SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

TOWN & CITY CLERK
EMERTIONS

2019 JUL 10 PM 4: 36

Do Not Mark in This Space For Official Use Only

COVER PAGE

| 1. NAME OF COMMITTEE | | | | CAGE | | | | mes il primonono della como montra della como |
|--|--|---------------------------------|-------------------|---|---------------|---------------------------|--|---|
| McGee for Hartford | | | | | | | | |
| 2. TREASURER NAME | | | | | | | | VV-100 EX |
| First Sergio | | MI P | Last | | | | <u> </u> | Suffix |
| 3. TREASURER ADDRESS | | <u> P</u> | Mato | S | | | | |
| Street Address | | | City | | 3 101 17 1 | | | |
| 8 Brightwood Lane | · | | West Hart | ford | | State CT | Zip C 061 | |
| 4. ELECTION/REFERENDUM DATE | 5. OFFICE SOUC | GHT (Complet | e only if Candi | date Committee) | aree (pre | | SI In the reason of the contract of the contra | |
| (mm/dd/yyyy) 11/05/2019 | Mayor | | | | | | (if applicable | RICT NUMBER |
| 7. CANDIDATE NAME (Complete only if | Candidate or Explorato | ry Committee) | | | | | | |
| First Brandon | | MI L | Last McGe | Δ | | | | Suffix |
| 8. TYPE OF REPORT (Check One Box) | | <u> </u> | Imege | | 33.000 mosses | ervisekurallinger i | | Jr. |
| O January 10 filing | ◯7th day preced | ling ada | - | | | | | |
| April 10 filing | | • | | th day preceding referendum | O In | nitial Contr ACs ONLY) | ribution or | Disbursement |
| July 10 filing | ©30 days follow | • | _ | 5 days following referendum | O A | mendment | t to | |
| October 10 filing | O7th day preced | | | eficit | Ту | pe of Rep | ort: | |
| _ | O 12th day prece (State Central Con | ding election unittees Only) | п От | ermination | | | | |
| Independent Expenditure Primary Election | O45 days follow not held in Nov | ing election | | | | | | |
|). PERIOD COVERED | | nogovajako sa | | | | | | |
| | Beginning Date | | <u> </u> | | | | | |
| , | Apr 1, 2019 | 7 | | Ending Date | | | | |
| _ | tp: 1, 2019 | | thru | Jun 30, 2019 | | | | |
| 0. CERTIFICATION | | | | | | | | |
| | | | | | | | | |
| I hereby certify and state, under per Disclosure Statement for the perio | nalties of false sta | itement the | at all afth. | 1C | | | | |
| Disclosure Statement for the perio | d covered is true, | accurate a | nd complet | mrormation set forth on this | 3 Itemi | zed Cam | paign Fi | nance |
| | | | | | | | | |
| 1/2 | | | Carr | | | | | |
| TREASURER OR DEPUTY TREASURER | (SIGNATURE) | PRI | Serg! | O Mator DESIGNER | | _ | <u>7-10</u> | 2-2019 |
| · | | | 100 days - 100 mg | | | | DATE (mm | //dd/yyyy) |
| | | | | The regular state of the state | | | 2 See St 1914 | |
| PENALTY FOR FALSE STATEMENT IS I | PUNISHABLE BY FIN | NE NOT TO E | XCEED \$1,00 | 0, OR IMPRISONMENT FOR NOT | r more | THAN ONE | E YEAR, OR | ВОТН. |

Page 1 of 17

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2012

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE McGee for Hartford | TYPE OF REPORT July 10 filing | |
|--|-------------------------------|-----------------------|
| | COLUMN A This Period | COLUMN B Aggregate |
| 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 | | o |
| 12. Balance on hand at the beginning of Reporting Period | 27,297.8 | |
| 13. Contributions Received from Individuals (Sections A and B) | 12,833 | 42,744.85 |
| 14. Receipts from Other Committees (Sections C1 and C2) | 0 | 250 |
| 15. Other Monetary Receipts (Sections D through K) | o | o |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) | o | o |
| 16b: Per Public Act 11-48, effective January 1, 2012 Section L2, removed | | |
| 16c. Total Purchases of Advertising—Program Book or Sign (Section L3) Municipal and Town Committees ONLY | o | o |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c) | 12,833 | 42,994.85 |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) | 40,130.8 | 42,994.85 |
| 19. Expenses Paid by Committee (Section P) | 15,622.43 | 18,486.48 |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) | 24,508.37 | 24,508.37 |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | o | 0 |
| 22. In-Kind Contributions Received (Section M) | 0 | 100 |
| 23. Refundable Deposit to Telephone Company (Section N) | o | o |
| 24. Receipts of Organization Expenditures (Section O) OPTIONAL | o | o |
| 25. Beginning Loan Balance | o | |
| 25a. + Loans Received (Section D) | o | 0 |
| 25b. + Interest and Penalties on Loan | 0 | o |
| 25c Payments on Loan | 0 | o |
| 25d. Total Outstanding Loan Amount | O | |
| 26. Campaign Expenses Paid by Candidate (Section Q) | 0 | o |
| 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) | o | |

| NAME OF COMMITTEE | | | | TYPE OF REPORT | | | | |
|--|--|---------------|---|--|--|------------------------|----------------|--|
| McGee for Hartford | | | | July 10 filing | | | | |
| A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor) | | | s Period ONLY TAL SECTION A | \$1,138 | | | | |
| | | | - | o tempo perjano est 4 como de la colo emissão de est como de stante est est estado en de estado de alcono de e | | , ,,, | | |
| B. Itemized C | onti | ribu | tions from Indivi | duals | | | | |
| Last Nante | | Firs | <u> </u> | | tristolokuvidoktivit V | | MI | |
| McCalop | | Ras | sheda | | | | | |
| Residential Street Address | City | • | | Marie Company of the | State | Zip | Code | |
| 33 Irving Street | Ha | artfo | rd | | CT | 061 | 20 | |
| Principal Occupation | | ****** | Name of Employer | | | | | |
| Paralegal | | | State of CT | | | | | |
| | ent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | | | | Amount of Contribution | | |
| Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # Section L1? No If yes, list Event # Section L1? | ranoh | or br | anches | te contractor? Yes | | 00 | | |
| Method of Contribution: | | | Date Received | Aggregate Contributions | | | | |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon | iey Or | der | May 12, 2019 | 1,000 | | | | |
| Last Name | | First | l | | | | М | |
| Cadiz | | Osc | ar | | | | | |
| Residential Street Address | City | 7 | | ······································ | State | Zip (| Code | |
| 159 Crown Point Cir | Lo | ngw | ood . | | FL | 327 | 79 | |
| Principal Occupation | | | Name of Employer | | <u> </u> | | | |
| real estate | | | Self Employed | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000? | 00 to a | oand ssoci | idate for a chief executive ated with have a contract Yes No | officer of a municipality with said municipality | /, Am | | f Contribution | |
| Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Yes No Yes Is contributor a principal of fyes, indicate which by of government the contributor. | ranch | or br | anches | e contractor? Yes | | ,, | | |
| Method of Contribution: | | Ţ | | Aggregate Contributions | - | | | |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon- | ey Oro | der | 04/01/2019 | 1,000 | | | | |
| Last Name | in proposition is not | First | oznatelenia i i kolonia populari na populari na na selektrika kontra deka (manapapapana). | Opportunities and antiferror and appropriate annual Description of the Control of | ······································ | | М | |
| Santos | | Ma | rielys | | | | | |
| Residential Street Address | City | , | | | State | Zip (| Code | |
| 239 Old Farms Road | Αv | on | | | СТ | 060 | 01 | |
| Principal Occupation | | | Name of Employer | | | ! | | |
| Student | | | Student | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/sh valued at more than \$5,000? | 0 to a ne is as | oand | idate for a chief executive ated with have a contract of Yes No | officer of a municipality with said municipality | , Am | | Contribution | |
| Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Yes No Yes Is contributor a principal of fyes, indicate which by of government the contributor of government the contributor. | ranoh : | or bri | anches | e contractor? Yes OLegislative | | | | |
| Method of Contribution: | | | Date Received | Aggregate Contributions | 7 | | | |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone | ey Ord | der C | 04/01/2019 | 1,000 | | | | |
| | st | ЭВТ | OTAL Section B — | This Page 3,000 | | | | |
| | тот | PAL | of additional Secti | on B Pages 8,695 | | waxwinasti-Afrad | | |
| TOTAL OF ALL CONTRIBUTION | NS FI (Ente | ROM er tot | I INDIVIDUALS (Sec al on Line 13 of Summar | ctions A + B) y Page Totals) | | | | |

Section B ADDITIONAL PAGE 1 of 17

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | gangan. | | TYPE OF REPORT | | | | |
|--|---------------------------|--|--|--------------|--|--|--|
| McGee for Hartford | | | July 10 filing | | | | |
| A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) | | is Period ONLY OTAL SECTION A | \$1138 | | and the second s | | |
| | | | | | 100 to court | | |
| B. Itemized Co | Market Company | utions from Individ | luals | | 1 3 AT | | |
| Last Name Bennett | Fir | _{rst} ham | | | мі Jay | | |
| Residential Street Address | City | | | State | Zip Code | | |
| 30 Randolph Farm Road | Milfo | rd | | ст | 06461 | | |
| Principal Occupation | | Name of Employer | | | | | |
| HR VP | | Sikorsky | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sh valued at more than \$5,000? | e is assoc | ciated with have a contract OYes No | with said municipality | 1 | Amount of Contribution | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # Section 2.1? Is contributor a principal of a lifyes, indicate which be of government the contra | anch or l | branches | Capislative Yes | | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | | | |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone | ey Order | 4/26/2019 | 1000.00 | | | | |
| Last Name | Fir | | | | MI | | |
| Carrion | G | ilsella | | | | | |
| Residential Street Address | City | 6.11 | | State | Zip Code | | |
| 162 Fort Pleasant Avenue | Sprin | ngfield | | MA | 01109 | | |
| Principal Occupation | | Name of Employer | . Compating | | | | |
| Office Staff Generalist | | West Central Family | | | | | |
| 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? | 0 to a car ie is asso | ndidate for a chief executive ciated with have a contract Yes O No | e officer of a municipality with said municipality | | Amount of Contribution 1000.00 | | |
| 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 by of government the contributor approximately in the section of the principal of If yes, indicate which by of government the contributor approximately in the section of the principal of If yes, indicate which by of government the contributor approximately in the principal of If yes, indicate which by of government the contributor approximately in the principal of If yes, indicate which by of government the contributor approximately in the principal of If yes, indicate which by of government the contributor approximately in the principal of If yes, indicate which by of government the contributor approximately in the principal of If yes, indicate which by of government the contributor approximately in the principal of If yes, indicate which by of government the contributor approximately in the principal of If yes, indicate which by of government the contributor approximately in the principal of If yes, indicate which by of government the contributor approximately in the principal of If yes, indicate which by of government the contributor approximately in the principal of If yes, indicate which by other principal of If yes, indicate which is the pr | ranch or | branches | e contractor? Yes | | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | | | |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMond | ey Order | 04/01/2019 | 1000.00 | | | | |
| Last Name | | rst | pyrausek in kort filik etti saari i etti saari ja p yra pian juu ja saarii saasii saki delikti telekti | | MI | | |
| P | V | Wynsdey | | | | | |
| Residential Street Address | City | harefield | | State | Zip Code 06109 | | |
| 54 Folly Brook Boulevar | weti | hersfield | | СТ | 00109 | | |
| Principal Occupation | | Name of Employer | , | | | | |
| Admin | | CT Humane Society | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Valued at more than \$5,000? | 00 to a car he is asso | ndidate for a chief executiv poiated with have a contract Yes O No | e officer of a municipalit with said municipality | y, Am 950 | ount of Contribution ,00 | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of If yes, indicate which be of government the contributor. | ranch or | branches | ○ Legislative | | | | |
| Method of Contribution: Cash Personal Check | ey Order | Date Received 04/01/2019 | Aggregate Contributions 975.00 | | | | |
| SUI | втота | AL Section B — This | Page 2950.00 | | | | |
| TOTA | AL of a | dditional Section B I | Pages 8745.00 | | | | |
| TOTAL OF ALL CONTRIBUTIONS FRO | | DIVIDUALS (Sections) lumn A of Summary Page | | | | | |

Section B ADDITIONAL PAGE 2 of 17

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | | | |
|--|---------|----------------|--|--|---|--------------|--|
| McGee for Hartford | | | | July 10 filing | | | |
| A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) | | | Period ONLY TAL SECTION A | \$1138 | Janassassassassassassassassassassassassas | WINDOWS CO. | Silenamore and the second seco |
| | | | · ·· - | | | | |
| B. Itemized Co | ntril | but | tions from Individ | luals | | | |
| Last Name | F | First | | A CONTRACTOR OF THE PROPERTY O | | | MI |
| Lathrop | بلبب | Kris | sten | | - | | |
| Residential Street Address | City | ٠ | rd. | | State | 1 - | Code 105 |
| 69 North Beacon Street | Hart | | | | СТ | Lυο | 1 U J |
| Principal Occupation | | - 1 | Name of Employer | | | | |
| Psychologist | | | Self Employed | 000 | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she valued at more than \$5,000? | is ass | socia | ated with have a contract of the original ori | with said municipality | 500 | | f Contribution |
| Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a fevent reported in Section L1? No No of government the contraction of government the government the government the government of | ınch oı | or bra | anches | _ © No | | | |
| Method of Contribution: | | | Date Received | Aggregate Contributions | 1 | | |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney | y Orde | er | 04/01/2019 | 500.00 | | | |
| Last Name | | First | | 1 | | | М |
| Rasheed | | Far | reed | | | | |
| Residential Street Address | City | | | | State | Zip | Code |
| 220 Ridge Crest Circle | Wet | the | ersfield | | СТ | | |
| Principal Occupation | - | - 1 | Name of Employer | | | | |
| Account Executive | | - 1 | XPO Logistics | | | _ | |
| 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? | to a c | oandi socia | idate for a chief executive ated with have a contract Yes No | e officer of a municipality with said municipality | 7, Ame | | f Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which brace of government the contributor aprincipal of a If yes, indicate which brace of government the contributor aprincipal of a If yes, indicate which brace of government the contributor aprincipal of a If yes, indicate which brace is a second secon | anch o | or br | ranches | te contractor? O Legislative | | | |
| Method of Contribution: | | | Date Received | Aggregate Contributions | 7 | | |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone | y Orde | er | 04/01/2019 | 320,00 | | www. | ATTENDED TO THE PARTY OF THE PA |
| Last Name | - 1 | First | | The second secon | | | MI |
| Reed | | St€ | even | | | , | Louis |
| Residential Street Address | City | \ne- | nomen. | | State A1 | 1 | Code 106 |
| 826 John Brown Ave | 1 IVIO | | gomery | | AL | 36 | 100 |
| Principal Occupation | | - 1 | Name of Employer | ıtv. | | | |
| Judge | | | Montgomery Coun | - | | | P.C |
| 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? | to a c | cand socia | lidate for a chief executive ated with have a contract Yes No | e описет of a municipality with said municipality | y, Am 250 | | of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a fyes, indicate which bra of government the contra | anch c | or br with: | ranches : C Executive | O Legislative | | | |
| Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone | y Ord | - 1 | Date Received 06/27/2019 | Aggregate Contributions 250.00 | | | |
| SUB | тот | ΓAΙ | L Section B — This | Page 1070.00 | | | SECOND CO. |
| ТОТА | Lof | 'ad | ditional Section B I | Pages 10625,00 | | | |
| TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line | M IN | NDI Colui | VIDUALS (Sections) mn A of Summary Page | A + B) Totals) 12833.00 | _ | _ | |

