SEEC FORM 20

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



Page 1 of 17

COVER PAGE

	COVER	PAGE	
, NAME OF COMMITTEE	- 72		
ROSSETTI F	OR Council		
2. TREASURER NAME	lag lag	act (*)	Suffix
First 1	MI I	CKAig	M3
H. Char MAI 3. TREASURER ADDRESS	n E I		State Zip Code
Street Address	_ / _ City, /	mat Pord	State OCC I
171 ShERBROOKE	= Avenus bt	MVU-FUVOC	6. DISTRICT NUMBER
4, MARCA 100	5. OFFICE SOUGHT (Complete only if		(if applicable)
(min/dd/yyyy) 11/05/2019	City Counc	W	
7. CANDIDATE NAME (Complete only if C	andidate or Exploratory Committee)	Last //	Suffix
MARINYN	(F)	ROSSETTI	
8, TYPE OF REPORT (Check One Box)		15. E	
O January 10 filing	O7th day preceding primary	O7th day preceding referendum	OInitial Contribution or Disbursement (PACs ONLY)
O April 10 filing	O30 days following primary	O45 days following referendum	OAmendment to
July 10 filing	O7th day preceding election	ODeficit	Type of Report:
	12th day preceding election	OTermination	
October 10 filing	(State Central Committees Only)	_	
O24 Hour Independent Expenditure OPrimary OElection	O45 days following election not held in November		
9, PERIOD COVERED		7 1 D.4	
	Beginning Date	Ending Date	
	4/18/2019	thru 6/301/9	
į	-11:-1	- v	O 14
The second of th			
10. CERTIFICATION		Maria de la companya	Therese
I hereby certify and state, under	penalties of false statement, that	t all of the information set forth on t	this Itemized Campaign Finance
Disclosure Statement for the p	eriod covered is true, accurate	and completes	
	, //	C/ 444 4 15 (Pana 07/10/2
St. Chamee		Chakm AINLE (INT NAME OF SIGNER	DATE (nm/dd/yyyy)
TREASURER OR DEPUTY TREASUR	RER (SIGNATIURE)	IMI Main or province	
A person who	is found to have knowingly and	willfully violated any provisions of penalty or imprisonment or both.	the campaign finance statutes
	jaces a civii p	remainly or unprisonment of the	

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	
ROSSETTI FOR Council	Jaylu	argan kildin seran argan sagi kacaman kecilah kecilah kilan seran kilan kilan kilan kilan kilan sagi kilan ser
,	COLUMN A	COLUMN B
	This Period	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		0
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	\$5,220.00	
14. Receipts from Other Committees (Sections C1 and C2)	\$ 1,400.00	
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)		
19. Expenses Paid by Committee (Section P)	\$981.20	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)		
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. † Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
ROSSETTI FOR Council		Tuly 10	
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$	
B. Itemized Co	ontributions from Indivi	duals	
Last Name Og REN	First Knate		MI
Residential Street Address	City ALL EPO		State Zip Code VH 03 882
117 Ochool Street Principal Occupation	Name of Employer	nham 1	VII WOOZ
DIRECTOR	Calumet	-	
Is contributor a lobbyist, spouse,	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? Yes Is contributor a principal of a fypes, indicate which brateful of government the contration of government the contration.		e contractor? Yes	\$50.00
Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order 5/6/19		
Last Name— FOWLER	First		Mi
Residential Street Address 35 Vineland Tennaca	City Homet-Ford	s	tate Zip Code CT 06/12
Principal Occupation	Name of Employer		0 10
CEO	HAMTFORD (community b	roan Fund
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 culturate for a chief excentive	ornoor or a municipancy,	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a fyes, indicate which brateful of government the contributor.		e contractor? Yes	\$100.00
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money		Aggregate Contributions	
Last Name	First		MI
Residential Street Address	LAURA		
43 GURARD AVENUE	HAMI FORD	S	tate Zip Code 7 6 6 6 0 5
Principal Occupation CHOVERNMENT AFFAIRS	Name of Employer STAMFORE	HEAL	74
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? I Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lfyes, indicate which bra of government the contra		e contractor? Yes	\$50.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Date Received	Aggregate Contributions	
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TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections A 13, Column A of Summary Page 7		0.00

Section B ADDITIONAL PAGE ____ of __/3

NAME OF COMMITTEE (Provide Complete Name of	ns Registered with Filing Repository)		TYPE OF REPORT	
ROSSETTI FOR	Councia	·	Jaly 1)
A. Total Contributions from Sm (See instructions for definition of Small Co		ed this Period ONLY SUBTOTAL SECTION A	\$	
	Amada			
	B. Itemized Cor	ntributions from Indivi	duals	<u></u>
FirestonE		First		MI
Residential Street Address 36 Cambridge C	LOSSIN 9	City Aon		State Zip Code CT 06001
Principal Occupation WRITER	J	Name of Employer	EMPLOYED	· I
Is contributor a lobbyist, spouse,	f contribution is in excess of \$400 to loes contributor or business he/she	to a candidate for a chief executive is associated with have a contract	e officer of a municipality,	Amount of Contribution
Is this contribution associated with an Ye	valued at more than \$5,000? Is contributor a principal of a s	Yes Mo tate contractor or prospective state		\$50· W
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Last Name REI WhY		PATRICIA		MI
Residential Street Address 3 ROSEMONT DE)=	City PLAIN VILLE	- [State Zip Code T 06 to 6 2
Principal Occupation	40~	Name of Employer	<u> </u>	1 0000
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or dependent child of a lobbyist?	f contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #			e contractor? Yes	\$50.00
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Last Name UWLMAN		Pirst Schorah		MI
Residential Street Address LI KAST Ritch-Fi	Cald Pd	City P. + 1 O. 1	,	State Zip Code
Principal Occupation	iera ka j	Name of Employer	۸ ۱	CI 06759
RETIRED				
or dependent child of a lobbyist?	f contribution is in excess of \$400 to loss contributor or business he/she alued at more than \$5,000?			Amount of Contribution
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SUBTOTAL Section B — This Page \$\alpha \gamma \dagge \dagge \dagge \dagge \dagge \dagge \dagge \				
TOTAL of additional Section B Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				

