## ZEC FORM 20

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

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Do Not Mark in This Space For Official Use Only

Page 1 of 17

## **COVER PAGE**

1. NAME OF COMMITTEE				
Surgeon	4 Council			
2. TREASURER NAME				
Teffrey	l <sup>M</sup> A	Stewant		Suffix
3. TREASURER ADDRESS				
Street Address 30 Balden	Street	HAN HOOM	State	Zip Code
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	If Candidate Committee)		DISTRICT NUMBER
(mm/dd/yyyy) 11/05/2019	City Counc	•		plicable)
7. CANDIDATE NAME (Complete only if				
Shirley	MI	Surgeon		Suffix
8. TYPE OF REPORT (Check One Box)				
O January 10 filing	O7th day preceding primary	7th day preceding referendum	O Initial Contribut	ion or Disbursement
April 10 filing	○30 days following primary	O 45 days following referendum	Amendment to	
O July 10 filing	O7th day preceding election	ODeficit	Type of Report:	
October 10 filing	12th day preceding election (State Central Committees Only)	O Termination	***	
O Independent Expenditure Primary Election	O45 days following election not held in November			€,
9. PERIOD COVERED				
	Beginning Date	Ending Date		
Ć	9/02/19	thru 29/38/19	<del></del>	
10, CERTIFICATION				
I hereby certify and state, under p Disclosure Statement for the per	enalties of false statement, that a iod covered is true, accurate and	ll of the information set forth on thi complete.	is Itemized Campa	ign Finance
JeMan A Llui Treasurer of deputy treasure	Ter (SIGNATURE) PRINT	Frey M. Stewart NAME OF SIGNER		D/10/2019 ATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT	IS PUNISHABLE BY FINE NOT TO EXC	EED \$1,000, OR IMPRISONMENT FOR NO	OT MORE THAN ONE	YEAR, OR BOTH.

#### **LC FORM 20**

mized Campaign Finance Disclosure Statement
ONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2012

<b>SUMMARY</b>	PAGE	TOTA	TC
		94797	

NAME OF COMMITTEE	TYPE OF REPORT	
Surgeon 4 Council	,	Eiliny
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	2031,59	
13. Contributions Received from Individuals (Sections A and B)	400	2875
14. Receipts from Other Committees (Sections C1 and C2)	250	250
15. Other Monetary Receipts (Sections D through K)	Ô	1349,38
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)  Municipal and Town Committees ONLY	NA	PlA
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	650	4774,38
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	2681.59	4.474.38
19. Expenses Paid by Committee (Section P)	34,03	1826.82
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	2647.56	2,647.56
21. In-Kind Donations not Considered Contributions Received (Section L4)		0
22. In-Kind Contributions Received (Section M)	$\bigcirc$	250
23. Refundable Deposit to Telephone Company (Section N)	0	0
24. Receipts of Organization Expenditures (Section O) OPTIONAL	· 6	0.
25. Beginning Loan Balance	1349,38	
25a. + Loans Received (Section D)	0	1349,38
25b. + Interest and Penalties on Loan	0	Q
25c. Payments on Loan	0 -	0
25d. Total Outstanding Loan Amount	1349,38	
26. Campaign Expenses Paid by Candidate (Section Q)	0	1349,38
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	252.15	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	252.15 920.15	