Section B ADDITIONAL PAGE 3 of 17

| NAME OF COMMITTEE (Provide Complete Name as Re | egistered with Filing Repository) | | | TYPE OF REPORT | | | |
|--|---|--------------------|---|--|--|-------------------------------|-------------------------|
| McGee for Hartford | | | | July 10 filing | | | |
| A. Total Contributions from Small (See instructions for definition of Small Contri | | | S Period ONLY TAL SECTION A | \$1138 | \$24000004400000000000000000000000000000 | | |
| And a second | | | | | | | MANAGEMENT |
| | B. Itemized Cont | | tions from Indivic | luals | | | |
| Last Name | | Firs | · . | | | | MI |
| Harris | | Ne | eli | *************************************** | <u></u> | T=- | |
| Residential Street Address | 3 | ity | | | State | Zip C | |
| 11 Fox Hollow DR | F | rede | | | MD | 217 | U |
| Principal Occupation | | | Name of Employer | | | | |
| retired | | | retired | | | | |
| or dependent child of a lobbyist? O No does | ontribution is in excess of \$400 to s contributor or business he/she is ted at more than \$5,000? | associ | iated with have a contract OYes ONo | with said municipality | /s Amo | | Contribution |
| Is this contribution associated with an event reported in Section L1? No If yes, list Event # | Is contributor a principal of a ste If yes, indicate which branc of government the contract | oh or bi | ranches | e contractor? Yes O Legislative | | | |
| Method of Contribution: | <u> </u> | | Date Received | Aggregate Contributions | 7 | | |
| OCash OPersonal Chook OCredit/Debit Card | Payroll Deduction OMoney (| Order | 05/31/2019 | 250.00 | | | |
| Last Name | | Firs | ŧ | And the second s | | | М |
| Biggs | | Me | elissa | | | | |
| Residential Street Address | Jc | ity | **** | | State | Zip C | |
| 562 Litchfield Ave | [| Dayvi | lle | | СТ | 062 | 41 |
| Principal Occupation | <u> </u> | | Name of Employer | | • | | |
| lobbyist | | | DePino, Nunez, & B | iggs | | | |
| or dependent child of a lobbyist? No does | ontribution is in excess of \$400 to s contributor or business he/she is acd at more than \$5,000? | s assoc | iated with have a contract Yes No | with said municipality | ´` | Amount of Contribution 250,00 | |
| Is this contribution associated with an event reported in Scotion L1? No If yes, list Event # | Is contributor a principal of a st If yes, indicate which bran of government the contract | ch or t | oranches | te contractor? Ycs No Legislative | | | |
| Method of Contribution: | 1 | | Date Received | Aggregate Contributions | 7 | | |
| Ocash OPersonal Check Ocredit/Debit Card | Payroll Deduction Money (| Order | 06/08/2019 | 250.00 | | | |
| Last Name | ungagan anada saria delan keli dikeli dikeli dikeli dikeli di menanggangganggangganggan ana ana dikeli dikeli | Fire | | | | ., | MI |
| Harris | | G | arcia | | | | <u> </u> |
| Residential Street Address | | City | | | State | Zip (| |
| 20 Broadleaf Circle | , | Wind | sor | | ст | 060 |)95 |
| Principal Occupation | · · · · · · · · · · · · · · · · · · · | | Name of Employer | | | | |
| Probation | | | State of CT | | | | |
| or dependent child of a lobbyist? | contribution is in excess of \$400 to se contributor or business he/she i ued at more than \$5,000? | o a can s assoc | didate for a chief executive intended with have a contract Yes No | e officer of a municipalit with said municipality | y, Am 250 | | f Contribution |
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| Method of Contribution: | | | Date Received | Aggregate Contributions | | | |
| OCash OPersonal Check OCredit/Debit Card | OPayroll Deduction OMoney | Order | 05/31/2019 | 250.00 | | ili Miserio e e e | |
| | SUBT | ОТА | L Section B — This | Page 750.00 | | | |
| | TOTAL | of ac | lditional Section B I | Pages 10945.00 | _ | | |
| TOTAL OF ALL | CONTRIBUTIONS FROM (Enter total on Line 1 | I IND | IVIDUALS (Sections A | A + B) Totals) 12833.00 | | | |
| | aan aa gaar ka mada dhaa ka baada dhaa dhaa qabaa dhaa baada dhaa dhaa dhaa dhaa dhaa | arspess) | and the state of the | and a production of | | municipalitativa di altri | and and a second second |

Section B ADDITIONAL PAGE 4 of 17

| NAME OF COMMITTEE (Provide Complete Name | as Registered with Filing Repository) | | TYPE OF REPORT | ti andre a transfer a transfer a transfer a transfer a transfer a transfer |
|--|--|--|---|--|
| McGee for Hartford | | | July 10 filing | THE |
| A. Total Contributions from Sm (See instructions for definition of Small Co | tall Contributors-Receive Contributor) S | ed this Period ONL SUBTOTAL SECTION | Y A \$1138 | |
| | | | | |
| | B. Itemized Cor | ntributions from In | dividuals | M |
| Last Name | | First | | W |
| ke | | Teresa | | State Zip Code |
| Residential Street Address | | ^{City} Manchester | | CT 06042 |
| 201 New State Road, Unit M | | | | <u> </u> |
| Principal Occupation | | Name of Employer | v. | |
| Manager, ITO | | Pratt & Whitne | | 1 |
| 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 | ntract with said municipality No | Amount of Contribution 100.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract | nch or branches | utive OLegislative | - |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| Cash Personal Check Ocredit/Debit Ca | rd OPayroll Deduction OMoney | Order 04/26/2019 | 200.00 | |
| Last Name | ezekkingapparan niiddikkinami zappaguna ekikkinkina zappana ekikkinkina zappapan kinima uma | First | | MI |
| Trusty | | Teresa | | Seymour |
| Residential Street Address | | City | | State Zip Code |
| 69 Long Street, Unit B | | New Britain | | CT 06051 |
| Principal Occupation | | Name of Employer | | |
| Retired | | Retired | | |
| 13 this contitoution assessment | If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000? The statement of the st | is associated with have a contractor or prospect | No No | 200.00 |
| If yes, list Event # | of government the contra | not is with: Exe | cutive O Legislative | _ |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| OCash OPersonal Check OCredit/Debit Ca | ard OPayroll Deduction OMoney | y Order 4/14/19 | 200.00 | |
| Last Name Streotor | | ^{First} Marteen | | MI S |
| Residential Street Address | | City | | State Zip Code |
| 841 Ave H | | Talladega | | AL 35160 |
| Principal Occupation | | Name of Employer | | |
| Self Employed | | Self Employe | d | |
| 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? | e is associated with have a c | No No | 150.00 |
| 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 broof government the contri | anch or branches act is with: OExe | coutive C Legislative | S . |
| Method of Contribution: | | Date Received 06/27/2019 | Aggregate Contributions | |
| OCash OPersonal Check OCredit/Debit C | Card OPayroll Deduction OMone | ey Order 00/2/12019 | | |
| | SUB | TOTAL Section B — | | |
| | TOTA | L of additional Secti | on B Pages 11245.00 | |
| TOTAL OF A | ALL CONTRIBUTIONS FRO (Enter total on Line | OM INDIVIDUALS (See e 13, Column A of Summar | tions A + B) y Page Totals) | |
| and the first of the control of | | | arang kanang kanang | |

Section B ADDITIONAL PAGE 5 of 17

| NAME OF COMMITTEE (Provide Complete Name as Registered to | with Filing Repository) | | | TYPE OF REPORT | | William) | | |
|--|---|--------------------|---|--|--|------------------------------|--|--|
| McGee for Hartford | | | | July 10 filing | | | | |
| A. Total Contributions from Small Contributions for definition of Small Contributor) | ributors-Receive St | d thi UBTC | is Period ONLY OTAL SECTION A | \$1138 | | ernije, equare | Monthly Man and Man Samula and Man S | |
| | | | | | | | | |
| | B. Itemized Con | | utions from Individ | luals | | | МП | |
| Last Name | | Fire | st eresa | | | | W | |
| lke | Ic | City | | Control of the Contro | State | Zip 🤇 | Code | |
| Residential Street Address 201 New State Road, Unit M | 1 | - | hester | | ст | 060 |)42 | |
| Principal Occupation | L | | Name of Employer | | <u>. </u> | | | |
| Manager, ITO | | | Pratt & Whitney | | | | | |
| or dependent child of a lobbyist? O No does contribute valued at mo | utor or business he/she is ore than \$5,000? | s assoc | ndidate for a chief executive ciated with have a contract OYes No | with said municipality | 100 | | f Contribution | |
| event reported in Section L1? No If y | ributor a principal of a st es, indicate which brand government the contract | oh or t | | e contractor? Yes No Legislative | | | | |
| Method of Contribution: | · | | Date Received | Aggregate Contributions | | | | |
| OCash OPersonal Check OCredit/Debit Card OPayrol | Deduction OMoney | Order | 06/10/2019 | 200.00 | | | | |
| Last Name | | Fir | | | | | МІ | |
| Fryer | | E | ddie | | | 1 | | |
| Residential Street Address | I | City | | | State | Zip | Code 106 | |
| 35 Coleman Drive | | Hartf | | | | 100 | | |
| Principal Occupation | | | Name of Employer Town of Mancheste | ar | | | | |
| Maintainer | | | | | <u> </u> | | 0.61 - 1.41 - 12 - 12 | |
| or dependent child of a lobbyist? • No does contrib | on is in excess of \$400 to autor or business he/she i ore than \$5,000? | o a car is asso | ndidate for a chief executiv ciated with have a contract Yes O No | with said municipality | | Amount of Contribution 50.00 | | |
| event reported in Section L1? No If J | tributor a principal of a s yes, indicate which bran government the contrac | ich or | ontractor or prospective star branches th: Executive | C Legislative | | | | |
| Method of Contribution: | _ | | Date Received | Aggregate Contributions | | | | |
| OCash OPersonal Check OCredit/Debit Card OPayrol | ll Deduction OMoney | | | 650.00 | | and the second second | | |
| Last Name | | - 1 | _{irst} Eddie | | | | MI | |
| Fryer | | | -uule | | State | 7in | Code | |
| Residential Street Address 35 Coleman Drive | I | City Hart | ford | | CT | 1 - | 106 | |
| Principal Occupation | | | Name of Employer | | | | | |
| Maintainer | | | Town of Manchest | er | | | | |
| | ion is in excess of \$400 t | to a ca | ndidate for a chief executive | ve officer of a municipali | ty, An | nount (| of Contribution | |
| or dependent child of a lobbyist? No does contrit valued at m | outor or business he/she ore than \$5,000? | is asso | O Yes O No | with said municipality | 10 | 0.00 | | |
| event reported in Section L1? | tributor a principal of a s yes, indicate which bran f government the contrac | nch or | ith: OExcoutive | Legislative | 5 | | | |
| Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayro | oll Deduction OMoney | Order | Date Received 06/24/2019 | Aggregate Contributions 650.00 | | | - Constituting a second se | |
| | SUBT | r ot z | AL Section B — This | Page 250.00 | | *********************** | W. Delwing and | |
| | TOTAI | ofa | ndditional Section B | Pages 11445.00 | | | | |
| TOTAL OF ALL CONT | RIBUTIONS FROM (Enter total on Line | И INI 13, Со | DIVIDUALS (Sections Jumn A of Summary Page | A + B) Totals) 12833.00 | | | | |

Section B ADDITIONAL PAGE 6 of 17

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | | | | |
|--|--|---|--|--|--|--|--|
| McGee for Hartford | non-contract contract | | July 10 filing | | | | |
| A. Total Contributions from Small Contributors-Receives (See instructions for definition of Small Contributor) | ved thi SUBTO | is Period ONLY OTAL SECTION A | \$1138. | NAME OF THE OWNER O | and the same of th | | |
| | | - | managagagagagagagagagagagagagagagagagaga | arrows . | | | |
| B. Itemized Co | ********** | utions from Individ | luals | | | | |
| Last Name | Fire | *** | | _ | MI | | |
| Sylver | | hannon | , | α- | 71.0.1 | | |
| Residential Street Address | City | | | State | Zip Code | | |
| 5336 Dutch Elm Drive | Apex | | | NC | 27539 | | |
| Principal Occupation | | Name of Employer | | | | | |
| Nurse | | Pruitthealth | | | | | |
| 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? | ne is assoc | ciated with have a contract OYes ONo | with said municipality | 7, Amou | unt of Contribution | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra | ranch or b | branches | Contractor? Yes No Clegislative | | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | | | |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone | ey Order | 4/1/19 | 100 | | | | |
| Last Name | Fir | | | | MI | | |
| Pryor | Re | eginald | | | W | | |
| Residential Street Address | City Welle | esley | | State MA | Zip Code 02482 | | |
| Principal Occupation | | Name of Employer | | | | | |
| Unemployed | | Unemployed | | | | | |
| 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? | he is assoc | ciated with have a contract O Yes O No | with said municipality | 100 | Amount of Contribution | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which by of government the contributor a principal of the period of | ranch or | branches | O Legislative | | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | | | |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone | ey Order | 4/26/19 | 100 | | | | |
| Last Name | i | irst | | | MI | | |
| Braxton | R | Randy | | | | | |
| Residential Street Address | City | | | State | Zip Code | | |
| 4062 Brookside Parkway | Deca | atur | | GA | 30034 | | |
| Principal Occupation | | Name of Employer | | | | | |
| Organizational | | Self Employed | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000? | 00 to a car he is asso | indidate for a chief executive pointed with have a contract Yes No | e officer of a municipalit with said municipality | y, Amo 100 | unt of Contribution | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Yes No If yes, indicate which be of government the contributor a principal of of government the contributor. | ranch or | branches (th: Executive | O Legislative | | | | |
| Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OMon | ney Order | Dato Received 6/12/19 | Aggregate Contributions | | | | |
| SUI | BTOT <i>A</i> | AL Section B — This | Page 300.00 | | | | |
| TOTA | AL of a | additional Section B l | Pages 11395.00 | | | | |
| TOTAL OF ALL CONTRIBUTIONS FRO | OM IND ne 13, Col | DIVIDUALS (Sections a lumn A of Summary Page | A + B) Totals) 12833.00 | | | | |

