b> )	Page	271	of	346
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF R	EPORT			
Bronin for Mayor	7th day pre	eceding prir	nary		
Summary of Other Monetary Receipts (Sections D-K)					Transco (Alexandra Silvate de la Calenda
Total Loans Received this Period (Section D)					\$0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+				\$0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+				\$0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+				\$0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+				\$0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+				\$0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+				\$0.00

SEEC FORM 20	
Revised January 2015	

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

Page	272	of	346

NAME OF COMMITTEE	(Provide Complete Name as Registered with	Filing Repository)	TYPE OF REP	ORT		
Bronin for Mayor	7th day prece	7th day preceding primary				
	L1. Event Inf	ormation				
Event # Date of Event Letter 03/25/2019 a	Description  Breakfast Event				Was this a fundraising event?  Yes No	
Location: Street Address 20 Church St # 18		City Hartford		State CT	Zip Code 06103	
Subpart 1: (All Com Was this event hosted a		Contributions	ection L5 In-Kind Associated with a nation for any pure nyitations.)	a House Pa	not Considered orty and complete by host(s) for food,	
Did this fundraiser incl business entity of up to of up to \$100?	ude goods or services donated by a \$200 or items donated by an individual	✓ Yes (If yes, go to Se	ection L4 In-Kind and complete requ			
Was this fundraiser a ta items with purchases by	g sale, auction, or other sale of donated y an individual of up to \$100?	□ <sup>Yes</sup> ( <i>If yes,</i> enter <b>T</b> ✓ No	otal Receipts here	.)		
Subpart 2: (Party Co Were there purchases of on a sign associated with	ommittees, Municipal Candidates and fadvertising space in a program book or this fundraiser?	$\Box$ Yes ( <i>If yes</i> , go to Se	r than Explorate ection L3 Purchas s or on a Sign and	es of Adve	rtising Space in a	
Subpart 3: (Town Co Did your committee sel mass gathering held with	I food or beverage at a fair or similar		otal Receipts here	.)		

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	\$0.00

SEEC FORM 20	
Davidson Laurence 2015	

on a sign associated with this fundraiser?

Subpart 3: (Town Committees ONLY)

mass gathering held within the state?

Were there purchases of advertising space in a program book or

Did your committee sell food or beverage at a fair or similar

#### II. EVENT ACTIV

(Provide Complete Name as Registered with F	Filing Repository)	TYPEOFRE	XORT		14.745.743.44 14.745.743.44
No.		7th day prec	eding prir	mary	
L1. Event Info	ormation				
Description  Dinner Event	•			Was this a event?  VYes	fundraising No
	City Hartford		State CT	Zip Code 06103	
mittees) t a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations not Consider Contributions Associated with a House Party and complete required information for any purchases made by host(s) for beverage and invitations.)				
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?					lered
g sale, auction, or other sale of donated y an individual of up to \$100?	☐ Yes (If yes, enter Tot	al Receipts here	e.)		
	Description  Dinner Event  mittees)  t a personal residence?  ude goods or services donated by a \$200 or items donated by an individual	Description  Dinner Event  City Hartford  mittees)  It a personal residence?  It a personal residence?  Who required information abeverage and involved goods or services donated by a \$200 or items donated by an individual of up to \$100?  L1: Event Information  City Hartford  Yes (If yes, go to Sec Contributions A required information beverage and involved an individual of up to \$100?	Description  Dinner Event  City Hartford  Tapersonal residence?  LI. Event Information  City Hartford  Yes  (If yes, go to Section L5 In-King Contributions Associated with required information for any pure beverage and invitations.)  Lude goods or services donated by a \$200 or items donated by an individual Yes  If yes, go to Section L4 In-King Contributions and complete required information for any pure beverage and invitations.)  Yes  (If yes, go to Section L4 In-King Contributions and complete required information for any pure beverage and invitations.)	Description  Dinner Event  City Hartford  City Hartford  Contributions Associated with a House required information for any purchases may be verage and invitations.)  Lity yes, go to Section L5 In-Kind Donation Contributions Associated with a House required information for any purchases may be verage and invitations.)  Lity yes, go to Section L5 In-Kind Donation Contributions Associated with a House required information for any purchases may be verage and invitations.)  Lity yes, go to Section L4 In-Kind Donation Contributions and complete required information for any purchases may be verage and invitations.)  Lity yes, go to Section L4 In-Kind Donation Contributions and complete required information for any purchases may be verage and invitations.)	Description  Description  Dinner Event  City Hartford  City Hartford  Contributions Associated with a House Party and complete required information.)  The day preceding primary  Was this a revent?  I personal residence?  (If yes, go to Section L5 In-Kind Donations not Considerate with a House Party and complete required information for any purchases made by host(s) to be everage and invitations.)  The day preceding primary  Was this a revent?  I personal residence?  (If yes, go to Section L5 In-Kind Donations not Considerate with a House Party and complete required information.)  The day preceding primary  Was this a revent?  I personal residence?  (If yes, go to Section L4 In-Kind Donations not Considerate with a House Party and complete required information.)  The day preceding primary  Was this a revent?  I personal residence?  (If yes, go to Section L4 In-Kind Donations not Considerate with a House Party and complete required information.)  The day preceding primary  Was this a revent?  I personal residence?  (If yes, go to Section L4 In-Kind Donations not Considerate with a House Party and complete required information.)

Yes (If yes, go to Section L3 Purchases of Advertising Space in a

No Program Book or on a Sign and complete required

information.)

**✓** No

Yes (If yes, enter Total Receipts here.)

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	\$0.00

SEEC FORM 20	
Revised January 2015	

Page 274 of 346

NAME OF COMMITTEE (Provide Complete Name as Registero	ed with Filing Repository) TYPE	OF REPORT	
Bronin for Mayor	7th da	ay preceding pri	mary
L1. Ex	ent Information		of Community and Community of C
Event # Description Date of Event Letter 06/27/2019 a Dinner Event			Was this a fundraising event?  Ves No
Location: Street Address 140 Huyshope Ave	City Hartford	State CT	Zip Code 06106
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 I Contributions Associated Property No required information for a beverage and invitations.)	d with a House l ny purchases ma	Party and complete
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an indivior up to \$100?			
Was this fundraiser a tag sale, auction, or other sale of don items with purchases by an individual of up to \$100?	Yes ( <i>If yes,</i> enter <b>Total Recei</b> ) ✓ No	ots here.)	
Subpart 2: (Party Committees, Municipal Candidate Were there purchases of advertising space in a program bo on a sign associated with this fundraiser?	<del></del>	urchases of Adv	vertising Space in a
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or simila mass gathering held within the state?	□ Yes ( <i>If yes,</i> enter <b>Total Recei</b> p ar ☑ No	ots here.)	

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 3 (Town Commutees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	\$0.00

SEEC FORM 20	
Revised January 2015	

Page	275	of	346
6.		~.	

