SEEC FORM 20

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

TOWN & CITY CLERK

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Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE		energia en		
Eliezer 1	Lercado fo	3- City Cour	aci (
2. TREASURER NAME				
First	MI	Last		Suffix
Gabriel		Moriz	The last the second	
3. TREASURER ADDRESS				
Street Address	onit City	A-	State	Zip Code
967 Asylum Av		Huntford	C T	06/05
4. ELECTION/REFERENDUM DATE	5, OFFICE SOUGHT (Complete on	ly If Candidate Conmittee)		(if applicable)
(mm/dd/yyyy)				11/4
				San
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee) MI	Last		Suffix
First	IVII			1
Eliezer		Mercad		
8, TYPE OF REPORT (Check One Box)	Belgesteller seine Eller		Spiritalis er sik 648	
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Cont	ribution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	☐ Amendmen	t to
July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Rep	oort;
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination		
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November			
9, PERIOD COVERED				
	Beginning Date	Ending Date		
	04/01/19	thru $06/30/19$	_	
10. CERTIFICATION			ne march (Ellense d Register et de vier	
I hereby certify and state, under policiosure Statement for the po	penalties of false statement, that eriod covered is true, accurat	at all of the information set forth on the e and complete.	is Itemized Ca	mpaign Finance
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE) PR	abriel Moniz	*****	04/09/19 DATE (mm/dd/yyyy)
The state of the s	, ,			
		consecution superior and annual provisions of the	e campaion fin	ance statutes
A person who is	s found to have knowingly and	willfully violated any provisions of the	s campaign fin	ance statutes

faces a civil penalty or imprisonment or both.

Page 1 of 17

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE. (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Sliezer Mercado for City Council		COLINDIA
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		1,000,000,000
12. Balance on hand at the beginning of Reporting Period	\$2,928.19	
13. Contributions Received from Individuals (Sections A and B)	\$2,120.00	\$4,960.19
14. Receipts from Other Committees (Sections C1 and C2)	0	
15. Other Monetary Receipts (Sections D through K)	0	\$200.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	<u></u>
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$2,120.00	\$5,160-19
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$2, 120.00.	\$5,160.19
19. Expenses Paid by Committee (Section P)	\$2,399.74	\$2,511.74
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	5-279.74	\$2,648.45
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$250.00	\$450.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$100,00	\$100,00
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	
25. Loan Balance		
25a. + Loans Received (Section D)	0	
25b. + Interest and Penalties on Loan	0	
25c Payments on Loan	0	
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	\$105.00
27. Expenses Incurred on Committee Credit Card (Section R)		\$112.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\bigcirc	

			TYPE OF REPORT	
NAME OF COMMITTEE (Provide Complete Nam			11 FE OF KELOKI	
Eliezer Menc	ado ton C	ity Cancil	ノン(と	1 (0
A. Total Contributions from S (See instructions for definition of Small		ved this Period ONLY SUBTOTAL SECTION A	\$ \$ 1,04	5.00
	B. Itemized Co	ntributions from Individ	luals	
Last Name Aporte		First	er	Mi
Residential Street Address 69 Bloomfield	Avenue	Alexand City Hant for	s s	Tate Zip Code
Principal Occupation Afformey		Name of Employer Law Office	e of Alex	under Apint
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes	e officer of a municipality, with said municipality	Amount of Contribution
	Yes Is contributor a principal of a No If yes, indicate which broof government the control	ect is with:	☐ Legislative	\$100.00
Method of Contribution:	N. J. D. D. W. W. D. Jackins . Money	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit C	ard Payroll Deduction Divione	First		<u> </u> МІ
Last Name Headle Residential Street Address		Andrea		N
		City		State Zip Code
7020 SW (9 -	Manon	Name of Employer	<u>-€</u> [(-	
Principal Occupation Assistant Pro	fessor_	Univ. o	FCAB	erke(ey
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400	o to a candidate for a chief executive is associated with have a contract Yes	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of If yes, indicate which be of government the contributors.	act is with:	Legislative	\$ (00.00
Method of Contribution:	side unit d'Ave	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Li Payron Deduction Li Mone	First		l MI
Last Name		Joan		
Lantigua Residential Street Address		City	l	State Zip Code
16 Audrey st.	reef	Providence		Pl 02909
Principal Occupation		Name of Employer	emity car	ve
General Man	CC 5 6	0 to a candidate for a chief executive	e officer of a municipality	Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or business he/sl valued at more than \$5,000?	to a candidate for a ciner executive is associated with have a contract Yes Ano	t with said municipality	Amount of Contribution
	Yes Is contributor a principal of If yes, indicate which be of government the contributors.	act is with:	te contractor? Yes No Legislative Aggregate Contributions	\$100,00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit (Cord Descript Deduction DMon	Date Received	ASEC PAR COUNTRICTORS	
Cash Li Personal Check Life Credit/Debit		ey Order 05/06/19 BTOTAL Section B — This	Page 4 3 C	20.00
		LL of additional Section B		2
TOTAL OF	ALL CONTRIBUTIONS FRO		A+B) <- 0	120.00