Section B ADDITIONAL PAGE 7 of 17

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | | | |
|---|---|--|--|---------------------------------------|---|---------------------|-----------------|
| McGee for Hartford | | | | July 10 filing | | | |
| A. Total Contributions from Sm (See instructions for definition of Small Co | | ed th | nis Period ONLY OTAL SECTION A | \$1138. | | Autorios/Autoriosta | |
| | | | | | | | |
| | B. Itemized Cor | | utions from Indivi | duals | | | |
| Last Name Billups | | - | _{irst} Aarcus | | | | MI |
| Residential Street Address | ł | City | | | State | Zip C | |
| 4 Granada Crescent, APT 8 | | Whit | e Plains | | NY | 106 | 03 |
| Principal Occupation | | | Name of Employer | | | | |
| IT | | | White Plains Hospit | | | | |
| or dependent child of a lobbyist? No | se, Yes If contribution is in excess of \$400 to a candidate for a chief executive offic does contributor or business he/she is associated with have a contract with salued at more than \$5,000? | | | | officer of a municipality, ith said municipality 100 | | |
| | Ves Is contributor a principal of a s No If yes, indicate which brar of government the contrac | nch or | branches | e contractor? Yes OLegislative | | | |
| Method of Contribution: | | | Date Received | Aggregate Contributions | | | |
| OCash OPersonal Check OCredit/Debit Car | rd OPayroll Deduction OMoney | Order | 5/31/19 | 100 | | | |
| Last Name | | | irst | | | | MI |
| Abdullah | | ٨ | /lakola | | | | |
| Residential Street Address | i | City | wah uwa | | State VA | Zip C | |
| 1600 South Sycamore ST | | rete | rsburg | | VA. | 230 | .03 |
| Principal Occupation | | | Name of Employer Virginia State Unive | arcity | | | • |
| Professor | 20100 | | | | | | · C - + 21 - t' |
| or dependent child of a lobbyist? No | does contributor or business he/she valued at more than \$5,000? | to a candidate for a chief executive officer of a munic is associated with have a contract with said municipa Yes O No | | | 100 | ount of | Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | nch or | | | | | |
| Method of Contribution: | | | Date Received | Aggregate Contributions | | | |
| OCash OPersonal Check OCredit/Debit Ca | rd OPayroll Deduction OMoney | | and the same of th | 100 | | | |
| Last Name | | | _{irst} Kimberley | | | | MI R |
| Strother | | | | | Taur | Zip (| |
| Residential Street Address 5 Angelica Dr. | | City Sprit | ngfield | | State MA | 01 | |
| Principal Occupation | | | Name of Employer | · · · · · · · · · · · · · · · · · · · | | 1-, | |
| Process Manager | | | Metlife Financial G | roup | | | |
| 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? | | | | y, Amo | | f Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | Is contributor a principal of a If yes, indicate which brat of government the contrat | nch or | branches | ⊙ No | | | |
| Method of Contribution: | _ | | Date Received | Aggregate Contributions | | | |
| Cash Personal Check Credit/Debit Ca | rd OPayroll Deduction OMoney | / Order | r 4/26/19 | 100 | | | |
| | SUB | ГОТ | AL Section B — This | Page 300.00 | | | |
| | TOTAI | Lofa | ndditional Section B l | Pages 11395.00 | | | |
| TOTAL OF A | LL CONTRIBUTIONS FROM (Enter total on Line | | DIVIDUALS (Sections . Jumn A of Summary Page | | | | |

Section B ADDITIONAL PAGE 8 of 17

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | | |
|--|-----------------------------------|-------------------------|---|--|
| McGee for Hartford | | July 10 filing | | |
| | | \$1138. | | |
| | | | | |
| B. Itemized Co | ntributions from Indiv | iduals | | |
| Last Name | | | MI | |
| Peralta | Ramon | | | |
| Residential Street Address | City | | | |
| 56 Dexter Dr. | Shelton | ľ | CT 06484 | |
| Principal Occupation | Name of Employer | | | |
| CEO | Peracta Design | | | |
| | | | Amount of Contribution | |
| event reported in Section L1? No If yes, indicate which bra | nch or branches | ⊙ No | | |
| Method of Contribution: | Date Received | Aggregate Contributions | 1 | |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney | y Order 4/26/19 | 100 | | |
| Last Name | First | | MI | |
| Stevens-Freemon | Nikia | | D | |
| Residential Street Address | City | | State Zip Code | |
| A. Total Contributions from Small Contributors-Received this Period ONLY Give intrinsitions for definition of Small Contributors B. Itemized Contributions from Individuals Part | | | | |
| Principal Occupation | Name of Employer | | | |
| Psychologist | Connecticut Valley | / Hospital | | |
| or dependent child of a lobbyist? O No does contributor or business he/she | is associated with have a contrac | | Amount of Contribution | |
| event reported in Section L1? | inch or branches | _ O No | † | |
| | | | 1 | |
| | y Order 6/10/19 | 1 | | |
| | | | MI | |
| | | | | |
| Residential Street Address | City | | State Zip Code | |
| Principal Occupation | Name of Employer | 1 | | |
| or dependent child of a lobbyist? O No does contributor or business he/she | is associated with have a contrac | | Amount of Contribution | |
| event reported in Section L1? No If yes, indicate which bra | nch or branches | → ONo | | |
| | | Aggregate Contributions | | |
| | | s Page 200.00 | | |
| The second secon | | | <u>, , , , , , , , , , , , , , , , , , , </u> | |
| TOTAL OF ALL CONTRIBUTIONS FROM | M INDIVIDUALS (Sections | A+B) 12022 00 | | |
| (Enter total on Line | 13, Column A of Summary Page | ? 10tals) | | |

Section B ADDITIONAL PAGE 9 of 17

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos | sitory) | | | TYPE OF REPORT | | | |
|---|--|------------------|--|---|--------------------|----------------------|--|
| McGee for Hartford | | | | July 10 filing | | | |
| A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor) | Received SU | l this BTO | S Period ONLY TAL SECTION A | \$1138. | nogowałow - zonacz | yyuu aanuu shahababa | ion Loss a March Wysness and a Collect |
| | | | | | | N | |
| B. Itemize | ed Cont | ribu | tions from Individ | luals | | | |
| Last Name | | Firs | • | | | 1 | MI |
| Perry | | | shua | | l a · · | la: O | 1. |
| Residential Street Address | Cit | • | laven | | State CT | Zip Co. | |
| 12 Barnett Street | | ewr | | | | 0051 | |
| Principal Occupation | | | Name of Employer State of Connecticu | ı + | | | |
| Attorney | | | | | - I . | | G |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business valued at more than \$5,000. | s he/she is | a cand associ | lidate for a chief executive ated with have a contract OYes No | e officer of a municipality with said municipality | 7, Am | | Contribution |
| event reported in Section L1? No If yes, indicate wh | nich brancl | or b | | e contractor? Yes No Legislative | | | |
| If yes, list Event # of government the Method of Contribution: | | | Date Received | Aggregate Contributions | _ | | |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction |) Money O | rder | 4/1/19 | 100 | | | |
| Last Name | and the state of t | Firs | ŧ | | |] | МІ |
| Smith | | Jo | hn and Ona | | | | |
| Residential Street Address | Cit | ty | | | State | Zip Co | ode |
| 2105 Rexford RD | N | lont | gomery | | AL | 3611 | 16 |
| Principal Occupation | | | Name of Employer | | | 1 1 | |
| Work Leader | | | Deca | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess does contributor or business valued at more than \$5,000 | s he/she is | a cano | didate for a chief executive inted with have a contract Yes O No | e officer of a municipalit with said municipality | y, Am | | Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 3 Yes Is contributor a princi If yes, indicate with an of government the | hich branc | h or t | | O Legislative | | | |
| Method of Contribution: | • | | Date Received | Aggregate Contributions | | | |
| OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction | Money O | rder | 6/27/19 | 100 | | | |
| Last Name | | Fir | | | | | MI |
| Murchison | | Jo | elle | | | | |
| Residential Street Address | | ity | | | State | Zip Co | |
| 230 Timber Tri | E | ast l | lartford | | СТ | 061 | ١٥ |
| Principal Occupation | | | Name of Employer | | | | |
| Professor | | | State of Connectic | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contributor or busines valued at more than \$5,000 | ss he/she is | a can | didate for a chief executive iated with have a contract Yes O No | re officer of a municipalit t with said municipality | ty, An | | Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principle of government the section L1? Yes Is contributor a principle of government the section L1? | hich branc | ch or l | h: Executive | ● No Legislative | | | |
| Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction | OMoney (| Order | Date Received 4/1/19 | Aggregate Contributions 150 | | | |
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| 7 | TOTAL | of ac | lditional Section B | Pages 11395.00 | | | |
| TOTAL OF ALL CONTRIBUTIONS (Enter total | S FROM on Line 1: | IND 3, Col | IVIDUALS (Sections umn A of Summary Page | A + B) Totals) 12833.00 | | | |

Section B ADDITIONAL PAGE 10 of 19

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT | | | | | | |
|--|-------------------------|---|---|----------------|---------------------|--|--|
| McGee for Hartford | | | July 10 filing | | | | |
| A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor) | | nis Period ONLY OTAL SECTION A | \$ 1138. | | | | |
| | SSENIOR OF STREET | | | - | | | |
| B. Itemized Co | ontrib | outions from Indivi | duals | | | | |
| Last Name | Fi | irst | | | MI | | |
| Nelson | [| Dawna | | | | | |
| Residential Street Address | City | | | State | Zip Code | | |
| 4158 Tandy Drive | Mon | tgomery | | AL | 36106 | | |
| Principal Occupation | | Name of Employer | | | | | |
| Professor | | Alabama State Univ | • | | | | |
| 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? | 0 to a ca re is asso | andidate for a chief executive ociated with have a contract OYes ONo | e officer of a municipality with said municipality | 7, Amou 150 | ant of Contribution | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 3 Yes Is contributor a principal of the figure, indicate which by of government the contributor. | anch or | branches | e contractor? Yes OLegislative | | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | 7 | | | |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon | ey Order | 6/27/19 | 150 | | | | |
| Last Name | | irst | | | MI | | |
| Dodson | ŧ | Jla | | | | | |
| Residential Street Address | City | | | State | Zip Code | | |
| 37 Kent ST | Hart | ford | | СТ | 06112 | | |
| Principal Occupation Name of Employer | | | | | | | |
| Retired | | Retired | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Ves Valued at more than \$5,000? | 0 to a ca ne is asso | andidate for a chief executivociated with have a contract Yes No | e officer of a municipalit with said municipality | y, Amei 100 | unt of Contribution | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which b of government the contributor a principal of If yes, indicate which b | ranch or | r branches | te contractor? Yes No Legislative | | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | | | |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon | ey Ordei | 6/29/19 | 100.00 | | | | |
| Last Name | - 1 | First | | | MI | | |
| Walker | | Toni | | | | | |
| Residential Street Address | City | v Haven | | State CT | Zip Code 06511 | | |
| 1643 Ella T Grasso Boulevard | Ivev | | | <u> </u> | 00311 | | |
| Principal Occupation Social Worker | | Name of Employer New Haven Board | of Education | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000? | 00 to a ca he is ass | andidate for a chief executive ociated with have a contract Yes No | ve officer of a municipalit t with said municipality | y, Amo | unt of Contribution | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Yes No If yes, indicate which b of government the cont | ranch o | r branches | O Legislative | | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | | | |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor | ney Orde | er 6/6/19 | 200 | | | | |
| SUI | втот | AL Section B — This | Page 350.00 | | | | |
| TOTA | AL of a | additional Section B | Pages 11345.00 | | | | |
| TOTAL OF ALL CONTRIBUTIONS FRO | | DIVIDUALS (Sections olumn A of Summary Page | | | | | |

Section B ADDITIONAL PAGE 11 of 17

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit | tory) | | TYPE OF REPORT | | | | |
|--|--|--|--|------------------|--|--|--|
| McGee for Hartford | anning skilosinski (1886/985) | | July 10 filing | | | | |
| A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor) | | is Period ONLY OTAL SECTION A | \$ 1138. | 10(00-00)(00-00) | and the state of t | | |
| | | | , <u>, , , , , , , , , , , , , , , , , , </u> | | | | |
| B. Itemized | MONTH OF THE PARTY | utions from Individ | duals | | | | |
| Last Name | Fir | | | | MI | | |
| Smith | T | hamar | | | Esperance | | |
| Residential Street Address | Cîty | | | State | Zip Code | | |
| 497 Weir Street | Glast | onbury | | CT . | 06033 | | |
| Principal Occupation | | Name of Employer | | | | | |
| Greater Hartford Legal Aid | | Lawyer | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No | f \$400 to a car he/she is assoc | ndidate for a chief executive ciated with have a contract OYes ONo | with said municipality | 7, Amor | ınt of Contribution | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of No If yes, indicate which of government the contributor and principal of the section L1? | ch branch or l | | e contractor? Yes OLegislative | | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | | | |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O | Money Order | 4/29/19 | 100 | | | | |
| Last Name | Fir | | | | MI | | |
| Sotol | R | icardo | | | | | |
| Residential Street Address | City | | | State | Zip Code | | |
| 497 Weir Street | Glast | onbury | | СТ | 06033 | | |
| Principal Occupation Name of Employer | | | | | | | |
| Self Employed Crosswalk LLC | | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Ves Von dependent child of a lobbyist? Yes Von | | | | | unt of Contribution | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event # Is contributor a princip. If yes, indicate whi of government the | ich branch or | | te contractor? Yes O Legislative | | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | | | |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O | Money Order | 5/22/19 | 100 | | | | |
| Last Name | | rst | a, marana da de la la la companya de la companya d | | MI | | |
| Nunnally | S | hayla | | | | | |
| Residential Street Address | City | _ | | State | Zip Code | | |
| 147 John Olds Drive, Apt 201 | Man | chester | | CT | 06042 | | |
| Principal Occupation | | Name of Employer | | | | | |
| Professor | | University of Conn | ecticut | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No 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? Yes O No 100 | | | | | unt of Contribution | | |
| Is this contribution associated with an event 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: Security Secur | | | | | | | |
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| TOTAL OF ALL CONTRIBUTIONS | FROM IND | DIVIDUALS (Sections a lumn A of Summary Page | A+B) Totals) 12833.00 | | The same to the sa | | |
| and the state of t | usturas, XV | | | | 2014 (20 | | |

Section B ADDITIONAL PAGE 12 of 17

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE | TYPE OF REPORT | | | | | |
|--|---|---|----------------------------|--|---------------|------------------------|-----------------|
| McGee for Hartford | | | July 1 | July 10 filing | | | |
| A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) | ved t | his Period ONL' FOTAL SECTION A | \$11 3 | 38. | 2) <u> </u> | | |
| | | | | | | | |
| B. Itemized Co | ontril | butions from Inc | lividuals | | | | |
| Last Name | - 1 | First | | | | | MI |
| Jenkins | | Joanna | | | | T=- | |
| Residential Street Address | City | t Dan malt | | | State AL | Zip (|)32 |
| PO BOx 561 | Fort | t Deposit | | | /\L | 300 | |
| Principal Occupation | | Name of Employer | 14_2 LLAD | | | | |
| RN | | University Hosp | | | | | |
| 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? | to a c e is ass | andidate for a chief exec sociated with have a con OYes | tract with sai | of a municipality d municipality | /, Amo | | f Contribution |
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| Last Name | - | First | | ······································ | | | Ml |
| Clapis |]. | Jerome | | | | | F |
| Residential Street Address | City | | , | | State | Zip | Code |
| 266 Roger Street | Har | lartford t | | | СТ | 06 | 106 |
| Principal Occupation Name of Employer | | | | | | | |
| Communications Capitol Region Education Council | | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000? | No does contributor or business he/she is associated with have a contract with said municipality | | | | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal of If yes, indicate which broad government the contributor. | anch o | or branches | ıtive 🔘 Le | gislative | | | |
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| Last Name | | First | | | | | MI Blair |
| Ward | | Everett | | | · · · · · · · | | |
| Residential Street Address | City | ko Forest | | | State NC | 1 1 | Code 587 |
| 3112 Falconhurst Dr. | vva | ike Forest | | | INC | 12/ | 201 |
| Principal Occupation Retired | | Name of Employer Retired | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No 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 | | | | | y, Am 100 | | of Contribution |
| event reported in 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 O Legislative | | | | | | |
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| SUE | зтот | ΓAL Section B — ' | This Page | 300.00 | | | |
| TOTA | L of | additional Section | ı B Pages | 11395.00 | | | |
| TOTAL OF ALL CONTRIBUTIONS FRO |)M IN ie 13, C | NDIVIDUALS (Secti Column A of Summary | ons A + B) Page Totals) | 12833.00 | | | |