NAME OF COMMITTEE	(Provide Complete Name as Registered with 1	filing Repository)	TYPEOFRI	PORT	
Bronin for Мауог			7th day pre	ceding primar	у
	L1: Event luc	rmation		The state of the s	
Event # Date of Event Letter 07/31/2019 a	Description  Dinner Event	·			Was this a fundraising event?  ✓ Yes No
Location: Street Address  221 Church St		City New Haven		1 1	Zip Code 06510
Subpart 1: (All Com. Was this event hosted a	-	☐ Tes Con	es, go to Section L5 In-Kir tributions Associated with ired information for any pu rage and invitations.)	ı a House Par	ty and complete
	ude goods or services donated by a \$200 or items donated by an individual				
Ī	g sale, auction, or other sale of donated y an individual of up to \$100?	☐Yes (If ye	es, enter <b>Total Receipts</b> he	re.)	
	ommittees, Municipal Candidates and f advertising space in a program book or th this fundraiser?	□Yes (If ye ✓No Prog	ttees other than Explora es, go to Section L3 Purch gram Book or on a Sign as mation.)	ases of Advert	ising Space in a
Subpart 3: (Town Co Did your committee sel mass gathering held with	l food or beverage at a fair or similar	□Yes (If ye	es, enter Total Reccipts he	re.)	

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	\$0.00

SEEC FORM 20
Revised January 2015

age	276	of	34

NAME OF COMMITTEE	(Provide Complete Name as Registered with	Filing Repository)	TYPE OF REP	ORT	
Bronin for Mayor 7th day preceding primary				ary	
	L1. Event lufe	ormation			
Event # Date of Event Letter 08/01/2019 a	Description  Meet and Greet Event		Andreas		Was this a fundraising event?  Yes No
Location: Street Address  1429 Park St, Ste 201		City Hartford		State CT	Zip Code 06106
Subpart 1: (All Communication Was this event hosted a		Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for foo beverage and invitations.)			arty and complete
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   Yes   (If yes, go to Section L4 In-Kind Donations not C   In-Kind Donations of C   In-Kind Donation					
items with purchases by	g sale, auction, or other sale of donated an individual of up to \$100?	<b>✓</b> No	Total Receipts here.		
Subpart 2: (Party Co Were there purchases of on a sign associated with	ommittees, Municipal Candidates and fadvertising space in a program book or h this fundraiser?	$\square^{\mathrm{Yes}}$ ( <i>If yes</i> , go to	ier than Explorato Section L3 Purchase ok or on a Sign and o	es of Adve	rtising Space in a
Subpart 3: (Town Co Did your committee sell mass gathering held with	food or beverage at a fair or similar		Total Receipts here.	)	

SUBTOTAL Section L1-Subpart 1 (All. Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	\$0.00

SEEC FORM 20	
Revised January 2015	

Page 277 of 346

	IE OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT				
onin for Mayor 7th day preceding primary			mary		
	L1. Event In	formation			
Event #         Description           Date of Event         Letter           08/02/2019         a         Meet and Greet	Event				Was this a fundraising event?  ✓ Yes No
Location: Street Address 570 Wethersfield Ave		City Hartford		State CT	Zip Code 06114
Subpart 1: (All Committees) Was this event hosted at a personal residen	nce?	Yes (If yes, go to Section L5 In-Kind Donations not Conside Contributions Associated with a House Party and comp required information for any purchases made by host(s) fo beverage and invitations.)  Yes (If yes, go to Section L4 In-Kind Donations not Consider Vidual No Contributions and complete required information.)		Party and complete	
Did this fundraiser include goods or service business entity of up to \$200 or items done of up to \$100?	es donated by a ated by an individual			ons not Considered	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?		☐ Yes ( <i>If yes,</i> enter <b>Tot</b> al			
Subpart 2: (Party Committees, Muni- Were there purchases of advertising space on a sign associated with this fundraiser?	cipal Candidates and in a program book or	d Political Committees other the Yes (If yes, go to Section No Program Book or information.)	on L3 Purchas	es of Adv	vertising Space in a
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state?		□ <sup>Yes</sup> ( <i>If yes</i> , enter <b>Total</b>	Receipts here.	)	

\$0.00
\$0.00
\$0.00
\$0.00

SEEC	FORM	20
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Page 278 of 346

NAME OF COMMITTEE	(Provide Complete Name as Registered with .	Filing Repository)	TYPE OF REP	ORT	
Bronin for Mayor			7th day preceding primary		
The confidence of the state of the confidence of	L1. Event Info	ormation at the production of the	(bs) with the same of the same	Control (Control (Con	
Event # Date of Event Letter 08/13/2019 a	Description  Dinner Event				Was this a fundraising cvent?  ✓ Yes No
Location: Street Address  190 Farmington Ave		City Farmington		State CT	Zip Code 06032
Subpart 1: (All Committees) Was this event hosted at a personal residence?  Was this event hosted at a personal residence?  (If yes, go to Section L5 In-Kind Donations not C Contributions Associated with a House Party an required information for any purchases made by how beverage and invitations.)		rty and complete			
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 not Considered ✓ No Contributions and complete required information.)			
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?		□ Yes ( <i>If yes,</i> enter <b>T</b> ✓ No	otal Receipts here.	)	
	f advertising space in a program book or	s and Political Committees other than Exploratory Committees)  k or Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)		rtising Space in a	
Subpart 3: (Town Co Did your committee sell mass gathering held wit	food or beverage at a fair or similar	□ <sup>Yes</sup> ( <i>If yes</i> , enter <b>T</b> o ✓ No	otal Receipts here.	)	

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	\$0.00

SEEC FORM 20
Revised January 2015

Page 279 of 346

NAME OF COMMI	TTEE	(Provide Complete Name as Registered with	Filing Repository)	TYPE OF REI	ORT	
Bronin for Mayor	n for Mayor 7th day preceding primary			агу		
Standard Standard Control of the Con		L1. Event Inf	ormation	The water to yet with a property of the control of		where the second
Event # Date of Event L 08/21/2019 a	.etter	Description  Cocktail Event				Was this a fundraisin event?  ✓ Yes No
Location: Street Addr 140 Huyshope A			City Hartford		State CT	Zip Code 06510
Subpart 1: (All Was this event ho		mittees) t a personal residence?	Contributions	ection L5 In-Kind Associated with a nation for any pure	a House Pa	s not Considered  arty and complete by host(s) for food,
Did this fundraise business entity of of up to \$100?	er inclu up to	rde goods or services donated by a \$200 or items donated by an individual	Yes (If yes, go to Se	Yes (If yes, go to Section I.4 In-Kind Donations not Considered		
Was this fundraise items with purcha	er a ta	g sale, auction, or other sale of donated an individual of up to \$100?	Yes ( <i>If yes</i> , enter <b>T</b> o No	otal Receipts here	.)	772
Subpart 2: (Par Were there purcha on a sign associate	ases of	ommittees, Municipal Candidates and advertising space in a program book or half this fundraiser?	Yes (If yes, go to Se	r than Explorate ection L3 Purchase or on a Sign and	es of Adve	rtising Space in a
	ee sell	mmittees ONLY) food or beverage at a fair or similar nin the state?	☐Yes (If yes, enter To	otal Receipts here.	)	

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	\$0.00

SEEC FORM 20
Revised January 2015

Page 280 of 346

NAME OF COMMITTEE	(Provide Complete Name as Registered with	Filing Repository)	TYPE OF REPOR					
Bronin for Mayor			7th day preced	7th day preceding primary				
	L1. Event In	ormation						
Event # Date of Event Letter 08/22/2019 a	Description Party Event			Was this a fundraising event?				
Location: Street Address 66 Park Rd		City Waterbury		tate Zip Code O6708				
Subpart 1: (All Communication Was this event hosted a	t a personal residence?	Contribution   Contri	Contributions Associated with a House Party and complete					
business entity of up to of up to \$100?	ide goods or services donated by a \$200 or items donated by an individual	Yes (If yes, go to Section L4 In-Kind Donations not Considered No Contributions and complete required information.)						
Was this fundraiser a tag items with purchases by	g sale, auction, or other sale of donated an individual of up to \$100?	☐ Yes ( <i>If yes</i> , enter	Total Receipts here.)					
on a sign associated with		<sup>∐Yes</sup> ( <i>If yes,</i> go to	Section L3 Purchases of the Section L3 Purchases of the Section and Sign and cor	of Advertising Space in a				
Subpart 3: (Town Con Did your committee sell mass gathering held with	food or beverage at a fair or similar	□Yes (If yes, enter	Total Receipts here.)					