Section B ADDITIONAL PAGE 2 of 13

NAME OF COMMITTEE (Provide Complete Name as Registered	d with Filing Repository)	TYPE OF REPORT		
ROSSETTI FOR CO	runceh	July 10		
A. Total Contributions from Small Con (See instructions for definition of Small Contributor)	tributors-Received this Period ONLY SUBTOTAL SECTION A	\$		
	B. Itemized Contributions from Individ	luals		
Last Name	First	- MI Λ 1		
MOWERA	CARLE 10			
Residential Street Address 1031 LOST BARRAN	ICA Rd. DEL Moute	FOREST CA 93953		
Principal Occupation RETIRED	Name of Employer			
Is contributor a lobbyist, spouse, Yes If contribut or dependent child of a lobbyist? No does contribut	tion is in excess of \$400 to a candidate for a chief executive butor or business he/she is associated with have a contract ore than \$5,000?			
	nore than \$5,000? □ Yes 년 10 tributor a principal of a state contractor or prospective state	contractor?		
event reported in Section L1?	yes, indicate which branch or branches	□ Legislative		
Method of Contribution:	· · · · · · · · · · · · · · · · · · ·	Aggregate Contributions		
☐ Cash ☐ Personal Check	oll Deduction Money Order			
Last Name O	First	MI		
PERKINS	AUSTIN	<u>B</u>		
Residential Street Address	City	State Zip Code		
25 BISHOP RD		FORD CT 06119		
Principal Occupation	Name of Employer	GROUP		
Is contributor a lobbyist, spouse, Yes If contributor	BEOKER WIALLS ion is in excess of \$400 to a candidate for a chief executive	i i		
or dependent child of a lobbyist?	butor or business he/she is associated with have a contract value than \$5,000?			
Is this contribution associated with an Yes Is con	ntributor a principal of a state contractor or prospective state	e contractor? Tyes #250		
If yes, list Event # of government the contract is with: Executive Legislative				
Method of Contribution: Date Recolved Aggregate Contributions				
Last Name	First First	I MI		
SSLES	DIANA	·		
Residential Street Address	City	State Zip Code		
181 Hollywood Henry		GRD CT 06116		
Principal Occupation	Name of Employer			
CLERK	Big Y	<u>,</u>		
or dependent child of a lobbyist?	cion is in excess of \$400 to a candidate for a chief executive butor or business he/she is associated with have a contract more than \$5,000?			
event reported in Section L1?	tributor a principal of a state contractor or prospective state yes, indicate which branch or branches f government the contract is with:	contractor?		
Method of Contribution:	Date Received	Aggregate Contributions		
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				

Section B ADDITIONAL PAGE 3 of 13

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
ROSSETTI FOR Councin	July 10		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) S	d this Period ONLY UBTOTAL SECTION A		
B. Itemized Cor	tributions from Individuals		
Last Name DEG 1 C	First Add Trace		
	City State Zip Code		
25 Bistlop Koad	WAST HANTFORD CT OGUP		
Global Insurance Broken	WILLS Group		
Is contributor a lobbyist, spouse,	o a candidate for a chief executive officer of a municipality, sassociated with have a contract with said municipality ☐ Yes ☑ No		
The state of the s	ate contractor or prospective state contractor? Res #250		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 5/8/19 Aggregate Contributions		
Last Name DunBAR	ROBERT J		
Residential Street Address 100 DAKWOOD AVEAUTE CLAT AS Principal Occupation	NAST HANTFORD State Zip Code Name of Employer		
FundraisER	they Apostle College		
	o a candidate for a chief executive officer of a municipality, as associated with have a contract with said municipality Yes No		
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East Name FAIR BANKS	First MARI DAY		
Residential Street Address SS IERRY ROAL Principal Occupation	State Zip Code CT OGOS Name of Employer		
	a candidate for a chief executive officer of a municipality, as associated with have a contract with said municipality Yes No Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a start of government the contract of government the contract.			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Date Received Aggregate Contributions Order 3/24/19		
SUBT	OTAL Section B — This Page \$650 · TO		
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sections A + B) I, Column A of Summary Page Totals)		

Section B ADDITIONAL PAGE 4 of 13

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
ROSSETTI FOR Council	July 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	duals		
Last Name First Kell (4)	MI		
Residential Street Address	State Zip Code		
1060 Rospect Avenue HART-Ford	Ct 06106		
RETIRED			
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?			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state event reported in Section L1?	e contractor? Pres \$250 · 80		
If yes, list Event # of government the contract is with: □ Executive Method of Contribution: □ Date Recgived	Aggregate Contributions		
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 5/22/19			
BEAKEY First BRIEN	MI		
Residential Street Address PIDNEER DRIVE City AVON	State Zip Code CT 06001		
Principal Occupation Name of Employer			
PRESIDENT HCG	or c		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes 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		
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Last Name First	MI		
TARVIS Residential Street Address City 1			
1060 PROSPECT AVENUE HANTFORD	State Zip Code 06/05		
Principal Occupation Name of Employer RETIRED			
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? 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?			
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Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 5/27 1/4	Aggregate Contributions		
SUBTOTAL Section B—This	Page \$ 7.50 · 50		
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)			
(Enter total on Line 13, Column A of Summary Page			

Section B ADDITIONAL PAGE 5 of 13

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
ROSSETTI FOR Council		July 10
A. Total Contributions from Small Contributors-Received this Period ONLY		\$
(See instructions for definition of Small Contributor) S	UBTOTAL SECTION A	
B. Itemized Cor	tributions from Individ	luals Mi.
DE CTRAW	ELENI	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
1	City A	State Zip Code
112 Westland Koad	HVON	4 06001
Principal Occupation GIVING TEAM COORDINATOR	Name of Employer FOOD SHA	w =
Is contributor a lobbyist, spouse,	o a candidate for a chief executive	officer of a municipality, Amount of Contribution
or dependent child of a lobbyist?	s associated with have a contract	with said municipality
Is this contribution associated with an Sevent reported in Section L1? Sevent reported in Section L1? Is contributor a principal of a sevent reported in Section L1?	tate contractor or prospective state	e contractor? Yes \$50 · 00
If yes, list Event # of government the contrac	is with:	☐ Legislative
Method of Contribution:	Order Date Received	Aggregate Contributions
Last Name	First . ^	I I I I I
CHAVEY	VICTOR	(-A
	City	State Zip Code
128 STERLE ROAD Principal Occupation	WOST HAV	TFORD CI 0649
LAWYER	JACKSON	LEW15
Is contributor a lobbyist, spouse,	o a candidate for a chief executive	officer of a municipality, Amount of Contribution
or dependent child of a lobbyist? does contributor or business he/she i valued at more than \$5,000?	s associated with have a contract v	with said municipality
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Method of Contribution:	,	Aggregate Contributions
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	1 1 27 17)	
Last Name VEILLEUX	First	MI
Residential Street Address	City	State \ Zip Code
Principal Occupation ROAD ROAD	WEST HART Name of Employer	FORD CT 06107
DIRECTOR	VALVOLINE	Instrut OK Change
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a candidate for a chief executive	officer of a municipality, Amount of Contribution
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☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 1 16 19	
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TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sections A 3, Column A of Summary Page 1	

Section B ADDITIONAL PAGE 6 of /3

NAME OF COMMITTEE (Provide Complete Name of	as Registered with Filing Repository)		TYPE OF REPORT	
ROSSETTI FOR	Councus		Juny 10)
A. Total Contributions from Sm (See instructions for definition of Small Co		this Period ONLY BTOTAL SECTION A	\$	4000 THE STATE OF
			HE TOTAL CONTROL OF THE STATE O	
	R. Itemized Contr	ibutions from Indivi	dnale	
Last Name		First //	uuus	[MI
/ARANTINO		LYNNE		
Residential Street Address 221 / Rum Buh	4 (2305) City	(from a		State Zip Code
Principal Occupation	(2000) /	Name of Employer	<u> </u>	7 06103
KETIRIED				
or dependent child of a lobbyist?	f contribution is in excess of \$400 to a oes contributor or business he/she is a alued at more than \$5,000?	candidate for a chief executive ssociated with have a contract \[\sum Yes \]	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 #	If yes, indicate which branch	or branches	_ = 1 No	\$100,00
Method of Contribution:	of government the contract is	Date Received	Legislative	
Cash Personal Check Credit/Debit Card	□ Payroll Deduction □ Money Ord		Aggregate Contributions	
Last Name		First	A181	Ml
Mderson		KARA		
Residential Street Address Ave	-nak la	West Home	L. S.	tate Zip Code P 06119
Principal Occupation		Name of Employer	7 //	
Is contributor a lobbyist, spouse, Yes If	contribution is in excess of \$400 to a	10wn B		to Hord
or dependent child of a lobbyist?	pes contributor or business he/she is as alued at more than \$5,000?	sociated with have a contract v	with said municipality	Amount of Contribution
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Last Name BOUCHER		First Risten	/	MI
Residential Street Address 133 / Ce m herelan 1	S.L. City	Lan + Port	S	atc Zip Code
Principal Occupation		Name of Employer		7 8B106
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or dependent child of a lobbyist?	contribution is in excess of \$400 to a does contributor or business he/she is as alued at more than \$5,000?	candidate for a chief executive sociated with have a contract v	officer of a municipality, with said municipality	Amount of Contribution
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TOTAL OF ALL	CONTRIBUTIONS FROM IN (Enter total on Line 13, C	DIVIDUALS (Sections A Column A of Summary Page T	+ B) otals)	1.