Section B ADDITIONAL PAGE _____ of ____

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)	T	YPE OF REPORT	
Eliezer Mercade		curci C		
A. Total Contributions from Sm (See instructions for definition of Small Co	all Contributors-Receive	d this Period ONLY UBTOTAL SECTION A	\$1,04	15.00
	B. Itemized Con	tributions from Individu	als	
Last Name		First		MI
Johnson		Manta	Sta	te Zip Code
Residential Street Address		Cacansvic	(P	T 06382
28 Leffingw Principal Occupation	ell Rd.	Name of Employer		1 100-2-
Real Estate B.	~ US ~	Keller h	i (Cloums	Realfe
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400 t	o a candidate for a chief executive of	fficer of a municipality,	Amount of Contribution
	does contributor or business he/she i valued at more than \$5,000?	s associated with have a contract with Pres Pro	th said municipality	
Is this contribution associated with an		tate contractor or prospective state co	ontractor?	1
event reported in Section L1? If yes, list Event #	of government the contrac	t is with: Executive L	Legislative	\$(00.00
Method of Contribution:			ggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	rd □Payroll Deduction □Money			М
Last Name		First		MIT
Residential Street Address		City	Sta	ate Zip Code
		•	_e C	T 06002
15 Spice Bush	acar C	Name of Employer		
Information Te	chardisu	St- Lo	opporters	. office
In contributor a labburiet snauce	If contribution is in excess of \$400 to	to a candidate for a chief executive o is associated with have a contract wi Yes 4 No	fficer of a municipality,	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	es Is contributor a principal of a		<u></u>	\$25.00
Method of Contribution:			ggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	rd □ Payroll Deduction □ Money	Order 05/16/19 3	155.00	
Last Name		First		MI
(Codrigue 2		City	Si	ate Zip Code
Residential Street Address	1 - 0	Man Haro		T 06519
Principal Occupation	Lose	Name of Employer		
President	•	Hispanic	Comme	nication
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive of is associated with have a contract with have a Contract with the contract with t	officer of a municipality,	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	es Is contributor a principal of a	ct is with: 🔲 Executive [Legislative	\$250.00
Method of Contribution:			ggregate Contributions	
□ Cash □ Personal Check □ Credit/Debit Cash				
	SUB	FOTAL Section B — This P	age (S	75.00
	i garage and the first of the control of the contro	L of additional Section B Pa		<u></u>
TOTAL OF A	LL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections A 13, Column A of Summary Page To	$+B$) ± 2 /	20.00

Section B ADDITIONAL PAGE ____

of	c.

