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

TOWNS CITY OLEAN

7/19 SEP - 3 PM 4: 4:

Do Not Mark in This Space For Official Use Only

#### **COVER PAGE**

	COYE	I IAGE		
1. NAME OF COMMITTEE				
Take Back Hartford				
2. TREASURER NAME				
First	MI	Last		Suffix
Jessica		Poland		
3. TREASURER ADDRESS				
Street Address	City		State	Zip Code
185 Pine St #707	Ma	anchester	CT	06040
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 9-10-2019				(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)			
First	MI	Last		Suffix
8. TYPE OF REPORT (Check One Box)				
☐ January 10 filing	☐7th day preceding primary	7th day preceding referendum	☐ Initial Con	tribution or Disbursement
April 10 filing	30 days following primary	45 days following referendum	Amendmen	
July 10 filing	☐7th day preceding election	☐ Deficit	Type of Rep	port:
October 10 filing	12th day preceding election (State Central Committees Only)	☐ Termination	-	
24 Hour Independent Expenditure  Primary Delection	☐45 days following election not held in November			
9, PERIOD COVERED				
	Beginning Date	Ending Date		
	8/24/19	thru <u>9/3//9</u>		
10. CERTIFICATION			· 1855 克勒斯斯特的	
I hereby certify and state, under policional performance of the perfor		t all of the information set forth on the and complete.	nis Itemized Ca	mpaign Finance
Daland	Je	ssica Poland		09/03/2019
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE) PRI	NT NAME OF SIGNER		DATE (mm/dd/yyyy)
A person who is	found to have knowingly and v	villfully violated any provisions of th	ne campaign fin	ance statutes

faces a civil penalty or imprisonment or both.

Page 1 of 17

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	
	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		
12. Balance on hand at the beginning of Reporting Period		
13. Contributions Received from Individuals (Sections A and B)		2500
14. Receipts from Other Committees (Sections C1 and C2)		3000
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)		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns	s)	
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)

ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	)		TYPE OF REPORT		
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	eived this l SUBTOT.	Period ONLY AL SECTION A	\$		
R Itemized C	Contributi	ons from Individ	iuals		
Name	First				MI Jr
asares	Edv	vard		0	Zip Code
idential Street Address	City			State	06106
Roger Street	Hartfor	ame of Employer			
neipal Occupation	į.			••	
afety Officer  Contributor a lobbyist, spouse,	400 to a candio	late for a chief executive	e officer of a municipality	, Amo	ount of Contribution
dependent child of a lobbyist?	/she is associa	Yes No	Willi Said Illumorpuney	500	)
this contribution associated with an vent reported in Section L1?  Yes Is contributor a principal of If yes, indicate which of government the core.	branch or bra	actor or prospective state nches Executive	Legislative		
ethod of Contribution:		Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit Card Payroll Deduction		8/29/2019			IMI
st Name	First	log			
opez		rlos		State	Zip Code
sidential Street Address	City Farmi	naton		СТ	06032
Muls Hill Drive		Name of Employer		<u> </u>	, <u> </u>
incipal Occupation					
Retired  contributor a lobbyist, spouse,  If contribution is in excess of \$\frac{1}{2}\$	\$400 to a cand	idate for a chief executiv	ve officer of a municipali	y, An	nount of Contribution
dependent child of a lobbyist? I No does contributor or business he valued at more than \$5,000?	e/she is associ	Yes No	t will said manuspassy	1,	000
this contribution associated with an vent reported in Section L1?  If yes, list Event #  Yes Is contributor a principal If yes, indicate which of government the c	ch branch or b	ranches  Executive	☑ N e ☐ Legislative	0	
Method of Contribution:		Date Received 8/24/2019	Aggregate Contributions		
Cash Personal Check Credit/Debit Card Payroll Deduction					MI
ast Name	Fir:	sessica			
Behrenz	City	500104		State	Zip Code
Residential Street Address	Clint	on		СТ	06413
39 Stanton Road		Name of Employer			
Power Cleaning Service		Self-employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of does contributor or business of valued at more than \$5,000?	he/she is associ	didate for a chief execut ciated with have a contra \to Yes \to No	ict with said mamorphism	1	mount of Contribut
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal No If yes, indicate which which is the principal of the p	al of a state co	orancnes	ve Legislative		
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐		8/24/2019			
	SUBTOTA	L Section B — TI	nis Page		
1 - 영화 등사용 경험 경험을 하다 하는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들이 나가 되었다.		dditional Section 1			
TOTAL OF ALL CONTRIBUTIONS					

	BE (Provide Complete Na	me as Revistered wi	th Filing Repositor	<b>,</b> ) where we			TYPE OF REPORT			
ME OF COMMITTI	BL (Provide Complete Nat									
		C1. C	ontribution	s from Ot	her Comm	ittees			······································	
of Committee					Michael R					
	Pipefitters Local 7	77 PAC			i			Amount	f Contr	ibution
ess				Is this contri	ad in Section L.L	7	Yes No	1,500		
50 E Main St				Date Rece	If yes, li	ist Event	# ate Contributions	- 1,000		
		State	Zip Code			1				
eriden		СТ	06450	8/21/2		urar	and the second s		<u></u>	
e of Committee					Name of Treas  John Am					
neet Metal Wo	rkers Local 40 P/	AC Fund					, Flys Flys	Amount	of Cont	ribution
ress				Is this cont	etad in Section L	.17	n ∏Yes ☑No	1,500		
00 Old Forge F	Road			Date Re	If yes,	list Even	t#			
		State	Zip Code			867	=			
ocky Hill		СТ	06067	8/21/	/2019	a politrar				
me of Committee					Name of Trea	asuroi				
								Amoun	t of Cor	tribution
dress				Is this cor	orted in Section .	L1?	an Yes No			
				1	If yes	, list Evei	nt # regate Contributions	<del>-</del>		
ty		State	Zip Code	Date K	eceived	1-00				
		l l								
						N 14 H. H. H.				
	C2. R	keimburseme	ents or Surj	olus Distr	ibutions fro	om oth	er Committees			
ame of Committee	C2. R	leimburseme	ents or Surj	olus Distr	ibutions fro	om oth	er Committees			
ame of Committee	C2. R	eimburseme	ents or Surj		Name of 1	om oth	er Committees	State		ip Code
ame of Committee	C2. R	eimburseme	ents or Surj	olus Distr	Name of 1	om oth	er Committees	State		
	C2. R	eimburseme	ents or Surj		Name of 1	om oth	er Committees		; Z	in Code
	C2. R	Payment Ty	pe	City	y		er Committees		; Z	
Address	Expenditure #	Payment Ty		City	Name of 1		er Committees		; Z	in Code
Address	Expenditure #	Payment Ty	pe	City	y		er Committees		; Z	in Code
Address  Date Received  Description	Expenditure #	Payment Ty	pe	City	y	ribution	er Committees		; Z	in Code
Address Date Received	Expenditure #	Payment Ty	pe	City	Surplus Distr	ribution	er Committees		ount of	ip Code Reccipt
Address  Date Received  Description	Expenditure #	Payment Ty	pe	City ed expense	Surplus Distr	ribution	er Committees		; Z	in Code
Address  Date Received  Description	Expenditure #	Payment Ty	pe	City ed expense	Surplus Distr	ribution	er Committees	An	; Z	ip Code  Receipt
Date Received  Description  Name of Committee  Address	Expenditure # (if applicable)	Payment Ty □Reimbur	pe rsement for share	City ed expense	Surplus Distr	ribution	er Committees	An	; Z	ip Code  Receipt
Date Received  Description  Name of Committee	Expenditure #	Payment Ty □ Reimbur	pe rsement for share	City ed expense	Surplus Distr	ribution		An	; Z	ip Code  Reccipt
Date Received  Description  Name of Committee  Address  Date Received	Expenditure # (if applicable)	Payment Ty □ Reimbur	pe sement for share	City ed expense	Surplus Distr	ribution		An	; Z	ip Code  Receipt
Date Received  Description  Name of Committee  Address	Expenditure # (if applicable)	Payment Ty □ Reimbur	pe sement for share	City ed expense	Surplus Distr	ribution		An	; Z	ip Code  Receipt
Date Received  Description  Name of Committee  Address  Date Received	Expenditure # (if applicable)	Payment Ty □ Reimbur	pe rsement for share Type nbursement for s	city cd expense	Name of Surplus I	ribution Trensurer	DII	An	; Z	ip Code  Reccipt
Date Received  Description  Name of Committee  Address  Date Received	Expenditure # (if applicable)	Payment Ty □ Reimbur	pe sement for share	city ed expense  City hared expense	Name of Surplus I	ribution Trensurer Distribution	on age	An	; Z	ip Code  Reccipt
Date Received  Description  Name of Committee  Address  Date Received	Expenditure # (if applicable)  Expenditure # (if applicable)	Payment Ty □ Reimbur	pe rement for share Type nbursement for s SUI	chared expense	Name of   Name of     Surplus I     Section C	ribution Treasurer Distribution This P	on age	An	; Z	ip Code Reccipt