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE 7 of /3

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
ROSSETTI FOR Council		July 10		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$			
	ML historia	and the first of the second		
B. Itemized Con	ntributions from Indivi	duals		
Last Name	First	MI		
NIn &	JEAN			
126 North Street	Watertown	State Zip Code CT 06 495		
Principal Occupation	Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract	e officer of a municipality, with said municipality Amount of Contribution		
	state contractor or prospective state			
If yes, list Event # of government the contrac		Legislative PNo		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 5/28/16	Aggregate Contributions		
Last Name	First	MI		
RUZIAR	Michael	^		
Residential Street Address 15 Binney Road	City Dad Lay	State Zip Code CT 0/29/		
Principal Occupation	Name of Employer	VIC 1-1 1065 +1		
Vice Besident LAZ				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a candidate for a chief executive is associated with have a contract V	officer of a municipality, with said municipality		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a s If yes, indicate which brar of government the contract		PNO #78 7		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 5/24/19				
Last Name	First	I MI		
SULLIVAN	TIMOTH	4		
249 Oxford Street	City HART-ford	State Zip Code F UG105		
Frincipal Occupation Fenancian Advisor	Name of Employer JANEY	Montgom Ex y 2 Scott		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she i valued at more than \$5,000?	o a candidate for a chief executive	officer of a valunicipality, Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a surface which bran of government the contract		1		
Method of Contribution: ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 65/G	Aggregate Contributions		
SUBTOTAL Section B — This Page \$32.5				
TOTAL of additional Section B Pages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.	INDIVIDUALS (Sections A 3, Column A of Summary Page 1			

Section B ADDITIONAL PAGE \(\frac{1}{3} \)

NAME OF COMMITTEE (Provide Complete Name as Registered with F	TYPE OF REPORT
Dicare En	ancus July 10
A. Total Contributions from Small Contribu	itors-Received this Period ONLY
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A \$
	temized Contributions from Individuals
Last Name HAIR	First JACK N.
Residential Street Address 25 CARMEL STREET	City HANT Ford CT 8tate CT 86106
Principal Occupation RETIRED	Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in does contributor or valued at more that	n excess of \$400 to a candidate for a chief executive officer of a municipality, by business he/she is associated with have a contract with said municipality an \$5,000?
event reported in Section L1?	r a principal of a state contractor or prospective state contractor?
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Dedu	Date Received Aggregate Contributions
Last Name	First MI
KOSIT	1/ASH A
Residential Street Address 148 C/EVE/AND Avenu	
Principal Occupation Courselor	The Councilion Fac.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in does contributor or valued at more than	n excess of \$400 to a candidate for a chief executive officer of a municipality, r business he/she is associated with have a contract with said municipality in \$5,000?
event reported in Section L1?	r a principal of a state contractor or prospective state contractor? Yes dicate which branch or branches Executive Legislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Dedu	Date Received Aggregate Contributions action Money Order Date Received Aggregate Contributions
Last Name Anders on Anthone	First MI /
Residential Street Address 221 TRumball St. Apt	2705 Amthord Ct 06/03
Principal Occupation Cen Sulfout	Imagineers, LhC
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
event reported in Section L1? No If yes, ind	a principal of a state contractor or prospective state contractor? The state contractor contractor? The state contractor
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Dedu	Date Received Aggregate Contributions
	SUBTOTAL Section B—This Page \$370.00
	TOTAL of additional Section B Pages
	TIONS FROM INDIVIDUALS (Sections A + B) er total on Line 13, Column A of Summary Page Totals)

-3

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE _____ of _____ of _____ 3

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			
ROSSETTI FOR COURCE July 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 Individuals			
Last Name ROSASO First MALY	MI		
134 FORSTER STREET HANTford	tate Zip Code O 6 (D)		
Principal Occupation Name of Employer HHA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Yes If yes, indicate which branch or branches If yes, indicate which branches If yes, indicate whi	\$25. 10		
Last Name Personal Check Credit/Debit Card Payroll Deduction Money Order			
Morales Angel	MI		
Residential Street Address HARGARITA DRIVE City HARTFORK	T S6106		
Principal Occupation Name of Employer MDC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	#25.00		
Method of Contribution: Date Received Aggregate Contributions			
Last Name Mc CAbo First CAROL	MI C		
1.110	T 06119		
Community Volunteer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	\$100.00		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate Contributions Aggregate Contributions			
SUBTOTAL Section B — This Page	3150·00		
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

