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SEEC FORM 20

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

TOWN & CITY, CLERK

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COVER PAGE

1. NAME OF COMMITTEE						Company of the compan	and the second s	The second secon
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(mm/dd/yyyy) 09/10/2019	City Council						(if applicable	,
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April 10 filing	O30 days following primary O45 days following referendum							
July 10 filing	O7th day preceding election O Deficit							
October 10 filing	12th day pred	eding elect	ion b)	O Termination	•			
O24 Hour Independent Expenditure OPrimary OElection	O45 days follo not held in N	wing election	on					
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10, CERTIFICATION	former and programs a second of the control of the		The second secon		The state of the s		The second secon	
I hereby certify and state, under	penalties of false	statement	t, that	t all of the information set forth on	this Ite	emized Ca	mpaign l	Finance
Disclosure Statement for the po	erioa coverea is	true, acci	urait	s and complete.				
Jack Mal	1//		Jan	nes Woulfe			07/09	/2019
- 11-11/E'/ VIOVI	#					<u> </u>		E (mm/dd/yyyy)
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SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Maly Rosado for City Council	July 10 Filing COLUMN A COLUMN B						
	COLUMN A This Period	Aggregate					
	Tims I croud						
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		\$0					
12. Balance on hand at the beginning of Reporting Period	\$0						
13. Contributions Received from Individuals (Sections A and B)	\$4245.00	\$4245.00					
14. Receipts from Other Committees (Sections C1 and C2)	\$0	\$0					
15. Other Monetary Receipts (Sections D through K)	\$50.00	\$50.00					
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0	\$0					
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed							
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$0	\$0					
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$4295.00	\$4295.00					
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$4295.00	\$4295.00					
19. Expenses Paid by Committee (Section P)	\$878.37	\$878.37					
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$3416.63	\$3416.63					
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$100.00	\$100.00					
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0	\$0					
23. In-Kind Contributions Received (Section M)	\$46.28	\$46.28					
24. Refundable Deposit to Telephone Company (Section N)	\$0	\$0					
25. Loan Balance	\$0						
25a. + Loans Received (Section D)	\$0	\$0					
25b. + Interest and Penalties on Loan	\$0	\$0					
25c Payments on Loan	\$0	\$0					
25d. Total Outstanding Loan Amount	\$0						
26. Campaign Expenses Paid by Candidate (Section Q)	\$0	\$0					
27. Expenses Incurred on Committee Credit Card (Section R)	\$0	\$0					
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0						
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0						

NAME OF COMMITTEE (Provide Complete Nat		TYPE OF REPORT				
Maly Rosado for City Council		July 10 Filing	July 10 Filing			
A. Total Contributions from S (See instructions for definition of Small		ed this Period ONLY SUBTOTAL SECTION A	\$0			
			Day 1977 Company of the company of t	The second state of the second		
Last Name	B. Itemized Co	ntributions from Indivi	auais		MI	
Woulfe		James				
Residential Street Address		City		State	Zip Code	
2 Columbia St.		Hartford		СТ	06106	
Principal Occupation		Name of Employer				
Government Affairs		The Connecticut G	roup, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			/, Ame	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of a If yes, indicate which braid of government the contract		Contractor? Yes No			
Method of Contribution:	•	Date Received	Aggregate Contributions			
● Cash ● Personal Check ● Credit/Debit C	Card OPayroll Deduction OMoney	Order 04/08/2019	96.28			
Last Name		First	• • • • • • • • • • • • • • • • • • • •		MI	
Concepcion		Julio				
Residential Street Address		City		State	Zip Code	
3 Linden Place, Unit A		Hartford		СТ	06106	
Principal Occupation		Name of Employer	,			
Executive Director		MetroHartford Allia		1.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			/, Ame	ount of Contribution 0.00	
l Y	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	is with: Executive C Legislative				
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Last Name		First			MI	
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Residential Street Address		City Hartford		State	Zip Code 06103	
221 Trumbull St. Principal Occupation		Name of Employer		01	100103	
Executive Director		Connecticut Demo	ocratic Darty			
	If contribution is in excess of \$400		-	. A	ount of Contribution	
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	TOTA	L of additional Section B	Pages 4245.00			
TOTAL OF	ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections 13, Column A of Summary Page				

Section B ADDITIONAL PAGE _ _ _ of _ \(\) 6

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	TYPE OF REPORT							
Maly Rosado for City Council	July 10 Filing							
A. Total Contributions from Small Contributors-Reco (See instructions for definition of Small Contributor)	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A							
B. Itemized C	Contri	butions from Individ	luals	Annual Control of the				
Last Name		First	The state of the s	And the state of t	MI			
Morales		Angel						
Residential Street Address	City			State	Zip Code			
49 Margarita Drive	Har	rtford		CT .	06106			
Principal Occupation		Name of Employer						
Outreach Liaison	,	MDC	•					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					ount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which of government the contributor of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which is the principal of If ye	branch o		Contractor? Yes OLegislative					
Method of Contribution:		Date Received	Aggregate Contributions	7				
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Last Name		First			MI			
Morales		Inocencia			1			
Residential Street Address	City			State	Zip Code			
49 Margarita Dr.	Har	rtford		CT	06106			
Principal Occupation		Name of Employer		I				
Retired		Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?					Amount of Contribution 25.00			
Is this contribution associated with an event reported in Section L1? Yes No If yes, indicate which of government the core	branch e		e contractor? Yes					
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Last Name		First			MI			
Passaretti		Joseph						
Residential Street Address	City			State	Zip Code			
5 Lincoln Drive	Wa	allingford		CT	06492			
Principal Occupation	•	Name of Employer						
Attorney		Montstream Law G	roup					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$4 does contributor or business her valued at more than \$5,000?				y, Am	ount of Contribution			
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TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L	TOTAL of additional Section B Pages 4045.00 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 4245.00							

Section B ADDITIONAL PAGE 2 of 16

NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repository)		TYPE OF REPORT						
Maly Rosado for City Council				July 10 Filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	of and the bound of A	Control opening	Period ONLY TAL SECTION A	\$ 0				
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)ntr	ibu First	tions from Individ	iuals	Committee of the commit	And the second s	MI	
Last Name . Castillo		Jul					1411	
Residential Street Address	City	L			State	Zip C	lođe	
63 Gould Drive	1 '		artford		CT	061	1	
Principal Occupation			Name of Employer			<u> </u>		
Teacher Assistant		1	Community Develo	pment Institute	•			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400) to a				, Ame	ount of	Contribution	
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	e is a	ssoci	ated with have a contract OYes ONo	with said municipality	250	250.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041719A Wethod of Contribution: Yes Is contributor a principal of a state contractor or prospective state contractor of prospective state contractor of government the contract is with: Date Received Aggregate								
	Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 04/17/19 250.00							
Last Name		First					MI	
Doyle		Pa	ul				R	
Residential Street Address	City	,			State	Zip C	Code	
38 Thornbush Rd.	W	ethe	ersfield		CT	06	109	
Principal Occupation	<u> </u>		Name of Employer					
Attorney	•		Kennedy Doyle LLC	;				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	0 to a e is a	cand ssoci	idate for a chief executive ated with have a contract Yes No	e officer of a municipality		ount of),00	unt of Contribution	
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TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line)M I e 13;	NDI Colu	VIDUALS (Sections A mn A of Summary Page	A+B) Totals) 42 45	. \$	D		

Section B ADDITIONAL PAGE 3 of 16

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Maly Rosado for City Council	July 10 Filing						
	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A						
B. Itemized Con	ntributions from Individ	luals	A Comment of the Comm	A Committee of the Comm			
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	City Hartford		1 '	6106			
74 Haddam St.			01 0				
Principal Occupation Accountant	Name of Employer HPS						
	child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality						
	atribution associated with an order of the section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches						
Method of Contribution:	Date Received	Aggregate Contributions	-				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 04/17/19	20.00					
Last Name	First			МІ			
Sierra	Carmen						
Residential Street Address	City		1 '	Code			
200 Goodrich St.	Hartford		CT 0	6114			
Principal Occupation	Name of Employer						
Asst. City Treasurer	City of Hartford Tre	asurer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract O Yes O No	e officer of a municipality with said municipality		Amount of Contribution 20.00			
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Method of Contribution:	1	Aggregate Contributions					
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 04/17/2019	20.00					
Last Name	First			MI			
Rodriguez	Alejandro		T = .				
Residential Street Address 81 Cromwell St.	City Hartford	•		p Code . 6114			
Principal Occupation	Name of Employer		<u></u>				
State Employee	State of CT	•					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Yes of State of			50.00	of Contribution			
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TOTAL of additional Section B Pages 4045. UU							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 47 45 46							

