### **SEEC FORM 20**

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

TOWN & CITY CLERK

MIN MET 10 PM 1:12

Page 1 of 17

Do Not Mark in This Space For Official Use Only

#### COVER PAGE

		COAT	IX IA	GL		
1. NAME OF COMMITTEE						
RUSSETTI FI	TR COUL	auh				
2. TREASURER NAME	· ·					
First	M	I	Last			Suffix
HELEW CHAZMA	tak		CAAT	'ET		M5
3. TREASURER ADDRESS Street Address	<u> </u>	City	,		State	Zip Code
171 ShERBROOKE	NEAUE	-   H	SANT 4	ord	CT	06106
4. ELECTION/REFERENDUM DATE		(Complete only	if Candidate C	ommittee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11/05/2019	Cotto	Conn	/			(if applicable)
7. CANDIDATE NAME (Complete only)	(Candidate or Exploratory C		cu_			
First	MI	200000000000000000000000000000000000000	Last			Suffix
MARILYN	ĺ	E	ROS	SETT/		
8. TYPE OF REPORT (Check One Box)						
☐ January 10 filing	☐ 7th day preceding	g primary	☐ 7th đã	y preceding referendum		ribution or Disbursement
☐ April 10 filing	☐ 30 days following	g primary	☐ 45 da	ys following referendum	(PACs ONLY)  ☐ Amendmen	
☐ July 10 filing	☐ 7th day preceding	g election	□ Defic	it	Type of Rep	1
October 10 filing	☐ 12th day precedir (State Central Commi		☐ Termi	nation		
☐ Independent Expenditure O Primary O Election	☐ 45 days following not held in Nover	_				
9. PERIOD COVERED						
	Beginning Date			Ending Date		
•	20/22/11	r	thru	nalanlia		
	09/02/19	<u> </u>	-	04/30/19		
	1					
10. CERTIFICATION						
I hereby certify and state, under Disclosure Statement for the pe	penalties of false state riod covered is true, a	ement, that a	all of the in I complete.	formation set forth on th	nis <b>Itemized Ca</b> i	mpaign Finance
H: Charmana ( TREASURER OR DEPUTY TREASUR	SALA ER (SIGNATURE)	HE	CGW T NAME OF	CHARMANI SIGNER	F CAMP 1	DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT	IS PUNISHABLE BY FIN	E NOT TO EX	CEED \$1,000,	OR IMPRISONMENT FOR N	OT MORE THAN O	NE YEAR, OR BOTH.