	MOMERANT MECETT 19 (Sections)	A—-K)	× Bo 2 01 17
NAME OF COMMITTEE		TYPE OF REPORT	
Surgeon 4 Counc		October 11	Cl.
	Contributors-Received this Period ONLY	00101010 11	2 Cling
(See instructions for definition of Small Cont	ributor) SUBTOTAL SECTION A	\$	MA
		,	
Last Name	B. Itemized Contributions from Indivi	duals	
Chambar.	Michael		MI
Residential Street Address	City		State Zip Code
7 Lee Circle	Bloomfield		Ct 06002
Principal Occupation	Name of Employer		-1 00003
letired	Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If c	ontribution is in excess of \$400 to a candidate for a chief executive	e officer of a municipality,	Amount of Contribution
	s contributor or business he/she is associated with have a contract used at more than \$5,000?	with said municipality	200
Is this contribution associated with a fundraising event listed in Section L1? Yes	Is contributor a principal of a state contractor or prospective sta		
fundraising event listed in Section L1?	If yes, indicate which branch or branches of government the contract is with:  DExecutive	OLegislative No	
Method of Contribution:	Date Received	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney Order 9/3/4	200	
Last Name	First		MI
Residential Street Address	Michael		
LG NOTMAN DR	City Rland Cold	S	State Zip Code
Principal Occupation	Name of Employer	(	1 06002
Reticed	Ro tros	. 1	
Is contributor a lobbyist, spouse,  Yes If co	ontribution is in excess of \$400 to a candidate for a chief executive	Ч	
or dependent child of a lobbyist?	s contributor or business he/she is associated with have a contract v	with said municipality	Amount of Contribution
Is this contribution associated with a Yes	Is contributor a principal of a state contractor or prospective state	e contractor? OYes	100
fundraising event listed in Section L1?  If yes, list Event #	If yes, indicate which branch or branches	ï No	·
Method of Contribution:	of government the contract is with: Executive	Aggregate Contributions	
OCash Personal Check OCredit/Debit Card		100	
Last Name	First		MI
NICKIA	()AUIS		
Residential Street Address	City D( C ()	S	tate Zip Code
Principal Occupation HUE	enue Ploomtield		1 06002
TRUCK ORIVER	Name of Employer	K., 1	
	ntribution is in excess of \$400 to a candidate for a chief executive	loyed	
or dependent child of a lobbyist?	contributor or business he/she is associated with have a contract w	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with a Yes	ed at more than \$5,000? Yes No		100
fundraising event listed in Section L1? No	Is contributor a principal of a state contractor or prospective state  If yes, indicate which branch or branches	contractor? O Yes No	
If yes, list Event #  Method of Contribution:	<u> </u>	Legislative Aggregate Contributions	
Cash OPersonal Check OCredit/Debit Card	- I	1 D D	
	SUBTOTAL Section B —	This Page	f DO
	TOTAL of additional Section	n B Pages	
ТОТАТ-О	ALL CONTRIBUTIONS FROM INDIVIDUALS (Section 2)		
	(Enter total on Line 13 of Summary	Page Totals)	100

Rev. 1/12	I. MON	LIANI	KECEL	r 19 (Seci	ions A—K)	1 ngc 4 01 17
NAME OF COMMITTEE	1 / 5				TYPE OF REPORT	A PROPERTY OF THE PROPERTY OF
Surgeon L	f Council				<u>l October</u>	10 Filmy
	C1. C	ontribution	ns from O	ther Comn		
Name of Committee	0.0			Name of Treas		
I MATH Citte	en PAC			Rus	isell JARen	1/1
Address			Is this contri	bution associate	ed with a Yes No	Amount of Contribution
53 Ducal C	: (n -1.		fundraising o	event listed in S	ection L1?	_
City City	State	Zip Code	Date Rece		st Event # Aggregate Contributions	250
I (Ca)		1	9-3-	19 last-filing		
1 HANGED	CT	06/05	After	1064-45 ling	250	
Name of Committee		er territoria de la composición de la c	Million on the same of the sam	Name of Treas	irer	
Address			T			
			Is this contribution fundraising a	bution associate event listed in Sc	d with a Yes ONo	Amount of Contribution
					st Event #	
City	State	Zip Code	Date Recei	ved	Aggregate Contributions	
Name of Committee				Name of Treasu	rer	
				IXENIC OF TREEST	noi	
Address			Is this contrib	oution associated	d with a Yes No	Amount of Contribution
	-		fundraising e	vent listed in Se	ection L1? st Event #	
City	State	Zip Code	Date Recei		Aggregate Contributions	_
		]	-			
200000						
Name of Committee				Name of Treasu	rer	
Address		"	Is this contrib	ution associated	i with a OYes ONo	Amount of Contribution
				vent listed in Se	ction L1?	The state of Contribution
City	State	Tar a .	15.5	If yes, lis		
City	State	Zip Code	Date Receiv	/eα	Aggregate Contributions	
					·	
C2. Reim	bursements. Pay	ments or S	arphe Di	stributions	ı from other Committ	000
Name of Committee		-1.6.1.629 O. L.		Name of T	principal and the principal and and a first of the principal and a second of the second of the principal and the second of the s	CC3
A J.J.,						
Address					Date Received	Amount of Receipt
City	Stat	1=	1			
City	State	Zip Coo	de	Reimburser	ment for shared expense or goods and services	
				Surplus Dis	stribution	
Name of Committee		and the second second		Name of Tr	reasurer	The section of the se
•						i
Address		******			Date Received	Amount
						Amount of Receipt
City	State	Zip Coo	de	Reimburca	ment for shared expense	
				Payment fo	r goods and services	
				Surplus Dis	stribution	
		Ç	HBTOTAL	Section C	— This Page	250
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	erentalesiko tilikoidodo. Alfaboti täleteksi Lietuvoid	. Т(	OTAL of ac	lditional Sec	tion C Pages	250
	OTAL OF ALL CO	MMITTEE	CONTRIB	UTIONS AN	DRECEIPTS	
	(Section	s C1 + C2) <i>(E</i>	nter total on L	ine 14 of Sumn	uary Page Totals)	250