	MONETARY RI	<u> CEH</u>	'15 (Section	TYPE OF R	EPORT	
ME OF COMMITTEE (Provide Complete Name as I	Registered with Filing Repository)	HANGE AND THE		IYEUFR	DI OKI	
	D. Loans Rec	ceived t	his Period			
ne of Lender		Source	ce of Loan: Bank 🖺 Candida	nte 🔲 Individual		Date of Receipt
et Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
ne of Cosigner/Guarantor (if applicable)		<u></u>		<u></u> .		Amount Received
ect Address	City			State	Zip Code	
		·	rce of Loan:			Date of Receipt
me of Lender		Sou	Bank Candid		Other Committee Zip Code	Is there a Cosigner or
eet Address	City			State	Zip Code	Guarantor of this loan?  Yes No
nne of Cosigner/Guarantor (if applicable)	I			•		Amount Received
trect Address	City			State	Zip Code	
ame of Lender		So	urce of Loan: Bank Candi	idate 🔲 Individu	al Committee	Date of Receipt
treet Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan Yes No
lame of Cosigner/Guarantor (if applicable)						Amount Received
	City			State	Zip Code	<u> </u>
Street Address						
		1	OTAL SECT	ION D		
E. Receipts from Enti	ties other than Indivi	duals or	r Other Comi	mittees <i>(Refer</i>	endum Commit	tees ONLY)
Name of Entity						
Street Address	·			Date Received		Amount Received
		State	Zip Code	Aggregate Con	tributions	
City	•					
Name of Entity						
				Date Received		Amount Received
Name of Entity		State	Zip Code	Date Received Aggregate Co		Amount Received
Name of Entity  Street Address  City		State	Zip Code			Amount Received
Name of Entity  Street Address  City  Name of Entity		State	Zip Code		ntributions	
Name of Entity  Street Address  City		State	Zip Code	Aggregate Co	ntributions	Amount Received

			Two agrees (Rucin	ess Entity Commit	tees ONLY)
F	Amount Transferred from Af	filiated Business	Heasury (Dusin		Amount
f Receipt	Is this transaction associated with an event reported in Section L1?	Yes If yes, lis	st Event#		
of Receipt	Is this transaction associated with an	Yes If yes, li.	st Event#		Amount
	event reported in Section L1?	<u> </u>			Amount
of Receipt	Is this transaction associated with a event reported in Section L1?	n Tycs <i>If yes</i> , li No	ist Event #		
of Receipt	Is this transaction associated with a event reported in Section L1?	n Tyes If yes, l	list Event#		Amount
	even reported	T.	TOTAL SECTIO	ON F	
	ransferred from Affiliated La	an an orth	or Organizatio	n Treasury (Or	ganization Committees ONLY)
G. Amount I	ransferred from Affiliated La	oor Union or Oth	CI (016	Date of Receipt	
te of Receipt	Date of K	coopt			
		Amount			Amount
	Amount	, , , ,			
		Т	OTAL SECTIO	N G	
			J this Period	(Candidate Commi	ttees ONLY)
	H. Personal Funds of the C	andidate Receive	d this i criod		Amount
of Pagaint	H. Personal Funds of the C	andidate Receive	d ms r crou	3,000	Amount
Date of Receipt	Method of payment:	andidate Receive	Credit/D	Į	
			Credit/D	rebit Card	Amount Amount
	Method of payment:			rebit Card	Amount
Date of Receipt	Method of payment:  Cash  Method of payment:  Cash	Personal Check	Credit/D	rebit Card	
	Method of payment:  Cash  Method of payment:  Cash  Method of payment:	Personal Check	Credit/D	Debit Card	Amount Amount
Date of Receipt  Date of Receipt	Method of payment:  Cash  Method of payment:  Cash  Method of payment:  Cash	Personal Check	Credit/D	Debit Card	Amount
Date of Receipt	Method of payment:  Cash  Method of payment:  Cash  Method of payment:	Personal Check	Credit/D	Debit Card	Amount Amount
Date of Receipt  Date of Receipt	Method of payment:  Cash  Method of payment:  Cash  Method of payment:  Cash  Method of payment:	Personal Check  Personal Check  Personal Check	Credit/D	Debit Card  Debit Card  Debit Card	Amount Amount
Date of Receipt  Date of Receipt	Method of payment:  Cash  Method of payment:  Cash  Method of payment:  Cash  Method of payment:	Personal Check  Personal Check  Personal Check	Credit/D Credit/D Credit/D Credit/D	Debit Card  Debit Card  Debit Card	Amount Amount

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.

d 248,0115 2015	MONETARY RECEIPTS	(Sections A—	E OF RE	PORT	Tage / or x/
ME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)	IYP	E OF KI	PORI	
	. Interest from Deposits in Author	ized Accounts			
	. Interest from Deposits in Author	Date	Received		Amount
ne of Institution					
eet Address	City	State	z	ip Code	
		Dat	e Received	1	Amount
me of Institution		Dat	CICCOTTO		
eet Address	City	State	Z	ip Code	
ect Vantezz					
	TO	TAL SECTION J			
Z Misos	llaneous Monetary Receipts not C	onsidered Conti	ibutio	ns	
	Haneous monetary Accorpus as	era agreement en	Date o	f Transaction	Amount Received
ame			State	Zip Code	_
rect Address	City	ľ	state	2.0	
escription					
			Date (	of Transaction	Amount Received
lame	<del></del>		Date	114/114000	Ambunt Received
treet Address	City		State	Zip Code	
escription					
Name			Date	of Transaction	Amount Receive
			State	Zip Code	
Street Address	City				
Description					
			Date	of Transaction	Amount Receive
Name		_			
Street Address	City		State	Zip Code	
			<u> </u>		
Description					
	TOTA	L SECTION K			
	Y OF OTHER MONETARY REC	FIPTS (Section	s D th	rough K)	
The state of the s			T. 10 1000		
Total Loans Received this Period (Section		E	+		
	ndividuals or Other Committees (Section	(E)	+		
Total Amount Transferred from Affiliat	ed Business Treasury (Section F)	(0, 4) - (0)			
	ed Labor Union or Other Organization T				
Total Amount of Personal Funds of the	Candidate Received this Period (Section	H)	+		
Total Amount of Interest from Deposits	in Authorized Accounts (Section J)		+		
	<del></del>			i i	
	not Considered Contributions (Section K	X) Other Monetary	+		

## II. EVENT ACTIVITY (Sections L1--L5)

EC FORM 20 II. EVENT ACTIV	/ITY (Sections L1–				
IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		·	
L1. Event	Information				
vent# Description			Was t	his a fur	ndraising event?
ite of Event Letter			1	☐ Yes	□ No
ocation: Street Address	City		S	tate	Zip Code
ubpart 1: (All Committees)  Vas this event hosted at a personal residence?	Yes (If yes, go to Section Associated with a Hopurchases made by he	L5 In-Kind Donations of Douge Party and complete st(s) for food, beverage	ie regui	rea mio	mation for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section and complete require	L4 In-Kind Donations d information.)	not Coi	ısidered	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 R	eccipts here.)	\$		
Subpart 2: (Party Committees, Municipal Candidates and Political Comm	to the stand Evalorate	ry Committees)			o Draguam Doeb
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes (If yes, go to Section or on a Sign and co	L3 Purchases of Advermplete required inform	rtising S nation.)	space in	a Program Book
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 I	Receipts here.)	\$		
			T <sub>Was</sub>	this a f	undraising even
Event # Description Date of Event Letter				∏Yes	
Location: Street Address	City			State	Elp Cour
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section Associated with a purchases made by	n L5 In-Kind Donation House Party and comp host(s) for food, bevera	1010100	uncum	Collination for and
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section and complete required No	on L4 In-Kind Donation ired information.)	ns not (	Consider	ed 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  No		\$		
Subpart 2: (Party Committees, Municipal Candidates and Political Com- Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	mittees other than Explora Yes (If yes, go to Section or on a Sign and No	tory Committees) on L3 Purchases of Adv complete required info	vertising emation	g Space i 1.)	n a Program Boo
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 ( <i>If yes</i> , enter Total	Receipts here.)	\$		
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts	from Sale of Donated Item	s — This Page			
SURTOTAL Se	ction L1—Subpart 3 <i>(Town Co</i> ceipts from Food Purchase	mmittees ONLY)			
	TOTAL of additional So	ection L1 Pages			
TOTAL OF ALL REC	EIPTS FROM SMALL on Line 164, Column A of Sun	PURCHASES umary Page Totals)			