Section B ADDITIONAL PAGE 13 of 17

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | | | | |
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| Fir | st | | | MI | | | |
| Di | awn | | | | | | |
| City | | | State | Zip Code | | | |
| East F | laven | | CT | 06512 | | | |
| | Name of Employer | | | | | | |
| | Retired | | | | | | |
| to a can e is assoc | didate for a chief executive classed with have a contract OYes ONo | e officer of a municipality | /, Amo | ount of Contribution | | | |
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| *************************************** | | | | | | | |
| Principal Occupation Name of Employer | | | | | | | |
| Sr. Manager Financial Accounting Disney Financial ServicesLLC | | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a contributor of the contribution of the contributor of the cont | | | | | | | |
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| | Tailored X GRITS | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No 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 No 100 | | | | | | | |
| Is this contribution associated with an event reported in 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 O Legislative | | | | | | | |
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Section B ADDITIONAL PAGE 14 of 17

| NAME OF COMMITTEE (Provide Complete Name as | TYPE OF REPORT | | | | | | |
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| McGee for Hartford | | | | July 10 filing | | | |
| A. Total Contributions from Sma (See instructions for definition of Small Con- | | | s Period ONLY TAL SECTION A | \$1138. | and a second | ussuppopulari dalah milili manggaran pepulak sasaran sasara | |
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| | B. Itemized Con | ıtribu | itions from Individ | luals | | | |
| Last Name | | Firs | st Nris | | | MI | |
| Cloud | | | 1112 | | T 64-4- | Zip Code | |
| Residential Street Address | 1 | City Farmi | ngton | | State CT | 06032 | |
| Mountain Spring Road | | | Name of Employer | | | | |
| Principal Occupation Lobbyist | | | CCK | | | | |
| · · · · · · · · · · · · · · · · · · · | contribution is in excess of \$400 t | o a can | | e officer of a municipality | Amo | unt of Contribution | |
| or dependent child of a lobbyist? O No de | oes contributor or business he/she i alued at more than \$5,000? | is assoc | iated with have a contract OYes ONo | with said municipality | 100 | 0. 0.2 | |
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| If yes, list Event # | or government the contract | . 10 1111 | Date Received | Aggregate Contributions | _ | | |
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| Yee | | Cł | neecais | | | | |
| Residential Street Address | sidential Street Address City | | | | State | Zip Code | |
| 28 Timber Lane Avon | | | | | CT | 06001 | |
| Principal Occupation Name of Employer | | | | | | | |
| Retired Retired | | | | | | | |
| or dependent child of a lobbyist? • No d | f contribution is in excess of \$400 t loes contributor or business he/she alued at more than \$5,000? | to a can is assoc | didate for a chief executive intended with have a contract Yes O No | e officer of a municipality with said municipality | y, Amo | unt of Contribution | |
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| Last Name | | Fir | | | | MI | |
| Ayala | | | elmare ———————————————————————————————————— | | Ta | 12.01 | |
| Residential Street Address 183 Cougar Dr. | | City Mano | hester | | State | Zip Code 06040 | |
| Principal Occupation | | | Name of Employer | | .1 | | |
| Paralegal The Freman Law Firm LLC | | | | | | | |
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| 36 | contribution associated with an reported in 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 O Legislative | | | | | | |
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| TOTAL OF AL | L CONTRIBUTIONS FROM (Enter total on Line | M IND 13, Col | IVIDUALS (Sections) umn A of Summary Page | A + B) Totals) 12833.00 | | | |

Section B ADDITIONAL PAGE 15 of 17

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |) | | TYPE OF REPORT | | | |
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| McGee for Hartford | Man (1992) | | July 10 filing | | | |
| A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor) | eived th SUBT | nis Period ONLY OTAL SECTION A | \$1138 | en programme de la companya de la c | | |
| | | | | | | |
| B. Itemized C | Contrib | outions from Individ | luals | 5044-4 | | |
| Last Name | 1 | irst | | | MI | |
| Taylor | | Ayana | | State | Zip Code | |
| Lesidential Street Address City Windsor | | | | CT | 06095 | |
| Principal Occupation | | Name of Employer | | | | |
| Employer Developer | | State of CT/ Eastern | CT State Univ | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000? | ociated with have a contract OYes ONo | with said municipality | , Amo | unt of Contribution | | |
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| Last Name | F | irst | | | MI | |
| Taylor | 1 | Ayana | | | | |
| Residential Street Address | City | .1 | | State | Zip Code 06095 | |
| 11 Shamrock Circle Windsor CT | | | | | | |
| Principal Occupation | | Name of Employer State of CT/ Eastern | CT State Linbs | | | |
| Employer Developer | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No No valued at more than \$5,000? | 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 the contribution of a chief executive officer of a municipality with have a contract with said municipality and the contribution of the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality. Amount of the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality. Amount of the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality. Amount of the contribution of t | | | | | |
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| Last Name | | First | | | MI T | |
| Robinson | | Aquan | | | | |
| Residential Street Address 4423 Liztame Dr. | City Mor | ntgomery | | State AL | Zip Code 36106 | |
| Principal Occupation | | Name of Employer | | | | |
| Self Employed | | Self Employed | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$6 does contributor or business help valued at more than \$5,000? | ibutor a lobbyist, spouse, ndent child of a lobbyist? No 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 | | | | | |
| event reported in Section L1? | ed in Section L1? No If yes, indicate which branch or branches Event # 3 Executive OLegislative | | | | | |
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| TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L | ROM IN Line 13, C | DIVIDUALS (Sections Column A of Summary Page | A+B) Totals) 12833.00 | | | |

Section B ADDITIONAL PAGE 16 of 12

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito | tory) | | | TYPE OF REPORT | | | | |
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| McGee for Hartford | | | | July 10 filing | | | | |
| A. Total Contributions from Small Contributors-Res (See instructions for definition of Small Contributor) | eceivec SU | l thi | s Period ONLY TAL SECTION A | \$1138 | or white the same of the same | | | |
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| | l Cont | | itions from Indivi | duals | | | MI | |
| Last Name | | Firs An | nado | | | | 1411 | |
| Vargas Residential Street Address | Ci | | | | State | Zip C | ode | |
| 26 Paley Farms Road | | ortla | nd | | СТ | 064 | | |
| Principal Occupation | | | Name of Employer | | .1 | <u></u> | | |
| Attorney | | | VLW Law Firm | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of does contributor or business h valued at more than \$5,000? | he/she is | a cano assoc | didate for a chief executive iated with have a contract Yes ONo | e officer of a municipalit with said municipality | 1 | Amount of Contribution | | |
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| Method of Contribution: | | | Date Received | Aggregate Contributions | | | | |
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| Last Name | | Firs | st ison | | | | MI | |
| Woodard | le: | | 13011 | | State | Zip C | ode. | |
| Residential Street Address | | | | | | 061 | | |
| Principal Occupation Name of Employer | | | | | | | | |
| Social Worker State of Connecticut | | | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No No No N | | | | | | f Contribution | | |
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| Last Name | | Fir. | st aron | | | | MI | |
| Sneed | 10 | ity | aion | | State | Zip | Code | |
| Residential Street Address 75 Washington Ave | - 1 | ny Hamo | den | | CT | 1 - | 518 | |
| Principal Occupation | | | Name of Employer | | | _l | | |
| Retired | | | Retired | | | | | |
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| TOTAL OF ALL CONTRIBUTIONS I | FROM | IND | IVIDUALS (Sections umn A of Summary Page | A+B) Totals) 12833.00 | | | | |

Section B ADDITIONAL PAGE 17 of 17

| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) B. Itemized Contributions from Individuals Einst Name Caver | NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposition of the Committee of the Commit | sitory) | | TYPE OF REPORT | | | |
|---|--|---|-------------------------------|--|----------------------------------|--|--|
| B. Itemized Contributions from Individuals Last Name Caver State Ashley State Ashley Plant Ashley State Ashley | McGee for Hartford | | | July 10 filing | | | |
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| Caty | | | | | | | |
| Residential Street Address Cay Montgomery State Cay Montgomery State Agagegate Contribution State Agagegate Contribution Montgomery State South State South State South State Agagegate Contribution State Caver Secution a condidate for a contractor or prospective state contractor? First Teacher Secutive of a contribution associated with an event reported in Section 1.12 First Cacher South State So | B. Itemizee | d Contri | butions from Indivi | duals | | | |
| Realdential Street Address City Montgomery Name of Employer First Teacher | Last Name | 1 | | | | MI | |
| Montgomery Al. 36106 | Caver | | Ashley | | | | |
| Principal Occupation First Teacher Name of Employer Family Guidance Center | Residential Street Address | 1 1 | | | l | 1 . | |
| Family Guidance Center Is contributor a tobbyist, spouse, or dependent child of a bibbyist? Statis contributor a principal of a subsection L1? Method of Countribution Ocush OPersonal Check Occedit/Debit Card OPsyroll Deduction Money Order Is contributor a principal of a state contracted or prospective state contractor? Ocush OPersonal Check Occedit/Debit Card OPsyroll Deduction Money Order Stories and Street Address Amount of Contribution Nome of Employer Family Guidance Center Date Received Address Ashley Stories Address Al. 36106 Amount of Contribution Name of Employer Family Guidance Center Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ocush OPersonal Check Occedit/Debit Card OPsyroll Deduction Money Order Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ocush OPersonal Check Occedit/Debit Card OPsyroll Deduction of Money Order Strict Eacher Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ocush OPersonal Check Occedit/Debit Card OPsyroll Deduction of Death Received Operation of Scotion L1? Mill Card Operation of Scotion L1? Myes, is listed of Scotion L1? Myes, is listed of Scotion L1? Mill Residential Street Address City No Date Received Operation of Scotion L1? Mill Residential Street Address City No Date Received Operation of Scotion L1? Mill Residential Street Address City State Operation Operation Operation Operation of Scotion L1? Mill Residential Street Address City State Operation | 2426 Winchester Road | Мо | ntgomery | | AL | 36106 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Static contribution associated with an event reported in Section L1? Wethod of Contribution: Caver Secretary Montgomery Is contributor at Date Received Cayes In Contributor or business he/she is associated with wave a contract with said municipality of Section L1? Method of Contribution: Caver Secretary Montgomery Name of Employer Family Guidance Center Is contributor at lobbyist, spouse, or dependent child of a lobbyist? No N | Principal Occupation | | Name of Employer | | | | |
| or dependent child of a lobbyist? No does contributor or business horse is associated with have a contract with and municipality valued at more than \$5,000? Yes No Yes CNO Of some of the contribution associated with an event reported in Section L1? Yes, list Event # Method of Countibution: Cash OPersonal Check OCredit/Debit Card OPeyroll Deduction OMoney Order Ocash OPersonal Check OCredit/Debit Card OPeyroll Deduction OMoney Order Ocash OPersonal Check OCredit/Debit Card OPeyroll Deduction OMoney Order Ocash OPersonal Check OCredit/Debit Card OPeyroll Deduction Omoney Order Ocash OPersonal Check OCredit/Debit Card OPeyroll Deduction Omoney Order Ocash OPersonal Check OCredit/Debit Card OPeyroll Deduction Omoney Order Ocash OPersonal Check OCredit/Debit Card OPeyroll Deduction of the Card Operation of the Card Operation Of the Card Operation Operatio | First Teacher | | Family Guidance Co | enter | | | |
| sevent reported in Section L1? No | or dependent child of a lobbyist? No does contributor or business | s he/she is ass | sociated with have a contract | | | ount of Contribution | |
| Last Name Caver Sinter State St | event reported in Section L1? No If yes, indicate whi | ich branch o | or branches | No No | | | |
| Last Name Caver Residential Street Address 2426 Winchester Road City Montgomery Name of Employer Family Guidance Center Scontribution associated with an event reported in Section L1? No State About 7 Coty Montgomery No No Amount of Contribution State Countribution Aggregate Contribution First City Name of Employer Family Guidance Center Family Guidance Ce | Method of Contribution: | | Date Received | Aggregate Contributions | _ | | |
| Residential Street Address 2426 Winchester Road City Montgomery Name of Employer Family Guidance Center Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No by State of Contribution associated with an event reported in Section L1? Principal Occupation First Teacher Is contributor a subtiliable of a contract with said municipality alued at more than \$\$5,000? If contributor or business he/she is associated with have a contract with said municipality alued at more than \$\$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: City Date Received Aggregate Contributions State Zip Code Amount of Contribution 50. MI Amount of Contribution 50. City State Zip Code City State Zip Code First Zip Code Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No loss contributor or business he/she is associated with have a contract with said municipality, alued at more than \$\$5,000? Is this contribution associated with an event reported in Section L1? No loss contributor or principal of a state contractor or prospective state contractor? Name of Employer Name of Employer Is contribution allobyist, spouse, or dependent child of a lobbyist? No loss contributor or business he/she is associated with have a contract with said municipality valued at more than \$\$5,000? Is this contribution associated with an event reported in Section L1? No loss contributor or principal of a state contractor or prospective state contractor? No loss contributor or principal of a state contractor or prospective state contractor? No loss contribution or business he/she is associated with have a contract of prospective state contractor? No loss contribution or business he/she is associated with have a | OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O | Money Ord | er 5/2/19 | 75 | | | |
| Residential Street Address 2426 Winchester Road City Montgomery | Last Name | | First | | | MI | |
| 2426 Winchester Road Montgomery AL 36106 Principal Occupation First Teacher Name of Employer Family Guidance Center | Caver | | Ashley | | | | |
| Principal Occupation First Teacher Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an event reported in Section L1? Ocash OPersonal Check Ocredit/Debit Card Payroll Deduction Money Order First Residential Street Address City Name of Employer Name of Employer Name of Employer Amount of Contribution 50. Cash OPersonal Check Ocredit/Debit Card Payroll Deduction Money Order First Octy Name of Employer Name of Employer State Amount of Contribution 50. Name of Employer No MI State Amount of Contribution 50. State Amount of Contribution 50. Amount of Contribution 50. State Amount of Contribution 50. Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? No State Amount of Contribution 50. | Residential Street Address | City | | | State | Zip Code | |
| First Teacher Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No State Sta | 2426 Winchester Road | Mo | ntgomery | | AL | 36106 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and the contract of the contr | Principal Occupation | | Name of Employer | <u> </u> | | | |
| does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No No No Yes Yes Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes No Yes | First Teacher | | Family Guidance Co | enter | | | |
| Method of Contribution: Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money Order Last Name City State Zip Code | or dependent child of a lobbyist? • No does contributor or business | s he/she is as: | sociated with have a contract | e officer of a municipality with said municipality | | ount of Contribution | |
| Method of Contributions Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 6/27/19 75 | | ich branch (| or branches | ⊙ No | | | |
| Last Name First MI | | | Date Received | Aggregate Contributions | 7 | | |
| Residential Street Address City State Zip Code Principal Occupation Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No State Ves or dependent child of a lobbyist? No Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No State Zip Code Amount of Contribution or contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative | Cash Personal Check Credit/Debit Card Payroll Deduction | Money Orde | er 6/27/19 | 75 | | | |
| Principal Occupation Name of Employer | Last Name | *************************************** | First | and the state of t | | MI | |
| Principal Occupation Name of Employer | | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Ves or No Is this contribution associated with an event reported in Section L1? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution of usiness he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes or No Is contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive OLegislative | Residential Street Address | City | | | State | Zip Code | |
| or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, indicate which branch or branches of government the contract is with: Executive OLegislative | Principal Occupation | | Name of Employer | | | | |
| event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive OLegislative | or dependent child of a lobbyist? No does contributor or business | s he/she is as | sociated with have a contract | | y, Amo | ount of Contribution | |
| Method of Contribution: Date Received Aggregate Contributions | event reported in Section L1? No If yes, indicate whi | ich branch o | or branches | _ ON₀ | | | |
| | Method of Contribution: | | Date Received | Aggregate Contributions | | | |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order | OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O |) Money Ord | ler l | | | | |
| SUBTOTAL Section B — This Page 75.00 | | SUBTOT | FAL Section B — This | Page 75.00 | | | |
| TOTAL of additional Section B Pages 11620.00 | Te | OTAL of | additional Section B | Pages 11620.00 | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 12833.00 | | | | | | | |

