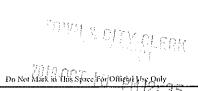
SEEC FORM 20

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

STATE OF STA



Page 1 of 17

COVER PAGE

Take Back Hartford 2. TREASURIER NAME First Jessica 3. TREASURER ADDRESS Succe Address Succe Address Succe Address Manchester CT G6040 4. ELECTION/REFERENDUM DATE 5. OFFICE SOUGHT (Complete only if Conditions Committee) First And Leat Manchester CT G6040 6. DISTRICT NUMBER (treasure) First And Leat Setting Initial Contribution or Disbursence PACS ORES) 3. TYPE OF REPORT (Check One Rea) 3. The day preceding referendum Amendment to Type of Report: January 10 filing Job days following primary Job day preceding referendum Amendment to Type of Report: Job day preceding election Manchester Job day preceding election Job ding Job days following referendum Job days follow	1. NAME OF COMMITTEE							January Commencer	
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First MI Last Suffix 8. TYPE OF REPORT (Check One Bav) January 10 filing January	(mmvewyyyy)								
8. TYPE OF REPORT (Check One Bax) January 10 filing	7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)						
□ January 10 filing □ 7th day preceding primary □ 7th day preceding referendum (PACS OMLY) □ April 10 filing □ 30 days following primary □ 45 days following referendum (PACS OMLY) □ July 10 filing □ 7th day preceding election □ Deficit Type of Report: □ October 10 filing □ 12th day preceding election (State Central Committees Onth) □ 24 Hour Independent Expenditure □ 45 days following election not held in November 9. PERIOD COVERED Beginning Date Ending Date 9/3/2019 thru 9/30/2019 10. CERTIFICATION I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Jessica Poland 10/10/2019	First	**************************************	МІ	L	ast				Suffix
□ January 10 filing □ 7th day preceding primary □ 7th day preceding referendum (PACS OMLY) □ April 10 filing □ 30 days following primary □ 45 days following referendum (PACS OMLY) □ July 10 filing □ 7th day preceding election □ Deficit Type of Report: □ October 10 filing □ 12th day preceding election (State Central Committees Onth) □ 24 Hour Independent Expenditure □ 45 days following election not held in November 9. PERIOD COVERED Beginning Date Ending Date 9/3/2019 thru 9/30/2019 10. CERTIFICATION I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Jessica Poland 10/10/2019									
April 10 filing	8. TYPE OF REPORT (Check One Box)								
□ April 10 filing □ 30 days following primary □ 45 days following referendum □ Amendment to □ July 10 filing □ 12th day preceding election □ Deficit Type of Report: □ 24 Hour Independent Expenditure □ 45 days following election not held in November □ 45 days following election not held in November □ 45 days following election not held in November □ 45 days following election not held in November □ 45 days following election not held in November □ 45 days following election not held in November □ 45 days following election not held in November □ 45 days following election not held in November □ 45 days following election not held in November □ 45 days following election not held in November □ 45 days following election not held in November □ 45 days following election not held in November □ 45 days following election □ 45 days following election not held in November □ 45 days following election not held in November □ 45 days following election □ 45 days follo	January 10 filing	☐7th day prece	ding primary		□ 7th •	day preceding ref	erendum		
☐ October 10 filing ☐ 24 Hour Independent Expenditure ☐ Primary ☐ Election ☐ 145 days following election ☐ not held in November Beginning Date ☐ 9/3/2019 ☐ thru ☐ 9/30/2019 ☐ 10. CERTIFICATION I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance ☐ Disclosure Statement for the period covered is true, accurate and complete. ☐ Jessica Poland ☐ 10/10/2019 ☐ 10/10/2019	April 10 filing	☐30 days follow	wing primary		☐ 45 d	ays following ref	erendum	·	
24 Hour Independent Expenditure	□ July 10 filing	☐7th day prece	ding election		☐ Defi	cit		Type of Report:	
9. PERIOD COVERED Beginning Date Ending Date 9/3/2019 thru 9/30/2019 10. CERTIFICATION I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Jessica Poland 10/10/2019	② October 10 filing				Terr	nination			
Beginning Date Ending Date 9/3/2019 thru 9/30/2019 10. CERTIFICATION I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Jessica Poland 10/10/2019									
10. CERTIFICATION I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Jessica Poland 10/10/2019	9. PERIOD COVERED								
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Jessica Poland 10/10/2019		Beginning Da	te			Ending Da	nte		
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Jessica Poland 10/10/2019		9/3/2019		1	thru	9/30/2019			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Jessica Poland 10/10/2019	•			-					
Disclosure Statement for the period covered is true, accurate and complete. Jessica Poland 10/10/2019	10. CERTIFICATION								
Disclosure Statement for the period covered is true, accurate and complete. Jessica Poland 10/10/2019			<u> </u>				·	· · · · · · · · · · · · · · · · · · ·	
Jessica Poland 10/10/2019							forth on this	s Itemized Car	mpaign Finance
	Disclosure Statement for the pe	riod covered is i	rue, accura	ate an	ia comj	piete.			
	$\sim \sim \sim 1$								
TREASURER OR DEPUTY TREASURER (SIGNATURE) PRINT NAME OF SIGNER DATE (mm/dd/yyyy)	Alland		J	Jessio	ca Pola	and			10/10/2019
	TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	P	RINT	NAME (F SIGNER			DATE (mm/dd/yyyy)