NAME OF COMMITTEE (Provide Complete Name as Regi	stered with Filing Repository)		TYPE OF REPORT	
Sliezer Mercada	to for City	Council	ナンシナ	(0
A. Total Contributions from Small C (See instructions for definition of Small Contribu	Contributors-Received t	this Period ONLY TOTAL SECTION A	\$\$1,00	45.00
		butions from Individ	luals	
Last Name		First Loz		MI
Residential Street Address	City			State Zip Code
3 Muls Hill Dri	ive i	-anancing ter	\ <u>.</u>	CT 06032
Principal Occupation		Name of Employer	المعالي	aller
Cartraver		Vagraum.	steering 5	**
or dependent child of a lobbyist?	tribution is in excess of \$400 to a contributor or business he/she is as I at more than \$5,000?	sociated with have a contract Yes INo	with said municipality	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	s contributor a principal of a state If yes, indicate which branch of of government the contract is w	or branches	e contractor?	\$100,00
Method of Contribution:		Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ I	Payroll Deduction Money Ord	er 05/22/19		
Last Name		First	NV.	MI S
Residential Street Address	City			State Zip Code
3 Muls HILL Or	ive F	-anning f		CT 06032
Principal Occupation		Name of Employer		
Supervisor		CT PO	enceing S	Serviced
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contributor does c	tribution is in excess of \$400 to a contributor or business he/she is as 1 at more than \$5,000?	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state If yes, indicate which branch of government the contract is	or branches	Legislative	
Method of Contribution:			Aggregate Contributions	
□Cash □Personal Check □Credit/Debit Card □	Payroll Deduction Money Ord			
Last Name		First (SUM	•	MI
Residential Street Address	City			State Zip Code
165 Wethersfield	el Ave	Hant Pere	<u>t</u>	CT 06114
Principal Occupation		Name of Employer		OBA
Owner		J+H F		
or dependent child of a lobbyist?	ntribution is in excess of \$400 to a contributor or business he/she is as d at more than \$5,000?	candidate for a chief executive ssociated with have a contract Yes Z No	re officer of a municipalit with said municipality	Amount of Contribution
event reported in Section L1? If yes, list Event #	Is contributor a principal of a state If yes, indicate which branch of government the contract is	or branches	te contractor?	\$(00,00
Method of Contribution:	Description TMoney Or	1 1	-BBI VBIIIV COMMITTURIONS	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	one in the second secon			
	SUBTO'	TAL Section B — This	Page 3	700,00
	TOTAL	f additional Section B	Pages	
TOTAL OF ALL C	CONTRIBUTIONS FROM I	NDIVIDUALS (Sections	A+B)	120 00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COM	MITTEE (Provide Comple	te Name as Registered	with Filing Reposi	tory)			
Elieze	MITTEE (Provide Comple MENCA	do for C	214 6	Jones	<i>;</i>	JULY	10
		C1. (Contributio	ons from Ot	her Con	imittees	
ame of Committee		***************************************			Name of Tr	easurer	
ddress				Is this contrib event reporte		iated with an ☐ Yes ☐ No	Amount of Contribution
					If ye:	s, list Event #	
ity		State	Zip Code	Date Recei	ved	Aggregate Contributions	
ame of Committee					Name of Tr	reasurer	
ddress						iated with an Yes No	Amount of Contribution
				event reporte	a in Section If yes	s, list Event #	
ity		State	Zip Code	Date Recei	ved	Aggregate Contributions	
							1
lame of Committee					Name of Tr	reasurer	<u></u>
Address				Is this contri	Lbution assoc	ciated with an Yes No	Amount of Contribution
				event reporte	ed in Section If ye	s, list Event #	
City		State	Zip Code	Date Recei		Aggregate Contributions	
	Assassing a second	Reimbursemei	its or Surn	lus Distribu	itions fr	om other Committees	
Name of Committee		Kumpu somo	m v on b		Name of T		
Address				City			State Zip Code
Date Received	Expenditure #	Payment Type		<u> </u>			Amount of Receipt
	(if applicable)	☐ Reimburse	ment for shared	expense S	urplus Distr	ibution	
Description							
		•					
Vame of Committee					Name of T	reasurer	
			•				
Address	****		· · · · · · · · · · · · · · · · · · ·	City			State Zip Code
Date Received	Expenditure # (if applicable)	Payment Typ	ę				Amount of Receipt
		☐ Reimbur	sement for share	ed expense	Surplus Di	stribution	
Description							
Description			Control of the Contro		F (***		
Description			SUBT	OTAL Section	on C — T	his Page	
Description							
Description			TOTAL	of additiona	d Section	C Pages	
Description	TOTAL O	F ALL COMMI ns C1 + C2) (Ente	TOTAL	of additions	ıl Section S AND R	C Pages ECEIPTS	