| NAME OF COMMITTEE McGee for Hartford | | | | | TYPE OF REPORT July 10 filing | |
|---|--|---|------------------------------|---|--|--|
| | C1, C | ontributio | ns from O | | | |
| Name of Committee | | | | Name of Tre | easurer | |
| Address | | | Is this contr fundraising | event listed in | ated with a Yes No Section L1? , list Event # | Amount of Contribution |
| City | State | Zip Code | Date Rece | ived | Aggregate Contributions | |
| Name of Committee | and the second s | n demokrati zwie za pod | | Name of Tre | asurer | ggyggghann oc gwenn ann ann ann ann ann an gwenn ag gwenn gwen (a rife) de 170 a 180 a 180 a 180 a 180 a 180 a |
| Address | | 1.00.1.1.1.0.00000 | Is this contr fundraising | event listed in | ated with a Yes No Section L1? , list Event # | Amount of Contribution |
| City | State | Zip Code | Date Reco | ived | Aggregate Contributions | |
| Name of Committee | nteren 1885 <mark>- Andre de Periodo de Per</mark> | | | Name of Tre | Desurer | gelgegig frankrite fils i som i som en en stå til står god en |
| Address | | ARRANG NO. | Is this contr fundraising | event listed in | ated with a Yes No a Section L1? , list Event # | Amount of Contribution |
| City | State | Zip Code | Date Rece | | Aggregate Contributions | |
| Name of Committee | | | | Name of Tre | asurer | |
| Address | | | Is this contr fundraising | ibution association distribution in association in | ated with a Yes No Section L1? , list Event # | Amount of Contribution |
| City | State | Zip Code | Date Rece | ived | Aggregate Contributions | |
| C2. Reimburse | ments, Pa | yments, or | Surplus D | istributio | ns from other Committe | ees |
| Name of Committee | | | | Name o | of Treasurer | |
| Address | | *************************************** | | _ | Date Received | Amount of Receipt |
| City | S | ate Zip (| Code | (Paymer | rsement for shared expense at for goods and services Distribution | |
| Name of Committee | | | | Name | of Treasurer | |
| Address | | | | | Date Received | Amount of Receipt |
| City | Si | ate Zip (| Code | (Paymer | insement for shared expense at for goods and services Distribution | |
| | | | SUBTOTA | AL Section | C—This Page 0 | |
| | | | TOTAL of | additional | Section C Pages 0 | |
| TOTAL | | | | | AND RECEIPTS 0 unimary Page Totals) | |

| NAME OF COMMITTEE | | | | TYPE OF | | | | |
|---|--|--|--------------------------------|--------------------------|---------------------|---|--|--|
| McGee for Hartford | | | | | July 10 filing | | | |
| D | . Loans | Receive | d this Period | | (14) 50 Manuel (15) | | | |
| Name of Lender | | | Source of Loan: Bank Candid | ate 🔘 Individual | Other Committee | Date of Receipt | | |
| Street Address | City | | | State | Zip Code | Is there a Cosigner or Guarantor of this loan? Yes No | | |
| Name of Cosigner/Guarantor (If applicable) | <u>t., ,, ,, ,, ,, ,, ,, ,, ,, ,, , , , , ,</u> | ········· | OR THE THE STREET | | | Amount Received | | |
| Street Address | City | | | State | Zip Code | | | |
| Name of Lender | and and its treatment of the state of the st | | Source of Loan: OBank Candid | late OIndividua | Committee | Date of Receipt | | |
| Street Address | City | | | State | Zip Code | Is there a Cosigner or Guarantor of this loan? Yes No | | |
| Name of Cosigner/Guarantor <i>(if applicable)</i> | | | | | | Amount Received | | |
| Street Address | City | · · · · · · · · · · · · · · · · · · · | | State | Zip Code | | | |
| Name of Lender | and the state of t | Nicolando de Alexandro de Alexa | Source of Loan: OBank OCandid | late O Individual | Other Committee | Date of Receipt | | |
| Street Address | City | | | State | Zip Code | Is there a Cosigner or Guarantor of this loan? Yes No | | |
| Name of Cosigner/Guarantor (if applicable) | | | | | | Amount Received | | |
| Street Address | City | | | State | Zip Code | | | |
| | | | ТОТА | L SECTION | D 0 | | | |
| E. Receipts from Entities other than | Individ | luals or | Other Commit | tees (<i>Refere</i> ndi | ım Committees | ONLY) | | |
| | | | *** | 1 | | | | |
| Street Address | | | | Date Received | | Amount Received | | |
| City | | State | Zip Code | Aggregate Contrib | utions | | | |
| Name of Entity | | | | | | | | |
| Street Address | | | | Date Received | | Amount Received | | |
| City | | State | Zip Code | Aggregate Contrib | utions | | | |
| Name of Entity | | | | | | | | |
| Street Address | | | | Date Received | | Amount Received | | |
| City | | State | Zip Code | Aggregate Contrib | utions | | | |
| | | | тот | AL SECTION | 1 E 0 | | | |

| NAME OF COMMITTEE | <u> </u> | | TYPE C July 10 | r report filing |
|-------------------|---|-------------------------|--------------------------|-----------------------------------|
| F. | Amount Transferred from | n Affiliated Business T | reasury (Business Entity | Committees ONLY) |
| Date of Receipt | Is this transaction associated of fundraising event listed in Sec | vith a OYes If yes, lis | | Amount |
| Date of Receipt | Is this transaction associated transaction fundraising event listed in Sci | | t Event # | Amount |
| Date of Receipt | Is this transaction associated fundraising event listed in Sci | | t Event # | Amount |
| Date of Receipt | Is this transaction associated fundraising event listed in Se | | t Event # | Amount |
| | | | TOTAL SECTION | NE 0 |
| G. Amount T | ransferred from Affiliated | Labor Union or Other | Organization Treasu | ry (Organization Committees ONLY) |
| Date of Receipt | | of Receipt | Date of Re | |
| A | unount | Amount | | Amount |
| | | | TOTAL SECTION | √ 0 |
| | H. Personal Funds of the | Candidate Received t | nis Period (Candidate Ca | mmittees ONLY) |
| Date of Receipt | Method of payment: | Personal Cheok | Credit/Debit Card | Amount |
| Date of Receipt | Method of payment: | Personal Check | Credit/Debit Card | Amount |
| Date of Receipt | Method of payment: | Personal Check | Credit/Debit Card | Amount |
| Date of Receipt | Method of payment: | Personal Check | Credit/Debit Card | Amount |
| | | | TOTAL SECTION | ин 0 |
| | | I. Anonymous Conti | ibutions | |
| am | Per Public Act 11-48, And tount. If a committee recimmediately remit the co | eives an anonymous c | ontribution, the camp | aign treasurer shall |

for deposit in the General Fund.

| NAME OF COMMITTEE | | | OF REPORT | r | |
|---|---|--------------------------------|-----------------|---|--|
| McGee for Hartford | | July 1 | 0 filing | | |
| | J. Interest from Deposits in Au | thorized Accounts | | | |
| Name of Institution | | Date R | eceived | | Amount |
| Street Address | City | State | Zip Code | } | |
| Name of Institution | | Date R | eceived | | Amount |
| Street Address | City | State | Zip Code | coder#################################### | |
| | | TOTAL SECT | ION J | 0 | |
| K. M | iscellaneous Monetary Receipts no | t Considered Contrib | utions | | |
| Name | | | Date of Transac | otion | Amount Received |
| Street Address | City | State | Zip (| Code | |
| Description | , j | <u> </u> | | | |
| Name | | .] | Date of Transac | ction | Amount Received |
| Street Address | City | State | Zip (| Code | |
| Description | | | J | | |
| Nanie | | | Date of Transac | ction | Amount Received |
| Street Address | City | State | Zip (| Code | |
| Description | | 1 | | | |
| Name | | | Date of Transac | ction | Amount Received |
| Street Address | City | State | e Zip (| Code | |
| Description | | ····· | <u>.</u> | · | |
| | | TOTAL SECT | ON K | 0 | |
| SUMMA | RY OF OTHER MONETARY RE | CEIPTS (Sections D | hrough l | K) | |
| Total Loans Received this Period (Sec | tion D) | | | p | •**** |
| Total Receipts from Entities other than | Individuals or Other Committees (Section | n E) | + | 0 | |
| Total Amount Transferred from Affili | ······································ | | + | 0 | |
| | ated Labor Union or Other Organization | | + | 0 | |
| | Candidate Received this Period (Section | H) | + | 0 | |
| Total Amount of Interest from Deposit | | | + | 0 | |
| | s not Considered Contributions (Section I | | + | 0 | or a little and the second and the s |
| Total of Other Monetary Receip | ots (Add Sections D through K) (Enter | total on Line 15 of Summary Po | ige Totals) | 0 | |

II. FUNDRAISING EVENT ACTIVITY (Sections L1-L4)

| NAME OF COMMITTEE McGee for Hartford | | TYPE OF REPORT July 10 filing | | |
|---|---|--|-------------|----------------|
| | L1. Fundraise | er Event Information | | |
| Fundraising Event #1 Date of Fundraiser Letter 05/30/2019 | Description McGee for Mayor Event | | | |
| Location: Street Address | | City | State | Zip Code |
| 71 W 35th ST | | New York | NY | 10018 |
| Subpart 1: (All Committee Was this fundraising even | ees) nt hosted at a personal residence? | Yes (If yes, go to Section L4 In-Kind Donations not Co and complete required information for purchases m beverage and invitations.) | | |
| | e items donated by a business entity of up to an individual of up to \$100? | Yes (If yes, go to Section L4 In-Kind Donations not Co and complete required information.) No | onsidered (| Contributions |
| Was this fundraiser a tag with purchases from an in | sale, auction, or other sale of donated items adividual of up to \$100? | OYes (If yes, enter Total Receipts here.) ONo S | | |
| Subpart 2: (Town Comm Were there purchases of sign associated with this | nittees and Municipal Candidate Committees Gadvertising space in a program book or on a fundraiser? | ONLY) Yes (If yes, go to Section L3 Purchases of Advertising or on a Sign and complete required information.) No | Space in s | i Program Book |
| | mittees ONLY) food or beverage at a fair or similar mass state with this fundraiser? | ○ Yes (If yes, enter Total Receipts here.) ○ No | ace (a | |
| Emphasiatus Event # 2 | Description | | | |
| Fundraising Event # Z Date of Fundraiser Letter 06/02/2019 | Hartford Puerto Rican Parade & Festival | | | |
| Location: Street Address | | City | State | Zip Code |
| 1 Jewell ST | | Hartford | СТ | 06103 |
| Subpart 1: (All Committee Was this fundraising even | ees) It hosted at a personal residence? | O Yes (If yes, go to Section L4 In-Kind Donations not Co and complete required information for purchases me beverage and invitations.) | | |
| | e items donated by a business entity of up to an individual of up to \$100? | OYes (If yes, go to Section L4 In-Kind Donations not Co and complete required information.) | nsidered (| Contributions |
| Was this fundraiser a tag with purchases from an in | sale, auction, or other sale of donated items dividual of up to \$100? | OYes (If yes, enter Total Receipts here.) ONo | | |
| Were there purchases of sign associated with this | perpanant de la lega angua an andronium prografia (ANTA Dile Ministria de la literativa | ONLY) O Yes (If yes, go to Scotion L3 Purchases of Advertising or on a Sign and complete required information.) O No | Space in a | Program Book |
| | nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser? | Yes (If yes, enter Total Receipts here.) \$ | | |
| SUBTOTAL Sec | tion L1—Subpart 1 (All Committees) Total Recei | pts from Sale of Donated Items — This Page | | |
| SUBTOTAL Section | L1—Subpart 3 (Town Committees ONLY) Total | Receipts from Food Purchases — This Page 0 | | |
| | | TOTAL of additional Section Li Pages 0 | | |
| TOTAL OF ALL RI | CEIPTS FROM SMALL PURCHASES | 6 (Enter total on Line 16a of Summary Page Totals) 0 | | |

Section L1. ADDITIONAL PAGE 1 of 1

| | (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | | |
|--|--|--|---|---|---------------------------------|
| McGee for Hartford | | AND | July 10 filing | | |
| TO THE REAL PROPERTY OF THE PR | L1. Event | t Information | | | |
| Event # 3 Date of Event Letter Jun 27, 3 | Description Capital City Club of Montgomery, Inc. | 0000 gr 1 Meganya dan dasamat Angga Masil dan juan gengenyan yang pendujuh dan | | Was this a fur ② Yes | ndraising event? |
| Location: Street Address | | City | | State | Zip Code |
| 201 Monroe ST, Suite 2 | 2100 | Montgomery | | AL | 36104-3595 |
| Subpart 1: (All Committee Was this event hosted at a | | Yes (If yes, go to Section L Associated with a Hor purchases made by hos | 5 In-Kind Donations no use Party and complete t(s) for food, beverage a | required infor | |
| | 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 No | | ot Considered (| Contributions |
| Was this fundraiser a tag with purchases from an in | sale, auction, or other sale of donated items adividual of up to \$100? | OYes (If yes, enter Total Rec | elpts here.) | \$ | |
| Were there purchases of a sign associated with this | | Yes (If yes, go to Section L | Committees) 3 Purchases of Adverti plete required informa | | Program Book |
| | nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser? | Yes (If yes, enter Total Red No | reipts here.) | \$ | |
| Event # Date of Event Letter | Description | | n Papayayan magamakan ka magama mana a dibidi | Was this a fur O Yes | 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 L Associated with a Hor purchases made by hos No | 5 In-Kind Donations no use Party and complete t(s) for food, beverage a | required infor | Contributions mation for any |
| | le goods or services donated by a business entity nated by an individual of up to \$100? | O Yes (If yes, go to Section L and complete required O No | | ot Considered | Contributions |
| Was this fundraiser a tag with purchases from an ir | sale, auction, or other sale of donated items adividual of up to \$100? | Yes (If yes, enter Total Red No | relpts here.) | \$ | |
| Subpart 2: (Party Comm Were there purchases of a sign associated with this | nittees, Municipal Candidates and Political Comm advertising space in a program book or on a fundraiser? | Yes (If yes, go to Section L | Committees) 3 Purchases of Advertle plete required informa | sing Space in a tion.) | Program Book |
| Subpart 3: (Town Comm Did your committee sell f gathering held within the | ood or beverage at a fair or similar mass | OYes (If yes, enter Total Rec | eipts here.) | \$ | |
| SUBTOTAL Section | n L1-Subpart 1 (All Committees) Total Receipts fr | om Sale of Donated Items — | This Page 0 | | |
| | SUBTOTAL Secti | ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases — | ttees ONLY) | | |
| | | TOTAL of additional Section | ı Lı Pages 0 | er angest green need en england man | |
| | TOTAL OF ALL RECE | IPTS FROM SMALL PUI Line 16a, Column A of Summary | RCHASES 0 | ere e sementa popular de tense en exeminida e como trez | |