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Page 5 of 17

NAME OF COMMUTTEE				TYPE OF	REPORT	and the same of
Surgeon 4 Counci	(				toper 1	o-Ciling
	). Loans	Receiv	ed this Period			<u> </u>
Name of Lender			Source of Loan:  OBank O Car	ndidate 💍 Individua	Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)	1			January	<u> </u>	Amount Received
Street Address	City			State	Zip Code	
Name of Lender		:	Source of Loan: OBank OCar	ndidate OIndividual	Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)	.1					Amount Received
Street Address	City	·		State	Zip Code	
				Jane	zip code	
Name of Lender			Source of Loan:  Bank Can	ndidate OIndividual	Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)	<u></u>					Yes No Amount Received
Street Address	City			State	Zip Code	
		•			Sip Coulc	
			TO'	TAL SECTION	o l	
E. Receipts from Entitles other than	Individ	luals or	Other Comm	ittees (Referendy	m Committees	ONLY)
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contribu	tions	
			·			
lame of Entity						The state of the s
treet Address				Date Received		Amount Received
ity		State	Zip Code	Aggregate Contribu	tions	
lame of Entity						
						-
treet Address				Date Received		Amount Received
ity		State	Zip Code	Aggregate Contribu	tions	
			TG	TAL SECTION	r:	