I. MONETARY RECEIPTS (Sections A—K)

Revised January 2015 I. IVIOINE	IANI	NDC	eir is (secu			Figure 2 and the contract of t
NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Reposi	tory)	construited (2 m) t	TYPE O	REPORT	
Eliezer Mercado for C	144	Corv	cil		JUCY	
). Loans	Receiv	ed this Period			
Name of Lender	making sang salah	veranosios.	Source of Loan:	a analysis same a	emmercial and conservation of the particle beautiful from	Date of Receipt
THING S. Dellow			☐ Bank ☐ Cand		Committee	
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
(3, 22,)						
Otrack Address	City			State	Zip Code	
Street Address	City				2.4 555	
Name of Lender	2.3.		Source of Loan:		. = 01	Date of Receipt
			☐ Bank ☐ Cand	idate 🔲 individi	Committee	
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	
Name of Lender			Source of Loan:			Date of Receipt
Name of London			☐ Bank ☐ Cand	lidate 🔲 Individi	ial Other	·
	I City			State	Committee Zip Code	Is there a Cosigner or
Street Address	City			Signo	Zip Couc	Guarantor of this loan?
						☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)	•					Amount Received
Street Address	City			State	Zip Code	
Direct Marcas						
			TOTAL SECTI	OND		
E. Receipts from Entities other th	estera!	.eamata	or Othor Come	mittags (Pafer	andina Committe	or ONLY
	tan ingi	vinnais:	or Other Com	muces (Aejer	енцит Сотпин	es UNLI
Name of Entity				•		
						T
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Con	ributions	
•						1
Name of Entity		<u> </u>				
TVALIE OF EMERY						
			<u> </u>	Date Received	<u></u>	Amount Received
Street Address						
			la" a ·			
City		State	Zip Code	Aggregate Con	Tiputions	
Name of Entity				······································		
Street Address				Date Received		Amount Received
20000						
		State	Zip Code	Aggregate Con	tributions	4
City		State	ыр code	Aggregate Con	HIVGHOID	
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and return the Control of the Contro						

NAME OF COMMITTEE (Prov						TYPE C	F REPORT
Sliezer)				Counc			JUY 10
	ount Transferred			isiness Tre	asury (Busine:	ss Entity	
Date of Receipt	Is this transaction association count reported in Section		☐ Yes ☐ No	If yes, list Ev	ent #	į	Amount
Date of Receipt	Is this transaction associ- event reported in Section		□ Yes □ No	<i>If yes</i> , list Ev	ent#		Amount
Date of Receipt	Is this transaction associ- event reported in Section		□ Yes □ No	<i>If yes</i> , list Ev	ent#		Amount
Date of Receipt	Is this transaction associ event reported in Section		☐ Yes ☐ No	<i>If yes</i> , list Ev	ent#		Amount
				тоти	AL SECTION	F	
			Bayessespectures.				
						-	
G, Amount Transf	ferred from Affilia	ted Labor	Union o	r Other O	rganization [Freasu	ry (Organization Committees ONLY)
Date of Receipt	And the second of the second o	Date of Receipt				Date of Ro	
Amoun	t	Amount			Amount		
		de del costo (C.		TOTA	L SECTION C	rice).	
		The state of the s				The state of the s	
	Personal Funds of	the Candi	date Re	ceived this	Period (Can	didate Co	omnittees ONLY)
Date of Receipt	Method of payment:						Amount
	☐ Cash		Personal Ch	neck	☐ Credit/Debit C	ard	
Date of Receipt	Method of payment:						Amount
	☐ Cash		Personal Ch	heck	☐ Credit/Debit C	Card	
Date of Receipt	Method of payment:						Amount
·	☐ Cash		Personal Ch	heck	☐ Credit/Debit C	Card	
Date of Receipt	Method of payment:						Amount
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			nochsenverg decisión (decisión) conserve censi	ТO	TAL SECTIO	ΗΛ	理 (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
		I.A	nonymo	us Contrib	utions		
Per	Public Act 11-48	. Anonym	ous Cor	ntributions	may no long	ger be	deposited in any