Section B ADDITIONAL PAGE 4 of 16

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Maly Rosado for City Council	July 10 Filing						
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$0				
B. Itemized Co	ntri	butions from Indivi	duals	A Company of the Comp		and a second and a second as a	
Last Name	I	First			МІ		
Corbin		Clarence		l a	·		
Residential Street Address 199 Branford St.	City ⊔ar	tford		State CT	Zip Code 06112		
Principal Occupation	Hai	Name of Employer		01	00112		
Engineer		The MDC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?	lent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality					bution	
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Method of Contribution:		Date Received	Aggregate Contributions	_			
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Last Name	1	First			MI		
Nadal-Sanchez		Jacqueline					
Residential Street Address	sidential Street Address City						
370 Freeman St.	Har	rtford		CT	06106		
Principal Occupation Name of Employer							
Team Leader Mtgs		Bank of America					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/shy valued at more than \$5,000?	0 to a c e is ass	andidate for a chief executive sociated with have a contract Yes O No	e officer of a municipality with said municipality		Amount of Contribution 100.00		
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Last Name		First			MI		
Calderon		Raquel					
Residential Street Address	City	16 1		State	Zip Code		
163 Adelaide St.	Ha	rtford	•	CT	06114		
Principal Occupation		Name of Employer Hartford Board of I	Education				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Valued at more than \$5,000?	0 to a c	candidate for a chief executive sociated with have a contract Yes O No	e officer of a municipalit with said municipality	y, Am	ount of Contri	ibution	
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TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 42 45. 40							

Section B ADDITIONAL PAGE 5 of 6

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)	Company of the compan		TYPE OF REPORT			
Maly Rosado for City Council				July 10 Filing			
A. Total Contributions from Sma (See instructions for definition of Small Con	The second secon		is Period ONLY OTAL SECTION A	\$ O		- Charles - Anna Cha	
	B. Itemized Con	itrib	utions from Indivi	duals	The second part of the second pa		
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Principal Occupation			Name of Employer				
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or dependent child of a lobbyist? O No do	ributor a lobbyist, spouse, endent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes ONo					unt of Contributio	
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Last Name		Fi	rst			MI	
Teron		1	anil				
Residential Street Address		City			State	Zip Code	
1010 Sandstone Dr.		-	h Windsor		CT	06074	
Principal Occupation			Name of Employer			<u> </u>	
Exec. Director			Center for Latino P	rogress			
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 to be contributor or business he/she	o a car	ciated with have a contract	e officer of a municipality with said municipality		unt of Contributio	
	hlued at more than \$5,000?		O Yes O No		50.0	00	
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OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	04/17/2019	50.00			
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Luna		_ \	lictor				
Residential Street Address		City	c 1	•	State	Zip Code	
51 Annawan St.		Hart			СТ	06114	
Principal Occupation			Name of Employer				
President			Luna Productions				
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Method of Contribution: Ocash OPersonal Check Ocredit/Debit Card	OPayroll Deduction OMoney	Order	Date Received 04/17/2019	Aggregate Contributions 25.00		·	
SUBTOTAL Section B — This Page 95.00 .							
TOTAL of additional Section B Pages 4045, 60							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 47 45. 40							

Section B ADDITIONAL PAGE 6 of 16

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	201220			TYPE OF REPORT				
Maly Rosado for City Council				July 10 Filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)			S Period ONLY TAL SECTION A	\$ 0				
B. Itemized Co	ntr	ibu	tions from Individ	duals				N. D. Communication of the com
Last Name		First		3.000				MI
Castillo		Yo	landa					
Residential Street Address	City				State		Zip Co	
123 C Main St.	Ma		nester		СТ		060	42
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes ONo If contribution is in excess of \$400 to a candidate for a chief executive officer of a munic does contributor or business he/she is associated with have a contract with said municipal valued at more than \$5,000? Yes ONo						Amour 25.00	ıt of	Contribution
Is this contribution associated with an event reported in Section L1? Wes. list Event # 041719A Section L1? If yes, indicate which bra of government the contra	anch (or bi	anches	e contractor? Yes OLegislative				
If yes, list Event # 041719A of government the contra	101 10	*******	Date Received	Aggregate Contributions	\dashv			
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Last Name	_	Firs	l .					Mí
Torres		Ca	lixto					
Residential Street Address	City	<u> </u>			State	3 7	Zip C	ode
6 Harwich St.	На	artfo	ord		СТ		061	14
Principal Occupation	1		Name of Employer		1		,	
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she) to a e is as	cand ssoci	ated with have a contract	e officer of a municipalit with said municipality				Contribution
Is this contribution associated with an valued at more than \$5,000?				te contractor? OYe	_	100.0	U	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041719A Section L1? No If yes, indicate which broof government the contributor of government the government of g	anch	or b	ranches	O Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
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Last Name		Firs	it afael					MI
Medina	lan	<u> </u>	11461		Stat	T	Zip C	ode
Residential Street Address 32 Goodwin Cir.	City	, artfo	ord		CT	- 1	061	
Principal Occupation		urci	Name of Employer	<u></u>	1 .			
Law Enforcement			City of Hartford					
	ft to a	can		e officer of a municipali	lv.	Amou	nt of	Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	ie is a	SSOC	iated with have a contract O Yes O No	with said municipality		40.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041719A Yes No Is contributor a principal of a If yes, indicate which brof government the contributor.	anch	or b	ranches n: Executive	O Legislative	5			
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMondon	Method of Contribution: Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order Date Received O4/17/2019 40.00							
SUB	зто:	TA	I. Section B — This	Page 165.00				
TOTAL of additional Section B Pages 4445.44								
TOTAL of additional Section B Pages 4φ 45. φφ TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 47.45.44								

Section B ADDITIONAL PAGE 7 of 16



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	pository)	Part of the county of the coun		TYPE OF REPORT			
Maly Rosado for City Council				July 10 Filing			
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$0			
					-		
B. Itemiz	zed Con	trib	utions from Indivi	duals			And the second s
Last Name		Fir	rst		······		MI
Tejeda		R	omany				
Residential Street Address			State	Zip C	Code		
45 Fern St.		Rock	y Hill		CT	060	067
Principal Occupation			Name of Employer			-	
Tejeda-Melo Corp			Store Owner				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of sequence of s					y, Am		Contribution
event reported in Section L1? No If yes, indicate w	which brane	ch or t		e contractor? Yes OLegislative			
If yes, list Event # 041719A of government the Method of Contribution:	- Comiaci	19 1410	Date Received	Aggregate Contributions	-		
	ash Personal Check Occidit/Debit Card Payroll Deduction Omoney Order 04/17/19 200.00						
Last Name		Fir	st				MI
Kowalyshyn		K	athleen				J.
Residential Street Address	C	City			State	Zip C	Code
28 Forster St.		Hartf	ford		CT	06	106
Principal Occupation	<u>I</u> ,		Name of Employer			'	
Attorney			Kathleen J. Kowalys	shyn, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess does contributor or busine valued at more than \$5,00	ess he/she i	o a can s assoc	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipalit with said municipality		Amount of Contribution 100.00	
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Method of Contribution:	_		Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction	Money	Order	04/17/2019	100.00			
Last Name		- 1	rst				MI
Vargas		Ŀ	dwin				
Residential Street Address		City	s 1		State	1 '	Code
141 Douglas St.		Harti			CT	06	114
Principal Occupation			Name of Employer				
Legislator			State of Connectic				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One is in exces does contribution is in exces does contributor or busing valued at more than \$5,00	ess he/she i	o a cai s asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipalit with said municipality		ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041719A Yes No If yes, indicate work of government to the section of the secti	which bran	ch or		Legislative No		,	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	OMoney	Order	Date Received 04/17/2019	Aggregate Contributions 100.00			·
			 Section B — This	Page 400.00	I		
TOTAL OF ALL CONTRIBUTION	NS FROM	IND	des II a. Come de Company de Comp	A EB)	5.4	¥ d	