LA. In-Kind Donations Not Considered Contributions    State   Zip Code				an ang ang ang pang ang ang			tivativa i	
Solid Cliver   Py:		L4. I	n-Kind Donation	s Not Consid	lered Contributions		·····	
Institute Of Donor    City	ne of Donor							
mattion Given By:   Discription of Donation   Byeat #   Description of Donation				·			State	Zip Code
Justiness Entity Justin	eet Address			City				
Individual Sole Proprietorship								
Individual   Sole Proprietorship   Date Received   Event #   Aggregate Value for this Event   State   Zip Code	mation Given By:	Description of Donation				Fair N	larket V	alue of Donation
Sole Proprietorship lone to Address  City  State  City  Fair Market Value of Donation  Given By:  Individual Sole Proprietorship  James of Donoer  City  State  City  Ci	Business Entity							
Interest Address  City  City  State  City  S		Date Received	Event #		Aggregate Value for this Event			
City State Zip Code  Description of Donation  Date Received Found  Stock Proprietorship  Jame of Donor  City Aggregate Value for this Event  City State  City State  Description of Donation  Stock Address  City State  City State  Fair Market Value of Donation  Stock Proprietorship  Date Received Event # Aggregate Value for this Event  Donation Given By:  Individual Date Received Event # Aggregate Value for this Event  Stock Proprietorship  Name of Donor  City State  City State  Fair Market Value of Donation  Stock Proprietorship  Description of Donation  Stock Address  City State  Fair Market Value of Donation  Donation Given By:  Individual Date Received Event # Aggregate value for this Event  State  State  Zip Code  Total Aggregate value for this Event  State  Total of additional Section L4—This Page  TOTAL of additional Section L4—Pages	Sole Proprietorship							
Tonation Given By:   Description of Donation   Date Received   Event #   Aggregate Value for this Event	nne of Donor							
Tonation Given By:   Description of Donation   Date Received   Event #   Aggyregate Value for this Event								Ta: 0.1
Denation Given By:    Business Entity   Individual   Date Received   Event # Aggregate Value for this Event   State   Zip Code	reet Address			City			State	Zip Code
Donation Given By:  Business Entity Individual Sole Proprietorship Name of Donation  Date Received  Description of Donation  Street Address  City  Aggregate Value for this Event  City  Fair Market Value of Donation  Fair Market Value of Donation  Street Address  City  State  Zip Code  City  Fair Market Value of Donation  Fair Market Value of Donation  Street Address  City  Fair Market Value of Donation  Street Address  City  State								
Business Entity   Individual   Date Received   Event #   Aggregate Value for this Event	Circo By	Description of Donation				Fair	Market V	alue of Donation
Individual   Date Received   Event # Aggregate Value for this Event   State		Distribution of a second						
Street Address  City  Street Address  City  State  City  Fair Market Value of Donation Given By: Individual Sole Proprietorship  Name of Donor  Street Address  City  Aggregate Value for this Event  City  State  Fair Market Value of Donation Given By: City  Street Address  City  Fair Market Value of Donation  Street Address  City  Fair Market Value of Donation  Street Address  City  Street Address  Street Address  City  Aggregate Value for this Event  Fair Market Value of Donation  Fair Market Value of Donation  Fair Market Value of Donation  Street Address  Street Address  Street Address  City  Aggregate value for this Event  Fair Market Value of Donation  Fair Market Value of Donation  Fair Market Value of Donation  Street Address  Street Address  City  Street Address  City  Street Address  City  Street Address  Street Address  City  Street Address  Street Address  City  Street Address  City  Street Address  Street Address  Street Address  Street Address  City  State  Total of additional Section L4 Pages		Date Received	Event#		Aggregate Value for this Event			
City   State   Zip Code	<del></del> -							
Donation Given By:   Description of Donation   Fair Market Value of Donation   Street Address   City   Aggregate Value for this Event   Fair Market Value of Donation   Street Address   City   State   Zip Code	I of Donor							
Donation Given By:  Doseription of Donation  Date Received  Event #  Aggregate Value for this Event  Street Address  City  Fair Market Value of Donation  City  State  City  State  Zip Code  Street Address  City  State  State  Total of additional Section L4 — This Page  TOTAL of additional Section L4 Pages	Rame of Dollor							
Donation Given By:  Business Entity Individual Sole Proprietorship  Name of Donor  Street Address  City  City  State  Zip Code  Description of Donation  State  State  Description of Donation  State	De la Addressa			City			State	Zip Code
Donation Given By: Sole Proprietorship  Description of Donation  Street Address  City  City  State  Zip Code  Donation Given By: Business Entity Individual Individual Sole Proprietorship  Description of Donation  Street Address  City  Fair Market Value of Donation  Substiness Entity Individual Sole Proprietorship  Substiness Entity Substiness Entity Individual Sole Proprietorship  Substiness Entity Total of additional Section L4—This Page  TOTAL of additional Section L4 Pages	Street Address							
Business Entity  Individual Sole Proprietorship  Name of Donor  Street Address  City  State Zip Code  Donation Given By: Business Entity Individual Business Entity Individual Business Entity Individual Sole Proprietorship  Description of Donation  Surged Aggregate value for this Event  Fair Market Value of Donation  SUBTOTAL Section L4—This Page  TOTAL of additional Section L4 Pages						Fair	Market	Value of Donatio
Individual   Sole Proprietorship   Date Received   Event #   Aggregate Value for this Event		Description of Donation						
Street Address  City  State  Zip Code  Donation Given By: Business Entity Individual Sole Proprietorship  Date Received  Event #  SUBTOTAL Section L4—This Page  TOTAL of additional Section L4 Pages			Front #		Aggregate Value for this Event			
Name of Donor  Street Address  City  State  Zip Code  Donation Given By: Business Entity Individual Sole Proprietorship  Substrate Subst	•	E .	Zvoik ii					
Street Address  City  State  Zip Code  Donation Given By: Business Entity Individual Sole Proprietorship  Date Received  Event #  SUBTOTAL Section L4—This Page  TOTAL of additional Section L4 Pages	E sote sp							
Street Address    City	Name of Donor							
Donation Given By:  Business Entity Individual Sole Proprietorship  Business Entity  Sole Proprietorship  Business Entity  Total of additional Section L4—This Page  TOTAL of additional Section L4 Pages				City			State	Zip Code
Donation Given By:  Business Entity  Individual  Sole Proprietorship  Date Received  Bvent #  SUBTOTAL Section L4—This Page  TOTAL of additional Section L4 Pages	Street Address			City				
Donation Given By:  Business Entity Individual Sole Proprietorship  Date Received  Event #  SUBTOTAL Section L4—This Page  TOTAL of additional Section L4 Pages						Fai	r Market	Value of Donati
Individual Sole Proprietorship  Date Received  Event #  SUBTOTAL Section L4—This Page  TOTAL of additional Section L4 Pages		Description of Donation				1 41	1 IVALITACE	
Sole Proprietorship  SUBTOTAL Section L4—This Page  TOTAL of additional Section L4 Pages	<del></del>				A garegate value for this Event			
SUBTOTAL Section L4—This Page  TOTAL of additional Section L4 Pages		I -	Event #		Aggregate value to this Dient			
TOTAL of additional Section L4 Pages  TOTAL OF ADDITIONS NOT CONSIDERED CONTRIBUTIONS	Sole Proprietorship				The second secon			
AND AND THE PONTIONS NOT CONSIDERED CONTRIBUTIONS				SUBTOTAL S	ection L4 — This Page			
TO SELVE NUMBER DONATIONS NOT CONSIDERED CONTRIBUTIONS								
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS			7	FOTAL of addi	tional Section L4 Pages			
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS								
(Enter total on Line 21, Column A of Summary Page Totals)	Т	OTAL OF ALL IN-KIN	D DONATIONS NO	T CONSIDER	ED CONTRIBUTIONS   CSummary Page Totals)			