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
ROSSETTI FOR Council		October 10				
A. Total Contributions from Small Contributors-Receive	ed this Period ONLY SUBTOTAL SECTION A	\$2050 · 00				
B. Itemized Contributions from Individuals						
East Name	First M.A. Char	MI				
Residential Street Address		State Zip Code				
8 Bethaven	CROM Well	9 06416				
Principal Occupation  Rin Fields Developer	Name of Employer  AGUACH	on Partners hhi				
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 candidate for a chief executive is associated with have a contract  Yes	c officer of a municipality,   Amount of Contribution with said municipality				
	state contractor or prospective states	_ \$No   \$J00 00				
If yes, list Event # of government the contract	et is with: Executive    Date Received	☐ Legislative 7    Aggregate Contributions				
Method of Contribution: ☐ Cash ☐ Personal Check	f					
Last Name / /ARANTINO	First LYNNE	MI				
	City HANT FORD	State Zip Code O 6103				
Principal Occupation	Name of Employer					
BETTED  Is contributor a lobbyist, spouse.	RETIRED					
or dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	is associated with have a contract  Yes No	t with said municipality				
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 bra of government the contra	ct is with: Executive	Legislative No				
Method of Contribution:  □ Cash □ Personal Check ★ Credit/Debit Card □ Payroll Deduction □ Money	Order O9/16/19	Aggregate Contributions				
Last Name Supply AN	Timothy	MI				
Residential Street Address 741 Oxford Street	Hart Ford	State Zip Code CT 06105				
Principal Occupation	Name of Employer					
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 candidate for a chief execution is associated with have a contract.  Yes No	et with said municipality				
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		ate contractor?				
Method of Contribution:	Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone		is Page & HAD · OD				
	TOTAL Section B — Thi	stage af 0100				
	L of additional Section B					
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (Sections : 13, Column Å of Summary Pag	e Totals) \$ 2050 · 00				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
	October 10
	The state of the s
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
B. Itemized Contributions from Indi	viduala
Fact Name First	MI
PORTER NANCY	State Zip Code
	MATFORD CT 06119
Principal Occupation  ATTORNEY  Name of Employer  STATE	OF CONNECTICAT
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contributor or business he/she is a contributor or business he/she	act with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a state contractor or prospective s  If yes, indicate which branch or branches of government the contract is with:	ve  Legislative  No
Method of Contribution:  □ Cash □ Personal Check ★ Credit/Debit Card □ Payroll Deduction □ Money Order □ 09/17/19	Aggregate Contributions
Last Name Teps EN Gt Evry E	
Residential Street Address Prospect Avenue City West &	first ford State T 06105
Principal Occupation  Name of Employer  Suparm	4 Goodin
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of does contributor or business he/she is associated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he	act with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective If yes, indicate which branch or branches of government the contract is with:    Execution   Executio	ive Legislative KNo 7 50°00
Method of Contribution:  Cash Personal Check Fredit/Debit Card Payroll Deduction Money Order 5/18/19	Aggregate Contributions
Last Name Dubay First Keith	MI
Residential Street Address 20 W. HW DRIVE City W-H.	State Zip Code  CT 06(19
Principal Occupation  Attorney  Sci.f. G	Employed
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contribution of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief execution of the contribution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution o	ract with said municipality
2) 7005, 1151 2 (1111)	ive Legislative
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date Received O9/8/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9	Aggregate Contributions
SUBTOTAL Section B — T	his Page \$125-00
TOTAL of additional Section	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Po	ns A + B) age Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
ROSSETTI FOR Council		October 10
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	ived this Period ONLY SUBTOTAL SECTION A	\$
B. Itemized C	ontributions from Individ	luals
Last Name KOLAINSON	First	MI
Residential Street Address	City JAUGO	State Zip Code
21 hedy Ard Rd Principal Occupation	HANTFORD Name of Employer	CT 06117
RETIEFO	RETIKE 9	)
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	0 to a candidate for a chief executive to is associated with have a contract of Yes	officer of a municipality. Amount of Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of the section L1?  Yes Is contributor a principal of the section L1?	a state contractor or prospective state anch or branches	_ No 14720 00
If yes, list Event # of government the contr		Legislative / Aggregate Contributions
☐ Cash	i	}
Last Name RoTH	ROS ALIE	MI
Residential Street Address 19 Bloom Field Avenue	West Hand	State Zip Code CT 5665
DIECTOR Of Development	Name of Employer That May K	Train Houses Museum
Is contributor a lobbyist, spouse,	to a candidate for a chief executive e is associated with have a contract w	officer of a municipality, ith 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 the section of the section L1?  If yes, list Event #		√0 No   1550 ° CO
Method of Contribution:  ☐ Cash	Date Received A	Aggregate Contributions
Last Name KRACZ KOWSKY	First	MI
Residential Strept Address 100 Toodwin Circle	HAR Fronk	State Zip Code CT 06/65
Principal Occupation	Name of Employer	Park Consonancy
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/sho valued at more than \$5,000?	to a candidate for a chief executive to a sassociated with have a contract was Yes \(\omega_i\) No	officer of a municipality. Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a lyes, indicate which brateful of government the contral section L1?		contractor? Pyes \$250 . D
Method of Contribution:  ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	Date Received A	Aggregate Contributions
SUB	FOTAL Section B — This P	rage \$550.00
TOTA	L of additional Section B Pa	ges
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections A	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
ROSSETTI FOR Council	October 10
A. Total Contributions from Small Contributors-Received this Period ONLY	\$
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	
	•
B. Itemized Contributions from Indivi	duais   Mi
RESHAND PATRICIA	
Residential Street Address City	State Zip Code
Principal Occupation  Name of Employer	<u>  Cl   06165</u>
Consultant Self-E	molous
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executiv	e officer of a mulicipality, Amount of Contribution with said municipality
valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective statement reported in Section L1?  No If yes, indicate which branch or branches	Legislative \$250.50
If yes, list Event # 2 of government the contract is with:     Date Received   Date Received	Aggregate Contributions
□ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	
Last Name First	MI
MARISSEY MAR JORIA Residential Street Address City, Co	State Zip Code
H Goodwin Gyde Hmitford	J 06105
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Is contributor a principal of a state contractor or prospective state the security of government the contract is with:  Executive	te contractor? Yes 250.
Method of Contribution:  Date Received	Aggregate Contributions
□Cash Personal Check □Credit/Debit Card □Payroll Deduction □Money Order □9 18 19	l MI
Last Name First  First	
Residential Street Address  City	State Zip Code
Principal Occupation Name of Employer	C/ 06/8[
IT Manager PRATT &	Whothey
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ve officer of a municipality, with said municipality  Amount of Contribution
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective sta	te contractor?
event reported in Section L1?	Legislative (No \$50. 80)
Method of Contribution:  □ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Card □ Payroll Deduction □ Payroll Deduction □ Money Order □ Card □ Payroll Deduction □ Card □ Card □ Payroll Deduction □ Card	Aggregate Contributions
SUBTOTAL Section B — This	Page \$550 · 00
TOTAL of additional Section B	Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page	