Section B ADDITIONAL PAGE 6 of 16



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Maly Rosado for City Council				July 10 Filing			
A. Total Contributions from Si (See instructions for definition of Small Contributions)	The state of the s	Section Control Section	is Period ONLY OTAL SECTION A	\$0			
	And the second s						
	B. Itemized Cor	itribi	ations from Indivi	duals	The state of the s	The second secon	The second section of the sec
Last Name	At the control of the	Fire	st	To be and the second of the se	Commence of the comment of the comme		MI
Vega	ega Johanaly						
Residential Street Address		City			State	Zip Cc	ode
37 South St.		Hartf	ord		CT	061	14 `
Principal Occupation			Name of Employer				
Server			Denny's				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? No No Ves or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No					Amount of Contribution	
	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ich or b	oranches	e contractor? Yes No Legislative			•
Method of Contribution:	or government the contrac	. 10 17111	Date Received	Aggregate Contributions	+		•
OCash OPersonal Check OCredit/Debit Company	ard OPavroll Deduction OMonev	Order	04/17/19	10.00			
Last Name		Fir				···	MI
Rosetti	,	1	larilyn	•			Ε
Residential Street Address		City			State	Zip Co	ode
253 Freeman St.		Hartf	ord		CT	061	06
Principal Occupation			Name of Employer			J	
Ex. Director			The Open Hearth				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a can is assoc	didate for a chief executive clated with have a contract Yes No	e officer of a municipality with said municipality		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041719A	Yes Is contributor a principal of a significant of government the contract of government of	nch or l	branches	te contractor? Yes O Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
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Last Name		Fir					MI
Heslin		Jo	ohn				W
Residential Street Address		City			State	Zip Co	-
235 Kenyon St.		Hartf			CT	061	U5
Principal Occupation			Name of Employer				
Ins. Agent			Wentworth DeAng		<u>.</u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	ndidate for a chief executive ciated with have a contract O Yes O No	e officer of a municipalit with said municipality	y, Am o		Contribution
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Method of Contribution: Date Received Aggregate Contributions							
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SUBTOTAL Section B — This Page 135.00							
TOTAL of additional Section B Pages 47545. (56)							
TOTAL OF A	ALL CONTRIBUTIONS FROM	1 IND	IVIDUALS (Sections)	A+B) 121	- P	<u> </u>	
A second	(Enter total on Line.	13, Col	umn A of Summary Page	Totals) 7/4	> , Y	Ψ	

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE 9 of 16

NAME OF COMMITTEE (Provide Complete Nam		TYPE OF REPORT						
Maly Rosado for City Council				July 10 Filing				
A. Total Contributions from Some (See instructions for definition of Small)		ed this SUBTO	S Period ONLY TAL SECTION A	\$ 0				
	B. Itemized Co	ntribu	tions from Individ	duals	A series of the control of the contr	The second secon	Control of the contro	
Last Name		First					MI	
Torres		Pe	dro					
Residential Street Address		City			State	Zip C		
44 Goshen St.		Hartfo			CT	061	106	
Principal Occupation			Name of Employer	•				
Behavior Manager			Per Diem					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	lidate for a chief executive ated with have a contract OYes ONo	e officer of a municipality with said municipality	/, Amo		Contribution	
	Yes No Is contributor a principal of a If yes, indicate which bra of government the contract	nch or br	ranches	e contractor? Yes OLegislative				
Method of Contribution:			Date Received	Aggregate Contributions				
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Last Name		Firs	(МІ	
Walker	·						V.	
Residential Street Address		City			State	Zip C		
343 Fairfield Ave.	43 Fairfield Ave. Hartford						114	
Principal Occupation			Name of Employer					
Quality Manager			Pratt & Whitney					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 ' does contributor or business he/she valued at more than \$5,000?	to a cand	lidate for a chief executive lated with have a contract Yes O No	e officer of a municipality with said municipality		Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041719A	Yes Is contributor a principal of a No If yes, indicate which bre of government the contra	anch or b	ranches	te contractor? Yes O Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
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Last Name		Firs					MI	
Feliciano		Ri	cardo					
Residential Street Address		City	,		State	1 -	Code	
31 Wethersfield Ave.		Hartf			СТ		114	
Principal Occupation		*	Name of Employer	Internation			/	
Manager				One Wo				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	0 to a can e is assoc	didate for a chief executive intended with have a contract O Yes O No	re officer of a municipalit with said municipality	y, Am. 15.0		f Contribution	
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Method of Contribution:			Date Received	Aggregate Contributions				
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	SUB	тота	L Section B — This	Page 90.00				
	тота	L of ac	Iditional Section B	(Albadekan C. Wagana and Albadekan and	5. ф	φ		
TOTAL OF	ALL CONTRIBUTIONS FRO (Enter total on Line	M INDI e 13, Coli	IVIDUALS (Sections umn A of Summary Page	A + B) Totals) 4-7 4	5. d	ф		

Section B ADDITIONAL PAGE 10

of 10

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Maly Rosado for City Council				July 10 Filing			
A. Total Contributions from Sm (See instructions for definition of Small Co			is Period ONLY DTAL SECTION A	\$0			
							•
	B. Itemized Cor	itribi	utions from Indivi	duals	The second secon		The second secon
Last Name	er en	Fin	and the state of t				MI
Fonfara		Jo	ohn ·				.W
Residential Street Address		City			State	Zip Co	ode
99 Montowese St.		Hartf	ord		CT	061	14
Principal Occupation			Name of Employer				
Legislator			State of CT				
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				, Amo		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041719A		ch or b	oranches	e contractor? Yes No Legislative			
Method of Contribution;	0.8010		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Care	rd OPayroll Deduction OMoney	Order	04/17/19	100.00			
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Bronin		Sa	ara`				
Residential Street Address		l City			State	Zip Co	ode
93 Elm St.		Hartf	ord		CT	061	06
Principal Occupation Name of Employer							
Professor State of Connecticut							
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution							
	does contributor or business he/she i valued at more than \$5,000?	is assoc	ciated with have a contract OYes No	with said municipality	250	.00	
Is this contribution associated with an event reported in Section L1?	o If yes, indicate which bran	nch or l	branches	• No			
If yes, list Event # 041719A Method of Contribution:	of government the contrac	A IS WIL	Date Received	Legislative Aggregate Contributions	_		
Ocash OPersonal Check Ocredit/Debit Care	rd OPayroll Deduction OMoney	Order	04/17/2019	250.00			
Last Name		Fir	st				MI
DiBella		D	onna .				
Residential Street Address		City	,		State	Zip C	ode
11 Otterbrook Dr.		Old S	Saybrook	÷	CT	064	75
Principal Occupation			Name of Employer		l	!	
Retired			Retired				
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	didate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	, Amo		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041719A Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative							
Method of Contribution: Cash Personal Check Credit/Debit Car	rd OPayroll Deduction OMoney	Order	Date Received 04/17/2019	Aggregate Contributions 100.00			
	SUBT	ОТА	L Section B — This	Page 450.00			
	TOTAL	of a	dditional Section B I	°ages 404.	5.4	4	
TOTAL OF AL	LL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections Aumn A of Summary Page		5.0	T) 4	<u> </u>

Section B ADDITIONAL PAGE 11 of 16

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	State of the state	A proposed of the second secon	TYPE OF REPORT	And Annual Control of the Control of		
Maly Rosado for City Council			July 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$0			
B. Itemized Co	ntri	butions from Individ	duals	William Control of the Control of th		
Last Name	[]	First	2 Tanada - N. Marian and A. Ma		MI	
Clarke	Thomas					
Residential Street Address	City			State	Zip Code	
192 Palm S.	Har	tford		CT	06112	
Principal Occupation		Name of Employer				
PIO		Charter Oak Health	Center			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				20.0	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041719A Yes Is contributor a principal of a If yes, indicate which broad of government the contraction.	anch o	r branches	Contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	_		
● Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 04/17/19	20.00			
Last Name]	First			MI	
Bilodeau		Kelly				
Residential Street Address	City	0		State	Zip Code	
97 Roslyn St.	oslyn St. Hartford C				06106	
Principal Occupation		Name of Employer				
Town Clerk		Town of East Hamp	oton			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No				25.0	Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041719A Yes Is contributor a principal of a lf yes, indicate which broad of government the contributor.	anch c		e contractor? Yes No			
Method of Contribution:	act 15 v	Date Received	Aggregate Contributions	-		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Orde		25.00			
Last Name		l First			MI	
Ghaffar		Mayra				
Residential Street Address	City			State	Zip Cede	
43 Pulaski Dr.	Hai	rtford		CT	06106	
Principal Occupation	•	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041719A Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative						
Method of Contribution: Date Received Aggregate Contributions						
○ Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Ordo	er 04/17/2019	20.00			
SUB	тот	AL Section B — This	Page 65.00			
TOTA	Lof	additional Section B I	ages 404	5,9	DCP	
TOTAL OF ALL CONTRIBUTIONS FRO (Entertotal on Line		DIVIDUALS (Sections A of Summary Page		5.6	φ	

