NAME OF COMMITTEE (Provide Co	mplete i	Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT	ğı savçı		045,004
Bronin for Mayor	- 100-100-1005					July 10 filing			
A. Total Contributions from Small	35-844-51	Panton	Period O	NLY	-1 ( 002000000000000000000000000000000000				
(See instructions for definition of Small)	Contrib	utor)	ğışınışı.		Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals		diraliyas		
Last Name				First					M.L
Wilson				Wa	iyne				
Residential Street Address			City				State	Zip Code	
1810 Albany Ave			Hartford				CT	06105-1	1005
Principal Occupation Retired				Name Reti	of Employer red				,
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 th	or business				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	lo l	contributor a principal of a stat  If yes, indicate which branch or  branches of government the  contract is with:	г	or pros		☑ No			\$25.00
Method of contribution; ☐ Cash ☐ Personal Check ☑ Credit			Money Ord	ег	Date Received 05/16/2019	Aggregate contributions \$25.00			
Last Name		** *		First	t		•		M.I.
Winkler				Lis	a				Α
Residential Street Address			City				State	Zip Code	.=00
22 Avalon Dr			Avon	,	******		CT	06001-3	3538
Principal Occupation Consultant					of Employer ovate & Organize				
dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more th	or business	ndidate hc/she	committee for a chief is associated with have	executive officer of a 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 #	res lo	s contributor a principal of a state figes, indicate which branch obranches of government the	er	or pros	·	∏ No			\$200.00
Method of contribution:		contract is with:  ard Payroll Deduction			Date Received 06/18/2019	Aggregate contributions \$200.00	= )		
Last Name				Firs	t				M.I.
Winn				Gil	bert				
Residential Street Address 5 Byron St			City Boston		•		State MA	Zip Code 02108-3	3401
Principal Occupation CEO			1		e of Employer nCompanies				
dependent shild of a labbuist?	Yes No	If contribution is in excess of manicipality does contributor manicipality valued at more t	or business	he/she	c committee for a chief is associated with have	executive officer of a a contract with said No	Amour	it of Cont	ribution
ls this contribution associated with an event reported in Section L1?	res	s contributor a principal of a state  If yes, indicate which branch of  branches of government the	or	-		√No		\$	1,000.00
If yes, list Event # 052819a		contract is with:		recutiv 	Dute Received 05/28/2019	Aggregate contributions \$1,000.00	)		
							-		

\$1,225.00	SUBTOTAL Section B - This Page
\$283,294.22	TOTAL of Section B Pages
\$283,294.22	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE   (Provide Complete Name as Registered with Filing	g Reposit	ory)		TYPE OF REPORT			
Bronin for Mayor				July 10 filing			
A. Total Contributions from Small Contributors - Received this Pe	ariod Of	VLY:				•••	
(See instructions for definition of Small Contributor)			ubtotal Section A				\$0.00
B; Itemized Con	stributio	ons fro	m Individuals	er en engele en			
Last Name		First					M.I.
Winstanley		Adan	n				D
Residential Street Address	City				State	Zip Code	
35 Attawan Rd	Concord				MA	01742-1	614
Principal Occupation Real Estate Investor			f Employer anley Enterprise	s			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of \$40 municipality does contributor or municipality valued at more than	business h	didate co e/she is	ommittee for a chief e associated with have : Yes	executive officer of a a contract with said No	Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  We see the reported in Section L1?	_	or prospe	ective state contractor	✓ No		\$^	1,000.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction M	Toney Orde	. Ł	Date Received 06/15/2019	Aggregate contributions \$1,000.00			
Last Name		First					M.1.
Wise		Lewi	s				
Notification of the control of the c	City				State	Zip Code	1404
98 Walbridge Rd	West Ha				СТ	06119-1	1161
Principal Occupation Attorney			f Employer Nassau LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Ves If contribution is in excess of \$46 municipality does contributor or municipality valued at more than	business h	ndidate c ne/she is	ommittee for a chief of associated with have Yes	executive officer of a a contract with said No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Section L1?  Is contributor a principal of a state of If yes, indicate which branch or branches of government the	_		ective state contractor	✓ No			\$100.00
Method of contribution:		ecutive	Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction N	Money Orac		06/10/2019	\$100.00			M.I.
Last Name Wiseman		First Jere	mv				141.5.
	City	.L			State	Zip Code	
	Hartford	<u>t</u>			СТ	06105-	3908
Principal Occupation Design		Name o Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Ves ff contribution is in excess of \$4 municipality does contributor or municipality valued at more than	r business I in \$5,000?	he/she is	ussociated with have	a contract with said  No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  No 1516102  Is contributor a principal of a state of the section of the section of the section beautiful to the section of the sec	_			✓ No			\$100.00
If yes, list Event # 051619a INO branches of government the contract is with:	Ex	ecutive		ative			
Method of contribution:  ☐ Cash	Money Ord	ler	Date Received 05/16/2019	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$1,200.00
TOTAL of Section B Pages	\$283,294.22
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$283,294.22

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NAME OF COMMITTEE (Provide Complete Name of	s Registered with File	ing Reposi	(ory)		TYPE OF REPORT	50.00.00	990165765755	
Bronin for Mayor		100000000000000000000000000000000000000	410-0010-001		July 10 filing		30,,,2	
A. Total Contributions from Small Contributor	s - Received this l	eriod O	NLY					
(See instructions for definition of Small Contributor)				Subtotal Section A	¥ .			\$0.00
	B. Itemized Co	ontributi	ons fr	om Individuals				
Lust Name			First			,		M.I.
Wiseman			San	dra				
Residential Street Address		City				State	Zip Code 06105-4	444
968 West Blvd	<u> </u>	Hartford				CT	06105-4	144
Principal Occupation Retired			Retir	of Einployer ed				
dependent child of a lobbyist? munic	ribution is in excess of \$ ipality does contributor of ipality valued at more the	or business l	ndidate ne/she is	committee for a chief s associated with have Yes	executive officer of a a contract with said No	Amoun	t of Conti	ribution
event reported in Section L1?	utor a principal of a state indicate which branch or s of government the is with:		or prosp ecutive		No □ 1ez			\$50.00
Method of contribution:	Payroll Deduction	Money Orde	er	Date Received 05/16/2019	Aggregate contributions \$50.00			
Last Name			First					M.I.
Wishart ·			Ray	mond				
Residential Street Address		City				State	Zip Code	2004
70 Wrights Crossing Rd		Pomfre				СТ	06259-2	2224
Principal Occupation Network Engineer			i	of Employer Communication:	3			
dependent child of a lobbyist?	tribution is in excess of \$ ipality does contributor of the ipality valued at more than its properties.	or business l				Amoun	it of Cont	ribution
event reported in Section L1?  Yes  If yes, branche	utor a principal of a state indicate which branch or is of government the t is with:		or pros	_	✓ No			\$25.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐	Payroll Deduction	Money Ord	ler	Date Received 04/16/2019	Aggregate contributions \$25.00			
Last Nume			First					M.I.
Wishnie			Mic	hael				
Residential Street Address		City				State	Zip Code	404E
272 Edgehill Rd		Hamde				СТ	06517-	4015
Principal Occupation Law Professor			Yale	of Employer Law School				
dependent child of a lobbyist?	tribution is in excess of pipality does contributor pipality valued at more the properties of the pr	or business nan \$5,000?	he/she i	s associated with have	e a contract with said ✓ No	Amour	ıt of Cont	rib <b>uti</b> on
event reported in Section L1?    If yes,   V No   branche	outor a principal of a state indicate which branch or as of government the	r		_	✓ No	The second secon		\$250,00
If yes, list Event # contract Method of contribution:	t is with:		ecutiv	Date Received	lative Aggregate contributions	1		
Cash Personal Check Credit/Debit Card	Payroll Deduction	Money Ord	зег	05/23/2019	\$250.00	1		

\$325.00	SUBTOTAL Section B - This Page
\$283,294.22	TOTAL of Section B Pages
\$283,294.22	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fil	ling Reposit	(ory)		TYPE OF REPORT			
Bronin for Mayor	A-1		*********		July 10 filing			
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY	Arthur Carlotter Communication (C.)				
(See instructions for definition of Small Con				Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals	andida zestoka			elk töb te
Last Name			First					M.I.
Wohlforth			Sus	san				
Residential Street Address		City				State	Zip Code	
60 Zaccheus Mead Ln		Greenw	ich			CT	06831-3	752
Principal Occupation				of Employer				
Retired			Reti	red				
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more th	or business h han \$5,000?	ne/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/Def	nit Card Payroll Deduction	Money Orde	ет	Date Received 04/30/2019	Aggregate contributions \$100.00			
Last Name			Firs	i				M.1.
Wolf			He	lmar				
Residential Street Address		City				State	Zip Code	
99 Ridge Rd		South V	Vinds	ЮГ		СТ	06074-3	3/18
Principal Occupation Owner				e of Employer wblic				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	or business 1 han \$5,000?	he/she	is associated with bave Yes	a contract with said  No	Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Wes  Wyes, list Event # 063019b	Is contributor a principal of a state of the	or	or pro		✓ No			\$500.00
Method of contribution:  Cush Personal Check ✓ Credit/Dc		Money Ord	ler	Date Received 06/30/2019	Aggregate contributions \$500.00			
Last Name			Firs	it.				M.i.
Wolff			Gr	egory				S
Residential Street Address		City	<del></del>			State	Zip Code	
16 Jonathan Dr		Ellingto				СТ	06029-	3885
Principal Occupation Financial Planner			Wo	e of Employer Iff Financial Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor numicipality 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			\$250.0
If yes, list Event #	contract is with:	E	recuti			-		
Method of contribution:  Cash ✓ Personal Check Credit/De	bit Curd Payroll Deduction	Money Ore	der	Date Received 05/31/2019	Aggregate contributions \$250.00	1		

SUBTOTAL Section B - This Page	\$850.00
TOTAL of Section B Pages	\$283,294.22
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$283,294.22