# II. EVENT ACTIVITY (Sections L1—L5)

AME OF COMMITTEE	E (Provide Complete Name as Registered with Filing Rep.	ository)			TYPE OF REI	PORT	
	L5. In-Kind Donations Not Conside	ered Contri	butions Associ	ated with a H	ouse Part	у	<u></u>
ne of Host	L3. III-Kiid Donations 100 Company			committee?	որինույլ էլու	0	ne candidate or
				If yes, con	npiete Hemiz	State	Zip Code
ect Address		City					
scription of Donation					Fair Ma	rket Value	of Donation
ent#	Aggregate Value of this Event—all hosts	Aggregate	Value of all Events—this	s host/candidate			
	A STATE OF THE STA			Is this event	supporting n	nore than c	one candidate o
ame of Host				committee?	Yes 1 Omplete Itemi	<b>V</b> 0	ddendum L5
trect Address		City				State	Zip Code
ED					Fair M	arket Valu	e of Donation
Description of Donation			Value of all Events—th	in boot/candidate			
Event #	Aggregate Value of this Event—all hosts	Aggregate	vame or an events—m				
Name of Host		•		committee?	□ Yes □	No	one candidate
Street Address		City				State	Zip Code
Description of Donation					Fair N	1arket Val	ue of Donation
	Aggregate Value of this Event—all hosts	Aggrega	te Value of all Events—I	his host/candidate	-		
Event #				Is this ever	it supporting	more that	n one candidate
Name of Host				l committee	? □ Yes □	<u>I</u> No	Addendum L5
Street Address		Cit	y			State	Zip Code
Description of Donation					Fair l	Market Va	lue of Donation
Description of Donation			ate Value of all Events—	this host/candidate	_		
Event #	Aggregate Value of this Event—all hosts	Aggreg	ate value of an Events				
		SUBTO	TAL Section L	5 — This Page			
			of additional Se				
ТО	TAL OF ALL IN-KIND DONATIONS WITH A HOUSE PARTY (Enter total	S NOT CON al on Line 22.	SIDERED CON Column A of Sum	TRIBUTION	S s)		
ASSOCIATED	WITH A HOUSE LAKET (Emer ton	e en anno en a					

<ul> <li>The state of the s</li></ul>		ETARY RE		TYPE OF REPORT		<u> </u>
ME OF COMMITTEE (Provide Complete Nan	ne as Registered with Fi	ung Kepository				
		M. In-Kind C	ontributions			
18					18440	Zip Code
et Address			City		State	Zip Code
ne of contributor: Committee D	ate Received	Aggregate Contribution	Description of In	-Kind Contribution		
Individual / Sole Proprietorship Cother				din effect of a municipality	, ]	
contributor a toobyist, spouse,	does contributor or b	susmess ne/sne is asse \$5,000?	Yes N		of th	· Market Value is Contribution
	No If ves.	tor a principal of a sta indicate which branc rnment the contract is	the contractor or prospect h or branches with:	tive state contractor?	Yes No	
me						
			City		State	Zip Code
eet Address		•				
	Date Received	Aggregate Contributio	ns Description of I	n-Kind Contribution	<u> </u>	
ype of contributor: Committee  Individual / Sole Proprietorship Cother						
	If contribution is i	n excess of \$400 to a	candidate for a chief exc	ecutive officer of a municipal		ir Market Value this Contribution
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No	does contributor o	r business he/she is at in \$5,000?	Yes [	No		Chis Contraction
s this contribution associated with an event reported in Section L1?  If yes, list Event #	No If yes.	utor a principal of a si , indicate which bran ernment the contract	ate contractor or prospe ch or branches is with:	cutive Legislative	Yes No	
ame						
			City		State	Zip Code
treet Address			0)			
Committee	Date Received	Aggregate Contribut	ons Description of	In-Kind Contribution		
Гуре of contributor:						
Individual / Sole Proprietorship Other	If contribution is	in excess of \$400 to or business he/she is	a candidate for a chief exassociated with have a c	xecutive officer of a municip ontract with said municipalit		air Market Value I this Contributio
Individual / Sole Proprietorship Other Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an	If contribution is does contributor valued at more the Yes Is contributor.	in excess of \$400 to or business he/she is nan \$5,000? butor a principal of a s indicate which bra	a candidate for a chief exassociated with have a call Yes state contractor or prospect or branches	xecutive officer of a municip ontract with said municipalit No ective state contractor?		air Market Value f this Contributio
Individual / Sole Proprietorship Other  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is does contributor valued at more the Yes Is contributor.	in excess of \$400 to or business he/she is nan \$5,000? butor a principal of a s, indicate which bravernment the contract	a candidate for a chief en associated with have a compact of the state contractor or prospench or branches is with:	xecutive officer of a municip ontract with said municipalit No ective state contractor? ecutive Legislative	y 0:	'air Market Valu f this Contributio
Individual / Sole Proprietorship Other  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported listed in Section L1?	If contribution is does contributor valued at more the Yes Is contributor.	in excess of \$400 to or business he/she is nan \$5,000? butor a principal of a s, indicate which bravernment the contract	a candidate for a chief exassociated with have a call Yes state contractor or prospect or branches	xecutive officer of a municip ontract with said municipalit No ective state contractor? ecutive Legislative	y 0:	'air Market Valu f this Contributio
Individual / Sole Proprietorship Other  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported listed in Section L1?	If contribution is does contributor valued at more the Yes Is contributor.	in excess of \$400 to or business he/she is nan \$5,000? butor a principal of a s, indicate which bra vernment the contract	a candidate for a chief en associated with have a compact of the state contractor or prospench or branches is with:	xecutive officer of a municip ontract with said municipalit No ective state contractor? ecutive Legislative	y 0:	air Market Valu f this Contributio
Individual / Sole Proprietorship Other  Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No  Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	If contribution is does contributor valued at more the Yes Is contribution. No If ye of go	in excess of \$400 to or business he/she is nan \$5,000? butor a principal of a s, indicate which bra vernment the contract	a candidate for a chief en associated with have a compact of the state contractor or prospench or branches is with:  TAL Section M—  of additional Section	xecutive officer of a municipontract with said municipalit No lective state contractor? lecutive Legislative This Page	y 0:	'air Market Valu f this Contributio
Individual / Sole Proprietorship Other  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported listed in Section L1?	If contribution is does contributor valued at more the Yes Is contribution. If yes of go	in excess of \$400 to or business he/she is nan \$5,000? butor a principal of a s, indicate which bra vernment the contract  SUBTO  TOTAL  (Enter total on Line)	a candidate for a chief en associated with have a contractor or prospench or branches is with:  CTAL Section M—  of additional Section 33, Column A of Summan	xecutive officer of a municipontract with said municipalit No lective state contractor? lecutive Legislative This Page IM Pages The Page Totals	y 0:	'air Market Valu f this Contributio
Individual / Sole Proprietorship Other  Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No  Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	If contribution is does contributor valued at more the Yes Is contribution. If yes of go	in excess of \$400 to or business he/she is nan \$5,000? butor a principal of a s, indicate which bra vernment the contract  SUBTO  TOTAL  (Enter total on Line)	a candidate for a chief en associated with have a compact of the state contractor or prospench or branches is with:  TAL Section M—  of additional Section	xecutive officer of a municipontract with said municipalit No sective state contractor? secutive Legislative This Page i M Pages y Page Totals) Ompany	y 0	f this Contributio
Individual / Sole Proprietorship Other  Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No  Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	If contribution is does contributor valued at more the Yes Is contribution. If yes of go	in excess of \$400 to or business he/she is nan \$5,000? butor a principal of a s, indicate which bra vernment the contract  SUBTO  TOTAL  (Enter total on Line)	a candidate for a chief en associated with have a contractor or prospench or branches is with:  CTAL, Section M—  of additional Section  3, Column A of Summan	xecutive officer of a municipontract with said municipalit No sective state contractor? secutive Legislative This Page i M Pages y Page Totals) Ompany	y 0	Pair Market Value f this Contributio Deposit Made
Individual / Sole Proprietorship Other  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #  TOTAL OF ALL IN-KIND CON	If contribution is does contributor valued at more the Yes Is contribution. If yes of go	in excess of \$400 to or business he/she is nan \$5,000? butor a principal of a s, indicate which bra vernment the contract  SUBTO  TOTAL  (Enter total on Line)	a candidate for a chief en associated with have a contractor or prospench or branches is with:  CTAL, Section M—  of additional Section  3, Column A of Summan	xecutive officer of a municipontract with said municipalit No lective state contractor? lecutive Legislative This Page AM Pages  The Page The Page The Page  The Page	y 0.  Yes No No Date	f this Contributio
Individual / Sole Proprietorship Other  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #  TOTAL OF ALL IN-KIND CON	If contribution is does contributor valued at more the Yes Is contribution. If yes of go	in excess of \$400 to or business he/she is nan \$5,000? butor a principal of a s, indicate which bra vernment the contract  SUBTO  TOTAL  (Enter total on Line)	a candidate for a chief en associated with have a contractor or prospench or branches is with:  CTAL, Section M—  of additional Section  3, Column A of Summan	xecutive officer of a municipontract with said municipalit No sective state contractor? secutive Legislative This Page i M Pages y Page Totals) Ompany	y 0.  Yes No No Date	f this Contributio
Individual / Sole Proprietorship Other  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #  TOTAL OF ALL IN-KIND CON	If contribution is does contributor valued at more the Yes Is contribution. If yes of go	in excess of \$400 to or business he/she is nan \$5,000? butor a principal of a s, indicate which bravernment the contract  SUBTO  TOTAL  (Enter total on Line and the Contract of the Contract	a candidate for a chief en associated with have a contractor or prospench or branches is with:  CTAL, Section M—  of additional Section  3, Column A of Summan	xecutive officer of a municipontract with said municipalit No lective state contractor? lecutive Legislative This Page AM Pages  The Page The Page The Page  The Page	y 0.  Yes No No Date	f this Contributio
Individual / Sole Proprietorship Other  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #  TOTAL OF ALL IN-KIND COM  Last Name of Individual  Residential Street Address	If contribution is does contributor valued at more the Yes Is contribution. If yes of go	in excess of \$400 to or business he/she is nan \$5,000? butor a principal of a s, indicate which bravernment the contract  SUBTO  TOTAL  (Enter total on Line and Line	a candidate for a chief en associated with have a contractor or prospench or branches is with:  CTAL, Section M—  of additional Section  3, Column A of Summan	xecutive officer of a municipontract with said municipalit No lective state contractor? lecutive Legislative This Page AM Pages  The Page The Page The Page  The Page	y 0.  Yes No Date	f this Contributio  Deposit Made
Individual / Sole Proprietorship Other  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #  TOTAL OF ALL IN-KIND COM  Last Name of Individual  Residential Street Address	If contribution is does contributor valued at more the Yes Is contribution. If yes of go	in excess of \$400 to or business he/she is nan \$5,000? butor a principal of a s, indicate which bravernment the contract  SUBTO  TOTAL  (Enter total on Line and the Contract of the Contract	a candidate for a chief en associated with have a contractor or prospench or branches is with:  CTAL, Section M—  of additional Section  3, Column A of Summan	xecutive officer of a municipontract with said municipalit  No sective state contractor? ecutive Legislative  This Page  M Pages  y Page Totals)  State Zip Co	y 0.  Yes No Date	Amount of