Section B ADDITIONAL PAGE 12 of 6

NAME OF COMMITTEE. (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Maly Rosado for City Council	July 10 Filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) S	\$ 0					
B. Itemized Cor	ntributions from Indivi	duals	The second secon	A STATE OF THE STA		
Last Name	First			MI		
Feltman	Art					
	City		- 1	Cip Code		
	West Hartford		CT (06114		
Principal Occupation	Name of Employer					
Exec. Director	International Hartfo			:		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?				Amount of Contribution 250.00		
event reported in Section L1? On No If yes, indicate which bran		e contractor? Yes OLegislative				
If yes, list Event # 041719A of government the contract Method of Contribution:	Date Received	Aggregate Contributions	-			
Ocash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney		250.00				
Last Name	First			MI		
Gonzalez	Domingo	·				
	City		State 2	Lip Code		
	Hartford		CT	06114		
Principal Occupation Name of Employer						
		•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a contribution of the co						
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041719A Yes Is contributor a principal of a section L1? If yes, list Event # 041719A		te contractor? Yes No				
Method of Contribution:		Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 04/17/2019	50.00				
Last Name	First			MI		
Alam	Nurul		r			
	City		1	Zip Code 06109		
5 Liberty Hill	Wethersfield		01	00107		
Principal Occupation Owner	Name of Employer Foodland					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?						
s this contribution associated with an vent reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative						
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 04/30/2019	250.00				
SUBT	FOTAL Section B — This	Page 550.00				
1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	of additional Section B l	Chindry Army, semichtan seng (m.)	44	,		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections 13, Column A of Summary Page	A+B) 4245	.66			

Section B ADDITIONAL PAGE 13 of 6

NAME OF COMMITTEE (Provide Complete Nam		TYPE OF REPORT					
Maly Rosado for City Council			July 10 Filing				
A. Total Contributions from Si (See instructions for definition of Small)	And the second s		s Period ONLY TAL SECTION A	\$ 0			
B. Itemized Contributions from Individuals							
Last Name	The control of the co	Firs					MI
De Jesus		Ra	ıul				
Residential Street Address	,	City			State	Zip C	i
18 Carpenter St.		Hartfo	ord		CT	061	06
Principal Occupation			Name of Employer				
Real Estate			BHHS HS NE				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is associ	ated with have a contract OYes ONo	with said municipality		Amount of Contribution 250.00	
	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ich or bi	ranches	e contractor? Yes No Legislative		٠	
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	04/18/2019	250.00			
Last Name		Firs	t				MI
Ortiz		М	itzchka	ı			
Residential Street Address		City			State	Zip C	Code
32 Two Mile Road		Farmi	ington		CT	060)32
Principal Occupation Name of Employer							
Accountant & Compliance Officer Hartford Housing Authority							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No Yes O No No No No No No No No No					Contribution		
	Yes Is contributor a principal of a If yes, indicate which bra of government the contract	nch or b	oranches	te contractor? Yes			
Method of Contribution:			Date Received	Aggregate Contributions			
Ocash OPersonal Check Ocredit/Debit C	ard OPayroll Deduction OMoney	Order	04/18/2019	50.00			
Last Name	î	Fire	st				MI
Cristofaro		Vi	ictor				
Residential Street Address		City			State	1 -	Code
87 Barry Place		Rock			CT	06	067
Principal Occupation			Name of Employer				
Principal			Hartford Public Sci				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	didate for a chief executive stated with have a contract Yes O No	e officer of a municipali with said municipality		ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative							
Method of Contribution:		-	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	04/18/2019	50.00			
	SUB'	ГОТА	L Section B — This	Page 350.00			
	TOTAL	Lofac	Iditional Section B	Pages 404	5. a	04)
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections umn A of Summary Page		-5.4	-φ	

Section B ADDITIONAL PAGE 14 of 6

NAME OF COMMITTEE (Provide Complete Name of	TYPE OF REPORT	TYPE OF REPORT					
Maly Rosado for City Council			July 10 Filing	July 10 Filing			
A. Total Contributions from Sm (See instructions for definition of Small Co	Y \$ 0	\$0					
	B. Itemized Con	tributions from In	dividuals	A Normal of Control of			
Last Name		First		Secretary and the secretary of the secre	MI		
Sung		Chen					
Residential Street Address		City		State	Zip Code		
107 Windmill Lane		Newington	•	CT	06111		
Principal Occupation		Name of Employer		***			
Self Employed	·	Self Employed	1				
or dependent child of a lobbyist? O No d	If contribution is in excess of \$400 to does contributor or business he/she invalued at more than \$5,000?	s associated with have a co	ccutive officer of a municipalit intract with said municipality No	y, Am o	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #		ch or branches	_ O No				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Care	d OPayroll Deduction OMoney	Order 04/19/2019	100.00				
Last Name		First			MI		
Martinez-Baidy		0					
Residential Street Address	(City		State	Zip Code		
25 Majus Circle		Ellington		CT	06029		
Principal Occupation		Name of Employer					
LEO		City of Hartfor	d .				
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 t cloes contributor or business he/she invalued at more than \$5,000?	s associated with have a co	ecutive officer of a municipalit ontract with said municipality) No	y, Am o	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #		ich or branches	ive state contractor? Ye cutive O Legislative	3			
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Care	d OPayroll Deduction OMoney	Order 04/24/2019	50.00				
Last Name		First			MI		
Dressler		Jeffrey			-		
Residential Street Address		City		State	Zip Code		
84 Cedar St.		Hartford		CT	06106		
Principal Occupation		Name of Employer					
Attorney		Dressler Strick					
or dependent child of a lobbyist? • No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a co	recutive officer of a municipality No		ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #		nch or branches	cutive C Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order 04/18/2019	250.00	,			
	CHRIS	OTAL Section B —	This Page 400.00				
		of additional Section	The state of the s		dr h		
TOTAL OF AT	LL CONTRIBUTIONS FROM	I INDIVIDUALS (Sec	tions A + B)	() o	74		
	(Enter total on Line	13, Column A of Summary	Page Totals) 4-2 4	5.0	ひむ		

Section B ADDITIONAL PAGE 15 of 16

NAME OF COMMITTEE (Provide Complete Name as I	Registered with Filing Repository)	The second secon		TYPE OF REPORT	A STATE OF THE STA			
Maly Rosado for City Council				July 10 Filing				
A. Total Contributions from Smal (See instructions for definition of Small Contributions)			is Period ONLY OTAL SECTION A	\$0				
	B. Itemized Cor	itribi	utions from Individ	duals	A control of the cont			
Last Name		Fire		,		MI		
Martinez			ilberto		10			
Residential Street Address 20 Griswold St.		City Hartfo	ord		State CT	Zip Code 06114		
Principal Occupation		Tidi ti	Name of Employer			30111		
Executive Director			HPATV					
or dependent child of a lobbyist? O No doe	contribution is in excess of \$400 tes contributor or business he/she used at more than \$5,000?				y, Amo 25.0	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a s If yes, indicate which brar of government the contrac	ich or b	ntractor or prospective state oranches	OLegislative				
Method of Contribution:	-		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	05/10/2019	25.00				
Last Name		Fir				MI		
Aponte			lexander		C+-+-	Zip Code		
Residential Street Address 69 Bloomfield Ave.		City Mest	Hartford		State CT	06105		
Principal Occupation			Name of Employer		1			
Attorney			Law Office of Alexa	nder Aponte				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No doe	contribution is in excess of \$400 es contributor or business he/she dued at more than \$5,000?	to a can is assoc	didate for a chief executive stated with have a contract Yes No	e officer of a municipalit with said municipality	y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event #	Is contributor a principal of a If yes, indicate which bra of government the contract	nch or l	branches	te contractor? Yes				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney		06/13/2019	250.00				
Last Name		Fi	atherine			MI		
Torres Residential Street Address		City	attietitie		State	Zip Code		
3946 Gateway Dr.		1	idelphia		PA	19145		
Principal Occupation			Name of Employer					
Engineer			PSEG Nuclear					
or dependent child of a lobbyist?	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract O Yes O No	e officer of a municipalit with said municipality	y, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? **Mathematical Contribution** Yes No **Mathematical Contribution** No **Mathematical Contribution** Yes No **Mathematical Contribution** Yes No **Mathematical Contribution** No **Mathematical Contribution**	Is contributor a principal of a <i>If yes</i> , indicate which bra of government the contra	nch or	branches	O Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	y Order	06/15/2019	20.00				
	SUB'	ГОТА	L Section B — This	Page 295,00				
	TOTA	C of a	dditional Section B l	Pages 46	15,a	5Φ		
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections a lumn A of Summary Page	A+B) Totals) 424	15.9 6.4	φ		