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fili	ing Reposit	(cry)		TYPE OF REPORT			166 ST 55
Bronin for Mayor				July 10 filing			
A, Total Contributions from Small Contributors - Received this I	eriod O	YLY					
See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
n para di Para	ontributi	ous fr	om Individuals				
Last Name		First					M.L.
Wolfson		Johi	1				M
Residential Street Address	City	l			State	Zip Code	
1 Constitution Plz, Ste 900	Hartford				СТ	06103-1	836
Principal Occupation			of Employer				
Attorney		Heine	er Wolfson				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$\mathbb{S}\$ municipality does contributor of municipality valued at more the state contribution associated with an \$\mathbb{T}_1 \ngreen \ngreen \mathbb{S}\$ Is contributor a principal of a state	or business f an \$5,000?	re/shc is	associated with have Yes	a contract with said  No	Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  ### 1983		ecutive		[ No			\$250.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 06/17/2019	Aggregate contributions \$250.00			
Last Name		First					M.I.
Wolinetz		Bria	ın				
Residential Street Address	City				State	Zip Code	
9 Gateshead Way	Unionvi	lle			СТ	06085-	1190
Principal Occupation Attorney		ŧ	of Employer le & Wolinetz				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of a municipality does contributor municipality valued at more than the contributor of the contr	or business inn \$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 event reported in Section L1?  If yes, list Event # 062519a  No  Section L1?  No  Is contributor a principal of a state of the section of the section L1?  If yes, indicate which branch or branches of government the contract is with:	r	or pros		✓ No			\$250.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 06/24/2019	Aggregate contributions \$250.00			
Last Name		First					M.I.
Yass		Rol	ert				K
Residential Street Address	City		_		State	Zip Code	
327 Ridgewood Rd	West H				СТ	06107-	3531
Principal Occupation Retired		Reti					
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist? No If contribution is in excess of municipality does contributor municipality valued at more than	or business han \$5,000?	he/she	is associated with bave	No No	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  No No branches of government the		r or pro		☑ ☑No			\$250.00
If yes, list Event # 063019b No branches of government the contract is with:	E	xecutiv		lative	1		
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Or	der	Date Received 06/24/2019	Aggregate contributions \$250.00	1		

\$750.00	SUBTOTAL Section B - This Page
\$283,294.22	TOTAL of Section B Pages
\$283,294.22	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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

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NAME OF COMMITTEE Provide Compl	ete Name as Registered with Fil	ing Reposit	(oryi)		TYPE OF REPORT	Gungar Gungar		
Bronin for Mayor	**************************************				July 10 filing			
A, Total Contributions from Small Co	ntributors - Received this	Period O	VLY					
See instructions for definition of Small Con				Subtotal Section A				\$0.00
	B, Itemized C	ontributi	ons fr	om Individuals	Sa da est da accidente			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Last Name			First					M.I.
Yennie			Hya	cinth				
Residential Street Address		City	ı			State CT	Zip Code 06114-2	204
190 Cheshire St		Hartford				C1	00114-2	204
Principal Occupation Retired			Retire					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more the	or business f han \$5,000?	ne/she is	associated with have	a contract with said  No	Amoun	it of Conti	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 prosp ecutive		✓ No			\$50.00
Method of contribution:  ✓ Cash Personal Check Credit/Det		Money Ord	ет	Date Received 05/20/2019	Aggregate contributions \$215.00			
Last Name			First					M.I.
Yennie			Hya	cinth				
Residential Street Address		City				State	Zip Code	
190 Cheshire St		Hartford	t			СТ	06114-2	2204
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	r or business than \$5,000?	he/she is	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 #	Is contributor a principal of a sta  If yes, indicate which branch to branches of government the contract is with:	or	or prosp		☑ ✓ No			\$25.00
Method of contribution:  Cash Personal Check Credit/De		Money Ord	ier	Date Received 06/28/2019	Aggregate contributions \$215.00			
Last Name			First	acinth				M.I.
Yennie		C'r-	liya	AO(I)III		State	Zip Code	L
Residential Street Address		City Hartfor	d			CT	06114-	2204
Principal Occupation Retired		riartion		of Employer red		.l	1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contribute municipality valued at more	r or business than \$5,000?	he/she i	is associated with hav	No No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  No. 100 100 100 100 100 100 100 100 100 10	Is contributor a principal of a sta If yes, indicate which branch branches of government the	or			V No			\$40.00
If yes, list Event # 063019b	contract is with:	E:	xecutiv			4		
Method of contribution:  ✓ Cash Personal Check Credit/Do	ebit Card Payroll Deduction	Money Or	der	Date Received 06/30/2019	Aggregate contribution: \$215.0			

TOTAL of Section B Pages \$283,294.22  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$283,294.22	SUBTOTAL Section B - This Page	\$115.00
	TOTAL of Section B Pages	\$283,294.22
	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$283,294.22

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# I. MONETARY RECEIPTS (Sections A-K) Page 307 of 347

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NAME OF COMMITTEE (Provide Co.	mplete Name as Registered with F	iling Reposi	(ory)	eningstructuren er en	TYPE OF REPORT			
Bronin for Mayor					July 10 filing			
A. Total Contributions from Small	Contributors - Received this	Period O	NLY	ra muhang d				
(See instructions for definition of Small (	10 per		A LAWRY WALKERS	Subtotal Section A				\$0.00
		`antributi	ane fi	om Individuals				
Last Name	P. I. CHILLE	20111111111111	First		Marie 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	C. 3 ***********************************		M.L
			İ					
Young		т.	Will	am		0	7: C I	
Residential Street Address		City	,			State	Zip Code 06103-2	one
1 Gold St, Apt 2D		Hartford				O1	00103-2	.300
Principal Occupation				of Employer				
Chief Strategy Officer			inter	Community, Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	latente/patrey (tarded at more)	r or business l than \$5,000?	ie/she is	associated with have	a contract with said  No	Amoun	t of Conti	·ibution
Is this contribution associated with an	es Is contributor a principal of a sta		or pros	sective state contractor	? Yes			\$200.00
event reported in Section L1?	If yes, indicate which branch	or			✓ No			4200.00
If yes, list Event # 063019b	branches of government the contract is with:	Ex	ecutive	. Legisla	ative			1
Method of contribution;  Cash ✓ Personal Check Credit/		Money Ord	er	Date Received 06/30/2019	Aggregate contributions \$200.00			
Last Name			First					M.I.
Young			Zac	hary				J
		City		,		State	Zip Code	l
Residential Street Address		West H	artfor	1		CT	06119-1	1451
887 Farmington Ave, Apt 3A Principal Occupation		1,,001		of Employer			<u>}                                    </u>	
Finance			Trav	elers Insurance			2,	
devendent shild of a labbuist?	Yes If contribution is in excess o municipality does contribute municipality valued at more	r or business	ndidate he/she i	committee for a chief s associated with have Yes	executive officer of a a contract with said  No	Атоиг	at of Cont	ribution
Is this contribution associated with an event reported in Section L1?		or	or pros		✓ No			\$50.00
	contract is with:			Date Received	Aggregate contributions	ĺ		
Method of contribution:  ✓ Cash Personal Check Credit	VDebit Card Payroll Deduction	Money Ord	ler	05/09/2019	\$50.00			
	L-1 · L-		First		· · · · · · · · · · · · · · · · · · ·			M.I.
Last Name								ĸ
Zabel			Na	hleen		T o	Zip Code	
Residential Street Address		City	ton			State CT	06013-	2109
185 W Chippens Hill Rd		Burling		25 1		10.	100010	
Principal Occupation Chair				of Employer Ington Democrati	c Town Committee			
1. 1. 1. 1.114	Yes If contribution is in excess of municipality does contribute municipality valued at more	or 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	Yes 1s contributor a principal of a st		or pro	pective state contracto	□			\$20.00
event reported in Section L1?	No If yes, indicate which branch branches of government the		kecutiv	e Legis	✓ No lative			
If yes, list Event #	contract is with:			Date Received	Aggregate contributions	1		
Method of contribution;  Cash Personal Check ✓ Credit	it/Debit Card Payroll Deduction	Money Or	der	06/13/2019	\$20.00	1		

\$270.00	SUBTOTAL Section B - This Page
\$283,294.22	TOTAL of Section B Pages
\$283,294.22	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comple	te Name as Registered with Fil	ing Reposit	ory)		TYPE OF REPORT			VIA 12-49
Bronin for Mayor		Cantal Straight Control of the Contr	sharter have	VAC 12 12 12 12 12 12 12 12 12 12 12 12 12	July 10 filing			
A. Total Contributions from Small Co See instructions for definition of Small Cont		Period O		Subtotal Section A				\$0.00
		ontributio	ns fr	om Individuals				
Last Name			First					M.l.
Zafiris		İ	Jam	es				
Residential Street Address		City				State	Zip Code	
95 Cedar Hill Road		Wallingf	ord			CT	06492	
Principal Occupation retired			retire					
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 h	didate e/she i:	committee for a chief of a sassociated with have Yes	executive officer of a a contract with said	Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?  Yes	Is contributor a principal of a state  If yes, indicate which branch or branches of government the				✓ No		\$*	00.000,1
If yes, list Event #  Method of contribution: Cash Personal Check Credit/Deb	contract is with:	-	ecutive	Date Received 05/30/2019	Aggregate contributions \$1,000.00			
Last Name			First				<u> </u>	M.I.
Zapatka			Lisa	1				Е
Residential Street Address		City				State	Zip Code	1400
1000 Asylum Ave		Hartford				CT	06105-2	2433
Principal Occupation Regional CNO (RN)			Trini	of Employer ty Health of NE				
Is contributor a lobbyist, speuse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	or business l han \$5,000?	ne/she	s associated with have	No No	Amou	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 062619a	Is contributor a principal of a star If yes, indicate which branch of branches of government the contract is with:	эг	or pros		V No			\$300.00
Method of contribution:  ☐ Cash	oit Card Payroll Deduction	Money Ord	er	Dute Received 06/26/2019	Aggregate contributions \$300.00	1		
Last Name			Firs	1	· —			M.I.
Zarinejad			Ma	na				
Residential Street Address		City				State	Zip Code 06042-	2246
84 Shepard Dr		Manche		ep., 1		[0]	00042-	2240
Principal Occupation VP, Corp., and Foundation Relations			CC	of Employer AC Foundation				
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	No No	Amou	nt of Cont	tribution
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			\$250.00
If yes, list Event #	contract is with:	E	cecuti	/c	Aggregate contribution	s		
Method of contribution:  Cash Personal Check ✓ Credit/De	bit Card Payroli Deduction	Money Or	der	06/17/2019	\$250.0			<u>.</u>

SUBTOTAL Section B - This Page	\$1,550.00
TOTAL of Section B Pages	\$283,294.22
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$283,294.22