Pulsed Interny 265	TYPE OF REPORT
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	October 10
RUSSETI FOR COUNCIL	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	
ROSSETTI FOR COMPUM	
B. Itemized Contributions from Indivi-	duels
Last Name El-12ABET	H
Residential Street Address  City  LA LAT  LA L	TFORD G State Zip Code TFORD G 5617
71 SYCAMORE RUND WEST FAM2 Principal Occupation Name of Employer	POA
I C	Onsuting Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contributor is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
Yes Is contributor a principal of a state contractor or prospective sta	te contractor? Yes
Is this contribution associated with an event reported in Section L1?    West	Legislative
Method of Contribution:  □ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order ○ 9 18 19	
First	MI
And Saffus Coastantil	State   Zip Code
Residential Street Address	sd ( 0607
Principal Secupation Sun Kd Name of Employer	1
FINENCIAL SCEVICES BANK OF BANK OF Its contributor a lobbyist spouse.   Yes If contribution is in excess of \$400 to a candidate for a chief executive and the second of th	ive officer of a municipality, Amount of Contribution
or dependent child of a lobbyist?  No does contributor or business he/she is associated with have a spontage valued at more than \$5,000?	C With Site Blandy
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contribution a principal of a state contractor or prospective state of government which branch or branches of government the contract is with:    Section L1	re 🗆 Legislative
Mark of Contribution:	Aggregate Contributions
LI Cash Apersonal Check Carrent Deore Card Card Card Card Card Card Card Card	M
Rosaso MALY	State Zip Code
Residential Street Address	State Zip Code  G 06106
134 Forster Name of Imployer	
1 Guston Hickory	tive officer of a municipality, Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes Via Contribution is in excess of \$400 to a candidate for a chief executed does contributed or business he/she is associated with have a contribution or business he/she is a sociated with have a contribution or business he/she is a sociated with have a contribution or business he/she is a sociated with have a contribution or business he/she is a sociated with have a contribution or business he/she is a sociated with have a contribution or business he/she is a sociated with have a contribution or business he/she is a sociated with have a contribution or business he/she is a sociated with have a contribution or business he/she is a sociated with have a contribution or business he/she is a sociated with have a contribution or business he/she is a sociated with have a contribution or business he/she is a sociated with have a contribution or business he/she is a s	act with said municipality o
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective solution in Section L1?  No If yes, indicate which branch or branches	ve 🗆 Legislative
Method of Contribution:  Date Received	Aggregate Contributions
□ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order ○ 9 1 8 19  SUBTOTAL Section B — T	his Page \$350- 50
TOTAL of additional Section 1	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Buter total on Line 13, Column A of Summary Pa	ige Totals)