Section B ADDITIONAL PAGE 16 of 6

NAME OF COMMITTEE (Provide Complete Name		TYPE OF REPORT						
Maly Rosado for City Council				July 10 Filling				
A. Total Contributions from Sn (See instructions for definition of Small C	The second secon		Period ONLY FAL SECTION A	\$0				
	B. Itemized Cor	ntribu	ions from Indivi	luals	A Company of the Comp	The state of the s		
Last Name		First					MI	
Mattel		Chi	ristopher		·····			
Residential Street Address		City			State	Zip C		
176 North Beacon St.		Hartfo			CT	06		
Principal Occupation			Name of Employer	•				
Attorney			Koskoff			'		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	contributor a lobbyist, spouse, dependent child of a lobbyist? Yes of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					Amount of Contribution 100.00		
	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ich or br	anches	Contractor? Yes No Legislative				
Method of Contribution:	0.80		Date Received	Aggregate Contributions	-			
Cash Personal Check Credit/Debit Ca	ard OPayroll Deduction OMoney	Order	06/16/2019	100.00				
Last Name		First	2011				MI	
Shaune		L.ar	ry					
Residential Street Address		City			State	Zip (Code Code	
1003 Maple Ave.	Hartford C				СТ	06	114	
Principal Occupation		<u> </u>	Name of Employer					
Fire Fighter			City of Hartford					
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she		ted with have a contract		/, Am	ount of	Contribution	
	valued at more than \$5,000?		Yes O No		250	0.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a solution of government the contract	nch or bi	ranches Executive	O Legislative				
Method of Contribution:		1		Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	06/16/2019	250.00				
Last Name		First					MI	
Residential Street Address		City			State	Zip (Code	
Principal Occupation			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand	idate for a chief executiv ated with have a contract Yes No	e officer of a municipalit with said municipality	y, Am	ount o	f Contribution	
	Is contributor a principal of a solution of government the contract	nch or br	anches Executive	ONo OLegislative				
Method of Contribution: Cash Personal Check Ocredit/Debit Ca	ard OPayroll Deduction OMoney	į.	Date Received	Aggregate Contributions				
	SUB'I	ГОТАІ	Section B — This	Page 350.00				
	TOTAL	of ad	ditional Section B I	ages AD4	\$. ⊈	4		
TOTAL OF A	LE CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections 1 mn A of Summary Page		5. ¢	20		

NAME OF COMM	IITTEE (Provide Comple)	e Name as Registered w	ith Filing Reposi	tory)		TYPE OF REPORT	The state of the s	
Maly Rosado for City Council					July 10 Filing			
C1. Contributions from Other Committees								
Name of Committee					Name of Tre			
Address				Is this cont	ribution associa	ated with an Oyes ONo	Amount of	Contribution
	•			event repor	rted in Section I	L1? , list Event #		
City		State	Zip Code	Date Rec		Aggregate Contributions		
City		State	zip Code	Date res				
				ļ				
Name of Committee					Name of Tre	аѕигег		
						,		
				·				
Address						ated with an OYes ONo	Amount of	Contribution
				event repor	rted in Section I	L17 , list Event #		
City		State	Zip Code	Date Rec		Aggregate Contributions	-	
chy		Jane	Zip Code					
Name of Committee					Name of Tre	asurer		
Address		•		Is this cont	ribution associ	ated with an OYes ONo	Amount of	Contribution
				event repo	rted in Section	L1? , list Event #		
City		State	Zip Code	Date Rec		Aggregate Contributions	_	
City		State	Zip Coue	Dine ne	.01100	1.65.00		
				İ				
With the Application of the Community of		Paint Bursaman	e or Surn	lue Diefrik	outions fro	m other Committees	and the second s	The second secon
Name of Committee		Cimbur Schich			Name of Tre		When the second	
Address				City			State	Zip Code
D . D . 1 . 1	Expenditure #	n						-61)
Date Received	(if applicable)	Payment Type					Antouni	of Receipt
		Reimbursem	ent for shared	expense C	Surplus Distrib	pution	•	
Description		· · · · · · · · · · · · · · · · · · ·						
Name of Committee					Name of Tre	easurer		
Address				City	•		State	Zip Code
Date Received	Expenditure #	Payment Type					Amore	t of Receipt
Date Received	(if applicable)				a	er ir	Amoun	or Receipt
	•	Reimburso	ement for share	d expense	Surplus Dist	Tibution		
Description	,							
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		The first of the application in the contract of the contract o		The second section of the sec	A Section of the Control of the Cont	Elmon 1 - Semmen Anthropological Anthropologic		
A second of the		Section 2 Annual Property of Landau and Land	SUBTO	OTAL Sect	ion CTI	is Page		
		And the second section of the se	per in the lateral section of the lateral sec	The second secon	Commence of the commence of th	Pages 0		
The state of the s	A STORY AND A STOR	A STATE OF THE STATE OF T	THE PARTY OF THE P	of addition	al Section (EXERGES AND A CONTROL OF THE CONTROL		
		ALL COMMIT						
	(Section	s C1 + C2) (Enter	total on Line I	4, Column A	of Summary Po	ige Totals)		
1	•							

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Reposit	ory)		-	YPE OF F		And the second of the second o
Maly Rosado for City Council				Ju	ıly 10 Fi	ling	
D	. Loans	Receiv	ed this Period				
Name of Lender	A to division to the part of the last	Comments of the Comments of th	Source of Loan:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date of Receipt
			Bank Candida			Committee	
Street Address	City			Si	tate	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City			S	state	Zip Code	
Name of Lender			Source of Loan: OBank O Candida	ate 🔘 It	ndividual	Other Committee	Date of Receipt
Street Address	City			S	tate	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City			8	State	Zip Code	
Name of Lender	<u> </u>		Source of Loan:				Date of Receipt
			OBank O Candida			Committee	·
Street Address	City		·	s	tate	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	•						Amount Received
Street Address	City	·		5	State	Zip Code	
	A STATE OF THE STA	per per en	TOTAL SECTIO	ND	0		
E. Receipts from Entities other tha	ın Indiv	iduals (or Other Commi	ittees (Referen	dum Committe	es ONLY)
Name of Entity							
Street Address				Date Rec	ceived	1.012.02	Amount Received
City		State	Zip Code	Aggrega	te Contribu	ations	
Name of Entity		ı		1			
Street Address				Date Red	ceived		Amount Received
City		State	Zip Code	Aggrega	ite Contribi	utions	
Name of Entity		1		<u>I.</u>			
Street Address				Date Re	ceived		Amount Received
City		State	Zip Code	Aggrega	nte Contrib	utions	
		The second secon	TOTAL SECTION	DN E	0		I