				r a sale of donated iter			
AME OF COMMITT	EE (Provide Complete Name as	Registered with Filing Reposito	ry)	11.11			
		CAR Atut	in a Drogra	m Rook or on a Sign			
	L3. Pur	chases of Advertish	ig in a r rogra	m Book or on a Sign	Purchas	e Made By:	
ne of Purchaser						siness Entity	Other
					□ Inc	lividual/Sole P	Zip Code
et Address			City			State	Zip denv
							Danahaga
e Received	Event#	Aggregate Purchases	s for All Events	Amount of Program Ad Pur	chase	Amount of Si	gn Purchase
e Kecciaca							
					1	se Made By:	
me of Purchaser						usiness Entity idividual/Sole	
					L In	State State	Zip Code
ect Address			City				1
					<del> r</del>	1 - 65	ign Purchase
nte Received	Event#	Aggregate Purchase	es for All Events	Amount of Program Ad Pu	chase	Amount of S	ngn ruichase
no recorre							
					1 - 1	nase Made By:	Flore
ame of Purchaser				a a		Business Entity	Other Proprietorship
						State	Zip Code
reet Address			City			5	
						1-6	Sign Purchase
Date Received	Event #	Aggregate Purcha	ses for All Events	Amount of Program Ad P	ırchase	Amount of	Sign r drenast
And reconstruction							
					N N	chase Made By:	TT Other
Name of Purchaser						Business Entit	y 🔲 Other e Proprietorshi
						State	Zip Code
Street Address			City	•			
					<del></del> 1		f Sign Purchas
Date Received	Event #	Aggregate Purch	ases for All Events	Amount of Program Ad I	urchase	Amount o	l Sign I di Chas
pillo Recollina							
						rchase Made By:	
Name of Purchaser						Business Ent	ity 🔲 Other ole Proprietorsh
						State	Zip Code
Street Address			City				-
ļ						1	of Sign Purcha
Date Received	Eyent#	Aggregate Purc	hases for All Events	Amount of Program Ad	rurchase	Amount	or cign i di cile
and the second s				in Program Rook _ This P	age		
				in Program Book — This P	935336		
	PTGIIS	TAL Section L3 Total	Purchases of Adv	vertising on a Sign — This I	age		
	71808		The second of th		NEW TOTAL		
		유미 보다는 얼마는 나는 나는 얼마를 했다.	ТОТАТ	of additional Section L3 Pa	ges		

SEEC FORM 20 Restred January 2015

Name of Payee

Street Address

(by code)

Expenditure #
(if applicable)

Name of Payee

Street Address

(by code)

Expenditure # (if applicable)

Name of Payce

Street Address

(by code)

Expenditure # (if applicable)

Name of Payee

Street Address

(by code)

Expenditure # (if applicable)

Purpose of Expenditure

Purpose of Expenditure

Purpose of Expenditure

Purpose of Expenditure

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

## IV. EXPENDITURES (Sections F

TOTAL OF ALL EXPENSES PAID BY COMMITTEE

(Enter total on Line 19, Column A of Summary Page Totals)

	ctions P—T)	Page 13 of 17
(Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
n n Dijh. Com	mittee	
P. Expenses Paid by Com	Date of Payment	Method of Payment:
		Check #
		Debit Card EFT  State Zip Code
City		State
ŀ		
Description	Event #	Amount
·		
D. L. Janley "Noug of the	helow" is checked)	
ne of Expenditure (Itemization in Addendum P Required unless "None of the		
None of the below  Coordinated with reimbursement sought (joint expenditure)	Independent	
Coordinated without reimbursement sought (in-kind contribution)	Organization OA OB OC O	Method of Payment:
	D 017 117	Check #
		Debit Card EFT State Zip Code
City		State Zap Code
	<u>.</u>	
Description	Event #	Amount
Secondaria.		
pe of Expenditure (Itemization in Addendum P Required unless "None of the	helow" is checked)	
ne of Expenditure Atemization in Addendum P Required unless Wone by the	Determ to entermy	
		ļ
None of the below	Independent	
	Independent Organization OA OB OC O	D Method of Payment
None of the below  Coordinated with reimbursement sought (joint expenditure)	Independent	Method of Payment:  Check #
None of the below  Coordinated with reimbursement sought (joint expenditure)	Independent Organization OA OB OC O	Method of Payment:  Check #  Debit Card  EFT
None of the below  Coordinated with reimbursement sought (joint expenditure)	Independent Organization OA OB OC O	Method of Payment:  Check #
None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	Independent Organization OA OB OC O	Method of Payment:  Check #  Debit Card  EFT
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent Organization OA OB OC O	Method of Payment:  Check #  Debit Card  EFT
None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	Independent Organization OA OB OC O Date of Payment	Method of Payment: Check # Dobit Card EFT State Zip Code
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description	Independent Organization OA OB OC O Date of Payment  Event #	Method of Payment: Check # Dobit Card EFT State Zip Code
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  Type of Expenditure (Itemization in Addendum P Required unless "None of the state of the sta	Independent Organization OA OB OC O Date of Payment  Event #	Method of Payment: Check # Dobit Card EFT State Zip Code
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  Type of Expenditure (Itemization in Addendum P Required unless "None of the Delow Coordinated with reimbursement sought (joint expenditure)	Independent Organization OA OB OC O Date of Payment  Event # The below" is checked)	Method of Payment: Check # Debit Card EFT  State Zip Code  Amount
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  Type of Expenditure (Itemization in Addendum P Required unless "None of the state of the sta	Independent Organization OA OB OC O Date of Payment  Event #  the below" is checked)  Independent Organization CA CB CC	Method of Payment: Check # Dobit Card FFT State Zip Code  Amount
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  Type of Expenditure (Itemization in Addendum P Required unless "None of the Delow Coordinated with reimbursement sought (joint expenditure)	Independent Organization OA OB OC O Date of Payment  Event # The below" is checked)	Method of Payment: Check # Dobit Card EFT State Zip Code  Amount  Method of Payment:
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  Type of Expenditure (Itemization in Addendum P Required unless "None of the Delow Coordinated with reimbursement sought (joint expenditure)	Independent Organization OA OB OC O Date of Payment  Event #  the below" is checked)  Independent Organization CA CB CC	Method of Payment: Check # Dobit Card EFT State Zip Code  Amount  Method of Payment: Check # Debit Card EFT
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  Type of Expenditure (Itemization in Addendum P Required unless "None of the Delow Coordinated with reimbursement sought (joint expenditure)	Independent Organization OA OB OC O Date of Payment  Event #  the below" is checked)  Independent Organization CA CB CC	Method of Payment: Check # Dobit Card EFT State Zip Code  Amount  G D  Method of Payment: Check #
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  Type of Expenditure (Itemization in Addendum P Required unless "None of to Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent Organization OA OB OC O Date of Payment  Event #  the below" is checked)  Independent Organization CA CB CC	Method of Payment:  Check # Debit Card
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  Type of Expenditure (Itemization in Addendum P Required unless "None of to Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent Organization OA OB OC O Date of Payment  Event #  the below" is checked)  Independent Organization CA CB CC	C D  Method of Payment: Check # Debit Card
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  Type of Expenditure (Itemization in Addendum P Required unless "None of to Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent Organization OA OB OC O Date of Payment  Event #  the below" is checked)  Independent Organization CA CB C  Date of Payment	Method of Payment:  Check #  Debit Card EFT  State Zip Code  Amount  Method of Payment:  Check #  Debit Card EFT  EFT  EFT  State Zip Code
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  Type of Expenditure (Itemization in Addendum P Required unless "None of to Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  City	Independent   Organization   OA OB OC ODate of Payment	Method of Payment:  Check #  Debit Card EFT  State Zip Code  Amount  Method of Payment:  Check #  Debit Card EFT  EFT  EFT  State Zip Code
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  Type of Expenditure (Itemization in Addendum P Required unless "None of to Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  City	Independent   Organization   OA OB OC ODate of Payment	Method of Payment:  Check #  Debit Card EFT  State Zip Code  Amount  Method of Payment:  Check #  Debit Card EFT  EFT  EFT  State Zip Code
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  Type of Expenditure (Itemization in Addendum P Required unless "None of to Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  City  Description  City  Description	Independent Organization OA OBOC O Date of Payment  Event #  The below" is checked)  Date of Payment  Date of Payment  Event #  Event #	Method of Payment:  Check #  Debit Card EFT  State Zip Code  Amount  Method of Payment:  Check #  Debit Card EFT  EFT  EFT  State Zip Code
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  Type of Expenditure (Itemization in Addendum P Required unless "None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  City  Description  City  Coordinated with reimbursement sought (in-kind contribution)	Independent Organization OA OBOC O Date of Payment  Event #  The below" is checked)  Independent Organization CACBCC  Date of Payment  Event #  the below" is checked)	Check # Check # EFT  State Zip Code  Amount  Check # Check # EFT  Check # Check # EFT  State Zip Code  Amount
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  Type of Expenditure (Itemization in Addendum P Required unless "None of to Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  City  Description  City  Description  Type of Expenditure (Itemization in Addendum P Required unless "None of None of the below Coordinated with reimbursement sought (in-kind contribution)  City  Coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent Organization OA OBOC O Date of Payment  Event #  The below" is checked)  Date of Payment  Date of Payment  Event #  Event #	Check # Check # EFT  State Zip Code  Amount  Check # Check # EFT  Check # Check # EFT  State Zip Code  Amount