Section B ADDITIONAL PAGE <u>/6</u> of <u>/3</u>

NAME OF COMMITTEE (Provide Complete Name as Reg	istered with Filing Repository)	TYPE OF REPORT				
ROSS ETTT F	OB COUNCIL	July 10)			
A. Total Contributions from Small (See instructions for definition of Small Contribution)			Se CCC With Vision Communication Communicati			
	B. Itemized Contributions	from Individuals				
Last Name KOWALYSHYN	First	athleen	MI			
Residential Street Address 28 Forsten Stree	et City HAI	LT-FORD	State Zip Code			
Principal Occupation ATTORNEY	1,/	Employer Thleen ROWALYSHU	v KRC			
or dependent child of a lobbyist?	ribution is in excess of \$400 to a candidate for ontributor or business he/she is associated with at more than \$5,000?	a chief executive officer of a municipality, have a contract with said municipality Yes No	Amount of Contribution			
	contributor a principal of a state contractor of If yes, indicate which branch or branches of government the contract is with: Date Rec	prospective state contractor?	\$50.00			
☐ Cash	Payroll Deduction Money Order 7	30/11				
Last Name TRAKS	First Te	ani-fer	MI			
	ind city Wi	f.	State Zip Code Cf 06114			
Principal Occupation HR Manager	Name of	Employer CRC C				
or dependent child of a lobbyist? INO does co	ribution is in excess of \$400 to a candidate for ontributor or business he/she is associated with at more than \$5,000?	a chief executive officer of a municipality, have a contract with said municipality Yes No	Amount of Contribution			
event reported in Section L1? If yes, list Event #	s contributor a principal of a state contractor o If yes, indicate which branch or branches of government the contract is with:	☐ Executive ☐ Legislative	\$15.00			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ P	Payroll Deduction Money Order	Aggregate Contributions				
East Name BERRY	First	Charlo	MIF			
	OF City COR	Anby	State Zip Code			
Principal Occupation Refre	Name of	Employer				
or dependent child of a lobbyist?	ribution is in excess of \$400 to a candidate for outributor or business he/she is associated with at more than \$5,000?	a chief executive officer of a municipality, have a contract with said municipality Yes In No	Amount of Contribution			
event reported in Section L1? If yes, list Event #	contributor a principal of a state contractor or <i>If yes</i> , indicate which branch or branches of government the contract is with:	Executive Legislative	\$100.00			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ P	ayroll Deduction	Aggregate Contributions	7100			
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	TOTAL of additiona	Section B Pages				
TOTAL OF ALL CO	NTRIBUTIONS FROM INDIVIDUA (Enter total on Line 13, Column A of .					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
ROSSETTI FOR Council	Taly 10
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
(pee man actions for deginition of small contributor).	
B. Itemized Contributions from Individual	12.4
Last Name () First	uuais Mī
Chemens Curtis	
Residential Street Address 222 Ridge Word Serve Rocky Principal Occupation Name of Employer	HM State Zip Code CF 06067
REALATOR Self-FO	mphouse
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?	,
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:	□ No
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ Date Received	Aggregate Contributions #150 - 10
ChapMAN First Donald	MI
Residential Street Address Asylum Avenut City Hant-ford	
Principal Occupation Name of Employer City of	Hantford
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for d chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
	Legislative No 4575-00
□Cash ☐Personal Check □Credit/Debit Card □Payroll Deduction □Money Order 5/35/19	Aggregate Contributions
Last Name Webb First Jeanne	
Residential Street Address GERARD Nenut City HANT Ford	State Zip Code OG/05
Principal Occupation Replayer 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?	e officer of a municipality, 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 state if yes, indicate which branch or branches of government the contract is with:	Legislative 1875. D
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ Date Received	Aggregate Contributions
SUBTOTAL Section B — This	Page \$300 · 00
TOTAL of additional Section B P	ages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A	

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE _/2 of _/3_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
ROSSETTI FOR Counah	July 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	iduals
Last Name Le Shane First /ATRICIO	A MI
Residential Street Address City City	State Zip Code
1090 Prospect Neane HANTFORD	CF 06102
Principal Occupation Name of Employer Sulliva	e Le Shanb, Fric
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 contractive valued at more than \$5,000?	Autount of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state event reported in Section L1? I ho If yes, indicate which branch or branches	te contractor?
If yes, list Event # of government the contract is with: Executive	Legislative # 250.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	Aggregate Contributions
Last Name ASADOW First Jennife	MI
Residential Street Address RECOR DRIVE City W.H	State Zip Code CT 06107
Principal Occupation ROBATION OFFICER Name of Employer Fat of	CT. (RETIRED)
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?	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive	tle contractor? Yes Legislative H15
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 5 130 19	Aggregate Contributions #7 0
Last Name POERIO First DEBORAT	
97 Fajan Hollow Road City Haddam	Week F 06424
Principal Occupation O Name of Employer PRESIDENT / Name of Employer Fixtegy	ated Heath Services
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive	ANO A
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 5/30/4	Aggregate Contributions PAX 00 * 0 0
SUBTOTAL Section B — This	Page \$625.10
TOTAL of additional Section B I	Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page	

SEEC FORM 26 Revised January 2015

Section B ADDITIONAL PAGE 13 of 6

NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Repository)		TYPE OF REPORT	
ROSSETTI FOR	Counci	4	July 1	<i>D</i>
A. Total Contributions from Small Cont (See instructions for definition of Small Contributor)		this Period ONLY STOTAL SECTION A	\$	
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,	B. Itemized Contr	ibutions from Individ	luals	
Mc Dowell		PATIENCE	T C	MIP
Residential Street Address 12 WoodSide Circ	le City	Hant-ford	Si	ate Zip Code 7 0 605
Principal Occupation Consultant		Mame of Employer Mc On We	4 TEWE	T Communic
Is contributor a lobbyist, spouse, Yes If contribution dependent child of a lobbyist? Two does contributions		candidate for a chief executive sociated with have a contract	officer of a municipality,	Amount of Contribution
Is this contribution associated with an Yes Is contribution associated with an event reported in Section L1?		contractor or prospective state or branches	e contractor? Yes	\$250.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payrol	I Deduction ☐Money Ord	Date Received	Aggregate Contributions	
BAR STOW		First JANE		MI
Residential Street Address 135 Oxford Street	L City	Hant Lord	St.	ate Zip Code T 86/05
Principal Occupation RETIRED		Name of Employer		
or dependent child of a lobbyist?	on is in excess of \$400 to a cutor or business he/she is as are than \$5,000?	candidate for a chief executive sociated with have a contract v	officer of a municipality, with said municipality	Amount of Contribution
event reported in Section L1? If yes, list Event # of	ributor a principal of a state ves, indicate which branch government the contract is	with: Executive	Legislative	\$50.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payrol	Deduction Money Ord		Aggregate Contributions	
Last Name POWERS		First DENIS	ON	MI
	REET City	Harland	PIGDMONT &	ate Zip Code 26750
Principal Occupation RETIRED		Name of Employer	V	VV
or dependent child of a lobbyist?		candidate for a chief executive sociated with have a contract Ves No		Amount of Contribution
event reported in Section L1? \square No $ If y$	ibutor a principal of a state es, indicate which branch of government the contract is we		contractor?	\$25.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payrol	Deduction Money Ord		Aggregate Contributions	
	SUBTOT	FAL Section B — This	Page /	325.00
	TOTAL of	additional Section B Pa	ages	
TOTAL OF ALL CONTR		DIVIDUALS (Sections A Column A of Summary Page T		