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Maly Rosado for City Council					OF REPORT == 0 Filing	
F. A	mount Transferred	from Affiliated Busin	ess Treasury <i>(Busin</i>	ess Entit	y Committees (ONLY)
Date of Receipt	Is this transaction associ event reported in Section		es, list Event#			Amount
Date of Receipt	Is this transaction associ event reported in Section		es, list Event #			Amount
Date of Receipt	Is this transaction associ event reported in Section		es, list Event #			Amount
Date of Receipt	Is this transaction associ	2	es, list Event#			Amount
			TOTAL SECTION	Y.F.	0	
G. Amount Tran	nsferred from Affilia	ted Labor Union or O	ther Organization	Treasu	ry (Organizal	ion Committees ONLY)
Date of Receipt		Date of Receipt		Date of R	eceipt	
Amo	ount	Amount			. A	mount
			TOTAL SECTION	Girling and a second and a seco		
	. Personal Funds of	the Candidate Receiv	ed this Period (Can	ididate C	ommittees ON	
Date of Receipt	Method of payment:					Amount
04/08/2019	⊙ Cash	Personal Check	Credit/Debit	Card	50.00	
Date of Receipt	Method of payment:					Amount
	O Cash	Personal Check	Credit/Debit	Card		
Date of Receipt	Method of payment:			•		Amount
	○ Cash	Personal Check	Credit/Debit	Card		
Date of Receipt	Method of payment:	•				Amount
	O Cash	Personal Check	Credit/Debit	Card		
			TOTAL SECTION	ON H	50.00	
		L. Anonymous C	ontributions	A control of the cont	The second secon	
amoı	unt. If a committee	Anonymous Contrib receives an anonymo e contribution to the s for deposit in the	ous contribution, the State Elections En	ne camp	paign treası	ırer shall

NAME OF COMMITTEE Provide Complete Name as Registere	d with Filing Repository)	T	PE OF R	EPORT	
Maly Rosado for City Council July 1				ng	
J. Inter	est from Deposits in Autl	orized Accounts	A company of the comp	Application of the control of the co	
Name of Institution			ate Received	1	Amount
Street Address	City	State	Z	ip Code	
Name of Institution		D	ate Received	3	Amount
			1_		
Street Address	City	State	· 2	lip Code	
			Section 1		
		OTAL SECTION.	j 0		
K. Miscellaneou	is Monetary Receipts not	Considered Cont	ributio	ns	
Name	He shaped with the control of the co			Transaction	Amount Received
Street Address	City		State	Zip Code	
Presiden					
Description					
Name			Date of	Transaction	Amount Received
					·
Street Address	City		State	Zip Code	
Description					
Name	***	· ##.51- ·	Date of	Transaction	Amount Received
	•				
Street Address	City		State	Zip Code	
Description					
Name			Date of	fTransaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Description	÷ .				
		L SECTION K			
		The state of the s			
SUMMARY OF OT	HER MONETARY REC	CEIPTS (Sections	D thro	ugh K)	Service of the servic
Total Loans Received this Period (Section D)				0	
Total Receipts from Entities other than Individuals	or Other Committees (Section	ı E)	+	0	
Total Amount Transferred from Affiliated Busines			+	0	
		(6 .1 .6)		-	
Total Amount Transferred from Affiliated Labor (Union or Other Organization 1	reasury (Section G)	+	0	
Total Amount of Personal Funds of the Candidate	Received this Period (Section	H)	+	50.00	
Total Amount of Interest from Deposits in Authori	zed Accounts (Section J)	·	+	0	
Total Miscellaneous Monetary Receipts not Consid		<u> </u>	+	0	
A Oraci resistante das resonatas y receipis not Consid) Other Monetary I	· · · · · · · · · · · · · · · · · · ·		
(Add Sections D.t.	1 Otal Ol V hrough K) <i>(Enter total on Line 15</i> ,				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		The second secon	
Maly Rosado for City Co			July 10 Filing	A Security of the Control of the Con	and the second s	
		Information			The second secon	
Event # Date of Event Letter 041719 A	Description Fundraiser		:	Was this a fun Yes	draising event? ONo	
Location: Street Address		City		State	Zip Code	
Red Rock Tavern 369 C	apitol Ave.	Hartford		СТ	06106	
Subpart 1: (All Committe Was this event hosted at a		OYes (If yes, go to Section L5 Associated with a Houpurchases made by hose No	5 In-Kind Donations no use Party and complete t(s) for food, beverage a	required infor	Contributions mation for any	
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required		ot Considered (Contributions	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		OYes (If yes, enter Total Reco	eipts here.)	\$		
Subpart 2: (Party Comm Were there purchases of a sign associated with this	nittees, Municipal Candidates and Political Commandates, Municipal Candidates and Political Commandates, Municipal Commandates, Municipal Candidates, Municipal Commandates, Municipal Candidates, and Political Commandates, Municipal Candidates, Municipal Municipal Candi	Yes (If yes, go to Section L.	Committees) 3 Purchases of Adverti blete required informa		Program Book	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		OYes (If yes, enter Total Rec	reipts here.)	\$		
		And the state of t			Process of page 19 19 (April 19 19 19 19 19 19 19 19 19 19 19 19 19	
Event # Date of Event Letter	Description			Was this a fur OYes	ndraising event?	
Location: Street Address		City		State	Zip Code	
Subpart 1: (All Committee Was this event hosted at a	·	Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No				
	de goods or services donated by a business entity mated by an individual of up to \$100?	O Yes (If yes, go to Section I and complete required O No		oot Considered	Contributions	
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Rec	ceipts here.)	\$		
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Comn advertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L	Committees) 3 Purchases of Advert plete required informa		Program Book	
Subpart 3: (Town Comm Did your committee sell gathering held within the	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	reipts here.)	\$		
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page 0			
	SUBTOTAL Secti	on L1—Subpart 3 (Town Commi ipts from Food Purchases —	ittees ONLY)			
		TOTAL of additional Sectio	n Li Pages 0			
		IPTS FROM SMALL PU Line 16a, Column A of Summar				

Per Pı individua	ublic Act 11-48, effect al purchases from a cor	ive January 1 nmittee tag sa	, 2012 commi ale, auction, o	ttees are no	longer requi lonated items	ired to s. Sec	o itemize ction L2.	small . removed
NAME OF COMMITTEE	(Provide Complete Name as Registere	d with Filing Renovita	(n)	Manager Committee Committe	TYPE OF REPOR	₹T.	The second secon	The state of the s
Maly Rosado for City Co		O F.	And the second s		July 10 Filing			
Annual Control of the		of Advertisin	ng in a Progra)	m Book or a	ın a Sign	A STATE OF THE STA	The second secon	The state of the s
Name of Purchaser		,				Purchase	e Made By:	A CONTRACTOR OF THE CONTRACTOR
						~	siness Entity	Other
		Manufacture	***			OInd	ividual/Sole Pr	
Street Address			City			_	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Sig	n Purchase
					. ****		— · c	
Name of Purchaser		1		<u>. </u>		Purchase	e Made By:	
				O Business Entity Other				-
						OInd	ividual/Sole Pr	
Street Address			City	_			State	Zip Code
l . ·								
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Sig	n Purchase
Name of Purchaser							e Made By:	
					_	siness Entity	Other	
			Lau.			○ Ind	ividual/Sole Pa	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise .	Amount of Sig	gn Purchase
Name of Purchaser				1	-	Purchase	e Made By:	
							siness Entity	Other
						OInd	lividual/Sole P	,
Street Address			City			_ _	State	Zip Code
Data Panin-3	Event#	Aggregate Direct	for All Fizante	Amount of D	ogram Ad Purcha	SP	Amount of Sig	in Piirchaea
Date Received	Event#	Aggregate Purchases	TO AM EVENUS	Amount of Pr	ogram Au Purens	iot .	vuist ()i 51j	541 A US CSIASC
Name of Purchaser	.1					Purchas	e Made By:	_
				•		_	siness Entity	Other
-						Olnd	lividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise .	Amount of Sig	gn Purchase
.							· -1	
	SUBTOTAL Section L3 To	otal Purchases of	Advertising-in-P	rogram Book	This Page 0			
	SUBTOTAL Secti	Street, and produce the second of the second	The second secon		The state of the s	•••		
					ion L3 Pages 0			
The state of the s	L OF ALL PURCHASES O)E A DVEDTICIK		VI. Director for Arthur and Arthu				·
property and the second	L OF ALL FURCHASES U	(Enter-total on	IG IN A PROGR Line 16c, Column	A of Summary	Page Totals)			