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

Page 7 of 17

SEEC FORM 20 Revised January 2015	I. MONE	TARY RECEIPTS (Secti	The second secon	The state of the s	rage / or i/
NAME OF COMMITTEE (Provide C	Complete Name as Registered with I	Piling Repository)	ТУРЕ	OF REPORT	
Ellezer Me		City Coencil		J 64 1	
	J. Interest f	rom Deposits in Authorized A			
Name of Institution			Date R	eceived	Amount
Street Address		City	State	Zip Code	
Name of Institution			Date R	eceived	Amount
Street Address	elleri di en	City	State	Zip Code	
		TOTALSE	CTION J		
	K. Miscellaneous Mo	onetary Receipts not Consider	ed Contrib	utions	uconstante de la secolo de deline
Name				Date of Transaction	Amount Received
Street Address		City	State	e Zip Code	
Description			•		
Name				Date of Transaction	Amount Received
Street Address		City	State	z Zip Code	
Description					
Name				Date of Transaction	Amount Received
Street Address		City	Stat	e Zip Code	
Description					
Name				Date of Transaction	Amount Received
Street Address		City	Stat	e Zip Code	
Description				•	
		TOTAL SECTION	ON K		
SV	MMARY OF OTHE	R MONETARY RECEIPTS (S	Sections D	through K)	
Total Loans Received this Per					
Total Receipts from Entities of			+		
Total Amount Transferred fro		or Other Organization Treasury (Se			
Total Amount of Personal Fur	·		+		
Total Amount of Interest fron	n Deposits in Authorized A	accounts (Section J)	+		
Total Miscellaneous Monetary	y Receipts not Considered	Contributions (Section K)	t		
	(Add Sections D throug	Total of Other Mo th K) (Enter total on Line 15, Column A of			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Elierer	JULY	10		
	L1, Eyen	t Information	ie de Miller atraceau con de	
Event # Date of Event Letter	Description Afturney Avex Ar	sente Meet i	1 Great	Was this a fundraising event?
05/23/19 A	Fundre	usen	İ	增 Ŷes □ No
Location: Street Address		City		State Zip Code
69 Blown	field Avenue	Hartford		CT 06/06
Subpart 1: (All Committe				
Was this event hosted at a	personal residence?			required information for any
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required		ot Considered Contributions
Was this fundraiser a tag s with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	☐ Yes (If yes, enter Total Rec	eipts here.)	\$
	-	Ŭ No		
Subpart 2: (Party Comm Were there purchases of a sign associated with this f	ittees, Municipal Candidates and Political Comm dvertising space in a program book or on a fundraiser?	☐ Yes (If yes, go to Section L:	Committees) 3 Purchases of Advertise plete required information	
	nittees ONLY) Cood or beverage at a fair or similar mass state with this fundraiser?	☐ Yes (If yes, enter Total Rec	reipts here.)	\$
			ž ržaisty poljanja popovoja niema	
Event # Date of Event Letter	Description Joe Rodnigser			Was this a fundraising event? ☐ Yes ☐ No
U6/5/19 A	function sent	at Greek	owe	State Zip Code
	gent Drive	new Ha	VEL	et 06511
Subpart 1: (All Committee	ees)			
Was this event hosted at a	a personal residence?	Yes (If yes, go to Section L.: Associated with a Hou purchases made by hos	5 In-Kind Donations no use Party and complete t(s) for food, beverage a	required information for any
Did this fundraiser includ of up to \$200 or items do	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section I and complete required 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 Rec	ceipts here.)	\$
Subpart 2: (Party Comm Were there purchases of a sign associated with this	ittees, 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 Advertic plete required information	
	nittees ONLY) Ood or beverage at a fair or similar mass state with this fundraiser?	☐ Yes (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
		ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —		()
		TOTAL of additional Section	n L1 Pages	\circ
	TOTAL OF ALL RECE	IPTS FROM SMALL PU	RCHASES y Page Totals)	\bigcirc

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMITTEE OF	Ma Complete Name - Bester -	with Filing Demonstra	(r) 2. (c) - 12. (d) - 12. (d)		TYPE OF REPOR	n.		
NAME OF COMMITTEE (Prov	viae Compiete ivaine as Registerea	C _ C	4. Commence				(()	
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TOTALO	OF ALL PURCHASES OF	ADVERTISIN	G IN A PROGRA Line 16c, Column 2	M BOOK or	ON A SIGN Page Totals			