SEEC	FORM	20
Der 1/15		

I. MONETARY RECEIPTS (Sections A-K)

NA

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Total Secret  Is this transaction associated with a fundrating event listed in Section L17 No	F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONE)	1 . A-*1	OCYONER OF REPORT OF THE PORT	Cil	4 Counc	IAME OF COMMITTEE  SUITED
Is this transaction associated with a fundraising event listed in Section L1? No	Trundmising event listed in Section 1.17 Sec		reasury (Business Entity Comm	om Affiliated Business T	nount Transferred fro	J F. An
TOTAL SECTION F.    Amount   Amount   Amount   Amount	to of Receipt  Is this transaction associated with a fundraising event listed in Section L1?  Is this transaction associated with a fundraising event listed in Section L1?  Is this transaction associated with a fundraising event listed in Section L1?  ROTAL SECTION F  TOTAL SECTION F  TOTAL SECTION F  Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committee to of Receipt  Amount Amount Amount Amount  Amount Amount Total Section G  H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)  TOTAL SECTION G  H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)  TOTAL SECTION G  Amount Amount Amount Ocash Personal Check Credit/Debit Card  Amount Ocash Personal Check Credit/Debit Card  Amount Amount Ocash Personal Check Credit/Debit Card  Method of payment Amount Ocash Credit/Debit Card  Method of payment Ocash Personal Check Credit/Debit Card  Method of payment Ocash Personal Check Credit/Debit Card	Amount	Event #	2 200 1/ 500 110		te of Receipt
Total Section I listed in Section L1? No No Total Section I listed in Section L1? No No Total Section I listed in Section L1? No No Total Section I listed in Section L1? No No Total Section I listed in Section L1? No Total Section I listed in Section L1? No Total Section I listed in Section I list list listed in Section I list list list list list list list list	and fundraising event listed in Section L1?	Amount	Event #	2 100 1 763, 110	<b>3</b> .	te of Receipt
TOTAL SECTION P  G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONI.)  a of Receipt  Amount  TOTAL SECTION G.  Date of Receipt  Amount  Amount  TOTAL SECTION G.  H. Personal Funds of the Candidate Received this Period (Candidate Committees ONI.)  of Receipt  Method of payment:  O Cash  Personal Check  O Credit/Debit Card  Amount  Amount  O Cash  Personal Check  O Credit/Debit Card  Amount  O Cash  O Personal Check  O Credit/Debit Card  Amount  O Cash  O Personal Check  O Credit/Debit Card  Amount  O Cash  O Personal Check  O Credit/Debit Card  Amount  O Cash  O Personal Check  O Credit/Debit Card  Amount  O Cash  O Personal Check  O Credit/Debit Card  O Receipt  Method of payment:  O Cash  O Personal Check  O Credit/Debit Card  Amount	TOTAL SECTION F  G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committee to of Receipt  Date of Receipt  Date of Receipt  Amount  TOTAL SECTION G  TOTAL SECTION G  H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)  of Receipt  Method of payment:  O Cash  Personal Check  O Credit/Debit Card  Amount  Amount  Amount  Amount  Amount  Amount  O Receipt  Method of payment:  O Cash  O Personal Check  O Credit/Debit Card  Amount  Amount  O Cash  O Personal Check  O Credit/Debit Card	Amount	Event #			te of Receipt
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONL  of Receipt  Amount  Amount  Amount  Amount  Amount  ROTAL SECTION G  H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)  Amount  O Cash  Personal Check  O Credit/Debit Card  Amount  O Cash  O Personal Check  O Credit/Debit Card  Amount  O Cash  O Personal Check  O Credit/Debit Card  Amount  O Cash  O Personal Check  O Credit/Debit Card  Amount  O Cash  O Personal Check  O Credit/Debit Card  Amount  O Cash  O Personal Check  O Credit/Debit Card  Amount  O Cash  O Personal Check  O Credit/Debit Card  O Credit/Debit Card  O Cash  O Personal Check  O Credit/Debit Card  O Credit/Debit Card	G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committee to of Receipt  Date of Receipt  Amount  Amount  TOTAL SECTION G  H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)  of Receipt  Method of payment:  O Cash  Personal Check  O Credit/Debit Card  Amount  Of Receipt  Method of payment:  O Cash  Personal Check  O Credit/Debit Card  Amount  Of Receipt  Method of payment:  O Cash  O Personal Check  O Credit/Debit Card  Amount  Of Receipt  Method of payment:  O Cash  O Personal Check  O Credit/Debit Card	Amount	Event #			e of Receipt
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H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)  of Receipt  Method of payment:  Cash Personal Check Credit/Debit Card  of Receipt  Method of payment:  Cash Personal Check Credit/Debit Card  of Receipt  Method of payment:  Amount  Cash Personal Check Credit/Debit Card  of Receipt  Method of payment:  Amount  Cash Personal Check Credit/Debit Card  of Receipt  Method of payment:  Amount  Cash Personal Check Credit/Debit Card	TOTAL SECTION G  H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)  of Receipt  Method of payment:  OG Receipt  OG Receipt  Method of payment:  OG Receipt  Method of payment:  OG Receipt  OG Receipt  OG Receipt  OG Receipt  Method of payment:  OG Receipt		Date of Receipt	ate of Receipt	Dat	e of Receipt
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O Cash O Personal Check O Credit/Debit Card	of Receipt Method of payment:		Clean Dean Card	O Torsunar Check		of Receipt
TOTAL SECTION H	Allibuit	Amount	Credit/Debit Card	Personal Check		
	TOTAL SECTION H		TOTAL SECTION H			