CIDIVOLL C. A. L. C.	
SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	Ψ0.00
PAGE CONTROLL PROPERTY TO BE PROPERTY OF THE PAGE	\$0.00
TOTAL of Section Lt Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	75:15
Chi Storica Statistical Children total on Linte 188, Column A of Summary Page Totals)	\$0.00

SEEC	FORM	20
Revised	l January	2015

age	281	of	346

NAME OF COMMITTEE	(Provide Complete Name as Registered with .	Filing Repository)	TYPE OF REI	ORT .			
Bronin for Mayor	Bronin for Mayor			7th day preceding primary			
	LI. Event Info	ormation					
Event # Date of Event Letter 08/31/2019 a	Description  Home Fundraiser				Was this a fundraising event?  Yes No		
Location: Street Address 69 Bloomfield Ave		City Hartford	· ·				
Subpart 1: (All Committees) Was this event hosted at a personal residence?		Yes (If yes, go to Section L.5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)					
	de goods or services donated by a \$200 or items donated by an individual	☐Yes (If yes, go to Section L4 In-Kind Donations not Considered ✓ No Contributions and complete required information.)					
	g sale, auction, or other sale of donated an individual of up to \$100?	☐Yes (If yes, enter Total Receipts here.)  ✓ No					
	advertising space in a program book or	Ad Political Committees other than Exploratory Committees)  Yes (If yes, go to Section L3 Purchases of Advertising Space in a No Program Book or on a Sign and complete required information.)					
Subpart 3: (Town Con Did your committee sell mass gathering held with	food or beverage at a fair or similar	□ <sup>Yes</sup> ( <i>If yes</i> , enter <b>Tota</b>	l Receipts here	.)			

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	\$0.00

SEEC FORM 20
Revised January 2015

Page 282

of 346

Bronin for Mayor	TEE (Provide Complete Name as Registered with Film	ig Repository)		TYPE OF REPOR			
Santa de la composición			151 FOR 102 112 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7th day precedir	ng primary	<u> </u>	
Name of Payee	a za sa	ses Paid by Com	nittee				
363 Main St LLC				Date of Payment 07/18/2019	<b>✓</b> Cho	of Payment  ock # 1088  oit CardEFT	
Street Address 363 Main St		City Hartford			State CT	Zip Code 06106-1886	
Purpose of Expenditure (by code) OVHD	Description Rent		Eve	nt#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required    None of the below (does not involve another candidate     Coordinated with reimbursement sought (joint expendit     Coordinated without reimbursement sought (in-kind cor	or committee) urc)Inde	prv" is che pendent nization:		D	\$1,725.0	
Name of Payee				Date of Payment		45	
363 Main St LLC				08/14/2019		of Payment  k # 1148  t Card  EFT	
Street Address 363 Main St		City Hartford			State CT	Zip Code 06106-1886	
Purpose of Expenditure (by code) OVHD	Description Rent		Even	t#		Amount	
Expenditure    (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure).  Coordinated without reimbursement sought (in-kind continue).	r committee) re)lndcp		ked)		\$575.00	
Name of Payee ADP				Date of Payment 07/01/2019	Method o		
Street Address  100 Corporate Dr		City Windsor	<u></u> _J		State CT	Zip Code 06095-2119	
Purpose of Expenditure by code) WAGE	Description Payroll and taxes		Event	#	-	Amount	
expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee) e)Indepe	endent	<sup>ked)</sup> □A □B □C □D		\$4,390.87	
ame of Payee				Date of Payment 07/01/2019	Method of Check	#	
treet Address		City			State	Zip Code	
00 Corporate Dr		Windsor			СТ	06095-2119	
urpose of Expenditure by code) WAGE	Description Payroll and taxes	,	Event i		Amount		
spenditure # applicable)	Type of Expenditure (Remization in Addendum P Required un   None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure   Coordinated without reimbursement sought (in-kind contri	committee)	ndent _	ed)		\$9,045.28	

SUBTOTAL Section P - This Page	\$15,736.15
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

SEEC FORM 20 Revised January 2015

#### IV. EXPENDITURES (Sections P-T)

Page 283 of 346

NAME OF COMMITTE	E. (Provide Complete Name as Registered with Filing	Repository)	indeci-	SCHOT	TYPE OF REPORT	The Foundation of	
Bronin for Mayor 7th day preceding						primary	
	P. Expens	es Paid by C	ommitt	ee .			unil Kaptain Interceptor (1917)
Name of Payce ADP					Date of Payment 07/05/2019	Method o Check	
Street Address 100 Corporate Dr		City Windsor			-	State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Event #				Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute Coordinated without reimbursement sought (in-kind control of the control	r committee)	ne below" i.  Independe  Organizat	ent	ked)		\$90.85
Name of Payee ADP					Date of Payment 07/12/2019	Method of Check	.#
Street Address 100 Corporate Dr		City Windsor				State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll and taxes			Event	:#		Amount
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  V None of the below (does not involve another candidate or committee)  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization: A B C D						Testassian Co.	\$4,324.44
Name of Payee ADP					Date of Payment 07/12/2019	Method of Check	#
Street Address 100 Corporate Dr		City Windsor				State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll and taxes		1	Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind contra	r committee)	e below" is Independe Organizati	ent	ked)	e de la companya de l	\$9,644.59
Name of Payee ADP				***************************************	Date of Payment 07/16/2019	Method of Check	#
Street Address  100 Corporate Dr		City Windsor				State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll and taxes		I	Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required III  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind contra	e)	<i>e below" is</i> Independe Organizati	ent	□A □B □C □D		\$2,597.03

SUBTOTAL Section P This Page	\$16,656.91
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