NAME OF COMMITTEE (Provide Gaugalite Name of	as Registered with Filing Repository)		TYPE OF REPORT		
ROSSETTI FOR	Council		October	10	
A. Total Contributions from Sma (See instructions for definition of Small Con-		red this Period ONLY SUBTOTAL SECTION A	\$		
	and a state of the	espikan nesis A nava an neandisazi (en gyyracza (A nezikulin nesiz A nyska na A siędy A leit min polieniu).		emanti terimina termenta termenti t	
	B. Itemized Co	ntributions from Individ	duals		
HURWIT		First JOAN			MI
Residential Street Address Prospect	Avenua	City Hart-Ford		State 2	Tip Code Obla5
Principal Occupation		Name of Employer		!I	
or dependent child of a lobbyist? W No de	oes contributor or business he/she	to a candidate for a chief executive is associated with have a contract		Amoun	t of Contribution
Is this contribution associated with an Yes		state contractor or prospective state	e contractor?	# 2	5.00
event reported in Section L1?  If yes, list Event #	of government the contrac	et is with: Executive	☐ Legislative A No	140	
Method of Contribution:	Daniel Dedentier Distance	Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	LI Payron Deduction Limoney	First	espilaras particularis de la compansión de Espilaras por la compansión de		l MI
ALIGH I VALID		""			1111
Residential Street Address		City	5	State Z	ip Code
Principal Occupation		Name of Employer	<u> </u>	<b>!</b>	
or dependent child of a lobbyist?   No de		to a candidate for a chief executive is associated with have a contract v		Amoun	t of Contribution
Is this contribution associated with an	Is contributor a principal of a s  If yes, indicate which bran of government the contrac		☐ No		
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money			and the state of t	obac mar registros para francis de la companya de l
Last Name		First			MI
Residential Street Address		City		State Z	ip Code
Principal Occupation		Name of Employer		<u> </u>	
or dependent child of a lobbyist?		to a candidate for a chief executive is associated with have a contract v		Amoun	t of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a si  If yes, indicate which bran of government the contract		No		
Method of Contribution:		Date Received	Aggregate Contributions	1	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	□ Payroll Deduction □ Money	Order	TOTAL TO		
	SUBT	OTAL Section B — This l	Page \$2	5. D	ν
	TOTAL	of additional Section B Pa			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Rev. III.				ACC 2008 2009 2009	
NAME OF COMMITTEE		TY	PE OF RE	PORT	
J. Inte	rest from Deposits in Au	thorized Accounts			
Name of Institution		Dat	e Received		Amount
Street Address	City	State	Ziı	Code	
Guerranes					
Name of Institution		Dat	e Received		Amount
Street Address	City	State	Zi <sub>I</sub>	Code	
					-12-00000000000000000000000000000000000
		TOTAL SEC			
	us Monetary Receipts no	ot Considered Contr		S ransaction	I
Name			Date of 1	Tansaction	Amount Received
Street Address	City	S	tate	Zip Code	
Description					
		annual de	Data af I	ransaction	
Name			Date of 1	ransaction	Amount Received
Street Address	City	S	tate	Zip Code	
Description					
Name			Date of 1	ransaction	Amount Received
				I	
Street Address	City	s	tate	Zip Code	
Description		<u> </u>		J	
Name		-	Date of	ransaction	Amount Received
	Cin	I s	tate	Zip Code	
Street Address	City				
Description					
		TOTAL SEC	TION I		
SUMMARY OF O	THER MONETARY RE	CEIPTS (Sections )	) throu	gh K)	
Total Loans Received this Period (Section D)					
Total Receipts from Entities other than Individual	s or Other Committees (Secti	on E)		+	
Total Amount Transferred from Affiliated Busines	ss Treasury (Section F)			+	
Total Amount Transferred from Affiliated Labor	Union or Other Organization	Treasury (Section G)		+	
Total Amount of Personal Funds of the Candidate	Received this Period (Sectio	n H)		+	
Total Amount of Interest from Deposits in Author	rized Accounts (Section J)			+	
Total Miscellaneous Monetary Receipts not Consideration	dered Contributions (Section	K)		+	
Total of Other Monetary Receipts (Add S	Sections D through K) (Ent	er total on Line 15 of Summar	y Page Tol	als)	

### II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

				are no longer required to iter ale of donated items. <i>Sec</i>			ı
NAME OF COMMITTEE				TYPE OF REPO	)RT		
I 3. Purcho	eas of Advartising in a	Program Rool	t or on a Sign	(Municipal Candidate and To			(30
Name of Purchaser	ses of Auvertising in a	r rogi am Booi	K OF OH A SIGH	(Municipal Canataate ana 10	ebberrakesta-rebe	nmutees Oivi se Made By:	41)
						siness Entity	☐ Individual
						le Proprietorsh	
Street Address	·		City			State	Zip Code
		_					
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
Name of Purchaser					Purchas	e Made By:	<u> </u>
					l	siness Entity	☐ Individual
						le Proprietorshi	
Street Address			City		1	State	Zîp Code
							-
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase .	Amount of Sig	n Purchase
Name of Purchaser					Purchas	e Made By:	
					□Ви	siness Entity	☐ Individual
					☐ Sol	e Proprietorshi	<del></del>
Street Address			City			State	Zip Code
		•					
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase .	Amount of Sig	n Purchase
					***************************************		
Name of Purchaser					D l	- M - J - D	
Name of themsel					l	e Made By: siness Entity	
					l	e Proprietorshi	
Street Address			City			State	Zip Code
			•				1
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ise A	Amount of Sig	n Purchase
		444		-			
Name of Purchaser	<u> </u>	<u> </u>			Purchase	e Made By:	
					☐ Bus	siness Entity	☐ Individual
					□ Sol	e Proprietorshi	р
treet Address	-		City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ise /	Amount of Sig	n Purchase
		00 0	·	Transport of X roginm rid I arom		iniount or org	n x ux extuse
				<i>and Town Committees ONLY)</i>   Program Book — This Page			
				L3 ( <i>Town Committees ONLY</i> rtising on a Sign — This Pag			*****
				fadditional Section L3 Pages			
FOT	AL OF ALL PURCHASES			RAM BOOK or ON A SIGN			