I. Anonymous 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 Res. 1/12	I. MONETARY RECEIPTS (	Sections A—K)	NIA	Page 7 of 17
NAME OF COMMITTIES  SWIGEON 4	*(	7	REPORT	NT (4
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Name of Institution	5. Merest from Deposits in Authoriz	Date Rece	ived	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Rece	veđ	Amount
			·	
Street Address	City	State	Zip Code	
77. NO		TOTAL SECTIO		
Name	iscellaneous Monetary Receipts not Cons		of Transaction	
			or remodellon	Amount Received
Street Address	City	State	Zip Code	
Description ·		-	<u>j</u>	
Name		Data	-£70	
Ivano		Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name				
Name		Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		- Aldridge grant and a second a	A D	
Name		Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description	.			
			The second secon	
		TOTAL SECTION	K	
SUMMAI	RY OF OTHER MONETARY RECEIPT	S (Sections D thro	ough K)	
Total Loans Received this Period (Sect	tion D)			
Total Receipts from Entities other than	Individuals or Other Committees (Section E)		+	
Total Amount Transferred from Affilia	ated Business Treasury (Section F)		+	
Total Amount Transferred from Affilia	ated Labor Union or Other Organization Treasury	(Section G)	+	
Total Amount of Personal Funds of the	Candidate Received this Period (Section H)		+	
Total Amount of Interest from Deposit	s in Authorized Accounts (Section J)		+	
Total Miscellaneous Monetary Receipt	s not Considered Contributions (Section K)		÷	
Total of Other Monetary Receip	ts (Add Sections D through K). (Enter total on Li	ine 15 of Summary Page T	otals)	

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4) N | Page 8 of 17

NAME OF COMMITTEE	TYPE OF REPORT
Surgeon 4 Council	draiser Event Information
Fundraising Event # Description Date of Fundraiser Letter	Granel Event Inio manon
Location: Street Address	City State Zip Code
Subpart 1: (All Committees)  Was this fundraising event hosted at a personal residence?	OYes (If yes, go to Section IA In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)  ONo
Did this fundraiser include items donated by a business entity of us \$100 or items donated by an individual of up to \$100?	p to OYes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  ONo
Was this fundraiser a tag sale, auction, or other sale of donated iter with purchases from an individual of up to \$100?	O <sub>No</sub> \$
Subpart 2: (Town Committees and Municipal Candidate Commit Were there purchases of advertising space in a program book or or 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?	O Yes (If yes, enter Total Receipts here.)  No
Fundraising Event # Date of Fundraiser Letter  Description	
Location: Street Address	City State Zip Code
Subpart 1: (All Committees)  Was this fundraising event hosted at a personal residence?	OYes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)  ONo
Did this fundraiser include items donated by a business entity of up \$100 or items donated by an individual of up to \$100?	o to OYes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
Was this fundraiser a tag sale, auction, or other sale of donated item with purchases from an individual of up to \$100?	OYes (If yes, enter Total Receipts here.)  ONo
Subpart 2: (Town Committees and Municipal Candidate Commit Were there purchases of advertising space in a program book or on 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?	O Yes (If yes, enter Total Receipts here.)
SUBTOTAL Section L1—Subpart 1 (All Committees) Total	Receipts from Sale of Donated Items — This Page
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY)	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHA	TOTAL of additional Section L1 Pages  ASES (Enter total on Line 16a of Summary Page Totals)

SEEC FORM 20 Rev. 1/12

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

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

NAME OF COMMIT	CEE.			TYPE OF R	PORT		
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L3, Pui	chases of Advertisi	ng in a Program Bo	ok or on a Sig	gn (Municipal Candidate and	Town Co	mmittees O	LY Section
Name of Purchaser						nase Made By:	
					OE	Business Entity	OIndividual
h					_ Os	ole Proprietors	hip
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and the second s			- Williams				
Name of Purchaser					1 _	ase Made By:	
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Street Address			City			State	Zip Code
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				m L3 ( <i>Town Committees ONL</i> vertising ou a Sign — This Pa			
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SEEC FORM 20