SEEC FORM 20 Revised January 2015

### IV. EXPENDITURES (Sections P-T)

Page

284

of

346

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing	g Repository)		TYPE OF REPORT	ng ang ang ang ang ang ang ang ang ang a		
Bronin for Mayor				7th day preceding	primary		
Automorphism (English 1997)	P. Expens	ses Paid by Comm	ittee				
Name of Payee ADP	1 Date of Payment				Method of Payment Check # Debit Card  EFT		
Street Address  100 Corporate Dr		City Windsor			State CT	Zip Code 06095-2119	
Purpose of Expenditure (by code) WAGE	Description Event #				Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus).  Coordinated without reimbursement sought (in-kind continue).	or committee)		ked) □A □B □C □D		\$1,478.20	
Name of Payce ADP				Date of Payment 07/29/2019	Check	f Payment < #  Card	
Street Address		City Windsor			State CT	Zip Code 06095-2119	
100 Corporate Dr Purpose of Expenditure	Description	- Timacoi	T 12	u ·	01	00093-2119	
(by code) WAGE	Payroll and taxes		Event	tf.		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  None of the below (does not involve another candidate o  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind cont	r committee)	ndent	ed)		\$4,511.58	
Name of Payee ADP				Date of Payment 07/29/2019	Method of Check	#	
Street Address 100 Corporate Dr		City <b>Windso</b> r	······································		State CT	Zip Code 06095-2119	
Purpose of Expenditure	Description		Event	#			
(by code) WAGE	Payroll and taxes			,		Amount	
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure).  Coordinated without reimbursement sought (in-kind control of the contro	re) Indepen	ndent	ed)	- Indoor	\$9,299.17	
Name of Payee ADP				Date of Payment 08/14/2019	Method of Check	#	
Street Address 100 Corporate Dr		City Windsor			State CT	Zip Code 06095-2119	
Purpose of Expenditure (by code) WAGE	Description Payroll and taxes		Event #	ł		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un     None of the below (does not involve another candidate or     Coordinated with reimbursement sought (joint expenditure)     Coordinated without reimbursement sought (in-kind control of the control of	committee) Indepen	dent	ed)		\$3,625.66	

SUBTOTAL Section P - This Page	\$18,914.61
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

SEEC FORM 20
Revised January 2015

Page 285 of 346

Name of Payee	Provide Complete Name as Registered with Filing P. Expens	es Paid by Comm	ittee	7YPE OF REPORT		
ADP  Street Address  100 Corporate Dr  Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payce ADP  Street Address  100 Corporate Dr  Purpose of Expenditure (by code) WAGE  Expenditure #  Type of Expenditure (by code) WAGE  Expenditure #  Type o	P. Expens	ses Paid by Comm	ittee	7 tir day precedin	g primary	/
ADP  Street Address  100 Corporate Dr  Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payce ADP  Street Address  100 Corporate Dr  Purpose of Expenditure (by code) WAGE  Expenditure #  Type of Expenditure (by code) WAGE  Expenditure #  Type o			arve of			
100 Corporate Dr  Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee ADP  Street Address  100 Corporate Dr  Purpose of Expenditure (by code) WAGE  Expenditure # Type o				Date of Payment 08/14/2019	Cho	l of Payment cek #
Purpose of Expenditure (by code) WAGE  Expenditure # Type (if applicable)  Name of Payce ADP  Street Address  100 Corporate Dr  Purpose of Expenditure (by code) WAGE  Expenditure # Type or Payon or Type or		City			State	Zip Code
(by code) WAGE Pay  Expenditure # Type (if applicable) VN  Co  Name of Payce ADP  Street Address  100 Corporate Dr  Purpose of Expenditure (by code) WAGE Payr  Expenditure # Type o		Windsor			СТ	06095-2119
(if applicable)  Name of Payee ADP  Street Address  100 Corporate Dr  Purpose of Expenditure (by code) WAGE  Expenditure#  Type o	ayroll and taxes		Event #			Amount
Name of Payee ADP  Street Address  100 Corporate Dr  Purpose of Expenditure (by code) WAGE Payr  Expenditure # Type o	e of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind conti	r committee) re)	ndent	<sup>2d)</sup> ]A		\$8,055.00
100 Corporate Dr Purpose of Expenditure (by code) WAGE  Expenditure # Type o				Date of Payment 08/28/2019	Chec	of Payment
Purpose of Expenditure (by code) WAGE Payro  Expenditure # Type o		City			State	Zip Code
(by code) WAGE Payre  Expenditure # Type or		Windsor			СТ	06095-2119
11000	roll and taxes		Event #			Amount
	of Expenditure (Itemization in Addendum P Required un lone of the below (does not involve another candidate or c coordinated with reimbursement sought (joint expenditure coordinated without reimbursement sought (in-kind contri	committee) [ Independent	dent	) ]a		\$3,434.11
Name of Payee ADP Street Address				Date of Payment 08/28/2019	Method o	
100 Corporate Dr	1	City Windsor			State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE Descrip	ription roll and taxes		Event#			Amount
Coor	of Expenditure (Itemization in Addendum P Required unle one of the below (does not involve another candidate or co pordinated with reimbursement sought (joint expenditure) cordinated without reimbursement sought (in-kind contrib	ommittee) Independ	ent	A		\$7,683.81
Name of Payce Reinaldo Albarran				ate of Payment 7/18/2019	Method of Check	# <u>1089</u>
treet Address 161 Washington St, Apt 312		City Fartford			State CT	Zip Code 06106-3356
urpose of Expenditure Descripti		11	Svent #		·	Amount
xpenditure # Type of E f applicable)	Expenditure (Itemization in Addendum P Required unles	S "Nave of the helow" is	checked)			\$420.00

SUBTOTAL Section P - This Page	\$19,592.95
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

SEEC FORM 20
Revised January 2015

Page	286	of	346

NAME OF COMMIT	TBE (Provide Complete Name as Registered with Fili	ng Repository)	orese:	TYPE OF REPOR	-	
Bronin for Mayor				7th day precedi		
	P. Exper	ises Paid by Com	nittee	7 til day precedi	ig primar	У
Name of Payee Reinaldo Albarran Street Address				Date of Payment 08/01/2019	✓ Ch	of Payment leck # 1111 shit Card EFT
461 Washington S	st. Apt 312	City Hartford			State	Zip Code
Purpose of Expenditure (by code) WAGE	Description Canvassing		Eve	nt #	-	06106-3356 Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required    None of the below (does not involve another candidate   Coordinated with reimbursement sought (joint expendit)   Coordinated without reimbursement sought (in-kind continued)	or committee) ure) Indep	ow" is che bendent nization:	cked)	D	\$465.00
Name of Payee Amazon, Inc			. <u> </u>	Date of Payment 07/16/2019	Che	of Payment
Street Address 410 Terry Ave N		City Seattle			State	Zip Code
Purpose of Expenditure (by code) OFFICE	Description Office Supplies & Printing		Even	1#	WA	98109-5210 Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  None of the below (does not involve another candidate o  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepe	ndent	ked)		\$2,104.67
Name of Payee Amazon, Inc				Date of Payment 07/23/2019	Method of Chec	
410 Terry Ave N		City Seattle			State WA	Zip Code 98109-5210
Purpose of Expenditure by code) OFFICE	Description Office Supplies		Event	#		Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) e) Indeper	ndent	ed)		\$101.26
lame of Payec Mazon, Inc				Date of Payment 07/24/2019	Method of Check	: #
reet Address 10 Terry Ave N		City Seattle			Debit   State	Zip Code
rpose of Expenditure y code) OFFICE	Description Office Supplies		Event #		WA	98109-5210 Amount
xpenditure # (applicable)	Type of Expenditure (*Itemization in Addendum P Required unlown of the below (does not involve another candidate or comparison of the below (does not involve another candidate or comparison of the below (does not involve another candidate or comparison of the below (does not involve another candidate).  Coordinated without reimbursement sought (in-kind contribution).	rommittee) 	lent	d)  A B C D		\$29.39

SUBTOTAL Section P - This Page	\$2,700.32
TOTAL OF ALL EXPENSES CARE.	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE. (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