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IAME OF COMMITTEE (Provide Comple	ne Name as Registered with Fil	ing Reposit	ory)		TYPE OF REPORT			
Bronin for Mayor			1100000000		July 10 filing			
A. Total Contributions from Small Co	ntributors - Received this	Period O	VLY					ļ
See instructions for definition of Small Com	**************************************			Subtotal Section A				\$0.00
See that Across for the fillings of School Con-		ontributi	ans fr	om Individuals				
	D, I (Jimbo)	70.42.53	First					M.I.
Last Name			Just	in				
Zartman		City	000	411		State	Zip Code	
Residential Street Address		Hartford				CT	06106-1	312
8 Columbia St Principal Occupation			Name	of Employer				
Union Representative		1	CT E	ducation Associa	tion			
	If contribution is in excess of	£400 to a cor	rdiduta	committee for a chief o	xecutive officer of a	<u> </u>	t of Cont	ibution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	or business !	ie/she i:	associated with have a	a contract with said  No	Amoun	it of Colle	DRUGH
Is this contribution associated with an Ver	Is contributor a principal of a stat	te contractor	or pros	nective state contractor	? Yes	Ì		\$250.00
event reported in Section L1?	If yes, indicate which branch o				✓ No			φ230.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutive	E Legisla	itive [V] NO			
Method of contribution:				Date Received	Aggregate contributions	]		
Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Ord	er	06/25/2019	\$250.00	<u> </u>		<del>,</del>
Last Name			First		·			M.I.
Zartman			Jus	tin				
Residential Street Address		City				State	Zip Code	1010
8 Columbia St		Hartford	d			СТ	06106-	1312
Principal Occupation	<del></del>	<u> </u>	4	of Employer				
Union Representative			CT E	Education Associa	ation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributo municipality valued at more	r or business	he/she	committee for a chief is associated with have	executive officer of a a contract with said  No	Amour	nt of Cont	ribution
Is this contribution associated with an Ves	Is contributor a principal of a sta	ite contractor	or pro	spective state contracto	r? Yes			\$250.00
event reported in Section L1?	If yes, indicate which branch				✓No			<b>4</b>
If yes, list Event # 063019a	branches of government the contract is with:	E:	kecutiv	re Legisl	ative	_		
Method of contribution:	_			Date Received	Aggregate contributions			
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Or		06/25/2019	\$250.0	٧		M.I.
Last Name			Firs	ŧ				
Zimmel			Jo	seph		,	1 - 2 -	R
Residential Street Address		City				State CT	Zip Code 06830-	
96 E Elm St		Green			<u> </u>	101	00000	
Principal Occupation				e of Employer -employed				
consultant				, ,				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contribute municipality valued at more	or or business than \$5,000°	s he/she ?	is associated with have	No No	Amou	int of Con	tributio
Is this contribution associated with an Yes	Is contributor a principal of a st	tate contracto	or or pro	spective state contracto	or? ∐Yes		:	\$1,000.0
event reported in Section L1?	If yes, indicate which branch	or		_	✓No			
If yes, list Event #	branches of government the contract is with:	□E	xecuti	ve Legis	lative			
Method of contribution: Cash Personal Check Credit/Do		Money O	rder	Date Received 04/24/2019	Aggregate contribution \$1,000.0			

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A.+ B) \$283,294,22	SUBTOTAL Section B «This Page	\$1,500.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$283,294.22  (Enter total on Line 13, Column A of Summary Page	TOTAL of Section B Pages	\$283,294.22
	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$283,294.22

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AME OF COMMITTEE (Provide	le Completi	? Name	as Registered with Fill	ng Repasit	ory)		TYPE OF REPORT			
Bronin for Mayor							July 10 filing			
A. Total Contributions from Si				eriod Of	ILY	Subtotal Section A				\$0.00
See Instructions for definition of Si	nan com	(Ullion)	D. Domiland Co	ontelloutle		om Individuals				
			D, Heimizeu Ci	munut	First	VIII III VIII III VIII			Company of the Company	M.I.
Last Name						athan				
Zlotnik					Jon	athan	<del></del>	State	Zip Code	
Residential Street Address				City Gardner				MA	01440-3	095
164 Sherman St, Apt 1				Galunei		of Employer				
Principal Occupation						monwealth of Ma	ssachusetts			
Legislator										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	mu mu	ontribution is in excess of S nicipality does contributor nicipality valued at more th	or business l an \$5,000?	ic/she i:	associated with have	No No	Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ☑ No	If yes branc	ributor a principal of a state s, indicate which branch or thes of government the		or pros		✓No			\$100.00
Method of contribution:    Cash   Personal Check   V	Credit/Debit		act is with:			Date Received 05/23/2019	Aggregate contributions \$100.00			
Last Name					First					M.I.
					Gre	gory				
Zorthian				City		3		State	Zip Code	<u></u>
Residential Street Address				Greenw	/ich			CT	06830-3	3917
6 Dogwood Ln Principal Occupation					Name	of Employer	· · · · · · · · · · · · · · · · · · ·			
Consultant						ia Consulting Se		1		
Is contributor a lubbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	me	contribution is in excess of micipality does contributor micipality valued at more t	or business han \$5,000?	he/she	is associated with have	No No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	∐Yes ✓ No	If ye bran	tributor a principal of a sta es, indicate which branch on thes of government the tract is with:	OF	or pro	<u></u>	lative No			\$100.00
Method of contribution:	Credit/Debi	L	Payroll Deduction	Money Or	ler	Date Received 04/22/2019	Aggregate contributions \$100.00			
Last Name	·				Fire	t				M.I.
					E	оге				1
Zuccarelli	<del></del>			City	T			State	Zip Code	:
Residential Street Address				Valley	Villac	e		CA	91607-	1120
12213 Tiara St				1		e of Employer				
Principal Occupation producer					self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	in w	contribution is in excess of unicipality does contributed unicipality valued at more	r or business than \$5,000	he/sho	is associated with hav	V No	Amou	int of Con	tribution
Is this contribution associated with an event reported in Section L1?	<u>v</u> 103	Ifs	ntributor a principal of a st es, indicate which branch		r or pro	spective state contract	or? ☐Yes ☑No			\$50.0
If yes, list Event # 062919a	∏No ————	bra	nches of government the stract is with:	_	xecuti	ve Legi	Slative Aggregate contribution	ıs		
Method of contribution: Cash Personal Check	Credit/Del	oit Card	Payroll Deduction	Money O	rder	06/29/2019	\$50.0			

\$250.00	SUBTOTAL Section B - This Page.
\$283,294.22	TOTAL of Section B Pages
\$283,294.22	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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Revised January 2015

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Notice and the second s	**************************************		Page and the second			TYPE OF F	TOOGS	
NAME OF COMMITTEE (Provide)	Complete Name	as Registere	d with P	iling Repository)		TITEOFT	rei OK I	
Bronin for Mayor						July 10 fili	ng	
and the state of t		Ch Com	elbiitlo	ns from Other C	ommittees			
		UI, COR	i ii ut o	Name of Tre	The state of the s		2.44.63.61.034.0399	***************************************
Name of Committee Connecticut Laborers' Pol					. LeConche			
Address 475 Ledyard St	,			ntribution associated wi n Section L1?	th an event  If yes, list Event	<u> </u>	✓ No	Amount of Contribution
City Hartford	State CT	Zip Code 06114-3	3211	Date Received 06/20/2019	Aggregate Co		,500.00	\$1,500.00
Name of Committee Webster Bank Pac-State		,		Name of Tre Robert Gu				,
Address 145 Bank St, Fl 1		1		ntribution associated w in Section L1?	ith an event  If yes, list Event	<b>✓</b> Yes # <u>06121</u>	No !9a	Amount of Contribution
City Waterbury	State CT	Zip Code 06702-2	2211	Date Received 06/24/2019	Aggregate Co		,500.00	\$1,500.00

TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS \$3,000,00	SUBTOTAL Section C1 - This Page	\$3,000.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS \$3,000.00	TOTAL of Section C1 Pages	\$3,000.00
10 1 CO (Extratorial on Line 14 Column A of Summary Page	TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page	\$3,000.00

I. MONETARY RECEIPTS (Sections A-I	ζ)	Page	312	of	347
NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repository).	TYPE OF REP	ORT			
Bronin for Mayor	July 10 filing	war water Weesser at		78 FAQUETO 1.85	ran annanata
Summary of Other Monetary Receipts (Sections D-K)	6406-546-54	ieri Sin		en en es	#0.06
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

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Revised Japuary 2015	

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VAME OF COMMITTEE	(Provide Complete Name as Registered with F	lling Repository)	TYPE OF	REPORT	
Bronin for Mayor	KINDIN DANAH GINK DANDAR WASHA MARKATAN BANDAR AT DINAM KAN MININ MAKAMATAN PENGAN MAKAMATAN PENGAN MAKAMATAN	A CANADA STANLEY OF THE CANADA STANLEY OF THE STANL	July 10 fil	ling	
Tanaga da	L1. Event Info	rmation			
Event # Date of Event Letter 05/16/2019 a	Description  Cocktail Event				Was this a fundraising event?  Yes No
Location: Street Address 75 Westerly Terrace		City Hartford		State CT	Zip Code 06105
Subpart 1: (All Com	nmittees) at a personal residence?	On Poor	es, go to Section L5 In-L tributions Associated wired information for any erage and invitations.)	ith a House l	Party and complete
Did this fundraiser incl business entity of up to of up to \$100?	lude goods or services donated by a \$200 or items donated by an individual	Yes (If y	ves, go to Section L4 In-Intributions and complete	Kind Donation required info	ons not Considered
Was this fundraiser a taitems with purchases b	ag sale, auction, or other sale of donated by an individual of up to \$100?	□Yes (If y ✓No	ves, enter Total Receipts	here.)	
	Committees, Municipal Candidates an of advertising space in a program book or ith this fundraiser?	□Yes (If y ▼No Pro	ittees other than Explores, go to Section L3 Pur gram Book or on a Sign prmation.)	rchases of Ad	Ivertising Space in a
Subpart 3: (Town C Did your committee se mass gathering held w	ell food or beverage at a fair or similar	□Yes (If)	ves, 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

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Revised January 2015	

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NAME OF COMMITTEE (Provide Complete Name as Registered with I	iling Repository)	TYPE OF REPO	ORT 🐩	
Bronin for Mayor		July 10 filing		
LI, Event Info	rmation			
Event # Description Date of Event Letter 05/23/2019 a Luncheon Event				Was this a fundraising event?  Yes No
Location: Street Address  100 Peari St	City Hartford		State CT	Zip Code 06103
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Contributions A	Associated with a ation for any pure	a House l	ns not Considered Party and complete de by host(s) for food,
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 Sc ✓ No Contributions	ction L4 In-Kind and complete requ	Donatio	ns not Considered ormation.)
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?	☐ Yes (If yes, enter To	otal Receipts here	c.)	
Subpart 2: (Party Committees, Municipal Candidates an Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes (If yes, go to Se	than Explorate tion L3 Purchase or on a Sign and	ses of Ad	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?	Yes (If yes, enter To	otal Receipts here	e.)	