# II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4) W/ Page 10 of 17

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NAME OF COMMITTEE	17 7	.,,		TYPE OF REPORT		
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	and the second of the second	M. In-Kind Cor	itributions	a gravita array (p. 1919).		$J_{\rm total}$ and $t_{ m total}$
Name						
Street Address		"PANTE ""P" To Inc.	City		State	Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		
Oindividual / Sole Proprietorship OOther						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or	business he/she is associa	idate for a chief executive ated with have a contract w	officer of a municipality, vith said municipality		Market Vålue or Contribution
Is this contribution associated with a	valued at more than		O Yes O No contractor or prospective sta	ate contractor? OYes		
fundraising event listed in Section L1?  If yes, list Event #	No If yes,	indicate which branch or rument the contract is wit	branches	_ No		
Name	of gove.	inment the compact is wit	h: Executive	U Legislative	er en fat i Steppen variet de nace au parace	and the second s
•						•
Street Address			City	,	State	Zip Code
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Olndividual / Sole Proprietorship Oother						-
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in does contributor or valued at more than	business he/she is associa	idate for a chief executive of ted with have a contract w Yes No	officer of a municipality, ith said municipality		Market Value Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	O No   If yes, i	or a principal of a state of a dicate which branch or b ament the contract is with	ontractor or prospective sta	_ <b>O</b> No		
Name	of gover	inhent me contract is wit	h: C Executive (	J Legislative		
,					ſ	
Street Address	···		City		State	Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of ln-Kind C	Contribution	<u> </u>	
Olndividual / Sole Proprietorship Oother						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in does contributor or l valued at more than	business he/she is associa	date for a chief executive of ted with have a contract wi	officer of a municipality, th said municipality		Iarket Value Contribution
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Residential Street Address		City		State Zip Code	<u> </u>	
		ļ		-		mount of Deposit
Name of Telephone Company					4	
*						
Street Address		City	Ts	State Zip Code		
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III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

NAME OF COMMITTEE		(C) (0.012) (S)(0) (120)		TYPE OF REPORT	]
549	eon 4 Council		a Barriera (1965) (1965	October 10	-Filma
Lagislativa I	eon 4 Council  O. Non-Monetary Re	eceipts of Organi	zation Exp	enditures Made By	sa a Variana da
Legislative E	rship, Legislative Caucus, and Party C	aucus and Party	Name of Treast	es — <u>OPTIONAL</u> See Public	Act 11-48
			THE ST. LIVE		
Street Address			<u> </u>	Date Notice Received	Fair Market Value of Donation
City	24- 1 - 126-74	State	Zip Code	Aggregate Donations	
Description of Donation				Purpose of Expenditure (see instructions	7
			The state of the s	OA OB OC OD OE	
Name of Committee (Legislative Leader	rship, Legislative Caucus, and Party Co	ommittees ONLY)	Name of Treasu	rer	
Street Address				Date Notice Received	Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	_
Description of Donation				Purpose of Expenditure (see instructions)	
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Name of Committee (Legislative Leader	ship, Legislative Caucus, and Party Co.	mmittees ONLY)	Name of Treasur	rer	
Street Address		***************************************	L	Date Notice Received	Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	- }
Description of Donation				Purpose of Expenditure (see instructions)  OAOBOCODOE	
Name of Committee (Legislative Leader,	ship, Legislative Caucus, and Party Con	mmittees ONLY)	Name of Treasur	er	
Street Address	, <u>t.</u>	,		Date Notice Received	Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation				Purpose of Expenditure (see instructions)	
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Street Address				Date Notice Received	Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation				Purpose of Expenditure (see instructions)  OA OB OC OD OE	
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SEEC FORM 20 Reduct January 2015