SEEC FORM 20 Revised January 2015

#### IV. EXPENDITURES (Sections P-T)

Page

287

346

of

	BE: (Provide Complete Name as Registered with Filing	g Repository)		TYPE OF REPORT		
Bronin for Mayor				7th day preceding	primary	
	P. Expens	es Paid by Comm	ittee		158 et 2015 e	
Name of Payee Amazon, Inc				Date of Payment 07/25/2019	Method Ched ✓ Deb	
Street Address 410 Terry Ave N		City Seattle			State WA	Zip Code 98109-5210
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	<u> </u>	Eve	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required a  None of the below (does not involve another candidate o  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind con	r committee) re)Indepe	ndent			\$29.39
Name of Payce Amazon, Inc				Date of Payment 07/26/2019	Method Chec	
Street Address 410 Terry Ave N		City Seattle			State WA	Zip Code 98109-5210
Purpose of Expenditure (by coxle) OFFICE	Description Office Supplies		Ечеп	ıt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditus  Coordinated without reimbursement sought (in-kind cont	re) Indepen	ndent	cked)		\$10.07
Name of Payee Amazon, Inc				Date of Payment 07/26/2019	Method of Chec	
Street Address 410 Terry Ave N		City Seattle			State WA	Zip Code 98109-5210
Purpose of Expenditure (by code) OFFICE	Description Office Supplies		Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required ut  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind contra	committee)	dent	iked)	Andreas de la constanta de la	\$10.07
Name of Payee Amazon, Inc				Date of Payment 07/26/2019	Method o	
Street Address		City Seattle			State WA	Zip Code 98109-5210
410 Terry Ave N Purpose of Expenditure (by code) OFFICE	Description Office Supplies		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure  Coordinated without reimbursement sought (in-kind contr	committee) Indepen	dent	ked)		\$53.18

SUBTOTAL Section P - This Page	\$102.71
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

SEEC FORM 20
Revised January 2015

NAME OF COMMIT		OITURES (Section	ns P-T	Γ)	Page	288	of
	TEE (Provide Complete Name as Registered with Fili	ng Repository)		TYPE OF REPO	RT.	WANTS	wastika eta
Bronin for Mayor		A CONTRACTOR OF THE PROPERTY O		7th day preced	2021 2 20 TO 10 TO	v	
5255 F 54 G 55 21 2	P. Expe	ises Paid by Comi	nittee				
Name of Payee Amazon, Inc				Date of Payment 08/12/2019	CI	od of Pa	
Street Address		City				bit Can	
410 Terry Ave N		Seattle			State WA		ip Code 98109-52
Purpose of Expenditure (by code) OFFICE	Description Office Supplies		Ever	at #			nount
Exponditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expendi  Coordinated without reimbursement sought (in-kind co	or committee) ture)	w" is che	Cked)	D		\$1
Name of Payee				Date of Payment	Matha	i of Pay	
Amazon, Inc				08/13/2019	∐Ch	or Pay eck # oit Card	
Street Address		City			State		p Code
410 Terry Ave N		Seattle			WA		3109-52
Purpose of Expenditure (by code) OFFICE	Description Office Supplies		Event			Am	ount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	or committee) arc)Indepe	ndent	ked)	n		\$12
lame of Payee	The state of the s	irrout(oil)					
mile of Layee				D . CD			
Amazon, Inc				Date of Payment 08/13/2019	Method Che	ek#	
		City Seattle		•	Che Deb	ck# it Card Zip	EFT
Amazon, Inc	Description Office Supplies		Event	08/13/2019	☐ Che	ck# it Card Zip	EFT Code 109-521
Arnazon, Inc  Treet Address  110 Terry Ave N  urpose of Expenditure	Office Supplies  Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure)	nless "None of the below"	is check	08/13/2019	Chee	ck # it Card Zip 98	EFT Code 109-521
Arnazon, Inc  treet Address  10 Terry Ave N  urpose of Expenditure by code) OFFICE  expenditure #  (applicable)	Office Supplies  Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate of	nless "None of the below"	is check	08/13/2019  (ed)  A B C D	Chec	it Card Zip 98	EFT Code 109-521 unt \$21
treet Address  10 Terry Ave N  urpose of Expenditure by code) OFFICE  expenditure #  (applicable)	Office Supplies  Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure)	nless "None of the below"	is check	08/13/2019	Chee	it Card Zip 98 Amo	EFT Code 109-521 unt \$21
Amazon, Inc  treet Address  10 Terry Ave N  urpose of Expenditure by code) OFFICE  expenditure #  (applicable)  anne of Payee  mazon, Inc	Office Supplies  Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure)	nless "None of the below"	is check	08/13/2019  (ed)  A B C D	Chec Debi	Zip 98 Amo	EFT Code 109-521 unt \$21
Amazon, Inc  treet Address  10 Terry Ave N  urpose of Expenditure by code) OFFICE  expenditure # (applicable)  anne of Payee mazon, Inc  reet Address  10 Terry Ave N	Office Supplies  Type of Expenditure (ttemization in Addendum P Required u V None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind cont	nless "None of the below"	is check	08/13/2019	Chec	Zip 98  Amo  Tard  Zip 98  Amo  Zip 27	Code 109-521 ount \$21
Arnazon, Inc  treet Address  10 Terry Ave N  urpose of Expenditure by code) OFFICE  expenditure # (applicable)  anne of Payee mazon, Inc	Office Supplies  Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure)	Seattle  Inless "None of the below" recommittee) The Drganiz	is check	08/13/2019	Method c Chec	Zip 98  Amo  Tard  Zip 98  Amo  Zip 27	Code 109-521

SUBTOTAL Section P - This Page	\$77.13
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

SEEC FORM 20
Revised January 2015

'age	289	of	346

MAME OF COMMIT	TEE (Provide Complete Name as Registered with Fili	ng Repository)		TYPE OF REPOI	PT	
Bronin for Mayor	· ·	<u> </u>		7th day precedi		V
None CD	P. Expen	ises Paid by Com	mittee	, p	пу рити	
Name of Payce Amazon, Inc			marina ang pang ang ang	Date of Payment 08/14/2019	Ch	d of Payment eck #
	-	City		<u> </u>	State	Zip Code
410 Terry Ave N Purpose of Expenditure		Seattle			WA	98109-5210
(by code) OFFICE	Description Office Supplies		Eve			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required    V   None of the below (does not involve another candidate     Coordinated with reimbursement sought (joint expendit)   Coordinated without reimbursement sought (in-kind continued)	or committee) ure) Inde	pow" is che pendent nization:	cked)	Đ	\$9.
Name of Payee				Date of Payment	Made	6 D
Amazon, Inc				08/16/2019	Method Che	
		City			State	Zip Code
410 Terry Ave N Purpose of Expenditure		Seattle			WA	98109-5210
(by code) OFFICE	Description Office Supplies		Even	1#		Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	r committee) re)	endent	ked)		\$10.0
lame of Payee			<del></del>			
Amazon, Inc				Date of Payment 08/19/2019	Method of Chec	
treet Address 10 Terry Ave N		City Seattle			State WA	Zip Code 98109-5210
urpose of Expenditure by code) OFFICE	Description 1 Office Supplies		Event	#		Amount
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure  Coordinated without reimbursement sought (in-kind contri	committee)	ident	ed)		\$24.44
nme of Payce mazon, Inc			<del>-</del> -	Date of Payment	Mathadad	
				08/26/2019	Method of Check	#
rect Address		City			State	Zip Code
0 Terry Ave N		Seattle			WA	98109-5210
pose of Expenditure code) OFFICE	Description Office Supplies		Event#			Amount
enditure # pplicable)	Type of Expenditure (Hemization in Addendum P Required unlt    None of the below (does not involve another candidate or co   Coordinated with reimbursement sought (joint expenditure)   Coordinated without reimbursement sought (in-kind contrib	ommittee) Independ	lent	d) ]A		\$85.99