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

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Paring January 2015

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NAME OF COMMITTEE   (Provide Complete Name as Registered with F		
Bronin for Mayor	July 10 filing	
Li. Event Info	ormation	
Event # Description  Date of Event Letter  05/28/2019 a Luncheon Event  Location: Street Address	L CHY	Was this a fundraising event?  V Yes No tate Zip Code AA 02114
31 New Chardon St	Buston	
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind D Contributions Associated with a F required information for any purcha beverage and invitations.)	House Party 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 ( <i>If yes</i> , go to Section L4 <b>In-Kind D</b> ✓ No <b>Contributions</b> and complete requir	onations not Considered ed 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>Total Receipts</b> here.)	
Subpart 2: (Party Committees, Municipal Candidates an Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	d Political Committees other than Explorator  Yes (If yes, go to Section L3 Purchases  No Program Book or on a Sign and c information.)	s of Advertising 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?	☐ Yes (If yes, enter Total Reccipts here.)	

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section LI-Suppart 1 (An Communes) Total Receipts 1000 Size 0. December 2	φο.σσ
	40.00
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
TOTAL OF ALL RECEIPTS FROM SMALL PORCHASES (Enter Idla) of Line 108, Outside 175	

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NAME OF COMMITTEE	TYPE OF REPORT
20 Control of the Con	July 10 filing
Bronin for Mayor L.L. Event Info	
Event Letter 05/29/2019 a Cocktail Event  Location: Street Address	Was this a fundraising event?  ✓ Yes No  City West Harford  CT  Was this a fundraising event?  ✓ Yes No  City Office CT  Office
22 Avondale Rd  Subpart 1: (All Committees)  Was this event hosted at a personal residence?	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 food, 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?	☐ 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 (If yes, enter Total Reccipts here.)
Subpart 2: (Party Committees, Municipal Candidates and Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	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 Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state?	☐Yes (If yes, enter Total Receipts here.)  ✓ No

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

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NAME OF COMMITTEE: (Provide Complete Name as Registered with I	TYPE OF 1	REPORT	
Bronin for Mayor	July 10 fil	ng	Same and the same of the same and the same
L1. Event Info	ormation		
Event # Description Date of Event Letter 06/02/2019 a Cocktail Event			Was this a fundraising event?  Ves No
Location: Street Address  40 Pinnacle Mountain Rd	City Simsbury	State CT	Zip Code 06070
Subpart 1: (All Committees)  Was this event hosted at a personal residence?	✓ Yes (If yes, go to Section L5 In-K Contributions Associated w required information for any beverage and invitations.)	ith a House	Party 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-level) No Contributions and complete	Cind Donation	ons not Considered ormation.)
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?	Yes (If yes, enter Total Receipts No	herc.)	
Subpart 2: (Party Committees, Municipal Candidates and Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Ad Political Committees other than Exploration  Yes (If yes, go to Section L3 Pur  No Program Book or on a Signiformation.)	chases of Ad	ivertising 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?	☐ Yes ( <i>If yes</i> , enter Total Receipts  ✓ No	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 L'1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	\$0.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with I	(ling Repository)	TYPE OF REPORT		
Bronin for Mayor	STATE OF THE PROPERTY OF THE P	July 10 filing		
L.I. Event Info	ormation			
Event # Description Date of Event Letter 06/12/2019 a Cocktail Event	A Committee of the Comm		Was this a fundraising event?  Ves No	
Location: Street Address	City Hartford	State	06106	
166 Capitol Ave  Subpart 1: (All Committees)  Was this event hosted at a personal residence?	Yes (If yes, go to Section Contributions Assortion No required information beverage and invita	n for any purchases mad	mity und 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 (Hugs go to Section I.4 In-Kind Donations 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 (If yes, enter Total ✓ No	Reccipts here.)		
Subpart 2: (Party Committees, Municipal Candidates and Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	☐ Yes (If yes, go to Section	nan Exploratory Com on L3 Purchases of Ado on a Sign and complete	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?	☐ Yes (If yes, enter Total	Receipts here.)		

SUBTOTAL Section LI-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

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NAME OF COMMITTEE     (Provide Complete Name as Registered with F.	TYPE OF REPORT
	July 10 filing
Bronin for Mayor	
Event # Description  Date of Event Letter 06/17/2019 a Cocktail Event  Location: Street Address	Was this a fundraising event?  ✓ Yes No  City Washington  State DC  Zip Code 20001
520 North Capitol St NW  Subpart 1: (All Committees)  Was this event hosted at a personal residence?  Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual	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 food, beverage and invitations.)  Yes (If yes, go to Section L4 In-Kind Donations not Considered VNo Contributions and complete required information.)
of up to \$100?  Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?	Yes (If yes, enter Total Receipts here.)  No
Subpart 2: (Party Committees, Municipal Candidates and Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes (If yes, go to Section L3 Purchases of Advertising 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?	☐ Yes (If yes, enter Total Receipts here.)  ✓ No

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

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NAME OF COMM	ITTEE	(Provide Complete Name as Registered with F	iling Repository,	1	YPE OF REP	ORT	regation and compa
Bronin for Mayor	A	<u>STANDORD CONTROL OF THE RECOVERY HER STANDARD CONTROL OF THE STANDARD CONTROL</u>	COLUMN TO STATE OF THE PARTY OF	J	uly 10 filing		
		LI, Event Info	rmation				ing pilaggan.
2014 07 111111	Letter	Description					Was this a fundraisin event?  ✓ Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Location: Street Ad		Dinner Event	City West Hartfor	rd		State CT	Zip Code 06117
Subpart 1: (A Was this event	ll Com	mittees) It a personal residence?	☐ Yes	(If yes, go to Section Contributions Asso required information beverage and invitat	ciated with a for any pure	a House Pa	arty and complete
Did this fundral business entity of up to \$100?	iser incl of up to	ude goods or services donated by a \$200 or items donated by an individual	∐ Yes <b>☑</b> No	(If yes, go to Section Contributions and	L4 In-Kind complete req	Donation	s not Considered mation.)
Was this fundra items with purc	aiser a ta chases b	ng sale, auction, or other sale of donated y an individual of up to \$100?	∐Yes ✓ No	(If yes, enter Total)	Receipts here	e.)	
Subpart 2: ()	Party C	Committees, Municipal Candidates an	d Political Co	ommittees other the	ın Explorat	ory Com	nittees)
Were there pur	chases o	of advertising space in a program book or ith this fundraiser?	∐Yes ☑No	(If yes, go to Section	n L3 Purcha	ses of Adv	ertising Space in a
		Committees ONLY) Ell food or beverage at a fair or similar	Yes	(If yes, enter Total	Receipts her	e.)	
mass gathering	s held w	ithin the state?	<b>✓</b> No				
L							

SUBTOTAL Section L1-Subpart I (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

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VAME OF COMMITTEE (Provide Complete Name as Registered with F.	Filing Repository) TYPE OF REPORT
Bronin for Mayor	July 10 filing
John Grindyon	primation
Description Date of Fvent Letter 06/25/2019 a Dinner Event	Was this a fundraising event?  ✓ Yes No
Location: Street Address	City State CT State CT 06103
100 Trumbull St  Subpart 1: (All Committees)  Was this event hosted at a personal residence?	<ul> <li>✓ 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 food, beverage and invitations.)</li> </ul>
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 (If yes, enter Total Receipts here.)  ✓ No
Subpart 2: (Party Committees, Municipal Candidates and Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Ind Political Committees other than Exploratory Committees)  ☐ Yes (If yes, go to Section L3 Purchases of Advertising Space in a  ☐ Program Book or on a Sign and complete required information.)
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state?	☐ Yes (If yes, enter Total Receipts here.)  ✓ No

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 3 (Ionn 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
(IO) ALCO PACE NEOLIN OF TROUBLESS	

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	illing Repository). TYPE OF REPORT
	July 10 filing
Bronin for Mayor  I.T. Event Info	Swiftin
Event # Description Date of Event Letter 06/26/2019 a Breakfast Event Location: Street Address	Was this a fundraising event?  ✓ Yes No  City Hartford  Vas this a fundraising event?  ✓ Yes No  City CT  06106
22 Woodland St  Subpart 1: (All Committees)  Was this event hosted at a personal residence?  Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual	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 food, beverage and invitations.)  Yes (If yes, go to Section L4 In-Kind Donations not Considered ✓No Contributions and complete required information.)
of up to \$100?  Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?	☐ Yes (If yes, enter Total Receipts here.)  ✓ No
Subpart 2: (Party Committees, Municipal Candidates an Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	And 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 Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state?	☐Yes (If yes, enter Total Receipts here.)  ✓ No

SUBTOTAL Section L1-Subpart I (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 Summery Page Totals)	\$0,00
TOTAL OF ALL RECEITOS ROMOMINES I STOCKAS STUDIO	

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NAME OF COMMITTEE. (Provide Complete Name as Registered with F	Filing Repository) TYPE OF REPORT	
Bronin for Mayor	July 10 filing	and the second second
L1. Event Info		is a fundraising
Event # Description  Date of Event Letter  06/26/2019 b Dinner Event	cvent?	
Location: Street Address	City State Zip Code CT 06103	
5 Constitution Plaza  Subpart 1: (All Committees)  Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations not ConContributions Associated with a House Party and contributions in the contribution of the co	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 Co Contributions and complete required information.)		ısidered
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?	☐ Yes (If yes, enter Total Receipts here.)  ✓ No	
Subpart 2: (Party Committees, Municipal Candidates and Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nd Political Committees other than Exploratory Committees)  Yes (If yes, go to Section L3 Purchases of Advertising Section L3 Purchases of Program Book or on a Sign and complete required information.)	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?	☐ Yes (If yes, enter Total Receipts here.)  ✓ No	

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

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NAME OF COMMITTEE	(Provide Complete Name as Registered with F	iling Repository)	TYPE OF RE	ORT		
Bronin for Mayor	A CONTRACTOR OF THE PROPERTY O		July 10 filing			
	L1, Event Info	rmation			Switzer	
Event # Date of Event Letter 06/26/2019 C	Description  Dinner Event				Was this a fur event? Yes	ndraising
Location: Street Address 750 Main St		City Hartford		State CT	Zip Code 06103	
Subpart 1: (All Com Was this event hosted a	mittees) at a personal residence?	□16	(If yes, go to Section L5 In-Kine Contributions Associated with required information for any pur beverage and invitations.)	a House Pa	arty and compl	ete
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		(If yes, go to Section L4 In-Kin- Contributions and complete rec			red
Was this fundraiser a to items with purchases b	ag sale, auction, or other sale of donated y an individual of up to \$100?	∏Yes <b>☑</b> No	(If yes, enter Total Receipts her	re.)		
	Committees, Municipal Candidates and of advertising space in a program book or the this fundraiser?		mmittees other than Explora (If yes, go to Section L3 Purcha Program Book or on a Sign an information.)	ises of Adv	ertising Space	in a
Subpart 3: (Town C Did your committee se mass gathering held w	ll food or beverage at a fair or similar	☐ Yes	(If yes, enter Total Receipts her	re.)		