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RASS	ITTEL (Provide Complete FTT FIA	Name as Registered with Filing Repo	sitory)	TYPE OF REPOR	ያፒ ' ለ
1,000	Z111 10·1		ons from Other C		V
Name of Committee	Ö.4			of Treasurer	AUGUSTINES AND
IRON-	- PAC-	424	JA	imes Dohen	4
15 BE	RNHARN	ROAD	event reported in Sec	ssociated with an Drycs No ction L1? Tyes, list Event#	Amount of Contribution
City	••••	State Zip Code	Date Received	Aggregate Contributions	#250
NORTH	HAVEN	CT 064	73 5/30/1	9 \$260.00	#250· TD
Name of Committee		_		of Treasurer	
SHEET	METAL	G WORKERS H	LOCALHO -	ohn Nimma	Amount of Contribution
100 Ohd	Forge K	d. Suite A	event reported in Sec	ssociated with an Ycs No stion L1? Tyes, list Event #	#375-D
City	11	State Zip Code	Date Received	Aggregate Contributions	HO1 J
Name of Committee	Hu	T 060	67 5/38	lg #375	WE FRANCIS IN THE SECOND STATE OF THE SECOND S
Cours	act habi	oras Politican	φ	Charles	Re Coache
Address	P .	O_{1}	Is this contribution as	ssociated with an Yes No	Amount of Contribution
475	tred year n	Street	event reported in Sec	tion LI? f yes, list Event#	4
City	////-9	State Zip Code	Date Received	Aggregate Contributions	\$ 250-00
Hanto		CT 0611	4 5/35/	19 \$250.00	
V	C2. Re	imbursements or Surp	lus Distributions	from other Committees	
Name of Committee		•		of Treasurer	
Address			City		State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type			Amount of Receipt
	19 .47	☐ Reimbursement for shared	expense Surplus D	istribution	
Description					
Name of Committee			Name o	of Treasurer	
Address			City	,	State Zip Code
Date Received	Expenditure #	Payment Type			
Date Received	(if applicable)	☐ Reimbursement for share	rd expense □ Surplus	Distribution	Amount of Receipt
Description			a expense — outpres	Distribution	
Dosomption					,
		SUBTA	OTAL Section C —	This Page	815.77)
			of additional Section		
		LL COMMITTEE CONT			
	(Sections C	${ m C1+C2}$) (Enter total on Line 1	4, Column A of Summar	y Page Totals)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMM		e Name as Registered with Filing Repos	itory)	TYPE OF REPORT JULY 10	
11000	ULLI TOP	en de la companya de	ons from Other Comn		
Name of Committee	- 1-016	11-18 OAC	Name of Treas		
L U U Ø	E hocal	- 478 PAC	Nate	= BROWN	
1065	\www.hll	Hemo	Is this contribution associate event reported in Section L1	?	Amount of Contribution
City E	JI FOUENL	State Zip Code	Date Received	st Event #	\$ 2573.00
Hams	5N	CT 06516	tanonimotramonario e e e e e e e e e e e e e e e e e e e	\$ 250.00	4230
Name of Committee	Plum BERS	& Popefulens 1	17 PAC Mic	\mathcal{O}	HRID
1	. Main S	•	Is this contribution associate event reported in Section L1 If yes, li		Amount of Contribution #75- 00
City		State Zip Code	Date Received	Aggregate Contributions	4815-00
Meri	-DEN	0645		#15.00	
Name of Committee	E.W. L	ocal Chian :	35 PAC Ben	es Silva	
Address M	wool D	. 1	Is this contribution associate event reported in Section L1	?	Amount of Contribution
City	urphy Ro	State Zip Code	Date Received	st Event #	1/2
Hartfor	od	CT 0611	4 5/37/19	\$ 200.00	\$200.00
Name of Committee	C2. R	eimbursements or Surpl	us Distributions from	an including and the control of	
Traine of Confidence			Name of Treast	irer	
Address			City		State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type			Amount of Receipt
Description		Reimbursement for shared of	expense	on	
Name of Committee			Name of Treasu	rer	
Address			City		State Zip Code
			City		State Zap Code
Date Received	Expenditure # (If applicable)	Payment Type			Amount of Receipt
		☐ Reimbursement for shared	l expense	ation	
Description					
		SUBTO	TAL Section C — This	Page \$525	T. 00
		TOTAL	of additional Section C I	'ages	
		ALL COMMITTEE CONT C1 + C2) (Enter total on Line 14			ζ,
		resident of the second of the	э холиан эх из эмпинагу Гаде	л инну/ :: [

Revised January 2015		T. TATOTAR TV	71/1 1/		1 10 (06	cuons A—i	(X)		
NAME OF COMMITTEE (Prov	ide Complete	Name as Registered with Filing	g Repository)			E OF REPO		
ROSSETTI	FOR	Council					Taly	10	
			oone D	acaivad i	his Period				
Name of Lender	98.62.40.60		лоана іх		ce of Loan;				In. on
Name of Lender						andidate 🔲 Indiv	vidual □C	ther	Date of Receipt
		·					C	ommittee	
Street Address		C	ity			State	Zip C	ode	Is there a Cosigner or Guarantor of this loan?
									Yes No
Name of Cosigner/Guarantor (if appli	cable)						· · · · · · · · · · · · · · · · · · ·		Amount Received
									Amount Received
Street Address		ic	ity			State	Zip C	'ode	
oneon riddiesa		ľ	ity			State	ر کیور	ouc	
						<u>.</u>			
Name of Lender					ce of Loan:				Date of Receipt
					Bank 🔲 Ca	andidate 🔲 Indiv			
Street Address		Ci	ty			State	Zip C	ommittee ode	Is there a Cosigner or
			•						Guarantor of this loan?
							j		☐ Yes ☐ No
Name of Cosigner/Guarantor (if appli	cable)								Amount Received
Street Address		С	ity			State	Zip C	ode	
N. CY. J.	Part			16	ex				n con to
Name of Lender					ce of Loan: Bank □ Ca	ındidate 🔲 Indiv	zidual □ C	ther	Date of Receipt
					Dank Co	marta E		ommittee	
Street Address		Ci	fy			State	Zip C	ode	Is there a Cosigner or
							j		Guarantor of this loan? ☐ Yes ☐ No
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			o visita kura estrenimentul	o ampidia secreta de transcente de la compansión de la compansión de la compansión de la compansión de la comp	Hacology Color Activity Color (18 Americal Section 18 American 18		unistrue detecto (nel misso de la color de la co		
E. Receipt	s from I	Entities other than	Individ	uals or (Other Con	nmittees <i>(Ref</i>	erendum (Committe	es ONLY)
Name of Entity			A			······································	, ,		
Street Address						Date Receive	:d		Amount Received
City			Tea	ate	Zip Code				
Cny			Sta	ate	Zip Code	Aggregate C	ontributions		
Name of Entity									
Street Address						Date Receive	d		Amount Received
City			l Qte	ate	Zip Code	A grangato C	antributions		
City			Sta	ate	Zip Code	Aggregate C	ontributions		
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City.			100	ata I	7in Codo	1	a4.17		
City			Sta	ate	Zip Code	Aggregate C	oniributions		
				116	TAL SEC	HUNE			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE Prov	ride Complete Name as Regisi	ered with Filing R	(lepository)		TYPI	OF REPORT
ROSSETTI	FOR CON	wah	-1		J	uly 16
F. Am	ount Transferred	from Affil	iated Bu	siness Treasury ((Business Enti	ity Committees ONLY)
Date of Receipt	Is this transaction associ event reported in Section		☐ Yes ☐ No	If yes, list Event #	ACCOUNT OF THE PARTY OF THE PAR	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?					Amount
Date of Receipt	Is this transaction associ event reported in Section		□ Yes □ No	If yes, list Event #		Amount
Date of Receipt	Is this transaction associ event reported in Section		□ Yes □ No	If yes, list Event #		Аточн
				TOTAL SEC	TION F	0
G. Amount Transfe	erred from Affilia	ted Labor	Union or	r Other Organiza	ition Treas	ury (Organization Committees ONLY)
Date of Receipt		Date of Receipt			Date of	Receipt
Amount		Amount			Amount	
Allibunt		Amount				Amount

				TOTAL SECTI	ION G	\mathcal{O}
Н. Г	ersonal Funds of	the Candid	late Rec	eived this Period	(Candidate C	Committees ONLY)
Date of Receipt	Method of payment:					Amount
	☐ Cash	□ P	Personal Che	ck Credit/	Debit Card	
Date of Receipt	Method of payment:					Amount
	☐ Cash	□ P	Personal Che	ck Credit/	Debit Card	
Date of Receipt	Method of payment:					Amount
	☐ Cash	□ P	Personal Che	ck Credit/	Debit Card	
Date of Receipt	Method of payment:					Amount
	☐ Cash	☐ P	Personal Che	ck 🛘 Credit/	Debit Card	
				TOTAL SE	CTION H	0
		I. An	onymou	s Contributions		
						,

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.