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

| Pe individua | r Public Act 11-48, effectiv I purchases from a comm | e January 1, 201 nittee tag sale, a | 12 committees a auction, or a sa | re no longer required to item ale of donated items. Secti | ize sm | iall ?. removed | |
|--------------------|--|--|---|--|-----------------|---|--|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | RŤ | | |
| McGee for Hartford | | | | July 10 filing | | | |
| | ses of Advertising in a I | rogram Book | cor on a Sign | (Municipal Candidate and Tox | | <i>mittees ONI</i> se Made By: | .X) |
| Name of Purchaser | | | | | OBu | siness Entity le Proprietorshi | OIndividual |
| Street Address | y gamma manana ya manana ya manana ya kafa da da kasa kilish kililik kililik kililik kililik kililik kililik k | and the second s | City | | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases | for All Events | Amount of Program Ad Purcha | ise . | Amount of Sig | gn Purchase |
| Name of Purchaser | | | <u> Sanagan da kangan da manakan gaban da manakan da manak</u> | | _ | se Made By: siness Entity | O Individual |
| | | | | | Osol | le Proprietorsh | |
| Street Address | | | City | | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases | for All Events | Amount of Program Ad Purcha | ise | Amount of Sig | gn Purchase |
| Name of Purchaser | and depending to a possible section to protect and the track and protect action important and | Andrew Control of the | ygyysytytykytia titti | | OBu | se Made By: siness Entity le Proprietorsh | OIndividual |
| Street Address | | | City | | <u> </u> | State | Zip Code |
| Date Received | Event # | Aggregate Purchases | for All Events | Amount of Program Ad Purchs | ise | Amount of Sig | n Purchase |
| Name of Purchaser | | alemann neuer mei er verei en mei en te er verei en de klemen skelden. | ikanida serangan Pi Tarkini lang semanan ping ang ang anakan dan anang | | OBu | se Made By: siness Entity le Proprietorsh | |
| Street Address | | | City | · · · · · · · · · · · · · · · · · · · | <u></u> | | Zip Code |
| Date Received | Event # | Aggregate Purchases | for All Events | Amount of Program Ad Purche | ise | Amount of Sig | I gn Purchase |
| Name of Purchaser | and the second s | | оозуу а рассый генезо — шташкару косыт — дода былындуу а разуун а | | O _{Bu} | se Made By: siness Entity le Proprietorsh | O Individual |
| Street Address | · · · · · · · · · · · · · · · · · · · | | City | | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases | for All Events | Amount of Program Ad Purcha | ise | Amount of Sig | gn Purchase |
| | SUBTOTAL | Total Purchases | of Advertising i | and Town Committees ONLY) n Program Book — This Page | ľ | | |
| | | SUE Total P | TOTAL Section urchases of Adve | L3 (Town Committees ONLY) ortising on a Sign — This Page | o | | tig (Marked and a consequent of the Marked and a consequent of the Marked and a consequent of the Marked and a |
| ПО | TAL OF ALL DIDOUXERS | OFADVEDES | | of additional Section L3 Pages | <u> </u> | aniida aa a | anna ann an Aireann ann an Aireann an Airean |
| 10 | TAL OF ALL PURCHASES | OF ADVERTIS T | unt un A PRUC uter total on Line | GRAM BOOK or ON A SIGN | 0 | | |

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

| NAME OF COMMITTE | E | | | TYPE OF REI | ORT | | |
|-------------------------------------|--|--|--|--|---|---|--|
| McGee for Hartford | | | | July 10 filing | | | |
| | L | 4. In-Kind Donation | ons Not Cons | idered Contributions | | | |
| Name of Donor | anne ann an Aireann agus ann an Aireann an A | MCMA Select Christian existence or trainment and application and application and application and application of the control of | | | | | |
| | | | | | · | | |
| Street Address | | | City | | | State | Zip Code |
| | | | | | 40.4 | | |
| Donation Given By: Business Entity | Description of Donation | | | | Fair l | Market Va | lue of Donation |
| Olndividual | | · | | | | | |
| OSole Proprietorship | Date Received | Event # | | Aggregate Value for this Event | | | |
| Name of Donor | | | ration has the heater of the transmission of property of performance of the second | | | | |
| | | | | | | | |
| Street Address | | | City | | | State | Zip Code |
| | | | | | | | |
| Donation Given By: | Description of Donation | | | ************************************** | Fair I | Market Va | lue of Donation |
| Business Entity | | | | | | | |
| OIndividual OSole Proprietorship | Date Received | Event # | | Aggregate Value for this Event | | | |
| | | | | | | akkirinikkiri kikakirinin ni uliminin karinin | |
| Name of Donor | | | | | | | |
| Street Address | | | City | | | State | Zip Code |
| | | | | | | | |
| Donation Given By: | Description of Donation | | | | Fain 1 | Manket Va | lue of Donation |
| OBusiness Entity | | | | | I van 1 | minet va | ine of Polistion |
| Olndividual | Date Received | Event # | | Aggregate Value for this Event | | | |
| Sole Proprietorship | | | | | | | |
| Name of Donor | | | | | egenneses kontentisterreta konstilla k | | nternon to the constitution of the constitutio |
| | | | | | | | |
| Street Address | | | City | ···· | | State | Zip Code |
| | | | | | | | |
| Donation Given By: | Description of Donation | | | | Fair N | larket Val | ue of Donation |
| O Business Entity O Individual | | | | | | | |
| Sole Proprietorship | Date Received | Event # | | Aggregate value for this Event | | | |
| | | | | | | Marie and the second | MISSE and considerate the second |
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| | TOTAL OF ALL IN | KIND DONATIONS | NOT CONSIDI | ERED CONTRIBUTIONS O | | | |
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III. NONMONETARY RECEIPTS (Sections M—O)

| NAME OF COMMITTEE | | | TYPE OF REPORT | | |
|--|--|--|--|---|------------------------------|
| McGee for Hartford | | | July 10 filing | | |
| | | M. In-Kind Contri | butions | | |
| Name | | microstation microstation de la particular de la particular de la constitución de la cons | | | |
| | | | | State | Zip Code |
| Street Address | | Cit | у | State | Zip Code |
| The Control of the Co | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | <u> </u> |
| Type of contributor: Committee OIndividual / Sole Proprietorship Other | Date Received | Aggregate Contributions | Description of in-Kind Condition | | |
| | If contribution is in | avages of \$400 to a condidate | e for a chief executive officer of a municipality, | Fair N | Vlarket Value |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | does contributor or valued at more than | business he/she is associated | with have a contract with said municipality Yes No | | Contribution |
| Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # | No If yes, | tor a principal of a state conti indicate which branch or bran rument the contract is with: | ractor or prospective state contractor? O Ye No Executive C Legislative | | |
| Name | | | | | |
| | | | | State | Zip Code |
| Street Address | | Cit | у | Sinte | Dip Code |
| Type of contributor: Committee | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | |
| OIndividual / Sole Proprietorship OOther | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes | | business he/she is associated | e for a chief executive officer of a municipality, with have a contract with said municipality Yes No | | Market Value Contribution |
| Is this contribution associated with a fundraising event listed in Section L1? | Yes Is contribu | tor a principal of a state conti indicate which branch or bran | | .s | |
| If yes, list Event # | oi gove | rnment the contract is with: | Executive O Legislative | AND THE RESIDENCE OF THE PARTY | |
| Panio | | | | | |
| Street Address | | Cit | у | State | Zip Code |
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| Type of contributor: Committee | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | |
| OIndividual / Sole Proprietorship Oother | <u> </u> | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | does contributor or | | te for a chief executive officer of a municipality, I with have a contract with said municipality Yes No | | Market Value Contribution |
| Is this contribution associated with a | Yes Is contribu | tor a principal of a state cont | ractor or prospective state contractor? QYe | s | |
| fundraising event listed in Section L1? If yes, list Event # | | indicate which branch or bran mment the contract is with: | nches | · | |
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| TOTAL OF ALL I | N-KIND CONTR | LIBUTIONS (Enter total | on Line 22 of Summary Page Totals) 0 | | |
| | N. Refund | lable Deposit to Tele | ephone Company | - 15 (13 (13 (13 (13 (13 (13 (13 (13 (13 (13 | |
| Last Name of Individual | | First | MI | Date Deposi | t Made |
| | | | | | |
| Residential Street Address | | City | State Zip Code | | Amount of |
| | | | | | Amount of Deposit |
| Name of Telephone Company | | | | | |
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| Street Address | | City | State Zip Code | | |
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| | move v | JEONYON N. | | | |
| | TUTALS | LUTION N (Enter total | on Line 23 of Summary Page Totals) 0 | | |

III. NONMONETARY RECEIPTS (Sections M—O)

| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
|--|--------------------------|------------------------------|---------------------|--|--|
| McGee for Hartford | | | | July 10 filing | |
| O. Non-Monetary Receipts of Legislative Leadership, Legislative Caucus ar | f Organiza nd Party (| ation Exper Committees | rditu — <u>C</u> | r es Made By <u>PTIONAL</u> See Public Ac | 111-48 |
| Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON | ILY) | Name of Treasure | r | | |
| Street Address | | | e, exemple to | Date Notice Received | Fair Market Value of Donation |
| City | State | Zip Code | | Aggregate Donations | |
| Description of Donation | | | 1 1 | ose of Expenditure (see instructions) | |
| Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees Of | VLY) | Name of Treasure | er | | |
| Street Address | · | | ···· | Date Notice Received | Fair Market Value of Donation |
| City | State | Zip Code | | Aggregate Donations | |
| Description of Donation | | <u></u> | 1 - | ose of Expenditure (see instructions) A OB OC OD OE | |
| Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees Ol | VLY) | Name of Treasure | . Зг | | |
| Street Address | | <u> </u> | | Date Notice Received | Fair Market Value of Donation |
| City | State | Zip Code | | Aggregate Donations | |
| Description of Denation | | | | ose of Expenditure (see instructions) A OB OC OD OE | |
| Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees Of | NLY) | Name of Treasure | er | and the second s | |
| Street Address | | | | Date Notice Received | Fair Market Value of Donation |
| City | State | Zip Code | | Aggregate Donations | |
| Description of Donation | <u> </u> | · | | pose of Expenditure (see instructions) A OB OC OD OE | |
| Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees Or | NLY) | Name of Treasur | er | | |
| Street Address | | <u> </u> | | Date Notice Received | Fair Market Value of Donation |
| City | State | Zip Code | | Aggregate Donations | - |
| Description of Donation | | | | Dose of Expenditure (see instructions) A OB OC OD OE | |
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| TOTAL RECEIPTS OF ALL | | ZATION EX m Line 24 of Su | | | |

IV. EXPENDITURES (Sections P—T)

| erchant Fees e of Expenditure (if applicable) Itemization in Addendum P Coordinated without reimbursement sought Independent | Required Coordina cat Organization: A C | Event # Date of Payment Jun 30, 2019 Event # Date of Payment Apr 30, 2019 | 381.22 It sought E Method of Pe Och Obe State MN | eek #ebit Card Zip Code Amount |
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| e of Expenditure (if applicable) Itemization in Addendum P Coordinated without reimbursement sought Independent in the constitution on suitant be of Expenditure (if applicable) Itemization in Addendum P | cnt Oorganization: A City Minneapolis Required Coordina | Date of Payment Apr 30, 2019 Event # | Method of Pe | heck # 1,203 ebit Card Zip Code 55401 |
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| oe of Expenditure (if applicable) Itemization in Addendum P | | ated with reimhusemer | | |
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| Coordinated without reimbursement sought (*) Independ | ent 💽 Organization:(*)A (| | | |
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| | City | | State | Zip Code |
| | Bioomfield | | CT | 06002 |
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| pe of Expenditure (if applicable) Itemization in Addendum 1 | P Required O Coordin | ated with reimburseme | nt sought | |
| Coordinated without reimbursement sought O Independ | ent OOrganization.OA (| Эв Ос Ор С |)E | |
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SEEC FORM 20 Revised June 19 20 25