SUBTOTAL Section LI-Subpart I (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

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

NAME OF COMMITTEE	(Provide Complete Name as Registered with t	(ling Repository)	TYPE OF REPO	RT		
Bronin for Mayor	History Committee (1975) (1975		July 10 filing			
	L1, Event info	ormation		The state of the s		
Event # Date of Event Letter 06/27/2019 a	Description				Was this a fu event? Ves	ndraising No
Location: Street Address	Dinner Event	City		State Z	n Code	
Location: Street Address		Hartford		t t	6106	
140 Huyshope Ave						
Subpart 1: (All Con. Was this event hosted	<b>umittees)</b> at a personal residence?	La res Contributions A	tion L5 In-Kind I ssociated with a l tion for any purcha itations.)	House Party	and comp	lete
Did this fundraiser inc business entity of up to of up to \$100?	lude goods or services donated by a o \$200 or items donated by an individual	☐ Yes (If yes, go to Sec ✓ No Contributions a	tion L4 In-Kind I nd complete requi			ered
	ag sale, auction, or other sale of donated y an individual of up to \$100?	☐ Yes (If yes, enter Tot	ral Reccipts here.)			
I -	Committees, Municipal Candidates and of advertising space in a program book or ith this fundraiser?	Yes (If yes, go to Sec		s of Adverti	sing Space	e in a
Subpart 3: (Town C Did your committee so mass gathering held w	ell food or beverage at a fair or similar	Yes (If yes, enter Tot	tal 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

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NAME OF COMMITTEE	(Provide Complete Name as Registered with .	Filing Repository) TYI	PE OF REPORT			
Bronin for Mayor		July	July 10 filing			
	L1. Event Inf	ormation				
Event # Date of Event Letter 06/29/2019 a	Description  Dinner Event		Was this a fund event? ✓ Yes [	raising No		
Location: Street Address 9100 Wilshire Blvd, St	e 1000w	City Beverly Hills	State Zip Code GA 90212			
Subpart 1: (All Com Was this event hosted a		Contributions Associa	Tin-Kind Donations not Considere ted with a House Party and comple r any purchases made by host(s) for f s.)	te		
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.)				
	g sale, auction, or other sale of donated y an individual of up to \$100?	☐ Yes ( <i>If yes</i> , enter <b>Total Rec</b> ✓ No	eipts here.)			
1	ommittees, Municipal Candidates an fadvertising space in a program book or th this fundraiser?	Yes (If yes, go to Section L.	Exploratory Committees) 3 Purchases of Advertising Space in 8 Sign and complete required	n a		
Subpart 3: (Town Co Did your committee sel mass gathering held wi	ll food or beverage at a fair or similar	□Yes ( <i>If yes</i> , enter Total Rec	reipts here.)			

SUBTOTAL Section LI-Subpart I (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

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repository)	TYPE OF REPOR	RT	
Bronin for Mayor		July 10 filing		174, 4417, 5114
L1. Event Ini	ormation			araista sii
Event # Description Date of Event Letter 06/30/2019 a			Was this a event?	ı fundraisin
Location: Street Address 3 Linden Pl # B	City Hartford	_	State Zip Code CT 06106	
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Contribution	Section L5 In-Kind Dons Associated with a Hormation for any purchast invitations.)	<b>Iouse Party</b> and com	ıplete
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 No Contribution	Section L4 In-Kind Do	onations not Consided information.)	lered
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?	☐ Yes (If yes, enter	Total Receipts here.)		
Subpart 2: (Party Committees, Municipal Candidates am Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	∐Yes (If yes, go to	ner than Exploratory Section L3 Purchases obtook or on a Sign and co	of Advertising Spac	e 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?	Yes ( <i>If yes</i> , enter	Total Receipts here.)	V.4.	

SUBTOTAL Section Li-Subpart I (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

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	und vahoznora)	July 10 filing	
Bronin for Mayor		July 10 mm.9	
Event # Description	rmation		Was this a fundraising event?
Date of Event Letter 06/30/2019 b		State	✓ Yes No
Location: Street Address	City Hartford	CT	06106
10 Capitol Ave		I S In Vind Donat	tions not Considered
Subpart 1: (All Committees) Was this event hosted at a personal residence?	☐ Yes (If yes, go to Section Contributions Assured information beverage and invited in the contribution of the contribution o	on for any purchases r	e Party and complete nade by host(s) for food,
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 ves., go to Secti	<del></del> -	tions not Considered nformation.)
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?	☐ Yes (If yes, enter Tota	l Receipts here.)	
	A Balling I Committees other to	han Exploratory Co	ommittees)
Subpart 2: (Party Committees, Municipal Candidates an Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Lift ves, go to Sect	ion L3 Purchases of a	Advertising opace in "
Subpart 3: (Town Committees ONLY)	Yes (If yes, enter Tota	al Receipts here.)	
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?	<b>✓</b> No	, and the second	

SUBTOTAL Section L1-Subpart L (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
SUBTOTAL Section Lit-Support Comments TOTAL of Section Lit Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	\$0.00
TOTAL OF ALL RECEIPTS FROM SMACE PORCHAGES (Einer Gua 5), 2007, 1757	

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor	n for Mayor July 10 filing					
erren er bereit er er er er er er er er er er er er er	P, Expense	s Paid by Commit	tee			
Name of Payee ADP				Date of Payment 04/01/2019	Method of Check	#
Street Address 100 Corporate Dr		City Windsor			State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll Processing		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  None of the below (does not involve another candidate or  Coordinated with reitnbursement sought (joint expenditur  Coordinated without reinnbursement sought (in-kind cont	re) Indeper	sdent	ПА ПВ ПС ПВ		\$181.70
Name of Payee ADP				Date of Payment 04/12/2019	Method of Check	#
Street Address 100 Corporate Dr		City Windsor			State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll Taxes		Even	t #		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 expenditure)  Coordinated without reimbursement sought (in-kind cont	r committee)	ndent	cked) □A □B □C □D		\$2,140.98
Name of Payee ADP				Date of Payment 04/19/2019	Method o Check	
Street Address 100 Corporate Dr		City Windsor			State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll Processing		Even	ŧ#		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 expenditu  Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	cked)	***************************************	\$90.85
Name of Payee ADP				Date of Payment 04/26/2019	Method o	
Street Address 100 Corporate Dr		City Windsor			State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll Processing		Even	ıt#		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 expenditus).  Coordinated without reimbursement sought (in-kind contact).	r committee) Indepe	ndent	cked)		\$25.25

SUBTOTAL Section P - This Page	\$2,438.78
TOTAL of Section P Pages	\$93,536.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$93,536.63

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NAME OF COMMITT	BE (Provide Complete Name as Registered with Filing	Repository)	A 150 SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	TYPE OF REPORT	900-Elektronovinsk	
Bronin for Mayor				July 10 filing		
Gundanie de filmela	P. Expens	es Paid by Comm	ittee	pary to lilling	5. 100 H 500	
Name of Payee ADP Street Address				Date of Payment 05/13/2019	Che	of Payment ck # it Card  FFT
100 Corporate Dr		City Windsor			State	Zip Code
Purpose of Expenditure (by code) WAGE	Description Payroll Taxes		Even	1#	01	06095-2119 Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required n  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		ked)		\$3,453.34
ADP				Date of Payment 05/14/2019	Method o	
Street Address  100 Corporate Dr		City Windsor	t		State	Zip Code
Purpose of Expenditure (by code) WAGE	Description Payroll Taxes		Event	#	СТ	06095-2119 Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control	committee)	ndent	eed)		\$4,546.43
Name of Payee ADP				Date of Payment 05/15/2019	Method o	
Street Address 100 Corporate Dr		City Windsor			State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll Taxes		Event #	7		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required um  None of the below (does not involve another candidate or o  Coordinated with reimbursement sought (joint expenditure  Coordinated without reimbursement sought (in-kind contri	committee) Independ	dent	ed)		\$242.86
Name of Payee ADP		**************************************		Date of Payment 05/24/2019	Method of Check	
Street Address		City			State	Zip Code
100 Corporate Dr Purpose of Expenditure by code) WAGE	Description Payroll Processing	Windsor	Event#		CT	06095-2119 Amount
Expenditure # If 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		\$187.76

SUBTOTAL Section P - This Page	\$8,430.39
TOTAL of Section P Pages	\$93,536.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE. (Enter total on Line 19, Column A of Summary Page Totals)	\$93,536.63

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NAME OF COMMITTE	IE (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	arana	
Bronin for Mayor				July 10 filing		
	P. Expens	es Paid by Commi	ttee		al en de d	
Name of Payee ADP				Date of Payment 05/28/2019	Method o Check	#
Street Address 100 Corporate Dr		City Windsor			State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll Taxes		Even	at #		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization 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	re) Indepen	ndent	Cked)	T A CONTRACTOR OF THE CONTRACT	\$3,494.16
Name of Payee ADP				Date of Payment 06/07/2019	Method of Check	#
Street Address 100 Corporate Dr		City Windsor			State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) OVHD	Description Payroll Processing		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required it  None of the below (does not involve another candidate of  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind cont	committee)	ident	cked)		\$99.79
Name of Payee ADP				Date of Payment 06/20/2019	Method of Check	#
Street Address  100 Corporate Dr		City Windsor			State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll Processing		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (ttemization in Addendum P Required in V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indepen	dent	ked)		\$99.79
Name of Payee ADP				Date of Payment 06/24/2019	Method of Check Debit (	#
Street Address  100 Corporate Dr		City Windsor			State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll Processing		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 control	e) Independent	dent	ked)		\$168.23

SUBTOTAL Section P⊮ This Page	\$3,861.97
TOTAL of Section P Pages	\$93,536.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$93,536.63