NAME OF COMMITTE	E (Provide Complete Name a	s Registered with Filing Repository		TYPE OF	REPORT	en jerkent kan ander op de state en	many, a magain and the special property of the special state of the spec		
Maly Rosado for City	/ Council			July 10 F	iling				
	14	. In-Kind Donations	Not Consid	dered Contributions					
Name of Donor	The second secon								
Red Rock Tavern									
Street Address			City			State	Zip Code		
369 Capitol Ave.			Hartford		. `	СТ	06106		
Donation Given By:	Description of Donation				I	Fair Market Value of Donation			
 Business Entity 	Appetizers				1	100.00			
O Individual	Date Received	Event #		Aggregate Value for this Event					
Sole Proprietorship	04/17/2019	041719A		100.00					
Name of Donor						· · · · · · · · · · · · · · · · · · ·			
Street Address			City			State	Zip Code		
Donation Given By:	Description of Donation					Fair Market V	alue of Donation		
Business Entity		•		•	-				
OIndividual	Date Received	Event #		Aggregate Value for this Event					
Sole Proprietorship	- Sato Reserved	210,117							
Name of Donor				<u></u>					
Tamile of Bondi									
Street Address			City			State	Zip Code		
Sacot Thatess	4								
	In the country					Esta Manhat V	Value of Danation		
Donation Given By: Business Entity	Description of Donation				1	Fair Market Value of Donation			
O Individual	Date Received	Event#		Aggregate Value for this Event					
O Sole Proprietorship	Date Received	DVGIR #							
					<u> </u>				
Name of Donor			•	,					
						State	Zip Code		
Street Address			City	, •		Diale	Zip Code		
									
Donation Given By:	Description of Donation			•		Fair Market V	alue of Donation		
Business Entity									
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for this Event					
Sole Proprietorship									
The state of the s		SUB'	TOTAL Sect	ion L4—This Page 100.	00				
And the second s			And the second s	The control of the co					
	The control of the co	TOTA	AL of additio	nal Section L4 Pages 100.	00				
Control of the Contro			And the second s			***			
то	TAL OF ALL IN-KIN	D DONATIONS NOT CO (Enter total on Line 21, C	NSIDERED	CONTRIBUTIONS 100	.00				
And the second s		Liner Joiat on Line 21, C	viumn A UJ S	annay is a are sound)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT		
Maly Rosado for City Coun	cil			July 10 Filin	g		
L5. In-Kind Donations Not Considered Contributions Associated with a F					y		
Name of Host			Is this event s committee?	upporting mo	re than on	e candidate or endum L5	
Street Address	,	City			State	Zip Code	
Description of Donation				Fair Mar	ket Value o	f Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate				
Name of Host			Is this event s committee?	supporting me	re than on	e candidate or	
			1	mplete Itemiza		endum L5	
Street Address		City	3,7		State	Zip Code	
						1	
				I			
Description of Donation				Fair Mar	ket Value o	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidale	1			
\$ 				<u> </u>			
Name of Host			Is this event s	supporting mo	ore than on	e candidate or	
			1	mplete Itemiza		lendum 1.5	
Street Address		City .			State	Zip Code	
Description of Donation				Fair Mar	ket Value o	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate	1		·	
•							
Name of Host		<u>.,</u>	Is this event	supporting mo	ore than or	ne candidate or	
	•		committee?			landom T 6	
		I cir.	ij yes, co	mplete Itemiza	State	Zip Code	
Street Address		City			l Graw		
						<u> </u>	
Description of Donation				Fair Mar	ket Value o	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate				
		UBTOTAL Section L5 —	This Page	0			
The second secon		ODIO (AL SECUUII - 5 -	A Common			٠.	
	TO	OTAL of additional Section	L5 Pages	0		- 11	
	SHE IN ZIND DONARIONO NO	CONCINEDIAN CONTRI	RUTIONS				
ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Li	ne 22, Column A of Summary		0			

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Rej	gistered with i	Filing Repositor	(ע	7772			REPORT	Specification of the second se	Manufacture of the control of the co	
Maly Rosado for City Council					July 10 Filing						
			M. In-K	ind Con	tri	butions		Allow the second of the second		And the second s	
Name		and the second second second second			1000						
James Woulfe											
Street Address					City	•			State	Zip Code	
2 Columbia St.					На	rtford			СТ	06106	
Type of contributor: Committee	Date Receiv	ved	Aggregate Con	tributions		Description of In-Kind	Contribution			,	
	If contril	hution is in o	excess of \$400) to a candid	ate	l for a chief executive o	officer of a	municipality.	T		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does con		ousiness he/sh		ed v	vith have a contract wi Yes • No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	If yes,	tor a principal indicate which rnment the co	n branch or	bra	ector or prospective st nches Executive		No	46.28		
Name						· · · · · · · · · · · · · · · · · · ·		,			
								,			
Street Address					City	······································			State	Zip Code	
Type of contributor: Committee	Date Recei	ved	Aggregate Con	tributions	L	Description of In-Kind	Contribution				
Olndividual / Sole Proprietorship Oother											
Is contributor a lobbyist, spouse, Yes						for a chief executive with have a contract v			1	Market Value s Contribution	
or dependent child of a lobbyist? O No	valued	at more that	1 \$5,000?			Yes No			- 01 till	Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	O Yes No	If yes, i	tor a principal indicate which rnment the cor	ı branch or	bra	actor or prospective stanches Executive		⊘ No			
Name						***			•		
Street Address					City	,			State	Zip Code	
Type of contributor: Committee	Date Recei	ved	Aggregate Cor	tributions	<u> </u>	Description of In-Kind	Contribution	1	<u> </u>		
O Individual / Sole Proprietorship OOther											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ibution is in intributor or at more that	business he/sl	00 to a candi he is associa	ited	o for a chief executive with have a contract v	officer of a vith said m	municipality, unicipality		Market Value s Contribution	
Is this contribution associated with an event reported listed in Section L1?	8 Yes No	If yes,	indicate which	n branch or	bra	actor or prospective st nches Executive		()No			
If yes, list Event #	A CONTRACTOR OF THE CONTRACTOR	oi gove	rnment the cor								
heary L. Lander & M. Wanger & Marine and Company of the Company of			SU	BTOTAL	Sec	tion M — This Pa	ge 46.2	28			
And of the state o	And the second s		тот	AL of add	itio	nal Section M Pag	es 0				
TOTAL OF ALL IN-KIND CON	TRIBU.	TIONS (E	inter total on L	ine 23, Colu	mn	A of Summary Page To	otals) 46.2	28			
	A Company of the party of the p	Refund	dable Dep	osit to T	ele	phone Compai	1 y	Agricus Communication of Agricus Code States and Agric	A Company of the Comp	Company of the second of the s	
Last Name of Individual		and the second s	and the second s	First				МІ	Date Depos	it Made	
						¥					
Residential Street Address			City	/			State	Zip Code		Amount of	
i		•								Deposit	
Name of Telephone Company											
Street Address			City	7			State	Zip Code			
	A CONTRACTOR OF THE PARTY OF TH	Proof Sugardinary gover gyon, mappy so Page Turk Sugardinary sugarding government	The second secon	And the second of the second o	The state of the s		A CONTRACTOR OF THE PARTY OF TH	<u> </u>			
TOTAL S	ECTION	N (Enter	total on Line	24, Column	A	f Summary Page Tot	<i>als)</i> 0				

SEEC FORM 20 ,Reped January 2015

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMITTEE. (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT							
Maly Rosado for C	ity Council		July 10 Filing	July 10 Filing			
	P. Expenses	Paid by Committee					
Name of Payee			Date of Payment	Method of	-		
Bank of America			04/18/2019	O Check #			
		City		O Debit State	Card		
Street Address	trant	•		NC	28255		
100 North Tryon S	outeet	Charlotte		11/	20233		
Purpose of Expenditure	Description	I	Event #	Amount			
(by code) BNK	Check Order			78.16	78.16		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	dors "Nana of the helow" is el	rocked)				
(if applicable)	None of the below	sess Thone of the octor is co	icentify				
	Coordinated with reimbursement sought (joint expenditure) Independent						
	Coordinated without reimbursement sought (in-kind contr	ibution) Organizati	0110A O B O C O D				
					Payment: _ #1001		
Edgar Ortiz			04/29/19	O Debit			
Street Address		City		State	Zip Code		
144 Linden Ave.		Hamden		ст	06518		
	I Daniel de la constant de la consta	<u> </u>	Event #	 	A		
Purpose of Expenditure (by code)	Description		eront #		Amount		
CNSLT	Logo Design			100,00)		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is ch	recked)				
(if applicable)	None of the below						
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri		_				
Name of Payee	O Coolemated without remindusement sought (in-kind contr.)	bution) Organization	Date of Payment	Method of	Payment:		
Anedot			04/30/2019	Check			
			0 1/ 30/ 20 13	O Debit			
Street Address		City		State	Zip Code		
1920 McKinley Av	e., 7th Floor	Dallas		TX	75201		
Purpose of Expenditure	Description	. [1	Event#		Amount		
(by code) OVHD	Credit Card Processing Fees - April			43.20			
		(3) (4)	1.1.0	1 43,20			
Expenditure # (if applicable)	Type of Expenditure (Itenuization in Addendum P Required u	ntess "None of the below" is c	энескеа)				
	None of the below Coordinated with reimbursement sought (joint expenditu	re) (Independ	ent				
	O Coordinated without reimbursement sought (in-kind con-		iorOAOBOCOD				
Name of Payee			Date of Payment	Method of	Payment:		
Budget Printers	•		05/31/2019		k # <u>1002</u>		
Street Address		City		O Debit	Card CEFT Zip Code		
1718 Park St.		Hartford		СТ	06106		
TOTAL SE				<u> </u>			
Purpose of Expenditure	Description		Event #		Amount		
(by code) A-OTH	Banner			189.0	0		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the below" is c	hecked)	1			
(if applicable)	O None of the below	y	,				
	Coordinated with reimbursement sought (joint expenditu						
	Coordinated without reimbursement sought (in-kind cont	ribution) Organizat	ionOAOBOCOD				
		SUBTOTAL Section P —	This Page 410.36				
	TO	TAL of additional Sectio	n P Pages 468.01				
	TOTAL OF ALL EXPL	ENSES PAID BY COM	MITTEE 878.37				
Control (1997) Contro	(Enter total on Lin	e 19, Column A of Summary .	Page Totals)				