SUBTOTAL Section P - This Page	Ţ.00.01
TOTAL OF ALL EXPENSES DATE BY A SAME TO TAKE THE PROPERTY OF ALL EXPENSES DATE BY A SAME TO TAKE THE PROPERTY OF ALL EXPENSES DATE BY A SAME TO TAKE THE PROPERTY OF ALL EXPENSES DATE BY A SAME TO TAKE THE PROPERTY OF ALL EXPENSES DATE BY A SAME TO TAKE THE PROPERTY OF ALL EXPENSES DATE BY A SAME TO TAKE THE PROPERTY OF ALL EXPENSES DATE BY A SAME TO TAKE THE PROPERTY OF ALL EXPENSES DATE BY A SAME TO TAKE THE PROPERTY OF ALL EXPENSES DATE BY A SAME TO TAKE THE PROPERTY OF ALL EXPENSES DATE BY A SAME TO TAKE THE PROPERTY OF ALL EXPENSES DATE BY A SAME TO TAKE THE PROPERTY OF ALL EXPENSES DATE BY A SAME TO TAKE THE PROPERTY OF ALL EXPENSES DATE BY A SAME TO TAKE THE PROPERTY OF ALL EXPENSES DATE BY A SAME TO TAKE THE PROPERTY OF ALL EXPENSES DATE BY A SAME TO TAKE BY A SAME TO	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

SEEC FORM 20	
Revised January 2015	

ge	290	of	346

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Fi	in a part of the same	et andelin	A	.,	
Bronin for Mayor	2	ing nehiminah)		TYPE OF REPOI		
	P. Fyro	nses Paid by Com	San Visita de la compansión de la compan	7th day preced	лд primary	<i></i>
Name of Payce		uses Fald by Comi	nittee		autraudt	
Amazon, Inc				Date of Payment 08/27/2019	Che	
Street Address					<b>✓</b> Del	oit Card EFT
410 Terry Ave N		City Seattle			State	Zip Code
Purpose of Expenditure	Description				WA	98109-5210
(by code) OFFICE	Office Supplies		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Require	d unless "None of the belo	w" is chea	rked)	_	<b>*</b> 00 *
та шррикаше)	Note of the below (does not involve another candidate	e or committee)		,		\$62.9
	Coordinated with reimbursement sought (joint expend		pendent			
	Coordinated without reimbursement sought (in-kind co	ontribution) Orga	nization:	$\square$ A $\square$ B $\square$ C $\square$	D	
Name of Payee				Date of Payment	Mother	-CD
Amazon, Inc				08/27/2019	Chec	of Payment ck #
				00/2/12019	Debi	t Card EFT
Street Address		City			State	-, <del></del>
410 Terry Ave N		Seattle			WA	Zip Code 98109-5210
Purpose of Expenditure	Description	<u> </u>	Event	и		00103-3210
(by code) OFFICE	Office Supplies		oven	#		Amount
Expenditure #	Type of Expenditure (Hemization in Addendum P Required	tudess "None of the bet			_	
if applicable)	None of the below (does not involve another candidate or committee)					\$64.8
	Coordinated with reimbursement sought (joint expendit	ture) Indepo	endent			
_	Coordinated without reimbursement sought (in-kind co.		ization:		,	
Vame of Payee						
Гатіе Andrade	·		Ī	Date of Payment	Method o	f Payment
				08/28/2019	Check	
treet Address		City			Debit	Card EFT
		, ,			State	Zip Code
urpose of Expenditure	Description					
<sup>by code)</sup> WAGE	Canvassing		Event #	ŧ		Amount
xpenditure #	Tune of Every litter (Inni)					
(applicable)	Type of Expenditure (Itemization in Addendum P Required a None of the below (does not involve another candidate of	unless "None of the below"	" is checke	ed)		\$60.00
	Coordinated with reimbursement sought (joint expenditu	r committee) Indeper	ndent		1	
	Coordinated without reimbursement sought (in-kind con-				ļ.	
ame of Payee		tribution)	catton.	□a □B □C □D		
V Solutions			T	Date of Payment	Method of	Payment
		,		07/26/2019	Check	#
reet Address					Debit (	ard EFT
O Complete De Gue G		City			State	Zip Code
Sandra Dr, Ste 2		South Windsor			CT	06074-1043
code) EFV	Description Equipment Rental		Event#		<del> </del>	
	,				<b>'</b>	Amount
penditure #	Type of Expenditure (Itemization in Addendum P Required un	rless "None of the below"	is checked	<i>(</i> )	1	<b>#50.4</b> 0
annticahte) 1	ivole of the below (does not involve another candidate or committee)				\$53.18	
applicable)		, I				
applicable)	Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind contr	е) Ілференс		]A		

SUBTOTAL Section P - This Page	\$241.00
TOTAL of ALL Experiences and a section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

SEEC FORM 20
Revised January 2015

Page 291 of

of 346

WHILE CH COMMUNITY	BE (Provide Complete Name as Registered with Filing	g Repository)	· Programs	TYPE OF REPOR	r s	
Bronin for Mayor		No. of Control of Cont		7th day precedin	30141 3011 11 11 11 11 11 11 11	
	P. Expens	ses Paid by Comm	tittee		g primer,	
Name of Payee Bank of America Street Address		Observed Consistency	Action 19	Date of Payment 08/01/2019	Che	I of Payment eck #  oit Card  FFT
		City			State	Zip Code
185 Asylum St Purpose of Expenditure	Description	Hartford			СТ	06103-3401
(by code) BNK	Bank Fee		Ever			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepe	endent	Cked)	<b>,</b>	\$13.0
Name of Payce Bank of America Street Address				Date of Payment 08/05/2019	Che	of Payment ek # t Card
		City Hartford			State	Zip Code
185 Asylum St Purpose of Expenditure	Description	namoro			CT	06103-3401
(ph code) BNK	Bank Fee		Event			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contra	committee)	ndent	ked)		\$30.00
Name of Payce Bank of America				Date of Payment 08/12/2019	Check	f Payment c# Card  ✓ EFT
Street Address 185 Asylum St		City Hartford	<u>_</u>		State CT	Zip Code 06103-3401
Purpose of Expenditure by code) BNK	Description Bank Fee		Event	#		Amount
3xpenditure # If applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	committee)	dent	ed) ABCD	F-1	\$30.00
lame of Payee Bank of America				Date of Payment 08/12/2019	Method of Check	#
reet Address		City			Debit (	
85 Asylum St		Hartford			State CT	Zip Code 06103-3401
y code)BNK	Description Bank Fee		Event #			Amount
spenditure # applicable)	Type of Expenditure (Itemization in Addendum P Required unle    None of the below (does not involve another candidate or co   Coordinated with reimbursement sought (joint expenditure)   Coordinated without reimbursement sought (in-kind contrib	ommittee) Independ	ent	d)   A		\$30.00