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Bronin for Mayor	: (Provide Complete Name as Registered with Filing.	The second secon		July 10 filing		
	P. Expense	s Paid by Commit	tee			
Name of Payee ADP				Date of Payment 06/24/2019	Method of Check	#
Street Address		City Windsor			State CT	Zip Code 06095-2119
100 Corporate Dr		Windsol			- '	
Purpose of Expenditure (by code) WAGE	Description Payroll Taxes		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind continuous)	e) Indepen	ndent	cked)		\$334.82
Name of Payee				Date of Payment	Method of	
Amazon, Inc				06/17/2019	Check	
Street Address 410 Terry Ave N		City Seattle			State WA	Zip Code 98109-5210
Purpose of Expenditure	Description		Even	nt#		Amount
(by code) OVHD	Office Supplies					\$1,394.47
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) Indepe	ndent	ABCD		
Name of Payee American Airlines				Date of Payment 06/10/2019	Method o Check	
Street Address		City Windsor Locks			State CT	Zip Code 06096-1022
11 Schoephoester F Purpose of Expenditure	Description		Ever	nt #		<u> </u>
(ph code) ONHD	Flight					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 expenditus).  Coordinated without reimbursement sought (in-kind con	r committee) re) Indepe	ndent			\$339.60
Name of Payee Bank of America				Date of Payment 05/09/2019	Checi	of Payment k # Curd
Street Address 185 Asylum St		City 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 (Itemization in Addendum P Required to 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) Indepe				\$12.00

SUBTOTAL Section P - This Page	\$2,080.89
TOTAL of Section P Pages	\$93,536.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$93,536.63

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Fili	ng Repository)		TYPE OF REPORT	*ALSE CONTRACT	
Bronin for Mayor	and the second second second second second second second second second second second second second second second	2		July 10 filing		
	P. Exper	ises Paid by Comm	nittee	cary to mang		
Name of Payee Bank of America				Date of Payment 06/03/2019	Che	
Street Address		City			State	
185 Asylum St		Hartford			CT	Zip Code 06103-3401
Purpose of Expenditure (by code) BNK	Description Bank fee		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 co	or committee) ture)		cked)	,	\$25.65
Name of Payee Jose Burgos			<u> </u>	Date of Payment 06/15/2019	Method Chec	of Payment k # 1034 t Card
Street Address		City			State	Zip Code
519 Maple Ave, Fl 3	3	Hartford			CT	06114-1272
Purpose of Expenditure (by code) CNSLT	Description Field Work		Even	t#	<del>                                     </del>	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required it None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditution) Coordinated without reimbursement sought (in-kind con	or committee) ure)	ndent	ked)		\$60.00
Name of Payee Cheap-O-Air				Date of Payment 06/10/2019	Method o	
Street Address		City	]		State	Zip Code
11 Schoephoester R	d	Windsor Locks			CT	06096-1022
Purpose of Expenditure (by code) OVHD	Description Airfare		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 expenditur  Coordinated without reimbursement sought (in-kind continued)	r committee)	dent	wed)		\$42.90
Name of Payce CICD Puerto Rican F	<u> </u>			Date of Payment 04/01/2019	Method of	# 995
treet Address		City			Debit (	T
30 Cedar St Eurpose of Expenditure	Durchel	Hartford			State CT	Zip Code 06106-1622
oy code)MISC	Description Event Sponsorship		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)	lent	гd) ABCb		\$600.00

\$728.55	SUBTOTAL Section Purhis Page	
\$93,536.63	TOTAL of Section P Pages	
\$93,536.63	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	

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AME OF COMMITTEE	(Provide Complete Name as Registered with Filing a	Repository)		TYPE OF REPORT		
ronin for Mayor				July 10 filing	sakoner eta	estesmente chica
	P. Expense	s Paid by Commit	tee	HEROHAMATA SAMATA AND SAMA	Marked of	Rayment
Vame of Payee			ļ	Date of Payment	Method of Check	
Tenesha Clanbon				06/15/2019	Debit	Card EFT
Street Address		City Hartford	<u></u> .     l.		State CT	Zip Code 06120-1817
59 Judson St		i laittolo				l
Purpose of Expenditure (by code) CNSLT	Description Field Work		Event			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 expenditu  Coordinated without reimbursement sought (in-kind continued)	re) Indeper	ndent	A   B   C   D		\$150.00
Name of Payee				Date of Payment		f Payment <# 1031
Alnisa Clark			,	06/15/2019	Debit	
Street Address		City Hartford			State CT	Zip Code 06112-2201
68 Deerfield Ave	Description		Even	t#		Amount
(by code) CNSLT	Field Work		V :- J-	de la	_	\$240.00
Expenditure # (if applicable)	Type of Expenditure Hiemization in Addendum P Required is None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure).  Coordinated without reimbursement sought (in-kind continue).	or committee) Indepe				
Name of Payee Trudy Collier				Date of Payment 06/15/2019	<b>✓</b> Chec	of Payment ck # 1030 it Card EFT
Street Address		City Hartford	<del></del>		State CT	Zip Code 06114-1243
86 Webster St, Apt			Ever	nt #		Amount
Purpose of Expenditure (by code) CNSLT	Description Field Work		<u> </u>		_	\$180.00
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 expenditude) Coordinated without reimbursement sought (in-kind co	or committee) Indep	endent			
Name of Payee Destini Cooper				Date of Payment 06/15/2019	Che	of Payment eck # 1033 oit Card EFT
Street Address		City Hartford			State	Zip Code 06108-1802
39 Amy Dr			Eve	ent#	+	Amount
Purpose of Expenditure (by code) CNSLT	Description Field Work					\$255.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Require    V   None of the below (does not involve another candidate   Coordinated with reimbursement sought (joint expend	e or committee) Inde	pendent		D	ψ2.00.00

SUBTOTAL Section P - This Page	\$825.00
TOTAL of Section P Pages	\$93,536.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE. (Enter total on Line 19, Column A of Summary Page Totals)	\$93,536.63

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

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	HALVANI.	TYPE OF REPORT		
Bronin for Mayor	Bronin for Mayor July 10 filing					
	P. Expense	es Paid by Commi	tee		12.00	
Name of Payce FLIK International Co	orporation			Date of Payment 06/03/2019	Method of Check	# 1006
Street Address  3 International Dr., S	te 200	City Rye Brook			State NY	Zip Code 10573-7501
Purpose of Expenditure (by code) FNDR	Description Event #				Amount	
Expenditure # (if opplicable)	Type of Expenditure (themization in Addendum P Required user 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 cont	r committee)	adent	ABCD		\$53.18
Name of Payee Avery Garrity				Date of Payment 06/20/2019	Method of	# 1038
Street Address		City Simsbury			State CT	Zip Code 06070-3053
90 Blue Ridge Dr Purpose of Expenditure	The shall see	Giiiioodiy	E	. 4	ļ	1 00070 0000
(by code) WAGE	Description payroll		Even	l #		Amount
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind cont	re) Indepen	ıdent	cked)		\$781.68
Name of Payee Google, Inc.				Date of Payment 05/02/2019	Method of Check	#
Street Address 1600 Amphitheatre F	Pkwy	City Mountain View		1	State CA	Zip Code 94043-1351
Purpose of Expenditure (by code) OVHD	Description Email Hosting		Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	ident	[]A		\$314.53
Name of Payee Manuel Gutierrez				Date of Payment 06/15/2019	Method of Check	# 1027
Street Address		City Hartford			State CT	Zip Code 06106-4627
101 Hungerford St	T	Tartoro	l -		-	00100-4027
Purpose of Expenditure (by code) CNSLT	Description Field Work		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 expenditue)  Coordinated without reimbursement sought (in-kind continued)	r committee) re)	ndent	cked)		\$270.00

SUBTOTAL Section P - This Page	\$1,419.39
TOTAL of Section P Pages	\$93,536.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$93,536.63

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NAME OF COMMITTE	EE . (Provide Complete Name as Registered with Filing	Repository)	retrole	TYPE OF REPORT	indvaration-	
Bronin for Mayor	Bronin for Mayor July 10 filing				NGF9616/Q23184633114	
	P. Expens	es Paid by Commi	ttee			ner e de de la la la la la la la la la la la la la
Name of Payee Jean Holloway				Date of Payment 04/16/2019	Method o	
Street Address  14 Fairmount St		City Hartford			State GT	Zip Code 06120-2613
Purpose of Expenditure (by code) FOOD	Description Event #			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 cont	r committee) re)	ıdent	cked)		\$290.18
Name of Payce Conor Hurley				Date of Payment 04/16/2019	Method o	
Street Address 1529 Williams St, Ap		City Columbia			State SC	Zip Code 29201-2270
Purpose of Expenditure (by code) CNSLT	Description Consulting		Even	t#	-	Amount
Expenditure # (if applicable)	Tone of the before is the cheekedy				\$7,000.00	
Name of Payee Jones Mandel				Date of Payment 05/15/2019	Method of Check	#
Street Address 1216 King St, Ste 30	90	City Alexandria			State VA	Zip Code 22314-2927
Purpose of Expenditure (by code) CNSLT	Description Research Consulting		Event	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind conta	e) Indepen	dent	ked)		\$16,750.00
Name of Payce Benjamin S. Josephson Ben  Date of Payment 06/03/2019			Method of Check Debit	# 1005		
Street Address  141 Blake St		City Newton			State MA	Zip Code 02460-2032
Purpose of Expenditure (by code) FNDR	Description Fundraiser Food		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind contr	committee) Indepen	dent	ked) □A □B □C □D		\$540.76

SUBTOTAL Section P - This Page	\$24,580.94
TOTAL of Section P Pages	\$93,536,63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$93,536.63

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IAME OF COMMITTE	: (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor				July 10 filing	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Supplies The Company of the Company of P. Expense	s Paid by Commit	tee			
Nema of Davise		<b>✓</b> Check	Method of Payment  ✓ Check # 50009  Debit Card EFT			
treet Address		State CT	Zip Code 06106-5007			
Purpose of Expenditure (by code) WAGE	Description payroll		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate a  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind continue)	r committee) Indeper	ndent	ked)		\$598.27
Name of Payee Allison Kazlauskas				Date of Payment 05/29/2019	Check	of Payment k # 50011 Curd EFT
Street Address 2 Park Pl, a 23 h		City Hartford			State CT	Zip Code 06106-5007
Purpose of Expenditure (by code) WAGE	Description payroll		Even	t #		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 expenditude of Coordinated without reimbursement sought (in-kind continue).	or committee) Indepe	endent	cked)		\$1,258.52
Name of Payce Hector Lopez		V.,		Date of Payment 06/15/2019		of Payment ck # 1032 ct Card EFT
Street Address 132 Sherbrooke Ave	2	City Hartford			State CT	Zip Code 06106-3840
Purpose of Expenditure (by code) CNSLT	Description Field Work		Ever	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 co	or committee) Indep	endent	cked)		\$60.00
Name of Payee Victor Luna Jr.				Date of Payment 06/03/2019	Che	of Payment ck # 1008 it Card  EFT
Street Address		City Hartford	•••		State CT	Zip Code 06114-1021
51 Annawan St Purpose of Expenditure (by code) WAGE	Description payroll		Eve			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 expenditure)  Coordinated without reimbursement sought (in-kind co	or committee) Indep	pendent	ecked) :		\$1,346.74