#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)	·	TYPE OF REPORT		
Surgeon	1 4 Council		October 10	filing	
V	P. Expenses	Paid by Committee	A STATE OF THE PROPERTY OF THE	J	
Name of Payee		and the sixteen of the section of the sixteen of th	Date of Payment	Method of Payment:	
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Stragt Address	1 105 grami rolderors	City	1 1 1 2 1 1	O Debit Card OEFT State Zip Code	
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Purpose of Expenditure		Eve	ent#	Amount	
(by code) A-Sign	Thank you Danner		NA	34.03	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required uni	less "None of the below" is chec	rked)		
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,	Coordinated without reimbursement sought (in-kind contri	bution) ( Organization	OA OB OC OD	Method of Payment:	
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(by code)				imount	
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Name of Payee	•		Date of Faymon	Check #	
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Street Address		City		State Zip Code	
Purpose of Expenditure	Description	Ev	ent#	Amount	
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	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	ibution) Organization	OA OB OC OD		
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	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY COMIN. 219, Column A of Summary Pa	ge Totals)	34.03	

. Page 14 of 17

NAME OF COMMIT	TEE		Planting of the Control of the Control		TYPE OF REPOR		
	yeon 4	Council			October		Lung
	A Company of the Company of the		gn Expenses Paid	hy Candida	to to the second	-10 to	$\frac{11119}{2}$
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Street Address			City			State	Zip Code
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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Surge			October 10	Filing
The state of the s	S. Expenses Incurred by Com	mittee but Not Paid	During this Period	
Name of Creditor				Date Incurred
Very 20	n Wineless			9/10/19
Street Address		City		State Zip Code
P.O. Box	489	Newsph	L	NJ 0489
Purpose of Expenditure (by code)	Phone bill for campayn cellphon	e	Event #  WA	Amount Incurred (Estimate or Actual) 43.12
Expenditure # (if applicable) N [ ]	Type of Expenditure (Itemization in Addendum S Required None of the below	Independent	endent	
, , , ,	Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	nture) ( Organi ontribution)	zation: OA OB OC OD	
Name of Creditor Budget	Printers & Embreiderers			1
Street Address		City		State Zip Code
1718 1	ANK Street	HANGTORY		06106
Purpose of Expenditure (by code)	Thank you Sign	•	N/A	Amount Incurred (Estimate or Actual)  34.03
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required	unless "None of the below"	is checked)	31100
NA	None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	iture)	endent ization: OA OB OC OD	
Name of Creditor Bill M	organ Media			Date Incurred 9-28-19
	non Street	City HARSFOUND		State Zip Code  CT Zip Code
Purpose of Expenditure (by code)	Description Campaign photo of Shinley S	urgeon	Event# NA	Amount Incurred (Estimate or Actual)
Expenditure #	Type of Expenditure (Itemization in Addendum S Required	unless "None of the below"	is checked)	175
(if applicable)  N(A	None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind or	liture) ( Organ	endent ization: OA OB OC OD	
		SUBTOTAL Section	S-This Page	152,15
		TOTAL of additional Sec	ction S Pages	0
TOTAL OF ALL E	XPENSES INCURRED BY COMMITTEE DUR (Enter total on 1	ING THIS PERIOD BU' Line 28, Column A of Summ	T NOT PAID ary Page Totals)	52.15
Activity and an activity of the state of the	Previously reported Ex	penses Unpaid and still C	Outstanding (	268
	TOTAL OF ALL EXPENSES INCURRE (Enter total on L	D BY COMMITTEE BU ine 28a, Column A of Summ	T NOT PAID ary Page Totals)	120.15

# IV. EXPENDITURES (Sections P-T)

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Page 17 of 17

NAME OF COMMI				TV	PE OF REPORT		
Su	year 4 Counc				I toben 1	0 4	ling
	T. Itemizatio	n of Reimbursemer	nts to Committe	e Workers and	Consultants		V.
Last Name of Worker/C	Consultant	First		MI	Date of Payment	Metho	od of Payment:  Check #  Debit Card
Secondary Payee	· · · · · · · · · · · · · · · · · · ·	<u></u>					Good Card
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Street Address			City	17.10-1-2		State	Zip Code
Purpose of Expenditure (by code)	Description	,		Event #			Amount
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Last Name of Worker/C	onsultant	First		MI	Date of Payment	Metho	d of Payment: OCheck # Debit Card
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Purpose of Expenditure by code)	Description			Event #			Amount
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