NAME OF COMMITT	TRE .	TYPE OF REPORT
ROSSETT	Tor Council	October 10
	P. Expenses Paid by Committee	The Co
Name of Payee	CA 12	Date of Payment    Oq/03/19   Method of Payment:   Check # LOLF
MELAN	VIA CRUZ	State Zip Code
Street Address 30 H	Allside St. Apt C24 E. Hastfor	( CT 0618
Purpose of Expenditure (by code)	Description	Event# Amount
RMB	Type of Expenditure (if applicable) Itemization in Addendum P Required	ated with reimbursement sought #90 - 00
Expenditure # (if applicable)	☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: O A	O B O C O D O E
Name of Payee	E 1: D =	Date of Payment  Method of Payment:  Mi Check #
JAZKIK	Enri Quti	State Zip Code
Street Address	19 1e wood DRNE Glastons	uRy CT 06033
Purpose of Expenditure	Description	Event# Amount
(by code)	ARTWORK FOR CAMPAIGN MATERIA	de con son
Expenditure # (if applicable)	Type of Expenditure (9 approximate)	ated with reimbursement sought
	☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ A	Date of Payment Method of Payment:
Name of Payee	Charmaint CRAIG	Colo3/19  Date of Psyment  A Check # 1/29  Debit Card
Street Address	City	State Zip Code CT SGIOL
111 SHE	2BNOCKE Areaux Hant ford	
Purpose of Expenditure (by code)	Description Resultant for problem into	Event # Amount
OFFICE Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required	nated with reimbursement sought #62 10
(if applicable)	☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: • A	OB OC OD OE
Name of Payee	01 0:	Date of Payment  O9/25/19  Method of Payment: Check # 130 Debit Card
Helen	Charmaine Chaig	09/05/19 Check # 130 Debit Card  State Zip Code
Street Address	EBROOK & Avenue Hartford	CT Objos
Purpose of Expenditure	Description	Event# Amount
(by code) MB	Payment for Treasurer duties	185. D
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ A	nated with reimbursement sought
	Coordinated without reimoursement sought in independent in Organization. OA	
	SUBTOTAL Section	on P — This Page \$3M.98
	TOTAL of additiona	Section P Pages \$ 200 '00
TOTAL OI	FALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Su	nmary Page Totals) \$577 - 98
		V

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FORM 20 Revised January 2015