TOTAL of Section P Pages \$93,536.63	SUBTOTAL Section P - This Page	\$3,263.53
\$93,536,63	TOTAL of Section P Pages	\$93,536.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 13, Column A Or Guilling) 1295 (Senior)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$93,536.63

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ised January 2015		Samuel Company	TYPE OF REPORT		
ME OF COMMITTEE	3 (Provide Complete Name as Registered with Filing I	(epissilos y)	July 10 filing		
onin for Mayor		s Paid by Committ			
	F. DXPERSE	S raid by condain	Date of Payment		f Payment k # 50016
lame of Payee fictor Luna Jr.			06/14/2019	Debit	
treet Address	City		State CT	Zip Code 06114-1021	
	ļ	Hartford	<u>.</u>		<u> </u>
1 Annawan St urpose of Expenditure	Description		Event #	İ	Amount
by code) WAGE	Payroll	Paka kalaus	is abackad)	_	\$1,542.37
ixpenditure # 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 continuous)	re) Indepen	dent ation: A B C		of Payment
Name of Payce			Date of Payment		ck # 1016
Erika Mercado			06/07/2019	Deb	it Card EFT
Street Address		City Hartford		State CT	Zip Code 06120-4005
54 Martin St		<u> </u>	Event #		Amount
Purpose of Expenditure (by code) CNSLT	Description Field Work  Type of Expenditure Utemization in Addendum P Required				\$375.0
Expenditure # (if applicable)	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	ure)	ndent  zation: A B C  Date of Payment		d of Payment
Name of Payce Erika Mercado			06/11/2019	De	eck # 1021 Ebit CardEFT  Zip Code
Street Address		City Hartford	-	State	06120-4005
54 Martin St			Event#		Amount
Purpose of Expenditure (by code) CNSLT	Description Field Work				\$165.0
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 expend)  Coordinated without reimbursement sought (in-kind or	iture) Inder	nization: A B C	l	nd of Payment
Name of Pavee Tiffany Mitchell			Date of Payment 04/16/2019	V	Check # 997 Debit Card EFT
Street Address		City Hartford		State CT	Zip Code 06103-112
417 Church St, A			Event#		Amount
Purpose of Expenditure (by code) WAGE	payroll				\$1,423
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required) None of the below (does not involve another candidated) Coordinated with reimbursement sought (joint expension) Coordinated without reimbursement sought (in-kind)	diture)	ow" is checked)  spendent  anization: A B C	D	ų., <i>1</i> 20

SUBTOTAL Section P. This Page	\$3,505.96
TOTAL of Section P Pages	\$93,536.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19; Column A of Summary Page Totals)	\$93,536.63

NAME OF COMMITTEE	Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor July 10 filing						
	ile i Elektrick i i ereka erek isa Recapenso	es Paid by Commit	tee			
Name of Payee Tiffany Mitchell				Date of Payment 05/09/2019	Method of  ✓ Check  ☐ Debit C	# 50004
Street Address 417 Church St, Apt 3	05	City Hartford			State CT	Zip Code 06103-1123
Purpose of Expenditure (by code) WAGE	Description payroll		Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure **Itemization in Addendum P Required u  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute) Coordinated without reimbursement sought (in-kind continue)	r committee) re) Indeper	ndent	ked) □A □B □C □D		\$1,423.59
Name of Payee Tiffany Mitchell				Date of Payment 05/15/2019	Method of Check Debit 0	# 50006
Street Address 417 Church St, Apt 3	05	City Hartford			State CT	Zip Code 06103-1123
Purpose of Expenditure (by code)WAGE	Description payroll	<del>I</del>	Even	(#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent			\$1,528.94
Name of Payee Tiffany Mitchell				Date of Payment 05/29/2019	Method of Check	# 50012
Street Address 417 Church St, Apt 3	205	City Hartford		1	State CT	Zip Code 06103-1123
Purpose of Expenditure (by code) WAGE	Description payroll		Even	n #		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) me) Independent	ndent	cked)		\$1,528.93
Name of Payee Tiffany Mitchell				Date of Payment 06/11/2019	Method of Check	# 1019
Street Address 417 Church St, Apt 3	305	City Hartford			State CT	Zip Code 06103-1123
Purpose of Expenditure	Description	L	Even	at #		Amount
(by code) OVHD  Expenditure # (if applicable)	iture # 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)   Independent			-	\$444.81	
	Coordinated with reimbursement sought (joint expenditu	Organi	zation:	ABCD		

SUBTOTAL Section P - This Page	\$4,926.27
TOTAL of Section P Pages	\$93,536.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$93,536.63

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NAME OF COMMITTEE	1 (Provide Complete Name as Registered with Filling	Repository)		TYPE OF REPORT		
Bronin for Mayor	200 may 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			July 10 filing		
	P. Expense	s Paid by Commit	tee	rent of activities and rental controls.		
Name of Payce Danny Nickelson				Date of Payment 05/15/2019	Method of  ✓ Check  ☐ Debit (	# 50007
Street Address 2277 S Mangan Rd		City Pacific			State MO	Zip Code 63069-4666
Purpose of Expenditure (by code) WAGE	Description payroll		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditus  Coordinated without reimbursement sought (in-kind cont	re) Indeper	ndent	ked) □A □B □C □D		\$417.75
Name of Payee Danny Nickelson				Date of Payment 05/29/2019	Method of Check	# 50013
Street Address 2277 S Mangan Rd		City Pacific			State MO	Zip Code 63069-4666
Purpose of Expenditure (by code) WAGE	Description payroll		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)	ndent	.ked)		\$1,474.60
Name of Payce Danny Nickelson		0.000		Date of Payment 06/11/2019	Method o	# 1020
Street Address 2277 S Mangan Rd		City Pacific			State MO	Zip Code 63069-4666
Purpose of Expenditure (by code) OVHD	Description Reimbursement		Even	it#		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) Indepe	ndent	cked)		\$839.23
Name of Payer Phoenix Park Hotel				Date of Payment 06/10/2019	Method of Check	
Street Address	v.	City Washington			State DC	Zip Code 20001-1510
520 N Capitol St NV Purpose of Expenditure (by code) FNDR	Description Fundraiser Expense	<u> </u>	Ever	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization 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) Indepe				\$1,005.00

SUBTOTAL Section P - This Page	\$3,736.58
TOTAL of Section P Pages	\$93,536.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$93,536.63

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Film	ig Renository)		TYPE OF REPORT		New York Control of the Control of t
Bronin for Mayor				July 10 filing		
	P. Expen	ses Paid by Comm	litee	ouly 10 mmg		and the second second
Name of Payee Phoenix Park Hote				Date of Payment 06/17/2019	Method Ched	
Street Address		City			State	
520 N Capitol St N		Washington			DC	Zip Code 20001-1510
Purpose of Expenditure (by code) FNDR	Description Fundraiser Expense		Ever	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure ** themization 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 con	or committee) ure)		cked)		\$1,005.00
Name of Payee Professors of Swee	t Sweet Music			Date of Payment 06/30/2019	Method of Chec	of Payment k # 1039 Card EFT
Street Address		City			State	Zip Cude
Purpose of Expenditure (by code) FNDR	Description Performance at Campaign Event		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendium P Required in None of the below (does not involve another candidate concluded with reimbursement sought (joint expenditute Coordinated without reimbursement sought (in-kind concluded with reimbursement sough	or committee) ire)Indeper	ndent	ked)		\$800,00
Name of Payee Forrest Richardson				Date of Payment 04/16/2019	Method o	# 998
Street Address  25 Lewis St, Apt E		City Hartford			State CT	Zip Code 06103-2516
Purpose of Expenditure (by code) WAGE	Description payroll		Event	#	:	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate of  Coordinated with reimbursement sought (joint expenditus  Coordinated without reimbursement sought (in-kind cont	re) Indepen	dent	ied)		\$2,463.50
Name of Payee Forrest Richardson				Date of Payment 05/09/2019	Method of Check	# <u>50005</u>
Street Address 25 Lewis St, Apt E		City Hartford			State CT	Zip Code 06103-2516
Purpose of Expenditure by code) WAGE	Description Payrolf		Event #	#		Amount
Expenditure # if applicable)	Type of Expenditure **Aldemization in Addendum P Required in	committee)	lent '	od)		\$2,463.50

SUBTOTAL Section P - This Page	\$6,732.00
TOTAL of Section P Pages	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$93,536.63

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11460	5.0		

AME OF COMMITTEE	(Provide Complete Name as Registered with Filing I	Repository)		TYPE OF REPORT		
onin for Mayor				July 10 filing		
	P. Expense	s Paid by Committ	ec	Date of Payment	Method of	
Name of Payee Forrest Richardson				05/15/2019	Check Debit	# 50008 Card
Street Address		City Hartford			State CT	Zip Code 06103-2516
25 Lewis St, Apt E Purpose of Expenditure (by code) WAGE	Description payroll		Event #			Amount
Expenditure # (If applicable)	Type of Expenditure ** *Climization in Addendum P Required in ** *\infty* None of the below (does not involve another candidate or ** *\infty* Coordinated with reimbursement sought (joint expenditur *\infty* Coordinated without reimbursement sought (in-kind continued in the con	e) Independ	dent _	d) ABCD		\$2,558.53
Name of Payee Forrest Richardson				Date of Payment 05/15/2019		
Street Address 25 Lewis St, Apt E		City Hartford			State CT	Zip Code 06103-2516
Purpose of Expenditure (by code) WAGE	Description Health Insurance		Event #	1		Amount
Expenditure # (if applicable)	Type of Expenditure **Illemization in Addendum P Required use **Illemization of the below (does not involve another candidate os Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind continued)	r committee) Indepen	ndent	ed) ABCD	-	\$450.00
Name of Payee Forrest Richardson				Date of Payment 05/29/2019	Chec	of Puyment ck # 50014 t Card EFT
Street Address 25 Lewis St, Apt E		City Hartford	-		State	Zip Code 06103-2516
Purpose of Expenditure (by code) WAGE	Description payroll	I	Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind cor	or committee) Indepe	ndent	[A ]B ]C ]D		\$2,558.54
Name of Payee Forrest Richardson				Date of Payment 06/03/2019	Che	of Payment ck # 1004 of Card EFT
Street Address		City Hartford			State CT	Zip Code 06103-2516
25 Lewis St, Apt E Purpose of Expenditure (by code) PETTY	Description Reimbursement		Event	#		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 expending Coordinated without reimbursement sought (in-kind co	or committee) Indepe	endent	ked)	)	\$142.2