Section P. ADDITIONAL PAGE 1____ of ____

| NAME OF COMMI | ITTEE (Provide Complete Name as Registered with Filing Rep | pository) | TYPE OF R | EPORT | |
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| McGee for Hartf | ford | | July 10 fil | ng | |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | P. Expe | enses Paid by Comn | nittee | THE CONTROL OF THE PROPERTY OF THE PARTY OF | |
| Name of Payee Sun Splash Bar 8 | & Grill | | Date of Paymo Apr 2, 201 | @ ct : 11202 | |
| Street Address 428 Franklin Ave | e | City Hartford | | State Zip Code CT 06114 | |
| Purpose of Expenditure (by code) | Description Food | ion Event # | | | |
| Expenditure # ((f applicable) | Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidated Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-ki | ate or committee) penditure) | ndependent rganizationOA OB C | | |
| Name of Payee Red Rock Tavern | 1 | | Date of Payme May 7, 20 | A | |
| Street Address 369 Capitol Aver | nue | City Hartford | | State Zip Code CT 06106 | |
| Purpose of Expenditure (by code) | Description Food | | Event # | Amount 300.00 | |
| Expenditure # | | | owii ie okaakad) | | |
| | Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidated Coordinated with reimbursement sought (joint expectation). Coordinated without reimbursement sought (in-kin | te or committee) penditure) O In | dependent | c On | |
| (if applicable) | None of the below (does not involve another candida Coordinated with reimbursement sought (joint exp | te or committee) penditure) O In | · | | |
| ((fapplicable) Name of Payee Red Rock Tavern | None of the below (does not involve another candida Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin | te or committee) penditure) Ind contribution) O | dependent | 19 Method of Payment: Check #1210 Debit Card EFT | |
| ((fapplicable) Name of Payee Red Rock Tavern Street Address 369 Capitol Aven | None of the below (does not involve another candida Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin | te or committee) penditure) O In | dependent ganization A B B Date of Paymen | Method of Payment: 19 © Check # 1210 | |
| ((fapplicable) Name of Payee Red Rock Tavern Street Address 369 Capitol Aven | None of the below (does not involve another candida Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin | te or committee) penditure) In a contribution) City | dependent ganization A B B Date of Paymen | 11 Method of Payment: 12 Cheok # 1210 Debit Card EFT State Zip Code CT 06106 Amount | |
| | None of the below (does not involve another candida Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin nue | te or committee) penditure) Ind contribution) City Hartford irred unless "None of the beat ate or committee) penditure) In the or committee of the penditure | dependent ganization A B B Date of Paymer Jun 25, 20 Event # | 11 Method of Payment: 12 Check # 1210 Debit Card EFT State Zip Code CT 06106 Amount 200.00 | |
| Name of Payee Red Rock Tavern Street Address B69 Capitol Aven Purpose of Expenditure by code) Expenditure # if applicable) | None of the below (does not involve another candida Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin Coordinated without reimbursement sought (in-kin Coordinated without reimbursement sought (in-kin Coordinated without reimbursement sought (joint exp Coordinated with reimbursement sought (joint exp | te or committee) penditure) Ind contribution) City Hartford irred unless "None of the beat ate or committee) penditure) In the or committee of the penditure | dependent ganization A B B Date of Paymer Jun 25, 20 Event # | Method of Payment: 19 Check # 1210 Debit Card EFT State Zip Code CT 06106 Amount 200.00 | |
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| Name of Payee Red Rock Tavern Street Address B69 Capitol Aven Purpose of Expenditure by code) Uxpenditure # if applicable) Name of Payee | None of the below (does not involve another candida Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin Coordinated without reimbursement sought (in-kin Coordinated without reimbursement sought (in-kin Coordinated without reimbursement sought (joint exp Coordinated with reimbursement sought (joint exp | te or committee) penditure) Ind contribution) City Hartford irred unless "None of the beat ate or committee) penditure) In the or committee of the penditure | Byent # Byent # Byent # Date of Paymer Dow" is checked) Independent rganization OA OB C Date of Paymer | Method of Payment: O Check # 1210 Debit Card EFT State Zip Code CT 06106 Amount 200.00 | |
| Name of Payee Red Rock Tavern Street Address 369 Capitol Aven Purpose of Expenditure by code) | None of the below (does not involve another candida Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kin Coordinated without reimbursement sought (in-kin Food Type of Expenditure (Itemization in Addendum P Requiper of Expenditure) None of the below (does not involve another candida Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kin Coordinated without reimbursem | ce or committee) penditure) Ind contribution) City Hartford City Hartford Lired unless "None of the beat ate or committee) penditure) | Byent # Byent # Byent # Date of Paymer Dow" is checked) Independent rganization OA OB C Date of Paymer | Method of Payment: O Cheok # 1210 Debit Card EFT State Zip Code CT 06106 Amount 200.00 Method of Payment: Check # Debit Card EFT Check # Debit Card EFT Check # Debit Card EFT | |
| Name of Payee Red Rock Tavern Street Address B69 Capitol Aven Purpose of Expenditure by code) Sxpenditure # if applicable) Name of Payee Addi Street Address ST1 New Park Ave | None of the below (does not involve another candida Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kin Coordinated without reimbursement sought (in-kin Food Type of Expenditure (Itemization in Addendum P Requiper of Expenditure) None of the below (does not involve another candida Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kin Coordinated without reimbursem | ce or committee) penditure) Ind contribution) City Hartford City Hartford City City City City City City City Cit | Byent # Byent # Byent # Date of Paymer Dow" is checked) Independent rganization OA OB C Date of Paymer | Method of Payment: O Check # 1210 Debit Card EFT State Zip Code CT 06106 Amount 200.00 C OD Method of Payment: O Check # Debit Card EFT State Zip Code CT O6110 Amount | |
| Name of Payee Red Rock Tavern Street Address 369 Capitol Aven Purpose of Expenditure by code) Expenditure # if applicable) Name of Payee Aldi Street Address | None of the below (does not involve another candida Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-king Coordinated without reimbursement sought (in-king Coordinated without reimbursement sought (in-king Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-king Coordinated without reimbu | city Hartford City Hartford City Hartford City West Hartford City West Hartford City West Hartford | Byent # Method of Payment: O Check # 1210 Debit Card DEFT State Zip Code CT 06106 Amount 200.00 Method of Payment: Check # Debit Card DEFT State Zip Code CT Office Amount Amount 37,54 | |

Section P. ADDITIONAL PAGE 2____ of 9___

| NAME OF COMMITT | EE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | | |
|-------------------------------------|---|--|--|------------------------------|----------------------------------|---|
| McGee for Hartfor | d | | And the second s | July 10 filling | | وي المنافعة والمنافعة |
| | P. Expenses | Paid by Co | mmittee | | Stephing comply, William Company | |
| Name of Payee BJ's Wholesale | | | | Date of Payment Jun 28, 2019 | Method of Chec | k# |
| Street Address | | City | | | State | Zip Code |
| 507 New Park Ave | | West Hartf | ord | | СТ | 06110 |
| Purpose of Expenditure (by code) | Description Supplies | | Even | t# | 37.25 | Amount |
| Expenditure # ((f applicable) | Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri | nmittee) 3) | Independent | ed) DA OB OC OD | | |
| Name of Payce | | | | Date of Payment | Method of | f Payment: |
| Southwest Airline | S | | | Jun 21, 2019 | Chec Debi | |
| Street Address | | City | <u> </u> | | State | Zip Code |
| Purpose of Expenditure (by code) | Description Airline Ticket | | Even 3 | t# | 362.0 | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri | mmittee) e) | O Independent | ed) Oa Ob Oc Ob | , | |
| Name of Payee | | and an antique of the second s | | Date of Payment | | f Payment: |
| Jetblue | | | | Jun 27, 2019 | Chec Debi | |
| Street Address | - | City | | | State | Zip Code |
| Purpose of Expenditure (by code) | Description Travel Expense | <u> </u> | Even 3 | t # | 40.00 | Amount |
| Expenditure # (If applicable) | Type of Expenditure (Itemization in Addendum P Required u 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) are) | O Independent | ked) Oa Ob Oc O | D | |
| Name of Payee | | | | Date of Payment | Method o | of Payment: |
| Enterprise Rental | | | | 6/24/2019 | Che Deb | |
| Street Address | | City | | | State | Zip Code |
| Purpose of Expenditure (by code) | Description Vehicle rental expense and Tolls | | Evel 3 | nt# | 366.0 | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required use) None of the below (does not involve another candidate or concluded with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled) | ommittee) re) | O Independent | ked) Oa Ob Oc O | D | |
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Section P. ADDITIONAL PAGE 3____ of 9____

| NAME OF COMMIT | TEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE C | F REPORT | | and the state of t |
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| McGee for Hartfor | Additional and the second seco | | | July 10 |) filling | | and the state of t |
| nderd for the second se | P. Expenses | Paid by Committe | ee | | | | |
| Name of Payee Walter Doc Hurl | | | | Date of P | Payment 2, 2019 | Method of OChec ODebit State | k# |
| Street Address | | City | | | | OHIIC | Zip oudv |
| Purpose of Expenditure (by code) | Description Tribute to Walter Doc Huri | | Event i | 4 | | 86.72 | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required u 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) | pendent | a Oi | в Ос Ор | general and a second | |
| _{Name of Payee} Cicd Puerto Rican | | | | Date of I May 3 | Payment 1, 2019 | Chec O Debi | t Card OEFT |
| Street Address 80 Cedar Street | | City Hartford | | | | State CT | Zip Code 06106 |
| Purpose of Expenditure (by code) | Description Parade and Tent Permit | | Event | # ` · · · · · · · · · · · · · · · · · · | | 675 | Amount |
| Expenditure # (If applicable) | Type of Expenditure (Itemization in Addendum P Required u 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) ire) () Indep | pendent | | в О с О в_ | | |
| Name of Payee Eversource | | | | | Payment 8, 2019 | Method of Chec | _ |
| Street Address 300 Cadwell Driv | ve | City Springfield | | l | ***** | State MA | Zip Code 01104 |
| Purpose of Expenditure (by code) | Description Electricity for Headquarters | <u> </u> | Event | # | | 559. | Amount |
| Expenditure # (If applicable) | Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind co | committee) (ture) O Inde | ependent | |)в Ос Ов | | |
| Name of Payee Capital City Club | of Montgomery, Inc. | | | 1 | Payment 20, 2019 | | of Payment: ck #1212 it Card OEFT |
| Street Address 201 Monroe ST, | Suite 2100 | City Montgomery | | · · · · · · | | State AL | Zip Code 36104-3595 |
| Purpose of Expenditure (by code) | Description Event Equipment/Services and Food and Be | verage | Event | :# | | 807.6 | Amount |
| | Type of Expenditure (Itemization in Addendum P Required | | | ed) | | | |
| Expenditure # (if applicable) | None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind co | ture) 🔘 Inde | | | в Ос Ор | | |

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Section P. ADDITIONAL PAGE 4____ of _9

| Expenditure # Ty ((f applicable) Ty Name of Payee | | 144 | TYPE OF REPO | Method of Payment: Check # Debit Card State Zip Code CT 06103 |
|---|---|---|---------------------------------|---|
| Artwurks Street Address 423 Main ST Purpose of Expenditure (by code) Expenditure # (f applicable) Name of Payee Home Depot | Description Advertising Materials ype of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co | City Hartford mless "None of the below" is | Date of Payment Apr 19, 2019 | Cheok # Debit Card O1 State Zip Code |
| Artwurks Street Address 423 Main ST Purpose of Expenditure (by code) Expenditure # ((f applicable) Vame of Payee Home Depot | Description Advertising Materials ype of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co | City Hartford mless "None of the below" is | Date of Payment Apr 19, 2019 | Cheok # Debit Card O1 State Zip Code |
| Street Address 423 Main ST Purpose of Expenditure (by code) Expenditure # (if applicable) Jame of Payee Home Depot | Advertising Materials ype of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or co Coordinated with reimbursement sought (foint appendix) | Hartford Mess "None of the below" is | Apr 19, 2019 | Cheok # Debit Card O1 State Zip Code |
| 423 Main ST Purpose of Expenditure by code) Expenditure # (f applicable) Iame of Payee Iome Depot | Advertising Materials ype of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or co Coordinated with reimbursement sought (foint appendix) | Hartford Mess "None of the below" is | | O Debit Card O I State Zip Code |
| Purpose of Expenditure by code) Expenditure # ((f applicable) Iame of Payce | Advertising Materials ype of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or co Coordinated with reimbursement sought (foint appendix) | Hartford Mess "None of the below" is | Event # | State Zip Code |
| Purpose of Expenditure by code) Expenditure # ((f applicable) Iame of Payce | Advertising Materials ype of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or co Coordinated with reimbursement sought (foint appendix) | nless "None of the below" is | Event # | CT 06103 |
| Expenditure # (f applicable) Jame of Payee Jome Depot | Advertising Materials ype of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or co Coordinated with reimbursement sought (foint appendix) | 144 | Event # | |
| Iame of Payse | None of the below (does not involve another candidate or co Coordinated with reimbursement sought, (joint apparation | 144 | | Amount |
| lome Depot | | (c) (indepen | dent | 200 |
| | | ibution) Organiz | ationOA OB OC (Date of Payment | |
| treet Address | | | Apr 15, 2019 | Method of Payment: Check # Debit Card E |
| 03 New Park Ave | · · | City | | State Zip Code |
| | | West Hartford | | CT 06110 |
| v code) | Description Cleaning Supplies | | Event # | Amount |
| | pe of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in kind contrib | mittee) O Independ | ent | 94.32 |
| ame of Payeo | | Organizat | Date of Payment | |
| edEx Office | <u> </u> | | Apr 5, 2019 | Method of Payment: Check # |
| eet Address | | City | | State Zip Code |
| pose of Expenditure De | escription | | | |
| | opies and postage | | Event # | Amount |
| 1 6 | ne of Expenditure (Itemization in Addendum P Required unt) None of the below (does not involve another candidate or com) Coordinated with reimbursement sought (joint expenditure)) Coordinated without reimbursement sought (in kind contrib | mittee) O Independ | ent | 92.42 |
| ne of Payee | | Organizat | ionOA OB Oc O | Control of State Control of the Control of the Control of Control |
| PS | | | Date of Payment | Method of Payment: Cheok # |
| et Address | 16 | Se | Apr 6, 2019 | O Debit Card OEFT |
| | | Sity | | State Zip Code |
| ode) | scription | l E | vent# | |
| Sta | amps | ļ | | Amount |
| 186 | of Expenditure (Itemization in Addendum P Required unles None of the below (does not involve another candidate or comm Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribut | iltee) | ıt | 55.00 |
| | SUE | BTOTAL Section P — T | | |

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Section P. ADDITIONAL PAGE 5____ of ___

| NAME OF COMMITT | EE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | TYPE OF REPORT | | | |
|--|--|--|--------------------------|-----------------------------------|-----------------------------|--|--|--|
| McGee for Hartfor | | | | July 10 filing | July 10 filing | | | |
| and the state of t | P. Expenses | Paid by (| Committee | | | | | |
| Name of Payee | | | | Date of Payment | Method of Payment: Cheok # | | | |
| Staples | | | | May 6, 2019 | © Debit Card ©EFT | | | |
| Street Address | | City | | | State Zip Code | | | |
| | | | | | | | | |
| Purpose of Expenditure | Description | | Ev | ent# | Amount | | | |
| (by code) | Copies | | | | 37.84 | | | |
| Expenditure # | Type of Expenditure (Itemization in Addendum P Required u | nless "None o | f the below" is che | cked) | 37.04 | | | |
| (if applicable) | None of the below (does not involve another candidate or co | ommittee) | | | | | | |
| | Coordinated with reimbursement sought (joint expenditu | | Independent | i NOA OB OC OD | | | | |
| Name of Payee | | | Organization | Date of Payment | Method of Payment: | | | |
| Budget Printers & | Embroiderers | | | Apr 15, 2019 | Check # Debit Card DEFT | | | |
| Street Address | | City | | | State Zip Code | | | |
| 1718 Park ST | | Hartford | | | CT 06106 | | | |
| Purpose of Expenditure | Description | , i , , , , , , , , , , , , , , , , , , | Ev | ent# | Amount | | | |
| (by code) | Posters | | | | 186.11 | | | |
| Expenditure # | Type of Expenditure (Itemization in Addendum P Required 11. | nless "None o | f the below" is che | cked) | 100 | | | |
| (if applicable) None of the below (does not involve another candidate or committee) | | | | | | | | |
| | Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont | | Independent | i Oa ObOc Od | | | | |
| Name of Payee | | | Organization | Date of Payment | Method of Payment: | | | |
| Cassandra Hamer May 22, 2019 | | | | Check # Check # EFT | | | | |
| Street Address | | City | | | State Zip Code | | | |
| | | | | | | | | |
| Purpose of Expenditure | Description | | Ev | ent# | Amount | | | |
| (by code) | Copies and printing | | | | 156.00 | | | |
| Expenditure # ((Capplicable) | Type of Expenditure (Itemization in Addendum P Required | unless "None | of the below" is ch | ecked) | 130.00 | | | |
| . ((f applicable) | None of the below (does not involve another candidate or | committee) | _ | | | | | |
| | Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind co | | Organizatio | nt on <mark>Oa Ob Oc Od</mark> | | | | |
| Name of Payee | | | | Date of Payment | Method of Payment: | | | |
| Staples | | | | Apr 25, 2019 | Cheok # | | | |
| Street Address | | City | | | State Zip Code | | | |
| | | | | | | | | |
| Purpose of Expenditure | Description | | E | vent# | Amount | | | |
| (by code) | Headquarters supplies | | | | 206.59 | | | |
| Expenditure # | Type of Expenditure (Itemization in Addendum P Required 1 | unless "None | of the below" is ch | ecked) | 1 200.33 | | | |
| ((f applicable) | None of the below (does not involve another candidate or committee) | | | | | | | |
| | Coordinated with reimbursement sought (joint expendit) Coordinated without reimbursement sought (in-kind con | | Independent Opposization | it n <mark>Oa Ob</mark> Oc Od | | | | |
| | | | | | | | | |
| | | SUBIUIA | L Section P — 1 | his Page 586.54 | | | | |
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Section P. ADDITIONAL PAGE 6____ of ____