SEEC	FORM	20

I. MONETARY RECEIPTS (Sections A—K)

Page 7 of 17

Revised January 2015	1. MORETART RECEIT 15 (Sec			
ROSSETTI	nplete Name as Registered with Filing Repository)	Tal	REPORT	
1,0000177	FOR Council		4 10	
Name of Institution	J. Interest from Deposits in Authorized	Date Rece	ived	Amount
		2 400	.,,,,	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Recei	ved	Amount
Street Address	City	State	Zip Code	
	TOTAL S	ECTION J	The first transport to the foreign of the first of the fi	
K	. Miscellaneous Monetary Receipts not Conside	red Contribut	ions	
Name		Date	of Transaction	Amount Received
Street Address	Lov	State	Zip Code	
affect Address	City	State	Zip Code	
Description				
Name		Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Data	of Transaction	
Ivanic		Date	of Fransaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	7
Description				-
	TOTAL SECTI	ON K		
	MARY OF OTHER MONETARY RECEIPTS (Sections D thr	ough K)	
Total Loans Received this Period	(Section D)			0
Total Receipts from Entities other	than Individuals or Other Committees (Section E)	+		0
Total Amount Transferred from A	Affiliated Business Treasury (Section F)	+		0
Total Amount Transferred from A	Affiliated Labor Union or Other Organization Treasury (Se	ection G) +		0
	of the Candidate Received this Period (Section H)	- 		$\frac{\mathcal{L}}{\lambda}$
				<u> </u>
	posits in Authorized Accounts (Section J)	+		<u> </u>
Total Miscellaneous Monetary Re	ccipts not Considered Contributions (Section K)	+		<u> </u>
	Total of Other Mo Add Sections D through K) (Enter total on Line 15, Column A of			\mathcal{O}

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	TYPE OF REPOR	(T
ROSSETTI FOR Council	Jaly 1	Ò
	ent Information	
Year A	sell wishers and supporter	Was this a fundraising event? ☐ Yes ☐ No
First and host Bakery Cafe Maple Avenue	thantfunc	State Zip Code CF 06114
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donation Associated with a House Party and compute purchases made by host(s) for food, bevera	plete required information for any
Did this fundraiser include goods or services donated by a business entit of up to \$200 or items donated by an individual of up to \$100?	y Yes (<i>If yes</i> , go to Section L4 In-Kind Donatio and complete required information.)	ns not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Receipts here.) —— No	→ \$
Subpart 2: (Party Committees, Municipal Candidates and Political Co Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.)	→ [\$
Event # Description Letter Description		Was this a fundraising event? ☐ Yes ☐ No
Location: Street Address	City	State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	☐ Yes (If yes, go to Section L5 In-Kind Donation Associated with a House Party and compute purchases made by host(s) for food, bevera □ No	olete required information for any
Did this fundraiser include goods or services donated by a business entit of up to \$200 or items donated by an individual of up to \$100?	y Yes (If yes, go to Section L4 In-Kind Donation and complete required information.) No	ns not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Co Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	ommittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Advoron a Sign and complete required info	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	→ \$
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts	s from Sale of Donated Items — This Page	0
	ection L1—Subpart 3 (Town Committees ONLY) eccipts from Food Purchases — This Page	
	TOTAL of additional Section L1 Pages	0
	CEIPTS FROM SMALL PURCHASES I on Line 16a, Column A of Summary Page Totals)	δ

	ublic Act 11-48, effec al purchases from a co							
NAME OF COMMITTEE	(Provide Complete Name as Register	red with Filing Reposite	3F3F)		TYPE OF REPO	RT		
ROSSE		ounas			Juli		n	
	L3. Purchase	es of Advertisin	ng in a Progr	am Book or o				
Name of Purchaser	4.000		0			Purchas	se Made By:	
						□Bu	siness Entity	☐ Other
						☐ Inc	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se .	Amount of Sig	gn Purchase
Name of Purchaser						Purchas	e Made By:	
						□ Bu	siness Entity	☐ Other
						☐ Ind	lividual/Sole P	roprietorship
Street Address			City		_		State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se .	Amount of Sig	gn Purchase
Name of Purchaser	<u> </u>					Purchas	se Made By:	
						☐ Bu	siness Entity	☐ Other
						☐ Ind	lividual/Sole P	roprietorship
Street Address		<u> </u>	City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	60	Amount of Sig	an Purchasa
					ogram zad i drema		inount or pr	511 1 111 11111111111
				ļ				
Name of Purchaser						Purchas	e Made By:	
							siness Entity	☐ Other
			,		·	☐ Ind	lividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se .	Amount of Sig	gn Purchase
Name of Purchaser						Purchas	e Made By:	
						Bu	siness Entity	☐ Other
						☐ Ind	lividual/Sole P	roprietorship
Street Address	2		City				State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Duc	gram Ad Purcha	99	Amount of Sig	n Purchasa
Date received	Diversity in the second	Transfer and trans	ISI 7III EVGINS	Amount of 110	ogi am Au I ui cha	se	Amount of Sig	gii k di Chase
	SUBTOTAL Section L3 To	tal Purchases of	Advertising in	 Program Book =	— This Page			
	SUBTOTAL Secti						····	
			TOTAL of	additional Secti	on L3 Pages			
TOTAL	. OF ALL PURCHASES O	F ADVERTISIN						
		/Eustan sasal au	T: 16. O.L	. 4 af C	Dana Taratal			

II. EVENT ACTIVITY (Sections L1—L5)

	BE (Provide Complete Name e TOR (ns Registered with Filing Repos	ritory)		REPORT		
_ Nº30 17)	, 70K C	In Kind Danation	ne Not Cone	idered Contributions	by 10		
lame of Donor	1.27	. m-xmu Donauo	na ivot Cona	ucrea Contributions			
treet Address			City			State	Zip Code
Oonation Given By:	Description of Donation				Fair	Market V	_ alue of Donatio
Business Entity						HILLINGE F	arac or Donacio
	Date Received	ed Event # Aggregate Value for this Event					
☐ Sole Proprietorship							
ame of Donor			······································				
rcct Address			City			State	Zip Code
onation Given By:	Description of Donation				Fair	Market V	 alue of Donatio
Business Entity			•		1.411	NG(Y	a. or Donatio
☐ Individual	Date Received	Event#		Aggregate Value for this Event			
☐ Sole Proprietorship							
ame of Donor							
reet Address			City			State	Zip Code
onation Given By:	Description of Donation	··· -	l		Fair	Market V	alue of Donatio
Business Entity					1 444	inality ,	aruv di Donatio
☐ Individual	Date Received	Event #		Aggregate Value for this Event			
☐ Sole Proprietorship							
ime of Donor							
reet Address			City			State	Zip Code
onation Given By:	Description of Donation				Fair	Market V	alue of Donation
Business Entity					1	iluliot i	
Individual	Date Received	Event#		Aggregate value for this Event			
Sole Proprietorship	·						
			DECEMBER 6		<u> </u>		
		SU	BTOTAL Sect	ion L4 — This Page			
		TO	TAL of additio	nal Section L4 Pages			
			or additio	Decion 174 1 ages		W-W-	
тот	'AL OF ALL IN-KINI	DONATIONS NOT					
		(Enter total on Line 21	, Column A of S	ummary Page Totals)			
		·					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMM	ITTEE (Provide Complete Name as Registered with Filing Re	pository)	TO TO THE OWN OF THE O	TYPE OF RE	PORT	
<i>(</i>	OSSETTI FOR CO	nnch		Tuli	1 1.7	>
	L5. In-Kind Donations Not Consid	ered Contributions Associ	ciated with a J	House Par	ty	
Name of Host			committee?		I o	one candidate or ddendum LS
Street Address		City	•		State	Zip Code
Description of Donation				Fair Ma	rket Value	e of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s host/candidate			
Name of Host	A STATE OF THE STA	The state of the s	committee?	☐ Yes ☐ N	О	one candidate or
Street Address		City	if yes, co	omplete I temiz	State	Zip Code
Description of Donation				Fair Mar	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s host/candidate			
Name of Host			committee?		o	one candidate or
Street Address		City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s hosi/candidate			
Name of Host			committee?	supporting manual Yes Normal N	o	one candidate or
Street Address		City			State	Zip Code
Description of Donation		<u> </u>		Fair Mar	kct Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s host/candidate			
		SUBTOTAL Section L5 -	– This Page	<u> </u>		", " M
		TOTAL of additional Section	on L5 Pages			
	TAL OF ALL IN-KIND DONATIONS NO WITH A HOUSE PARTY (Enter total on	OT CONSIDERED CONTI Line 22, Column A of Summar				