SEC FORM 20 Ised January 2015	IV. E	XPENDITURES (Section			tanta a a t	
IAME OF COMMITTI	BE (Provide Complete Name as Registered w	ith Filing Repository)	T	PE OF REPORT		
	and the same of th	ampaign Expenses Paid by Ca		te of Payment	Ic reimb	ursement claimed?
me of Payce (Name of Ve	ndor, Person or Emity who candidate paid dir	ectly)	Da	e or rayment	l _	Yes No
reet Address		City	1		State	Zip Code
rpose of Expenditure y code)	Description		Event #			Amount
			 	nte of Payment	Is reimb	oursement claimed?
ame of Payee ( <i>Name of V</i>	endor, Person or Entity who candidate paid di	rectly)		o. r ay	İ	Yes 🔲 No
treet Address		City			State	Zip Code
			Event #			Amount
urpose of Expenditure by code)	Description					
vame of Payec (Name of V	l 'endor, Person or Entity who candidate paid d	irectly)	D	ate of Payment	Is reim	Yes No
Street Address		City	L.		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			Amount
Name of Payee (Name of I	Vendor, Person or Entity who candidate paid d	lirectly)		Date of Payment	Is rein	nbursement claimed?
-						Yes No
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			Amount
Name of Payce (Name of	Vendor, Person or Entity who candidate paid a	directly)		Date of Payment	Is roin	nbursement claimed? Yes 🔲 No
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			Amount
Name of Payee (Name of	Vendor, Person or Entity who candidate paid	directly)		Date of Payment	Is rei	mbursement claimed?
Street Address		City			State	Zip Code
Purpose of Expenditure	Description	<u> </u>	Event #	1		Amount
(by code)		SUBTOTAL Section	on O — This	Page		
		TOTAL of additiona				<u> </u>
	TOT	AL OF ALL EXPENSES PAID B	Y CANDII	DATE		
		(Enter total on Line 26, Column A of S	ummary Page	Totals)		

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)	) ·	TYPE OF REPORT		
	R. Expenses Incurre	d on Committee Cre	dit Card	juleur.	
Name of Issuing Instit	ution	Type of Credit Card:  Visa Master C	ard Discover America	an Express	Other:
Name of Vendor, Person of	Entity	<del>, , , , , , , , , , , , , , , ,</del>		Date of Tra	ansaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required  None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	iture) 🔲 Indepe			
Name of Vendor, Person or	Entity			Date of Tra	ansaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	iture) 🔲 Indepe			
Name of Vendor, Person or	Entity			Date of Tra	ansaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	-	Event #		Amount
Exponditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required  None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	iture) 🔲 Indepe			
	SU	JBTOTAL Section R — '	This Page		
	тот	'AL of additional Section	R Pages		
TO	FAL OF ALL EXPENSES INCURRED ON ( Enter total on Line	COMMITTEE CRED 27, Column A of Summary			

NAME OF COMMITT	BE (Provide Complete Name as Registered with Filing Repo	sitory)	TYPE OF REPORT		• .
	S. Expenses Incurred by C	ommittee but Not Paid	During this Period		
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure by code)	Description		Event #	1	nount Incurred stimate or Actual)
Expenditure # If applicable)	Type of Expenditure (Itemization in Addendum S Req  None of the below Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-	Inde	ris checked) pendent nization TA TB TC T	D	
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	I	nount Incurred istimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Req  None of the below Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-	Inde	"is checked) pendent nization OA OB OC O	D	
Name of Creditor				Date Incu	nred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		mount Incurred Stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Req. None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in-	Inde	ependent anization: OA OB OC O	]Þ	
		SUBTOTAL Sectio	n S-This Page		
		TOTAL of additional S	ection S Pages		
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE 1 (Enter total)	DURING THIS PERIOD B nl on Line 28, Column A of Sum.			
	Previously reporte	d Expenses Unpaid and still	Outstanding		
	TOTAL OF ALL EXPENSES INCUI	RRED BY COMMITTEE B on Line 28a, Column A of Sum			

NAME OF COMMITTI	BE (Provide Complete Name as Registered with Filing Repositor	ליב		TYP	E OF RE	PORT			
	T. Itemization of Reiml	oursements a	ınd Secondar	v Pav	ee <b>s</b>				
Last Name of Worker/Cons		First	and Secondar	. <i>y</i>	COS	МІ	Date of Person of	ayment to Ve Entity	ndor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant		0.1.0.000			n Section P:		Vorker/Consu	ltant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description		Ever	nt #				Amount	-
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind	nditure)	of the below" is cha		о в <i>с</i>				
Last Name of Worker/Cons	uitant	First				МІ	Date of P Person or	ayment to Ve Entity	ndor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			1		n Section P;		Vorker/Consu	iltant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City		<b> </b>			State	Zip Code	
Purpose of Expenditure (by code)	Description	•	Ever	nt#				Amount	
Exponditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Require  None of the below Coordinated with reimbursement sought (joint exper	nditure)	Independen	nt [7]	— [ ов (				
Last Name of Worker/Cons	ruitant	First		·	**	МІ	Date of P Person or	ayment to Ve Entity	ndor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			] 1		n Section P:		Vorker/Consu	lltaut as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description	·	Ever	nt#				Amount	
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum T Require  None of the below Coordinated with reimbursement sought (joint exper	nditure)	f the below" is che Independent Organization	ıt [	<b>П</b> [	C O D			
		SUBTOTAL	Section T — Th	nis Page					
		TOTAL of add	litional Section I	T Pages					
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VORKERS A	ND CONSULT	TANT	S				

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

TOWN & OUTY QLERK

Page 1 of 17

2019 SEP - 3 PM 3:44

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE			
Re-Elect	r rso Car	Nodidu	
2. TREASURER NAME	la a	Tr	Suffix
First	. МП	Last Control of the C	
1661		INPERISON	
3. TREASURER ADDRESS Street Address	City	1 . ~ \	State Zip Code
62 Albany	Ave 1	tartford	6. DISTRICT NUMBER
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	y if Condidate Committee)	(if applicable)
09/10/3019	CHy Cou	unci l	
7. CANDIDATE NAME (Complete only is	Candidate or Exploratory Committee)  M1	Last `\	Suffix
First	1911	Winch	
8. TYPE OF REPORT (Check One Box)	<u> </u>		
☐ January 10 filing	7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Contribution or Disbursement (PACs ONLY)
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	Amendment to
☐ July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Report:
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination	
☐ Independent Expenditure O Primary O Election	☐ 45 days following election not held in November	,	
9. PERIOD COVERED			
	Beginning Date	Ending Date	,
	7-1-19	thru <u>Q-\-\9</u>	
10. CERTIFICATION		<u>er filmen som kritiske filmen av filmen sit state filmen filmen som filmen sit</u>	
I hereby certify and state, under Disclosure Statement for the p	penalties of false statement, tha eriod covered is true, accurate a	nt all of the information set forth on the nt of the complete.	his Itemized Campaign Finance
	;		
Ju VM	7	Or La John Morison INT NAME OF SIGNER	$\frac{9-3-19}{\text{DATE (mm/dd/yyyy)}}$
TREASURER OR DEPUTY TREASU	KEK (SIGNATUKE) PK	MAI INSTITUTE OF DISCUSSION	•
PENALTY FOR FALSE STATEMEN	T IS PUNISHABLE BY FINE NOT TO	EXCEED \$1,000, OR IMPRISONMENT FOR	NOT MORE THAN ONE YEAR, OR BOTH.