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | | | |
|--|--|---------------|--|----------------------------|----------------------|---|--|
| McGee for Hartford | | | | July 10 filing | | | |
| P. Expenses Paid by Committee | | | | | | | |
| Name of Payee | | | | Date of Payment | Method of I | | |
| Target | | | | Apr 15, 2019 | OCheck ODebit | | |
| Street Address | the state of the s | City | | 1 | State | Zip Code | |
| | | | | | | | |
| Purpose of Expenditure | Description | | Even | t.# | | Amount | |
| (by code) | Headquarters Supplies and phones | | | | 27.40 | | |
| Expenditure # | renditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | 91.40 | | |
| (if applicable) None of the below (does not involve another candidate or committee) | | | | | | | |
| | Coordinated with reimbursement sought (joint expenditure | ૯) | O Independent | | İ | | |
| N. T. David | Coordinated without reimbursement sought (in-kind contr | ibution) | Organization (| A OB OC OD Date of Payment | Method of F | Payment: | |
| Name of Payee | | | | Apr 25, 2019 | Check | • | |
| Staples | | | 10.14.0900000000000000000000000000000000 | Apr 23, 2019 | O Debit | | |
| Street Address | | City | | | State | Zip Code | |
| | | | | | | | |
| Purpose of Expenditure | Description | <u> </u> | Even | :# | | Amount | |
| (by code) | Headquarters Supplies | | | | | | |
| Expenditure # | | 1 (()) | late a test and the set and | - J) | 72.41 | | |
| ((f applicable) | Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor | • | the below is check | eu) | | | |
| | Coordinated with reimbursement sought (joint expenditure | | Independent | | 1 | | |
| | Coordinated without reimbursement sought (in-kind contri | ibution) | Organization (| A O B O C O D | | | |
| Name of Payee | | | | Date of Payment | Method of I Check | - | |
| Family Dollar | | | | Apr 22, 2019 | (Debit | | |
| Street Address | | City | | | State | Zip Code | |
| | | | | | | | |
| Purpose of Expenditure | Description | · | Event | 1# | | Amount | |
| (by code) | Headquarters supplies | | and the same of th | | | | |
| Expenditure # | Type of Expenditure (Itemization in Addendum P Required u | ulass "Nona a | f the helow" is chee | (rad) | 18.62 | | |
| (if applicable) | None of the below (does not involve another candidate or co | | THE DELON IS ENEC. | reny | | | |
| | Coordinated with reimbursement sought (joint expenditu | re) | Independent | | | | |
| | Coordinated without reimbursement sought (in-kind cont | ribution) | Organization | OA OB OC OD | | | |
| Name of Payee | | | | Date of Payment | Method of I | • | |
| Comcast | • | | | Jun 18, 2019 | © Debit | | |
| Street Address | | City | , , , , , , , , , , , , , , , , , , , | | State | Zip Code | |
| | | | | | | | |
| Purpose of Expenditure | Description | 1 | Bven | 1# | - | Amount | |
| (by code) | Headquarters Telephones and Internet | | | | | | |
| Expenditure # | | | | | 1118.97 | 7 | |
| ((fapplicable) | Type of Expenditure (Hemization in Addendum P Required un | • | ine below" is check | sea) | | | |
| | None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur | | (Independent | | | | |
| | Coordinated without reimbursement sought (in-kind contr | • | | Da Ob Oc Ob | | | |
| | · · · · · · · · · · · · · · · · · · · | SUBTOTAL | Section P Thi | s Page 1301.40 | | - | |
| | | | | 9 | | kalanjangan sagapatan jalangan panggan panasan araw | |
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Section P. ADDITIONAL PAGE 7____ of ___

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | TYPE OF REPORT | | | |
|---|---|--|--|---|--|--|--|
| McGee for Hartfo | | ACC Links (Think a minimal), popular is com significant a transfer in his minimal programme polyphic seq | July 10 filling | | | | |
| on the second control of the second control | P. Expenses | Paid by Committee | | | | | |
| Name of Payee Eb Second Chand | | | Date of Payment May 7, 2019 | Method of Payment: Cheok # Debit Card DEFT | | | |
| Street Address | | City | | State Zip Code | | | |
| Purpose of Expenditure (by code) | Description Consultant | | | | | | |
| Expenditure # ((fapplicable) | Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra | 40.00 | | | | | |
| Name of Payee Constant Contac | Date of Payment Jun 21, 2019 | Method of Payment: Check #_ Debit Card EFT | | | | | |
| Street Address | | City | | State Zip Code | | | |
| Purpose of Expenditure (by code) | Description Event # Advertising | | | Aniount 637.80 | | | |
| Expenditure # ((f applicable) | Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril | nmittee) Independe | • | | | | |
| Name of Payee Democratic State Street Address | Central Committee | | Date of Payment Apr 16, 2019 | Method of Payment: Check #1204 Debit Card EFT | | | |
| | | City | | State Zip Code | | | |
| Purpose of Expenditure (by code) | Description Membership |]1 | Event # | Amount | | | |
| Expenditure # ((fapplicable) | Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri | nmittee) i Independ | | 500.00 | | | |
| | Progressive Democratic | | Date of Payment Apr 18, 2019 | Method of Payment: O Check #1206 O Debit Card O EFT | | | |
| Street Address | | City | | State Zip Code | | | |
| Purpose of Expenditure by code) | Description Membership | Ĺ | event # | Amount | | | |
| Bxpenditure # (<i>Fapplicable</i>) | Type of Expenditure (Itemization in Addendum P Required unb. None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib | 50.00 | | | | | |
| | St | JBTOTAL Section P— | And the second s | | | | |
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SEEC FORM 20 Revised Security 1015

Section P. ADDITIONAL PAGE 6 of 9

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | | |
|--|---|--|--------------------|---|--|--|
| McGee for Hartford | | | | July 10 filing | | |
| | P. Expenses | Paid by Co | nmittee | | AND THE RESIDENCE OF THE PROPERTY OF THE PROPE | |
| Name of Payee | | t. | | Date of Payment | Method of Payment: | |
| Target | | Res Res | | Apr 15, 2019 | Cheok # ODebit Card OEFT | |
| Street Address | | City | | <u> </u> | State Zip Code | |
| | | | | | | |
| Purpose of Expenditure (by code) | Te Description Byent # Headquarters Supplies and phones | | | Amount 91.40 | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind control | | | | | |
| Name of Payee | | and the second second second second second second second second second second second second second second seco | | Date of Payment | Method of Payment: | |
| Staples | | | | Apr 25, 2019 | Cheok # Debit Card DEFT | |
| Street Address City | | | State Zip Code | | | |
| Purpose of Expenditure (by code) | f Expenditure Description Event # Headquarters Supplies | | | Amount 72.41 | | |
| Expenditure # (If applicable) | Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind conte | mmittee) re) (| Independent |) <u>a O </u> | | |
| Name of Payee | No. | The second secon | | Date of Payment | Method of Payment: Cheok # | |
| Family Dollar | | | | Apr 22, 2019 | Debit Card DEFT | |
| Street Address | | City | | | State Zip Code | |
| Purpose of Expenditure (by code) | Description Headquarters supplies | | Even | t.# | Amount 18.62 | |
| Expenditure # (if applicable) | | | | | | |
| Name of Payee | | | | Date of Payment | Method of Payment: | |
| Comcast | | | | Jun 18, 2019 | Cheok # O Debit Card OEFT | |
| Street Address | <u> </u> | City | | | State Zip Code | |
| Purpose of Expenditure (by code) | Description Headquarters Telephones and Internet | | Eve | nt# | Amount 1118.97 | |
| Expenditure # ((f applicable) | Type of Expenditure (Itemization in Addendum P Required at None of the below (does not involve another candidate) or e Coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind con | | | | | |
| 3 | | - National State of the State o | | is Page 1301.40 | | |
| | | | Service and Assert | | | |

Section P. ADDITIONAL PAGE 7____ of _9_

| NAME OF COMMITT | EE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | TYPE OF REPORT | | |
|-------------------------------------|--|------------------------------|---|--|--|--|
| McGee for Hartford July 10 fill | | | | | | |
| | P. Expenses | Paid by Committee | 3 | | | |
| Name of Payee Eb Seçond Chance | | C. e- 4 | Date of Payment May 7, 2019 | Method of Payment: O Check # O Debit Card OEFT | | |
| Street Address | | City | | State Zip Code | | |
| Purpose of Expenditure (by code) | Description Event # Consultant | | | Amount | | |
| Expenditure # ((f 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) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Coordinated without reimbursement sought (in-kind contribution) | | | | | |
| Name of Payee Constant Contact | S | | Date of Payment Jun 21, 2019 | Method of Payment: Check # Debit Card DEFT | | |
| Street Address | | City | | State Zip Code | | |
| Purpose of Expenditure (by code) | Description Advertising | | | | | |
| Expenditure # ((f applicable) | Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or concluded with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the control o | ommittee) ne) | | 1 | | |
| Name of Payee Democratic State | Central Committee | | Date of Payment Apr 16, 2019 | Method of Payment: Check #1204 Debit Card EFT | | |
| Street Address | | City | | State Zip Code | | |
| Purpose of Expenditure (by code) | Description Membership | | Event# | Amount 500.00 | | |
| Expenditure # (if opplicable) | Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in kind co | committee) iture) (Indep | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: Cheok #1206 | | |
| Greater Hartford Street Address | Progressive Democratic | City | Apr 18, 2019 | O Debit Card OEFT State Zip Code | | |
| Purpose of Expenditure (by code) | Description Membership | | Event # | Amount 50.00 | | |
| Expenditure # (if opplicable) | Type of Expenditure (Itemization in Addendum P Required as None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated with control of the coordinated with reimbursement sought (in-kind control of the coordinated with control of the coordinated with reimbursement sought (in-kind control of the coordinated with control of the coordinated with control of the coordinated with control of the coordinated without reimbursement sought (in-kind control of the coordinated with control of the coordinated without reimbursement sought (in-kind control of the coordinated with coordinated with control of | committee) ture) | is checked) endent izationOA OB OC OD | | | |
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Section P. ADDITIONAL PAGE 8 of 9

| urisd January 2015 | EE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | | | |
|--|--|--|---|---|--|--|
| nagadad (1) (maran arab a 1) (maran arab a | | | | July 10 filing | | |
| McGee for Hartfor | | July 10 ming | | | | |
| | P. Expenses | Paid by Committee | | | | |
| _{Name of Payee} West Indian Social | Club | * | Date of Payment Apr 18, 2019 | Method of Payment: Check #1205 Debit Card DEFT | | |
| Street Address | | City | | State Zip Code | | |
| Purpose of Expenditure (by code) | Description Event # Advertising - Dinner | | | Amount 900.00 | | |
| Expenditure # ((f applicable) | Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr | | | | | |
| Name of Payee Sign Design and B | anner LLC | | May 15, 2019 | Method of Payment: O Check # 1208 Debit Card DEFT | | |
| Street Address 1325 Main ST, #2 | | City Hartford | | State Zip Code CT 06103 | | |
| Purpose of Expenditure (by code) | Description Event # Advertising Materials | | | Amount 250.00 | | |
| Expenditure # ((f applicable) | Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr | mmittee) re) O Independ | | | | |
| Name of Payee Trellis Temple #66 | 63 | | Date of Payment | Method of Payment: Check #1209 Debit Card EF | | |
| Street Address | | City | | State Zip Code | | |
| Purpose of Expenditure (by code) | Description Advertising | | Event # | Amount | | |
| Expenditure # ((f applicable) | Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or conclinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind conclinated without re | committee) ure) | | , | | |
| Name of Payee Sign Design and I | Banner LLC | | Date of Payment Jun 1, 2019 | Method of Payment: Check #1211 Debit Card EF | | |
| Street Address 1325 Main ST, #2 | | City Hartford | | State Zip Code CT 06103 | | |
| Purpose of Expenditure (by code) | Description Advertising | | Event # | Amount 905,00 | | |
| 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 OA OB OC OD | | | | | |
| | | SUBTOTAL Section P - | - This Page 2155.00 | | | |
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Section P. ADDITIONAL PAGE 9____ of ___q_

| NAME OF COMMITT | EE. (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT | TYPE OF REPORT | | | | |
|--|---|---------------------|------------------------------|---|--|--|--|
| McGee for Hartfor | d | July 10 filing | July 10 filing | | | | |
| P. Expenses Paid by Committee | | | | | | | |
| Name of Payee Budget Printers & Street Address | Embroiderers | City | Date of Payment Jun 3, 2019 | Method of Payment: Cheok # Debit Card State Zip Code | | | |
| 1718 Park ST Hartford | | | | CT 06106 | | | |
| Purpose of Expanditure (by code) | Description Event # Advertising | | | Amount 408.38 | | | |
| (if applicable) | Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contri | | | | | | |
| Name of Payee Citizens Bank | | | Date of Payment Jun 28, 2019 | Method of Payment: Check # Debit Card EFT | | | |
| Street Address City 1325 Main ST, #2 Hartford | | | | State Zip Code CT 06103 | | | |
| Purpose of Expenditure (by code) | Description Bank Fees | | Event # | Amount 6.00 | | | |
| Expenditure # (If applicable) | | | | | | | |
| Name of Payce | Method of Payment: | | | | | | |
| Angelina's Pizza Street Address | | City | Apr 22, 2019 | Check # | | | |
| 41 Prospect Ave | | West Hartford | | CT Zip Code CT 06106 | | | |
| Purpose of Expenditure (by code) | Description Food for Volunteers | | Event # | Amount 132.89 | | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control | mmittee) re) | | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | | | |
| Big Y | • | | Jun 10, 2019 | O Check #O Debit Card OEFT | | | |
| Street Address | | City | | State Zip Code | | | |
| Purpose of Expenditure (by code) | Description Food for Leadership meeting | | Event # | Amount | | | |
| Bxpenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required un One of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr | | | | | | |
| | | UBTOTAL Section P — | This Page 611.44 | | | | |
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IV. EXPENDITURES (Sections P—T)

| NAME OF COMMITTEE | | | TYPE OF REPORT | Contraction of the Contraction o | | | |
|--|---|--|-----------------------|--|--|--|--|
| McGee for Hartford | | · | July 10 filing | July 10 filing | | | |
| | Q. Campaign Ex | penses Paid by Candi | date | | | | |
| Name of Payee (Name of V | endor who candidate paid directly) | | Date of Payment | Is reimbursement cleimed? | | | |
| | | | | O Yes O No | | | |
| Street Address | | City : | | State Zip Code | | | |
| Office Fiduless | | City | | Dip oras | | | |
| | | | | | | | |
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