Revised January 2015	TT. TAOTATATO:	THE PAINT WING	TEIL ID (Section)	- U)		1 agc 12 01 17
NAME OF COMMITTEE (Provide Complete				TYPE O	FREPORT		
ROSSETTI FOR	Countr	l		Ju	Cy 10		
		M. In-Kind Con	ıtributions				
Name	_		<u></u>				
Street Address			City			State	Zip Code
			City			State	Zip Code
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind	d Contribution	1		
☐ Individual / Sole Proprietorship ☐Other							
Is contributor a lobbyist, spouse, Ycs	If contribution is in	excess of \$400 to a candid	date for a chief executive	officer of a	municipality,		
or dependent child of a lobbyist? No		business he/she is associat a \$5,000?	ted with have a contract v □Ycs □No	/ith said mu	aicipality		Market Value s Contribution
Is this contribution associated with an	Yes Is contribu	utor a principal of a state co	contractor or prospective s	state contrac			* *************************************
event reported in Section L1? If yes, list Event #		, indicate which branch or ernment the contract is with		☐ Legisla	□ No l	Í	
Name	<u> </u>				1		
Street Address			City			State	Zip Code
H.J. I	T						
Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other	Date Received	Aggregate Contributions	Description of In-Kind	Contribution			
	TG	n excess of \$400 to a candi-	'1-to for a shiof evenutive	- Constant		71 (/ 1
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	does contributor or	r business he/she is associa	ated with have a contract	with said me	municipanty, micipality		Market Value s Contribution
Is this contribution associated with an	valued at more than	n \$5,000? itor a principal of a state co	Yes No	soutroot	2		
event reported in Section L1? If yes, list Event #	☐ No If yes, i	indicate which branch or	branches		□No		
Name	of gover	ermment the contract is with	h: Executive	Legislat	ive		
Tunto							
Street Address			City			State	Zip Code
,, 	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		_L	
☐ Individual / Sole Proprietorship ☐ Other							
Is contributor a fobbyist, spouse, or dependent child of a lobbyist?	If contribution is in does contributor or	excess of \$400 to a candid business he/she is associat	date for a chief executive	officer of a	municipality,		Market Value s Contribution
	valued at more than	n \$5,000?	☐ Yes ☐ No			OI CIAG	Commissinon
Is this contribution associated with an event reported listed in Section L1?		tor a principal of a state co indicate which branch or I		ate contracto	or? □Yes □ No		
If yes, list Event #		rnment the contract is with		☐ Legislati			····
		SUBTOTAL!	Section M — This Pa	ge			
		TOTAL of addi	itional Section M Pag	es	***		A.
TOTAL OF ALL IN-KIND CONT	TOTRUTIONS (#						u
TO THE OWNER OF THE CONTROL OF THE C							
	N. Refund	dable Deposit to Te	elephone Compar	iy			
Last Name of Individual		First			MI	Date Deposit	t Made
~ · · · · · · · · · · · · · · · · · · ·							
Residential Street Address		City		State	Zip Code		Amount of
			· .		. <u> </u>		Deposit
Name of Telephone Company							
Street Address		City		State	Zip Code		
				1			:
TOTAL SE	CTION N Enter t	total on Line 24, Column 2	A of Summary Page Tota	als)			
				AB76303			

SEEC FORM 20

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
KOSSE	TI FOR COUNCIL		Jacy 1	0			
P. Expenses Paid by Committee							
Name of Payee	1.10	·	Date of Payment	Method of Payment: ☐ Check # 009/			
HMANO	la Webster		0/18/19	☐ Debit Card ☐ EFT			
Street Address	A . / / O .	City	1 1 1	State Zip Code			
	Notes Rd.	GRANBY		CT 06035			
Purpose of Expenditure (by code) WER	To crease Anedot Websit	Event Beent	#	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit	less "None of the below" is checke	ed)	\$500.00			
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) Independent		47 200			
	Coordinated without reimbursement sought (in-kind contril		A OB OC OD				
Name of Payee History	ud Rust Cafe		5/3 8/2019	Method of Payment: ☐ Check # UO 92 ☐ Debit Card ☐ EFT			
	, ,	City /		State Zip Code			
920 111	aple Avenaut	HANT. Ford		CT 06114			
Purpose of Expenditure (by code)	Description The Arena and Secret 25 Type of Expenditure (Hemization in Addendum P Required unla Days of the heles)	- Supports Event	* ^	Amount			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unle	ess "None of the below" is checke	<u> </u>	\$250			
(if applicable)	I Notic of the below						
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contrib	-	A OB OC OD				
Name of Payee	0	July Organization (Date of Payment	Method of Payment:			
US 1	ost Offica		6/13/19	☐ Check # <u>OO 9 44</u> ☐ Debit Card ☐ EFT			
Street Address		City		State Zip Code			
		Newington		CT			
Purpose of Expenditure (by code)	To parchase Stamps	Event i	¥	Amount			
Post	10 porchase strings			\$56 90			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit	less "None of the below" is check	ed)	1506 10			
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure	í					
Name of Payee	Coordinated without reimbursement sought (in-kind contri	bution)	A OB OC OD Date of Payment	Method of Payment:			
To be do	1 Con S House	o 1		□ Check # 0093			
Street Address	hip group of transf	City	6/24/19	Debit Card DEFT State Zip Code			
38 KD	wands St	Huntford	,	Dp Godo			
Purpose of Expenditure (by code)	Denotion to local Schol	Larehip Event	#	Amount			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unl.	ess "Nava of the heless" is a heat	A	#5 50			
(if applicable)	None of the below	ess None of the velow is checke	<i>a)</i>	4P20,00			
	☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind contrib		A O B O C O D				
	ŠI	JBTOTAL Section P — This	M.	KT-AN			
			<u> </u>	1620			
	101	'AL of additional Section P P	ages 4	20.00			
	TOTAL OF ALL EXPEN (Enter total on Line)	ISES PAID BY COMMIT 19, Column A of Summary Page 7	S20 0000650000	81 120			