SUBTOTAL Section P - This Page	\$103.05
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

SEEC FORM 20
Revised January 2015

Page	292	of	346

Bronin for Mayor	TYPE OF REPO 7th day preced			A CONTRACTOR OF THE PARTY OF TH	v	
N C	P. Exp	enses Paid by Com	mittee	a, au, proced	mg primar	y <del>Alangaranan arang ar</del>
Name of Payee Bank of America				Date of Payment 08/14/2019	СР	d of Payment eck #
Street Address		City			De	bit Card 🗸 EFT
185 Asylum St Purpose of Expenditure		Hartford			State CT	Zip Code 06103-3401
(by code) BNK	Description bank fee		Evc	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Requir  None of the below (does not involve another candida  Coordinated with reimbursement sought (joint expen	tte or committee) diture)Inde	pendent nization:		D	\$25.0
Name of Payce						
Bank of America Street Address				Date of Payment 08/15/2019	Che	of Payment ck # it Card ☑ EFT
185 Asylum St		City Hartford			State CT	Zip Code 06103-3401
Purpose of Expenditure (by code) BNK	Description Bank Fee		Even	t #		Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Require  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expend  Coordinated without reimbursement sought (in-kind co	e or committee) iture)	endent	ked)	)	\$1.84
Name of Payee Bank of America				Date of Payment 08/15/2019	Method o	of Payment
treet Address		T			Debit	Card FFT
85 Asylum St		City Hartford			State CT	Zip Code 06103-3401
urpose of Expenditure by code) BNK	Description Bank Fee		Event	#		Amount
xpenditure # f applicable)	Type of Expenditure (Hemization in Addendum P Required  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expendit  Coordinated without reimbursement sought (in-kind cor	or committee) ure) Indeper	dent	ed)		\$30.00
ank of America		,		Date of Payment 08/21/2019	Method of Check	#
reet Address 85 Asylum St		City Hartford			Debit (	Card  EFT Zip Code
rpose of Expenditure	Description Bank Fee	Tiaitioto	Event #		СТ	06103-3401
penditure #	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)	r committee) re)		1)	1	Amount \$30.00
i	Coordinated without reimbursement sought (in-kind cont			A B C D		

SUBTOTAL Section P - This Page \$86.84	
TOTAL of Section P Pages \$752,454.78	TOTAL OF ALL EVOENCES BAIR BA
BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$752,454.78	A THE WALL EXPENSES PAID BY C

SEEC FORM 20
Revised January 2015

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Bronin for Mayor	ITEE (Provide Complete Name as Registered with a	A 100 2012 WANTED		TYPE OF REPO	2002224410001445	
		Shirt and the same of the same		7th day prece	ding primary	
Name of Payee	<u> </u>	penses Paid by Com	mittee	Filmed Quiden		44-57 (57.4 Pet 10
Bank of America				Date of Payment 08/29/2019	Che	
Street Address		City			Deb	it Card 🗸 EFT
185 Asylum St	_	Hartford			State CT	Zip Code 06103-3401
Purpose of Expenditure (by code) BNK	Description Bank Fee		Eve	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required) None of the below (does not involve another candid) Coordinated with reimbursement sought (joint expense) Coordinated without reimbursement sought (in-kind)	ate or committee) nditure)	ow" is che pendent mization:		]p	\$30.0
Name of Payce Bank of America				Date of Payment		0.15
-and or varience				08/29/2019	Check	of Payment k #
Street Address				00/23/2019	Debit	Card 🗸 EFT
185 Asylum St Purpose of Expenditure		City Hartford			State CT	Zip Code 06103-3401
by code) BNK	Description Bank Fee		Even			Amount
ame of Payce	Type of Expenditure (Itemization in Addendum P Require  None of the below (does not involve another candidat  Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	c or committee) liture)	endent	ABC	[	\$30.00
obby Berriault				Date of Payment 08/28/2019	Method of ✓ Check	Payment
rect Address				00/20/2019		
reet Address 95 Hartford Rd, C2	<del></del>	City New Britain		00/20/20 19	Dobit C	
95 Hartford Rd, C2 prose of Expenditure y code) WAGE	Description Canvassing	New Britain	Event a	7	State CT	Card EFT
95 Hartford Rd, C2 urpose of Expenditure y code) WAGE  penditure # applicable)	Description	with times "None of the below" or committee)	' is checke	7	State CT	Card EFT Zip Code
95 Hartford Rd, C2 prose of Expenditure y code) WAGE penditure #	Description Canvassing  Type of Expenditure (Hemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit	with times "None of the below" or committee)	'is checke dent ation:	ų ed)	State CT  Method of P Check #	Zip Code  Amount \$165.00
95 Hartford Rd, C2 urpose of Expenditure y code) WAGE  penditure # applicable)	Description Canvassing  Type of Expenditure (Hemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit	New Britain  where we will be the second or committee) Independent intribution Organiz	'is checke dent ation:	7 ☑A ☑B ☑C ☑I Date of Payment	State CT	Zip Code  Amount \$165.00
95 Hartford Rd, C2 prose of Expenditure y code) WAGE  penditure # applicable)  me of Payee est Buy  ret Address  O1 New Britain Av.	Description Canvassing  Type of Expenditure (Hemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	with times "None of the below" or committee)	'is checke dent ation:	7 ☑A ☑B ☑C ☑I Date of Payment	State CT  Method of P Check # Debit Ca	Zip Code  Amount \$165.00
95 Hartford Rd, C2 prose of Expenditure y code) WAGE  penditure # applicable)  me of Payee est Buy	Description Canvassing  Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	New Britain  I unless "None of the below" or committee) ture) Independent Intribution Organiz  City West Hartford	dent ation: [	Part B C L Date of Payment  08/06/2019	Method of P Check # Debit Ca State CT	Zip Code  Amount \$165.00  ayment  rd EFT  Zip Code

\$266.57	SUBTOTAL Section P - This Page
\$752,454.78	TOTAL OF ALL EXPENSES PAID BY COMMISSION
\$752,454.78	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

SEEC FORM 20
Revised January 2015

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		d with Filing Repositor		TYPE OF RE	Care and the state of the state of		
Name of Payee		P. Expenses Paid b	v Commi	7th day pred	eding prima	ry	
Nicoletta Blevins				Date of Payment 08/01/2019	Meth	od of Payment heck # 1134	
Street Address						ebit Card EFT	
55 Trumbull St, A	pt 1010	City Hartford	ı		State	Zip Code	
Purpose of Expenditure (by code) WAGE	Description Canvassing			Event #	CT	06103-2424	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum  None of the below (does not involve anothe)  Coordinated with reimbursement sought (joi  Coordinated without reimbursement sought	nt expenditure)	Independ			Amount \$45.0	
Name of Payce Brenda Brewer					<b>⊣</b> р		
treet Address				Date of Payment 07/17/2019	<b>∠</b> Che	of Payment cck # 1077 it Card EFT	
8 Cleveland Ave		City Hartford			State	Zip Code	
urpose of Expenditure by code) WAGE	Description Canvassing	Transolu	I	Event#	CT	06120-1302	
penditure #	Type of Expenditure (Itemization in Addendum P  None of the below (does not involve another)				}	Amount	
me of Payee enda Brewer	✓ None of the below (does not involve another of Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	expenditure)	Independer Organizatio	nt .		\$480.00	
eet Address		1.0		08/01/2019	✓ Checi Debit	<sup>4</sup> 1121	
Cleveland Ave	Description	City Hartford			State CT	Zip Code 06120-1302	
code) WAGE	Canvassing	•	ĺ	ent#		Amount	
Opticable)	Type of Expenditure (Itemization in Addendum P Re  None of the below (does not involve another car  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-key)	control (committee)	below" is ch Independent Organization:			\$345.00	
e of Payee	owant (III-k	ла солиноштоп) 🗀	- Paritation:		D	l	
nda Brewer				Date of Payment 08/28/2019	Method of V Check #	1206	
leveland Ave		City Hartford			_	Zip Code	
se of Expenditure de) WAGE	Description Canvassing	, iditiolu	Even	t#		06120-1302	
	Type of Expenditure (Itemization in Addendum P Req.  None of the below (does not involve another cand	uired unless "None of the F	elow" is chac	ked)	A	\$180.00	