II. EVENT ACTIVITY (Sections L1—L5)

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City State Zip Code	and the same	e Rodnic	1062						
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Business Entity		Description of Donation	· ro e				 _		
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II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTEE (Pro	ide Complete Name as Registered with Filing Rep	ository)		TYPE OF REI	PORT	
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L5.31	n-Kind Donations Not Conside	ered Contributions Associa	ited with a L			
Name of Host Along	dan Anate		committee?		o	e candidate or endum L5
Street Address	7.6. 2 1/2/07	City			State	Zip Code
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Description of Donation	der Aparte Tield Ave + Beverages			Fair Mar	ket Value o	of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this I	host/candidate	\$(0	0.0	-0
Name of Host			committee?	I supporting mo □ Yes □ No omplete Itemize	0	ne candidate or
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Street Address	- dates	City			State	Zip Code
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		TOTAL of additional Section	n L5 Pages)() (C (C) (V, C)	
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SEEC FORWI 20 levited January 2015	1. NO	TATATOL	VETAKY RE	UĽ.	TT 19 (Section	,		1 110	a
NAME OF COMMITTEE (Provide Complete				153 353 1433 353		TYPE O	REPORT		
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			M. In-Kind Co	ntri	ibutions		ϵ		
Name			- A Constitution			To contract the contract to th			
Street Address	•			Cit	у			State	Zip Code
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or dependent child of a lobbyist? No		stributor or t it more than		aica i	Yes No	un said iill	ospanity	1	Contribution
Is this contribution associated with an	☐ Yes		tor a principal of a state			ate contrac	tor?		
event reported in Section L1? If yes, list Event #	□ No		indicate which branch or rnment the contract is w		anches Executive	Legisla	□No itive		
Name		85,0						<u> </u>	
Street Address	<u></u>			Cit	ly			State	Zip Code
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☐ Individual / Sole Proprietorship ☐ Other									
	If cont	ribution is in	excess of \$400 to a can	dida	te for a chief executive	officer of	municipality,	Fair l	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ontributor or	business he/she is assoc	iated	I with have a contract v	vith said m	unicipality	1	Contribution
	L	at more than	·	acr.	Yes No	ata contro	tor?	1	
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If yes, list Event #			rnment the contract is w		☐ Executive	☐ Legisla	tive		
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Stand Alleron		******	· ****	Cit	hv			State	Zip Code
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	10	ا د ا د داد	excess of \$400 to a can	dida	te for a chief executive	officer of	municinality	Pate	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ontributor or	business he/she is assoc	ciated	d with have a contract w	with said m	unicipality	•	Contribution
	valued	at more that	n \$5,000?		☐ Yes ☐ No			-	
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If yes, list Event #	hand 410		rnment the contract is w		☐ Executive	Legisla	tive	<u> </u>	
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TOTAL OF ALL IN-KIND CON	TRIBU	TIONS (1	Inter total on Line 23, Co	lum	ı A of Summary Page T	otals)			
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IV. EXPENDITURES (Sections P-T)

Page	13	of	17	

		(
NAME OF COMMIT	BE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
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		id by Committee		
Name of Payee		V.	Date of Payment	Method of Payment:
		/	, ,	☐ Check #
Joe(Moret (The Print	La6	04/18/19-	Debit Card EFT
Street Address	Ci	ity	4/26/19	State Zip Code
		new He		CT 06501
Purpose of Expenditure	Description ()		Event #	
(by code)	1 - MENS/Promotion	inel	LYGIN II	Amount
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	Coordinated without reimbursement sought (in-kind contribut	ion) 🔲 Organizati	on:OA OB OC OD	
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1-11-			_	
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Purpose of Expenditure	Description]	Event #	Amount
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- (Lew	ocratic State Central C		04/17/19	Debit Card EFT
Street Address				State Zip Code
30 Arbur	street, Suite 103	tant fore	el.	CT 06/06
Purpose of Expenditure	Description	·	Event#	Amount
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MISC	VAN Access the		· ————————————————————————————————————	\$500,00
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Section P ADDITIONAL PAGE _____ of ____

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NAME OF COMMIT	BE (Provide Complete Name as Registered with Filing Repository)	ordensien der ein der Zahler (Partier von 1942) Geboorte genome kan der Könner der		TYPE OF REPORT		
2/iere	- Mercado for City	, Council		JULY	_ / ८	<u>ک</u>
	P. Expenses	Paid by Committee				
Name of Payee		[atrino	HAM !	Date of Payment	Method of	•
70	8	(Mon	\sigma_0 \(\langle \)	04/2019	Check	
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		1	_		Billie	
<u> </u>	Trumbul Street	Hant	Hev		CT	06103
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		penses Paid by Cand				
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		PENSES PAID BY CA				
erandi ing pangan		ine 26, Column A of Summar				

IV. EXPENDITURES (Sections P-T)

	EB (Provide Complete Name as Registered with Filing Repositor		TYPE OF REPOR		
2(162e-	Mercade for CH	1 Consideration		W.C	
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tame of 1354ing 1115ti	ention	Type of Credit Card: Usa Master C	Card □ Discover □ At	nerican Evnress	: 🗖 Other:
		☐ A12tt ☐ IAId2fcI €	Card Discover DA		
lame of Vendor, Person o	or Entity			Date of T	ransaction
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urpose of Expenditure by code)	Description		Event #		Amount
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IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTE	E. (Provide Complete Name as Registered with Filing Repository	والقلامة والعورو	The state of the s	TYI	E OF RE	PORT			119-419-4
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	T. Itemization of Reimb	jursement	s and Second	lary Pay	yees				
Last Name of Worker/Const	altant	First				MI	Date of P Person or	ayment to Ve Entity	ndor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Section P:		Vorker/Consu	
Street Address of Vendor, P	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
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Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				reported in	o Reimburse n Section P: ck #	_ 🔲 De	Vorker/Const	
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Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			1		State	Zip Code	
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