SEEC FORM 20 Revited January 2015

IV. EXPENDITURES (Sections P—T)

Page	13	Λf	17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	· · · · · · · · · · · · · · · · · · ·	TYPE OF REPORT	
Kus:		TOTAL	Jaly 10)
		Paid by Committee		
Name of Payce ANE DOT	AM ANDA WEBSTER		Date of Payment [5]6/19 -6/11/19	Method of Payment: Check # Debit Card
Street Address /3/ V	otch Rd.	GRANBY		State Zip Code CT 06635
Purpose of Expenditure (by code)	otch Rd. Description TEES for PAYMent	gateury	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	less "None of the below" is cl		\$125.30
Name of Payee			Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	I	event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	Independe	·	
Name of Payee		- Organizate	Date of Payment	Method of Payment: Check # Debit Card EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	E	event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	e) 🔲 Independe	·	
Name of Payee			Date of Payment	Method of Payment:
Street Address		City		Debit Card DEFT State Zip Code
Purpose of Expenditure (by code)	Description	F	event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contrib	Independe	ŕ	ı
	SI	JBTOTAL Section P —		30
	тот	FAL of additional Section	P Pages	
	TOTAL OF ALL EXPEN (Enter total on Line	NSES PAID BY COMN 19, Column A of Summary P	4.50 N.J. 30 Thiodol value (4.4.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1	

NAME OECOMMIT	TEE (Provide Complete Name as Registered with	Filing Repository)	TYPE OF REPORT		
KOSSE	TTI FOR Council		Jayl	0	
		paign Expenses Paid by	y Candidate		
Name of Payce (Name of	Vendor, Person or Entity who candidate paid directly	ν)	Date of Payment	Is reimbursem	ent claimed?
				☐ Yes	☐ No
Street Address	, ,,,	City		State Zip 6	Code
Purpose of Expenditure (by code)	Description		Event #	Amo	unt
Name of Payee (<i>Name of</i>	 Vendor, Person or Entity who candidate paid directl	<i>y</i> }	Date of Payment	Is reimbursem	ent claimed?
			, v	☐ Yes	□ No
Street Address		City		State Zip (
					2000
Purpose of Expenditure	Description		Event #	Amoi	unt
(by code)					
Name of Payee (Name of	l Vendor, Person or Entity who candidate paid directly	·)	Date of Payment	Is reimbursem	ent claimed?
				☐ Yes	□ No
Street Address		City		State Zip C	Code
				-	
Purpose of Expenditure (by code)	Description		Event #	Amor	unt
Name of Payee (Name of I	t Vendor, Person or Entity who candidate paid directly)	Date of Payment	Is reimburseme	ent claimed?
				☐ Yes	□ No
Street Address		City		State Zip C	Code
Purpose of Expenditure	Description		Event #	Amou	ınt
(by code)					
Name of Payee (Name of V	 endor, Person or Entity who candidate paid directly)	Date of Payment	Is reimburseme	ent claimed?
	•	•			☐ No
Street Address		City		State Zip C	
		Cay		State Zip C	.ouc
Purpose of Expenditure	Description	l	Event #	Amou	ınt
(by code)					
Name of Payec (Name of V	1 'endor, Person or Entity who candidate paid directly)	Date of Payment	Is reimburseme	ent claimed?
				☐ Yes	□ No
Street Address		City		State Zip C	ode
Purpose of Expenditure (by code)	Description	*	Event #	Amou	nt
		SUBTOTAL Sect	ion Q — This Page	1	
		TOTAL of addition	al Section Q Pages		
		ALL EXPENSES PAID			
	(Enf	er total on Line 26, Column A of	Summary Page Totals)		

<u> Rosse</u>	TTI FOR COUNTYL	, , , , , , , , , , , , , , , , , , ,	TYPE OF REP	10	
•	R. Expenses Incu	rred on Committ	ee Credit Card		
ame of Issuing Inst	itution	Type of Credit Ca	rd:		
		☐ Visa ☐	Master Card Discover	American Expres	s 🔲 Other:
ame of Vendor, Person	or Entity	[Date of	Transaction
reet Address		City		State	Zip Code
rpose of Expenditure y code)	Description		Event#		Amount
spenditure#	Type of Expenditure (Itemization in Addendum R Requi	inad antony (SN City	. h . l () L l l .		
applicable)	☐ None of the below ☐ Coordinated with reimbursement sought (joint exp ☐ Coordinated without reimbursement sought (in-kin	penditure)	Independent Organization: OAOBOC	о р	
me of Vendor, Person o	or Eatity				ransaction
reet Address		City		State	Zip Code
upose of Expenditure y code)	Description		Event #		Amount
spenditure # applicable)	Type of Expenditure (Itemization in Addendum R Requirement None of the below ☐ Coordinated with reimbursement sought (joint exp ☐ Coordinated without reimbursement sought (in-kin	enditure)	below" is checked) Independent Organization: OAOBOC	∘ D	
me of Vendor, Person o	r Entity			Date of T	ransaction
eet Address		Lo:			
		City		State	Zip Code
pose of Expenditure code)	Description		Event #		Amount
penditure # ypplicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditured Coordinated without reimbursement sought (in-kine)	enditure)	below" is checked) Independent Organization: OAOBOC	q o	
		SUBTOTAL Section	ı R — This Page		
	${f T}$	OTAL of additional	Section R Pages	, <u>, , , , , , , , , , , , , , , , , , ,</u>	
TO	TAL OF ALL EXPENSES INCURRED OF (Enter total on L	N COMMITTEE (ine 27, Column A of Su			
10					

			· ·	NOSE DE 1880 NOSE D	
i) -	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
K0			1 July 10		
	S. Expenses Incurred by Com	mittee but Not Paid	During this Period		
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #			nount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	☐ Indepenture) ☐ Organi	ŕ	D	
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		ount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required II None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	☐ Indepe			
Name of Creditor	·			Date Incur	red
Street Address	······································	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	1	ount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required in None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	☐ Indepe	·		
		SUBTOTAL Section S	S-This Page		
	${f T}$	OTAL of additional Sec	tion S Pages		
TOTAL OF ALL E	EXPENSES INCURRED BY COMMITTEE DURING (Enter total on Li	NG THIS PERIOD BUT ine 28, Column A of Summa			
	Previously reported Exp	enses Unpaid and still O	utstanding		
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	BY COMMITTEE BUT te 28a, Column A of Summa			

NAME OF COMMITTE	DD /D 11. C 1. N. D 1. J 10. F(0). D 11.			Try	DE OF DE	DODE		
ROSSI	EE (Provide Complete Name as Registered with Filing Repositor FTTI FOR COUN UL	שני		Annahammada na Fight and	pe of RE Tul	. //		
70 - 0 30	T. Itemization of Reiml	 bursement	s and Secon			1		
Last Name of Worker/Con-		First			J	мі	Date of Pay	yment to Vendor,
							Person or I	Entity
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant					o Reimburse n Section P:	Committee Wo	orker/Consultant as
					1 *	ck #	_ 🛮 Debi	t Card 🔲 EFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			A	mount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir ☐ None of the below ☐ Coordinated with reimbursement sought (joint expe ☐ Coordinated without reimbursement sought (in-kind	enditure)	☐ Indepe	-	ов с	ос о в		
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TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VORKERS	AND CONS	ULTANI	rs			
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