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

Revised January 2012  SUMMARY PAGE TO	TALS	
NAME OF COMMITTEE	TYPE OF REPORT	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Ker Elect rão Campaign	THE DOY	COLUMN B
	COLUMN A This Period	Aggregate Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR     Balance on hand from day committee was formed for all other committees		89/22
12. Balance on hand at the beginning of Reporting Period	1450,45	
13. Contributions Received from Individuals (Sections A and B) \$\\\\\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-533-343	
14. Receipts from Other Committees (Sections C1 and C2)	0	
15. Other Monetary Receipts (Sections D through K)	<b>D</b>	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	φ	
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		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	1085	1
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1085	
19. Expenses Paid by Committee (Section P)	540.00	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	4135.00	
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Contributions Received (Section M)		
23, Refundable Deposit to Telephone Company (Section N)		
24. Receipts of Organization Expenditures (Section O) OPTIONAL		
25. Beginning 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	
			Johns 1	Receding
A. Total Contributions from Sn (See instructions for definition of Small C	ala Charla Calana di Angliago Gregoria, di Parta di terena entre da Carta da Centra di Antonio de Contra de Ca	ed this Period ONLY UBTOTAL SECTION A	\$	Primary
	, , , , , , , , , , , , , , , , , , ,		Annual Control of the	
	B. Itemized Cor	itributions from Indivi	duals	
Last Namo		First		MI
Residential Street Address		City LCUC		State Zip Code
51 Booth	Varu St	Hantha	ad d	J Delia
Principal Occupation		Name of Employer		
or dependent child of a lobbyist?	If contribution is in excess of \$400 t 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?	es Is contributor a principal of a s	tate contractor or prospective stat ich or branches	e contractor? Yes	-
If yes, list Event #  Method of Contribution:	or government the contrac	Date Received	Aggregate Contributions	-
☐ Cash ☐ Personal Check ☐ Credit/Debit Can	rd □ Payroll Deduction □ Money	Order May 19,	TE 100	COLDE
Last Name		First		MI
Residential Street Address	(	City		State Zip Code
Principal Occupation		Name of Employer		
or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an vector reported in Section L1?			te contractor?	
Method of Contribution:		Date Received	Aggregate Contributions	7
☐ Cash ☐ Personal Check ☐ Credit/Debit Car	rd Payroll Deduction Money			
Last Name		First		MI
Residential Street Address		City		State Zip Code
Principal Occupation		Name of Employer		
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executiv is associated with have a contract \[ Yes \] No	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 s  No If yes, indicate which bran  of government the contract		te contractor?	
Method of Contribution:		Date Received	Aggregate Contributions	7
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	rd □ Payroll Deduction □ Money	Order		
	SUBT	OTAL Section B — This	Page \$	00
	TOTAL	of additional Section B l	Pages (	485
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line)	I INDIVIDUALS (Sections . 13, Column A of Summary Page		25

Page 3 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
re-elect ruo Campaign	7 Dan Receeding Y
A. Total Contributions from Small Contributors-Received this Period ONLY  (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 3
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	
B. Itemized Contributions from Indivi	duals MI
Lisa como Sara	
Residential Street Address City City	State Zip Code
Principal Occupation Name of Employer	CC C1 06100
Rettred	
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 the properties of government the contract is with:	c contractor? Yes No Legislative
Method of Contribution:  Date Received	Aggregate Contributions
□ Cash  Personal Check  □ Credit/Debit Card  □ Payroll Deduction  □ Money Order  □  □  □  □  □  □  □  □  □  □  □  □  □	33 43
Gleen Kenne	Th 1"P
Residential Street Address  AND ST City Hart For	State Zip Code CT OG 11 2
rincipal Occupation Name of Employer	: Charael
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?  Is contributor a principal of a state contractor or prospective state vent reported in Section L1?  Is contributor a principal of a state contractor or prospective state vent reported in Section L1?	te contractor?
Method of Contribution:  Date Received	Aggregate Contributions
☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	\$50 \ #SO
Pasterson Edmon	d
Residential Street Address  13 Wood and The Bland, A Principal Occupation Name of Employer	State Zip Code  CI O600 2
Rahi Red	
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?	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Is Event # Is contributor a principal of a state contractor or prospective state in Section L1?  If yes, indicate which branch or branches of government the contract is with: Executive	_ 10246
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Aggregate Contributions \$250 \$\Partial Partial
SUBTOTAL Section B — This	Page 325
TOTAL of additional Section B I	'ages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page	

# I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
T Co	74 Dan Pleceding
A. Total Contributions from Small Contributors-Received this Period ONLY	
A. Total Contributions from Small Contributors  (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A	\$
B. Itemized Contributions from Individ	luals
First,	MI
Linda Linda	
Residential Street Address City	State Zip Code
100 rearised St Harring	100112
Principal Occupation Name of Employer	1 7
Ts contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive	e officer of a municipality, Amount of Contribution
or dependent shild of a lobbyist? does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a second or business he/she is a secon	with said municipality .
valued at more than \$3,000?  Very lis contributor a principal of a state contractor or prospective state.	e contractor?
event reported in Section L1?	☐ Legislative
If yes, list Event #   Date Received   Date Received	Aggregate Contributions
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	
Last Name	MI.
Perez City City	State Zip Code
Residential Street Address	JOIN 17
incipal Occupation Name of Employer	
I Transcaphin	<b>\</b>
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	c officer of a municipality, Amount of Contribution
valued at more than \$5,000?	
Is this contribution associated with an Sevent reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective statement reported in Section L1?  No If yes, indicate which branch or branches	10
If yes list Event # of government the contract is with:	Legislative   Aggregate Contributions
Method of Contribution:  Date Received  Planting Deduction   Money Order   Security Deduction   Date Received	50.26d 60.75R
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Sical First	MI
East Name Clerk	8
Residential Street Address	State Zip Code
39 Dogo thy St Halth	CC (10000
Principal Occupation	
Is contributor a lobbetist, spouse,	ive officer of a municipality, Amount of Contribution
does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a second o	ct with said manoibants
valued at more than \$5,000?  Valued at more than \$5,000?  Valued at more than \$5,000?	ate contractor?
event reported in Section L1? No If yes, indicate which branch or branches	
If yes, list Event # Of government the contract is with:  Method of Contribution:  DateWeeeived	Aggregate Contributions
Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order   S   Q   C	1830 1800
SUBTOTAL Section B — Th	is Page \$ \$ \$
TOTAL of additional Section E	3 Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Page)	s A + B) ge Totals)
[LRIEF BOILD OF LINE 13, Contain 11.5] Burnary 2. 4	

### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Nat	me as Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from S (See instructions for definition of Small	and values and a company a	ved this Period ONLY SUBTOTAL SECTION A	\$	
Last Name	B. Itemized Co	ontributions from Indivi	duals	
Residential Street Address		Star		MI
Muchin	ath St	Hart B	id i	State Zip Code
Principal Occupation  Access TV. OCG		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sh-valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes INO	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 #		state contractor or prospective statuch or branches	e contractor? Yes	
Mcthod of Contribution:  Cash □ Personal Check □ Credit/Debit Contribution:	ard □Payroll Deduction □Mone	y Order 8/9/10	Aggregate Contributions	6618
Last Name Teiada		First		MI
Principal Occupation	48 ~	Hart for	9	tate Zip Code TOULDLA
DCF		Name of Employer	f CT	,
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes Vo	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?			e contractor?	
Method of Contribution:	· · · · ·	ا مما د العدا	Aggregate Contributions	ik.
©Cash ☐ Personal Check ☐ Credit/Debit Ca	rd □ Payroll Deduction □ Money	Order 819119	B 25	<b>\$25</b>
Last Name		First		MI
Residential Street Address		City	S	tate Zip Code
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/sho valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract to Yes No	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? \( \subseteq N \)  If yes, list Event #			□ No	
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Ca	rd Payroll Deduction Money	i I	Aggregate Contributions	
	SUBT	FOTAL Section B — This	Page A	45
	TOTAL	of additional Section B P	ages	
TOTAL OF AI	LL CONTRIBUTIONS FROM (Enter total on Line	I INDIVIDUALS (Sections A 13, Column A of Summary Page T		