SUBTOTAL Section P. This Page	\$5,709.35
TOTAL of Section P Pages	\$93,536.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$93,536.63

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Revised	Iannary	2015

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AMP OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)	vienouée.	TYPE OF REPORT		
ronin for Mayor				July 10 filing		
district mayor	P. Expense	s Paid by Commit	tee			
Name of Payee Forrest Richardson				Date of Payment 06/17/2019	Method of Check Debit	# 1037
Street Address		City Hartford	1		State CT	Zip Code 06103-2516
25 Lewis St, Apt E			F	и		L
Purpose of Expenditure (by code) OVHD	Description Reimbursement		Event			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	re) Independent	ndent	ABCD		\$599.45
Name of Payec Jessica Rivera				Date of Payment 06/07/2019	Method of Check	# 1015 Card
Street Address 185 Barker St, B6		City Hartford			State CT	Zip Code 06114-1844
Purpose of Expenditure (by code) CNSLT	Description Field Work		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure Ilternization 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 con	or committee) Indepe		cked)	i constant	\$390.00
Name of Payer Jessica Rivera				Date of Payment 06/15/2019		f Payment  # 1022  Card EFT
Street Address 185 Barker St, B6		City Hartford			State CT	Zip Code 06114-1844
Purpose of Expenditure (by code) CNSLT	Description Field Work	<u> </u>	Eyer	at #		Amount
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 expendit	or committee) Indep				\$150.00
Name of Payee Run the World				Date of Payment 04/10/2019	Chec	of Payment k # t Card  EFT
Street Address		City Prairie Du Sac			State WI	Zip Code 53578-0111
PO Box 111  Purpose of Expenditure (by code) CNSLT	Description Digital Consulting		Eve	ent#		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 expendi	or committee) Inde	nv" is ch pendent mization		, return	\$2,500.00

SUBTOTAL Section P + This Page	\$3,639.45
TOTAL of Section P Pages	\$93,536.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$93,536.63

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Revised January	2015

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ronin for Mayor	The second secon			July 10 filing		
	P. Expense	s Paid by Commit	tee			
Name of Payee Run the World				Date of Payment 05/09/2019	Check	f Payment  c #  Card  FFT
Street Address		City Prairie Du Sac			State WI	Zip Code 53578-0111
PO Box 111			F	. #	-	1
Purpose of Expenditure (by code) CNSLT	Description Digital Consulting		Even	L#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditus  Coordinated without reimbursement sought (in-kind cont	re) Indeper	ndent	eked)		\$2,500.00
Name of Pavee Run the World				Date of Payment 05/09/2019	Chec	Card FFT
Street Address		City Prairie Du Sac			State WI	Zip Code 53578-0111
PO Box 111	Description		Ever	nt #	+	Amount
Purpose of Expenditure (by code) A-WEB	Description Web Advertising					Amount \$5,000.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditure).  Coordinated without reimbursement sought (in-kind control of the contro	r committee) Indepe				
Name of Payee Run the World				Date of Payment 06/10/2019	Che	t Curd EFT
Street Address		City Prairie Du Sac	•		State WI	Zip Code 53578-0111
PO Box 111 Purpose of Expenditure (by code) CNSLT	Description Digital Consulting		Eve	nt #		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 continued).	or committee) Indepe	endent			\$2,500.00
Name of Payee Sage Payment Solu	utions			Date of Payment 04/01/2019	Che	of Payment ck # it Card
Street Address 1750 Old Meadow F	Rd. Ste 300	City McLean			State VA	Zip Code 22102-4304
Purpose of Expenditure (by code) BNK	Description Payment Processing	. L	Eve	ent#		Amount
Expenditure #  (If applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  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						\$0.8

SUBTOTAL Section P.→ This Page	\$10,000.84
TOTAL of Section P Pages	\$93,536.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE. (Enter total on Line 19, Column A of Summary Page Totals)	\$93,536.63

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	TURES (Sections	P-T)	Ps	nge 34.	5 of	347
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
Bronin for Mayor		\$200,000 0,000 mm o compaño \$428080 2012	ora wa hoas or in	July 10 filing	Maria Markana Z	SINSSPARSA:	200000000000000000000000000000000000000
enge omgede at te re-	P. Expens	es Paid by Commi	ttee	D. CB	Marked	of Payment	
Name of Payee Sage Payment Solu	tions			Date of Payment 05/02/2019	Chec		•
Jagor aymoni oola				03/02/2019	Debi	t Card	Z EFT
Street Address 1750 Old Meadow F	Rd, Ste 300	City McLean			State VA	Zip Co 2210	2-4304
Purpose of Expenditure (by code) OVHD	Description Payment Processing		Even	t #		Amour	nt
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 expenditution)  Coordinated without reimbursement sought (in-kind continued)	or committee) Indepe	ndent	ked)	)		\$285.36
Name of Payce Sage Payment Solu	itions	agentus and the same age and the same agent agent agent agent agent agent agent agent agent agent agent agent a		Date of Payment 06/03/2019	<b>✓</b> Che	of Paymen ck # it Card	EFT
Street Address 1750 Old Meadow F	2d Sto 300	City McLean			State VA	Zip Co 2210	ode 02-4304
Purpose of Expenditure (by code) OVHD	Description Payment Processing		Even	t#		Amou	nt
Expenditure # (if applicable)	Type of Expenditure ** (Itemization in Addendum P Required **) None of the below (does not involve another candidate c Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind core)	or committee) Indepe	ndent	cked)	Б	4	51,381.17
Name of Payee Freda Seritella				Date of Payment 06/15/2019	<b>✓</b> Che	of Paymer ck # 1036 oit Card	
Street Address 57 Woodland Dr		City Hartford			State CT	Zip C 0610	ode 05-1202
Purpose of Expenditure (by code) CNSLT	Description Field Work		Ever	nt#		Amou	nt
Expenditure # (if 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 con	or committee)	endent		D		\$240.00
Name of Payee Staples, Inc.				Date of Payment 05/20/2019	Сһ	i of Paymer eck # bit Card [	EFT
Street Address 2550 Albany Ave		City West Hartford			State CT	Zip C 061	ode 17-2335
Purpose of Expenditure (by code) OVHD	Description Office Supplies		Eve	nt#		Amou	nt
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 expendi	or committee)		ecked)			\$578.22

\$2,484.75	SUBTOTAL Section P This Page	
\$93,536.63	TOTAL of Section P Pages	
\$93,536.63	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	

Organization: A B C D

Coordinated with reimbursement sought (joint expenditure)

Coordinated without reimbursement sought (in-kind contribution)

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IAME OF COMMITTEE	: (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	waran da	
Bronin for Mayor	And the state of t			July 10 filing		
	P. Expense	s Paid by Commit	tee			
Name of Payee Aaron Supple				Date of Payment 06/15/2019	Method of Check	# 1029
Street Address	·	City Hartford			State CT	Zip Code 06106-3100
300 Summit St  Purpose of Expenditure (by code) CNSLT	Description Field Work		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required u.  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind continue)	re) Independent	ndent	ked)		\$210.00
Name of Payer Tony's All Season C	atering			Date of Payment 05/15/2019	Method o	
Street Address 3580 Main St		City Hartford			State CT	Zip Code 06120-1121
Purpose of Expenditure (by code) FNDR	Description Fundraising		Even	ı #		Amount
Expenditure # (if applicable)	Type of Expenditure **Itemization in Addendum P Required to Department of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continue).	r committee) Indepe		ABCD		\$884.00
Name of Pavee Total Graphic Solution	ons			Date of Payment 06/03/2019		of Payment k # 1009 Card EFT
Street Address 674 Lincoln St		City New Britain			State CT	Zip Code 06052-1833
Purpose of Expenditure (by code) OFFICE	Description Printing		Eve	ut#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate condinated with reimbursement sought (joint expenditution Coordinated without reimbursement sought (in-kind condinated with reimbursement sought (in-kin	or committee) ure) Indepe				\$862.99
Name of Payee United Airlines		0.0000000000000000000000000000000000000		Date of Payment 06/13/2019	Chec	of Payment ik # t Card 🗸 EFT
Street Address 340 N Main St		City Wallingford			State CT	Zip Code 06492-3209
Purpose of Expenditure (by code) OFFICE	Description Airfare		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 con	or committee) ure) Indep	w" is chi endent nization			\$1,620.00

SUBTOTAL Section P - This Page	\$3,576.99
TOTAL of Section P Pages	\$93,536.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$93,536.63

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Revised January 2015	

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CVINCUI JAHRANY 2015	(Provide Complete Name as Registered with Filling I	Repository)	TYPE OF REPORT	
	(Litanus Combines time as references istanting)		July 10 filing	a Kerth Charles Colonial Colon
ronin for Mayor	P. Expense	s Paid by Committe		
Name of Payee United States Postal		gyggyndagon a thicke g ( <b>#</b> Gardon a b g an y gail aig b g a g	Date of Payment 05/16/2019	Method of Payment Check #  Debit Card EFT
Street Address		City Hartford		State Zip Code CT 06103-9992
80 State House Sq Purpose of Expenditure (by code) POST	Description Postage		Event #	Amount \$550.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in Mone of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditue)  Coordinated without reimbursement sought (in-kind cont	committee) Independ	dent ation: A B C D	
Name of Pavee West Indian Social C	Llub of Hartford		Date of Payment 05/15/2019	Method of Payment  ✓ Check # 1002  Debit Card EFT
Street Address 3340 Main St		City Hartford		State Zip Code CT 06120-1109
Purpose of Expenditure (by code) FOOD	Description Event Sponsorship		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 expenditused). Coordinated without reimbursement sought (in-kind continuated).	r committee) Indepen	ident	\$700.00
Name of Pavee Joe Young			Date of Payment 06/15/2019	Method of Payment  Check # 1035  Debit Card EFT
Street Address		City Manchester		State Zip Code CT 06040-5518
Purpose of Expenditure (by code) CNSLT	Description Field Work		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure * *themization* 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 co	or committee) Indepe		\$345.00

SUBTOTAL Section P - This Page	\$1,595.00
TOTAL of Section P Pages	\$93,536.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE. (Enter total on Line 19, Column A of Summary Page Totals)	\$93,536.63