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

Page 13 of 17

	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
KOSSETTI	FOR Councils		October 1	
	P. Expenses	Paid by Committee		
Name of Payee		3	Date of Payment	Method of Payment:
( Constant	. HANTFORD NAACH	)	101/13/19	*SKCheck # <u>/OC</u> Debit Card DEFT
Street Address	CHICLION WILL	City	<del></del>	State Zip Code
P.O. B	ox 1012	HART-Ford		CT 06143
Purpose of Expenditure (by code)	Description Description	,	Event #	Amount
A-OTH	NAACP AS BOOK			j.
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)	\$200.00
(if applicable)	☐ None of the below			4 200 00
	☐ Coordinated with reimbursement sought (joint expenditure ☐ Coordinated without reimbursement sought (in-kind contri			
Name of Payee	LI COMBINATEA WILIOUI TEMPOUISEMENT SOUGHT (m-kind contri	LI Organiza	Date of Payment	Method of Payment:
			1	☐ Check #
Blace 4 12		City		☐ Debit Card ☐ EFT State Zip Code
Street Address		City		Sip Cout
Purpose of Expenditure	Description		Event#	Amount
(by code)				
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is a	checked)	
(if applicable)	None of the below			
<b> </b>	Coordinated with reimbursement sought (joint expenditure			
Name of Decem	Coordinated without reimbursement sought (in-kind contri	ounon)   Organizat	ion: o A o B o C o D Date of Payment	Method of Payment:
Name of Payee				Check #
				☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
			·	
Purpose of Expenditure	Description		Event#	Amount
(by code)			•	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the helow" is	checked)	
(if applicable)	None of the below	and all state apparents	•	
[	Coordinated with reimbursement sought (joint expenditu			
	Coordinated without reimbursement sought (in-kind cont	ribution)	Dote of Powerent	Marhad as Barrers
Name of Payee			Date of Payment	Method of Payment:
				☐ Debit Card ☐ EFT
Street Address	the state of the s	City		State Zip Code
[				
Purpose of Expenditure	Description	I	Event#	Amount
(by code)				
Turna lite		Jonn WNo Call	ahaakad)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	ness "Ivone of the below" is	енескеа)	
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditur	e) 🔲 Indepen	dent	
	☐ Coordinated without reimbursement sought (in-kind contr	<i>,</i>	ation: OA OB OC OD	
	S	SUBTOTAL Section P —	-This Page # 2	00.60
	TO	TAL of additional Section		
	TOTAL OF ALL EXPE	NSES PAID BY CON	IMITTEE	eren eren eren eren eren eren eren eren
	(Emer was on Em	ா, பயவா ச வு வள்ளார	4.465 1.2402/s	

NAME OF COMMIT		uncu		T	PE OF REPORT	<u> </u>	
Noose	T. Itemization of R	C-6772 2 C C C C C C C C C C C C C C C C C	o Committee Wo	rkare an	Consultanta	0	
Last Name of Worker/C		First	o Committee 770	MI	Date of Payment	Method of Paym	ent; A. A
CRUZ		MehA	Lich		09/03/19	Check	c# <u>104</u>
Secondary Payee	***	ruck	10144-		104/05/19	II Deoit	Caru
Street Address			City			State Zip C	ode
		-					
Purpose of Expenditure	Description			Event #		Amou	nt
(by code)	CAMPAGN WO	KER				4.	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemiz		Required	nated with re	imbursement sought	#90°	00
(у арупског)	☐ Coordinated without reimbursemen	t sought 🗀 Independer	nt 🗆 Organization: o A	0 B 0 C	OD OE	14	
Last Name of Worker/Co	onsultant	First	<u> </u>	МІ	Date of Payment	Method of Payme	ent: 17 e
CRAIG	w·	HELEN	CEBARA	uncho	09/03/1	Check	#_/38 Card
Secondary Payee	100				100/0/1	/1	
Street Address			City			State Zip Co	ode
171 SHZ	FRBROOKE AV	<i>&amp;</i>	HAMITTOA	$\mathcal{U}$		CT 0	d09
Purpose of Expenditure (by code)	Description PAYMENT Por		. ,	Event#		Amou	nt
RMB	PAYMENT For	/YEASURU	ed Dutius				- 500
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemiz	ation in Addendum T	Required 🔲 Coordin	nated with rei	imbursement sought	#185	. 00
	☐ Coordinated without reimbursemen	t sought  Independen	t 🗆 Organization; O A	oB oc	o D o E	<i>V</i> .	
Last Name of Worker/Co	ensultant	First		MI	Date of Payment	Method of Payme ☐ Check	
						Debit o	
Secondary Payee				•••	· · · · · · · · · · · · · · · · · · ·		
Street Address		C	fity			State Zip Co	de
D 60 11							
Purpose of Expenditure (by code)	Description			Event #		Amour	ıt
Expenditure #					<del></del>		
(if applicable)	Type of Expenditure (if applicable) Itemize  Coordinated without reimbursement		<del>-</del>		mbursement sought		
	— Coordinated Without Tellinotasethelic	sought in mucpenden	CI Organization. U A	OB OC	оров		
							***************************************
			SUBTOTAL Section	on T — Thi	s Page d 7	5.00	)
					* PX1	3.00	
			TOTAL of additiona	l Section T	Pages		
MOTE AT	11 L DEMANAMENT PROPERTY	(0017777					
TUTALOF	ALL REIMBURSEMENT TO	COMMITTEE	VORKERS AND C	ONSULT	ANTS		
			-				