SEEC FORM 20

Section P. ADDITIONAL PAGE 1____ of 1____

NAME OF COMMIT	EE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT			
Maly Rosado for C	City Council		July 10 Filing			
	P. Expenses	Paid by Committee		Wind Park Control of the Control of		
Name of Payee Anedot Street Address		City	Date of Payment 05/31/19	Method of Payment: O Check # O Debit Card		
1920 McKinley Av	re., 7th Floor	Dallas		TX 75201		
Purpose of Expenditure (by code) OVHD	Description Credit Card Processing Fees - May		Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or cot Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)					
Name of Payee	to to		Date of Payment 06/27/19	Method of Payment: O Check # 1003		
Living Word Impri	IIII.S		00/27/19	O Debit Card OEFT		
Street Address 450 Homestead A	ve.	City Hartford		State Zip Code CT 06112		
Purpose of Expenditure (by code)	Description T-Shirts	Amount 440.71				
Expenditure # (if applicable)						
Name of Payee Anedot			Date of Payment 6/31/19	Method of Payment: O Check #		
Street Address		City	0,01,1,	Debit Card EFT State Zip Code		
1920 McKinley A	ve., 7th Floor	Dallas		TX 75201		
Purpose of Expenditure (by code) OVHD	Description Credit Card Processing Fees - June		Event #	Amount 26.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee)				
Name of Payee		****	Date of Payment	Method of Payment: O Check # O Debit Card OEFT		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required and None of the below (does not involve another candidate or conclusive Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought)	ommittee) re)	÷			
		SUBTOTAL Section P =	-This Page 468.01			

	NAME OF COMMITTEE (Provide Camplete Name as Registered with Filing Repository)					
Maly Rosado for Ci	ty Council		July 10 Filing			
	Q, Campaign Ex	penses Paid by Cand	idate			
Name of Payce (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimt	bursement claimed?	
					Yes O No	
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description		Event #		Amount	
(by code)						
N1 CD (N) CT			Date of Payment	т		
Name of Payce (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment		bursement claimed?	
				0		
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description		Event#		Amount	
(by code)						
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?	
	· · · · · · · · · · · · · · · · · · ·				Yes () No	
Street Address		City		State	Zip Code	
. ARRICOS		City		Journe	Lap cook	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	ls reim	bursement claimed?	
				0	Yes 🔘 No	
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description		Event#		Amount ·	
(by code)						
				1		
Name of Payee (<i>Name of V</i>	'endor, Person or Entity who candidate paid directly)		Date of Payment	i	bursement claimed?	
	•			0	Yes () No	
Street Address		City		State	Zip Code	
	•					
Purpose of Expenditure	Description		Event #		Amount	
(by code)		•				
Name of Payee (Name of V	l 'endor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?	
		•			Yes O No	
Street Address		City		State	Zip Code	
Street Address		City		June	Dip Cour	
					<u> </u>	
Purpose of Expenditure (by code)	Description		Event #		Amount	
		SUBTOTAL Section Q -	This Page 0			
	T	OTAL of additional Secti	ion Q Pages 0			
		PENSES PAID BY CA				
	(Enter total on L	ine 26, Column A of Summa	ry Page Totals)			

NAME OF COMMITT Maly Rosado for C	BE <i>(Provide Complete Name as Registered wit</i> itv Council	th Filing Repository)	TYPE OF REPO July 10 Filing	
	Company of the Compan	nses Incurred on Committee (
Name of Issuing Instit		Type of Credit Card:		
		O Visa O Mass	ter Card Discover O	American Express Other:
Name of Vendor, Person o	r Entity			Date of Transaction
Street Address	•	City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adder None of the below Coordinated with reimbursement so Coordinated without reimbursement		ow" is checked) Idependent ganization: OA OB OC	O D
Name of Vendor, Person o	r Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Added None of the below Coordinated with reimbursement so Coordinated without reimbursemen		ow" is checked) ndependent rganization: \(\rightarrow \ ightarrow \ \rightarrow \ \rightarrow \rightarrow \ \rightarrow \rightarrow \ \rightarrow \rig	: Op
Name of Vendor, Person of	r Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adder O None of the below Coordinated with reimbursement so Coordinated without reimbursement		fow" is checked) Independent Independent Independent Independent	: OD
		SUBTOTAL Section R	.—This Page 0	
		TOTAL of additional Sec	ction R Pages 0	
To		EURRED ON COMMITTEE CR Enter total on Line 27, Column A of Sum		

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	Figure 1	
Maly Rosoado for		i	July 10 Filing		
	S. Expenses Incurred by Comr	nittee but Not Paid l	During this Period		
Name of Creditor				Date Incurre	d
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		unt Incurred mate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	Indepo			
Name of Creditor				Date Incurre	ed
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		unt Incurred mate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind coordinated wit	Indepe			
Name of Creditor				Date Incurre	ed .
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		unt Incurred mate or Actual)
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	Indepe			
		SUBTOTAL Section	S-This Page 0		
	7	OTAL of additional Sec	tion S Pages 0		
TOTAL OF ALL E	XPENSES INCURRED BY COMMITTEE DURI (Enter total on L	NG THIS PERIOD BUT ine 28, Column A of Summa			
	Previously reported Exp	enses Unpaid and still O	utstanding 0		
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	BY COMMITTEE BU ue 28a, Column A of Summa			

NAME OF COMMITTE	E. (Provide Complete Name as Registered with Filing Reposit.	anniquiti, i qira i qimmir a aqifti ili ili ili ili ili ili ili ili ili i	The second section of the sec	างเ	E OF RE	PORT			, 10,0° A
Maly Rosado for Ci			Constitution of the second of		y 10 Fili	2-4-564-5-5-5-5-5-5	and the state of t		1,777.7
	T. Itemization of Reim	bursements	and Second	lary Pay	vees				
Last Name of Worker/Cons	ultant	First				MI	Date of P Person or	ayment to Vendor Entity	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	1					Committee V	Vorker/Consultant	as
					Chec	Section P:	_ O Del	oit Card OEI	т
Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description	<u>.</u>		Event #	, , , , , , , , , , , , , , , , ,			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin)	oenditure)	of the below" is	dent O	O C) О			
Last Name of Worker/Cons	vitant	First				MI .	Date of P Person or	ayment to Vendor Entity	'
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					n Section P;	_	Vorker/Consultant	
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description]	Event #		-		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in kind)	oenditure)	of the below" is	ident O	O C) О			
Last Name of Worker/Cons	eltant .	First	,			МІ	Date of I Person o	ayment to Vendor r Entity	,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					n Section P:	_	Worker/Consultant	
Street Address of Vendor, I	erson or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)	oenditure)	of the below" is Indepen	ident 🔿	O C) O			
		SUBTOTA	Section T —	This Pa	ge 0	-			
		TOTAL of ad	ditional Section	on T Pag	es 0			· · · · · · · · · · · · · · · · · · ·	
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS A	AND CONSU	JLTAN	es o				