RECEIPTS (Sections A—K)
NAME OF COMMITTEE TYPE OF REPORT
Re-Elect roo Campaign  A. Total Contributions from Small Contributors-Received this Period ONLY
A. Total Contributions from Small Contributors—Received this T Cloud Crists  (See instructions for definition of Small Contributor)  \$UBTOTAL SECTION A
B. Itemized Contributions from Individuals    First   MI
Manafield Vivian
304 Grandy St Hartford 5 will
Painsipal Occupation  Name of Employer
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?  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?
Is this contribution associated with a fundraising event listed 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   Leg
Method of Contribution:  Date Received Aggregate Contributions
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order \$2219 \$10 MI
Last Name Douglas
Residential Street Address Dive Hills Ave Horology City Ove 112
Principal Occupation Name of Employer CRE
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  Yes  One of the property of the
Is this contribution associated with a fundraising event listed 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:    Date Received   Date
□ Cash □ Conditions □ Conditio
Las Mayor First Carle
Residential Street Address 500 New Batantle Hartford City Lartford CJ OGNSL
Principal Occupation Name of Employer
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?
Is this contribution associated with a fundraising event listed 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   Legi
Method of Contribution:  Date Received Aggregate Contributions  Aggregate Contributions
□ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order   Space   Substitute   S
TOTAL of additional Section B Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)

SEEC FORM 20 Rev. 1/12	. MONETARY RECE	IPTS (Sections)	AK)	1 age 3 01 17
NAME OF COMMITTEE			TYPE OF REPORT	
Re-Elect r50	Campaian			
A. Total Contributions from Sma (See instructions for definition of Small Con-	ll Contributors-Received th	is Period ONLY OTAL SECTION A	\$	
	B. Itemized Contrib	utions from Indivi	duals	
Last Name	Fi		en menere e egit et e sens e i se com a colonia e egit e en en en e e e e e e e e e e e e e e	MI
Machinaton		VEUIS	»	State Zip Code
Residential Street Address	ein 21	Jana fo	12	( - 0600 2
Principal Occupation		Name of Employer	" Marie	1
Refiled			0.00	1
or dependent child of a lobbyist? No d	contribution is in excess of \$400 to a car pes contributor or business he/she is asso alued at more than \$5,000?	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Yes	Is contributor a principal of a state of If yes, indicate which branch or b	oranches	LAPTNO	
If yes, list Event #	of government the contract is wit	h: Executive  Date Received	☐ Legislative  Aggregate Contributions	
Method of Contribution:  ☐ Cash Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money Order		\$ 50	BS O
Last Name	Fig	13/1		MI
Washington		wsepr	7.	State Zip Code
Residential Street Address	Cary	Jam Cal	12	CT 06003
Pamenai Occupation		Name of Employer		
Is contributor a lobbyist, spouse, Yes If or dependent child of a lobbyist?	contribution is in excess of \$400 to a car bes contributor or business he/she is asso- alued at more than \$5,000?	ndidate for a chief executive ciated with have a contract Yes No	re officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Is contributor a principal of a state or If yes, indicate which branch or of government the contract is with	oranches	☐ Legislative	
Method of Contribution:	En up-1 2 Etc. 61	Date Received	Aggregate Contributions	A CO
☐ Cash	Payroll Deduction LIMoney Order		00 a	MI PM
Last Name VICOSOO		(* \ ,	<u>C,                                    </u>	
Residential Street Address	St. By	arthras	,	State Zip Code  Since   Zip Code
Principal Occupation		Name of Employer	(Exessu	· , · · · · · · · · · · · · · · · · · ·
or dependent child of a lobbyist? No d	contribution is in excess of \$400 to a car oes contributor or business he/she is asso alued at more than \$5,000?	ndidate for a chief executive ciated with have a contractory Yes No	ve officer of a municipality, t with said municipality	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event #	Is contributor a principal of a state c  If yes, indicate which branch or of government the contract is with	branches	☐ Legislative	
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card		Date Received	Aggregate Contributions	\$ 35
		TOTAL Section B	—This Page	25,00
	TOTA	AL of additional Sec	tion B Pages	
TOTAL	OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (S	ections A + B)	
	(Enter	total on Line 13 of Summ	my Fage Loidis)	

NAME OF COMMITTEE		ì	TYPE OF REPORT	
Ke-Elect rJo	Campaiar			
A. Total Contributions from Smal (See instructions for definition of Small Contr	l Contributors-Received	this Period ONLY BTOTAL SECTION A	\$	
			٠	
	B. Itemized Conti	ibutions from Indivi	duals	
Lar Name		First Sose		MIA .
Residential Street Address	City	MINDS AND NO	thorsfule	State Zip Code
Principal Occupation	,,	Name of Employer	Realto	
or dependent child of a lobbyist?	ontribution is in excess of \$400 to a s contributor or business he/she is a ned at more than \$5,0007			Amount of Contribution
Is this contribution associated with a	Is contributor a principal of a state If yes, indicate which branch of government the contract is	or branches	te contractor? Yes	
Method of Contribution:  ☐ Cash		Date Received	Aggregate Contributions	3350
Last Name		First		MI
Residential Street Address  5 Moundain	Ave &	bonfel	6	State Zip Code  Toloo 2
Consultant	· ·	Name of Employer House	k 1-31	1 Fureral
or dependent child of a lobbyist?	entribution is in excess of \$400 to a contributor or business he/she is as ed at more than \$5,000?	candidate for a chief executive sociated with have a contract to the contract of the contract	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event #	Is contributor a principal of a state  If yes, indicate which branch of government the contract is well.	or branches	Q No	
Method of Contributions	Payroll Deduction  Money Ord	ا عبلكم الصبا	Aggregate Contributions	\$ 35.
Last Name		First		МІ
Residential Street Address	City		S	tate Zip Code
Principal Occupation		Name of Employer		
or dependent child of a lobbyist?	ntribution is in excess of \$400 to a contributor or business he/she is as ed at more than \$5,000?			Amount of Contribution
Is this contribution associated with a Yes fundraising event listed in Section L1?  If yes, list Event #	Is contributor a principal of a state  If yes, indicate which branch of government the contract is v	or branches	e contractor? Yes	
Method of Contribution:		1 1	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money Ord	er		
	SU	BTOTAL Section B —	This Page	275.00
	тот	'AL of additional Section	on B Pages	
TOTAL OF	ALL CONTRIBUTIONS FR	OM INDIVIDUALS (Sec r total on Line 13 of Summar		

NAME OF COMMIT	THE			TYPE OF REPORT	Mac de la companya d
Re-81	ect ros	Campa	ign		to = 11 to 2 to a year or to 10 10 to
		P. Expenses	Paid by Committe	e	
Name of Payee	0 8200	Strate	Sie S	-Date of Payment	Method of Payment:  Method of Payment:  Detrock # 009
Street Address			Ov		State Zip Code
Purpose of Expenditure (by code)	Description	2-0-6		Event#	Amount
Expenditure # (if applicable)		nbursement sought  Indepen	•		\$500
Name of Payee	is on J	the flu	F 2047	Sale of Payment	Method of Payment:  Check #  Debit Card
Street Address			City		State Zip Code
Purpose of Expenditure (by code)	Description £	(10 R)		Event#	Amount .
Expenditure # (if applicable)		ble) Itemization in Addendum nbursement sought   Indepen	-	inated with reimbursement sou	9450
Name of Payee				Date of Payment ·	Method of Payment: ☐ Check # ☐ Debit Card
Street Address	-		City		State Zip Code
Purpose of Expenditure (by code)	Description			Event#	. Amount
Expenditure # (if applicable)	Type of Expenditure (if applicated)  Coordinated without rein	ght			
Name of Payee				Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card
Street Address			City		State Zip Code
Purpose of Expenditure (by code)	Description			Event#	Amount
Expenditure # (If applicable)	Type of Expenditure (if applicated)  Coordinated without rein	ble) Itemization in Addendum	*	inated with reimbursement sou	ight
			SUBTOTAL Section	on P — This Page	B0120
			TOTAL of additiona	l Section P Pages	
TOTAL OF	ALL EXPENSES PAI	D BY COMMITTEE (	Enter total on Line 19 of Su	mmary Page Totals)	\$950
				·	