Siprov	
SUBTOTAL Section P - This Page	\$1,050.00
TOTAL OF ALL EXPENSES PAID BY COMME	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

SEEC FORM 20
Revised January 2015

Page	295	of	346

ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  IYPE OF REPOR				AND ASSESSMENT OF THE PARTY OF		
			7th day preced	ding primar	У	
L. L.	xpenses Paid by Cor	nmitte	<b>e</b>			
Name of Payee Jevon Brunson		1		Method of Payment Check # 1231		
	City				bit Card EFT	
Desire	Hartford			State CT	Zip Code 06112-1701	
Canvassing		E	vent#		Amount	
Coordinated with reimbursement sought (joint exp	idate or committee) enditure)	lependen	t	]D	\$480.0	
				<u> </u>		
			1	Method Che	of Payment	
			08/30/2019	Check # 1249  Debit Card EFT		
	City					
	Hartford			1	Zip Code 06112-1701	
Description Canvassing		Eve	ent#		Amount	
Type of Evypoidity (I)		ł		Amount		
Coordinated with reimbursement sought (joint exper	nditure)lnde		Date of Payment		of Payment	
Buying Time  Street Address		08/05/2019		Check #		
650 Massachusetts Ave NW, Ste 210		City Washington		State	Zip Code 20001-3728	
Description Television Advertising		Ever	nt #	Amount		
Coordinated with reimbursement sought (joint expend	te or committee) Liture) Indep	endent	_	\$40,717.00		
			Ť			
			08/12/2019	1 —	_	
	Washington			State DC	Zip Code 20001-3728	
Description Television Advertising		Event	#	Amount		
Type of Expenditure (Itemization in Addendum P Required    None of the below (does not involve another candidate    Coordinated with reimbursement sought (joint expenditure)	Or committee)		ked)	\$60,900.00		
	Description Canvassing  Type of Expenditure (Itemization in Addendum P Req   None of the below (does not involve another cand)   Coordinated without reimbursement sought (joint expenditure)   Description   Canvassing  Type of Expenditure (Itemization in Addendum P Required)   None of the below (does not involve another candid)   Coordinated without reimbursement sought (joint expenditure)   Coordinated without reimbursement sought (in-kind)   Ave NW, Ste 210   Description   Television Advertising   Type of Expenditure (Itemization in Addendum P Required)   Coordinated with reimbursement sought (joint expenditure)   Coordinated with reimbursement sought (in-kind)   Coordinated without reimbursement sought (in-kind)	Description Canvassing  Type of Expenditure (Itemization in Addendum P Required unless "None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Description Canvassing  Type of Expenditure (Itemization in Addendum P Required unless "None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization Advertising  Type of Expenditure (Itemization in Addendum P Required unless "None of the below (does not involve another candidate or committee) Coordinated without reimbursement sought (in-kind contribution)  City Washington  Type of Expenditure (Itemization in Addendum P Required unless "None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (in-kind contribution)  City Washington  City Washington  City Washington  Type of Expenditure (Itemization in Addendum P Required unless "None of the helow (Description Television Advertising  Type of Expenditure (Itemization in Addendum P Required unless "None of the helow (Description Television Advertising	Description Canvassing  Type of Expenditure (*Nemization in Addendum P Required timess "None of the below" is a Coordinated with reimbursement sought (joint expenditure)    Coordinated without reimbursement sought (in-kind contribution)   Organization	Date of Payment   O8/28/2019	Date of Payment   O8/28/2019   O8/28/28/28/28/28/28/28/28/28/28/28/28/28	

SUBTOTAL Section P - This: Page	\$102,262.00
TOTAL OF ALL EXPENSES DATE BY ANALYSIAN TOTAL OF Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Entertotal on Line 19, Column A of Summary Page Totals)	\$752,454.78

SEEC FORM 20 Revised January 2015

## IV. EXPENDITURES (Sections P-T)

Page

296

346

Bronin for Mayor	EE (Provide Complete Name as Registered with Fili	ng Keposuory)		TYPE OF REPOR	200 100 100 100 100 100 100 100 100 100	
	7th day precedin				ng primary	/
Name of Payce	P. Cxpe	ises Paid by Com	mittee			9 5 5 6 6 E
Buying Time	Date of Payment 08/15/2019		Method of Payment Check # Debit Card FEFT			
Street Address		City			State	
650 Massachusetts	S Ave NW, Ste 210	Washington			DC	Zip Code 20001-372
Purpose of Expenditure (by code) A-TV	Description Television Advertising		Eve	ent#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendium P Required    None of the below (does not involve another candidate   Coordinated with reimbursement sought (joint expendit   Coordinated without reimbursement sought (in-kind co	andidate or committee) expenditure)  Independent				\$55,501.0
Name of Payee						
Buying Time Street Address				Date of Payment 08/21/2019	Method of Payment Check # Debit Card VEFT	
650 Massachusetts Purpose of Expenditure		City Washington		•	State DC	Zip Code 20001-3728
(by code) A-TV	Description Television Advertising		Eve			Amount
Expenditure # if applicable)	Type of Expenditure (Hemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude)  Coordinated without reimbursement sought (in-kind con	or committee) are) ladep	w" is che endent nization:	cked)		\$63,921.0
Name of Payce Buying Time				Date of Payment		f Payment
				08/28/2019	Checl	
treet Address 550 Massachusetts /	Ave NW. Ste 210	City Washington			State	Zip Code 20001-3728
Purpose of Expenditure by code) A-TV	Description Television Advertising	<u> </u>	Event	#		Amount
ixpenditure # If applicable)	Type of Expenditure (Itemization in Addendum P Required III.  None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control of the con	committee)	endent	ked)		\$68,013.20
ame of Payee larvin Byrd		,		Date of Payment 07/17/2019	Method of	<sup>#</sup> 1075
reet Address		City			Debit (	
B Bissell St	Description	Manchester			State CT	Zip Code 06040-5304
v code) WAGE	Canvassing		Event :		Amount	
penditure # applicable)	Type of Expenditure (Itemization in Addendum P Required un    V   None of the below (does not involve another candidate or   Coordinated with reimbursement sought (joint expenditure)   Coordinated without reimbursement sought (in-kind contri	committee) Indepen	dent	ed)		\$405.00

SUBTOTAL Section P - This Page	187,840.20
TOTAL of Section P Pages	752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	
and the state of t	752,454.78