A nerson who is found to have knowingly and willfully violated any provisions of the campaign finance statutes

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE. (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Take Back Hartford	COLUMN A This Period	COLUMN B 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		
12. Balance on hand at the beginning of Reporting Period		
13. Contributions Received from Individuals (Sections A and B)	10,195.00	
14. Receipts from Other Committees (Sections C1 and C2)	4,500.00	
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)		
19. Expenses Paid by Committee (Section P)	16,242.00	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)		
21, In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)	,	
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

NAME OF COMMITTEE (Provide	Complete Name o	s Registered with Filing Repository)	1, 11, 15, 1		TYPE OF REPORT	(BARA)		
Take Back Hartford								
A. Total Contribution (See instructions for defini		all Contributors-Receive ntributor) S		nis Period ONLY OTAL SECTION A	\$			
					TOTO TOTO TOTO TOTO TOTO TOTO TOTO TOT		200000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CHICATAN AND THE STATE OF THE S
		B. Itemized Cor		utions from Indivi	duals	<u> </u>		
Last Name Baker			1	^{irst} L isa				мі A
Residential Street Address			City			State	Zip C	
428 Powell Dr.		er e	•	Point		CA	1 1	565
Principal Occupation				Name of Employer			I	
Battalion Chief of Fire				City of Oakland C	alifornia			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☑ No d	f contribution is in excess of \$400 to locs contributor or business he/she valued at more than \$5,000?					nount of 00.00	Contribution
Is this contribution associated with event reported in Section L1? If yes, list Event #	an Ye	1	ich or	branches	e contractor? ☐ Ye ☑ No ☐ Legislative			
Method of Contribution:				Date Received	Aggregate Contributions			
□Cash □Personal Check □C	redit/Debit Card	l 🏻 Payroll Deduction 🖫 Money	Order	8/26/2019				
Last Name Claudette			}	_{irst} Graham				MI
Residential Street Address			City			State	Zip C	ode
73 Plainfield St.			Har	tford		СТ	06	112
Principal Occupation		. ,		Name of Employer	··	<u></u>		
Nurse				Avery Heights				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☑ No d	f contribution is in excess of \$400 loes contributor or business he/she valued at more than \$5,000?				1	nount of	Contribution
Is this contribution associated with event reported in Section L1? If yes, list Event #	an ☐ Ye. ☑ No	• •	nch or	r branches	te contractor? Ye N Legislative			
Method of Contribution:					Aggregate Contributions			
☑Cash ☐Personal Check ☐	redit/Debit Carc	I □Payroll Deduction □Money			225.00			
Last Name Rivera			i	^{iirst} Gladys				MI M
Residential Street Address		· · · · · · · · · · · · · · · · · · ·	City			State	Zip C	l Code
39 Dorothy St.			Hai	rtford		СТ	06	106
Principal Occupation			, ···	Name of Employer				
Program Manager				CRT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☑ No d	f contribution is in excess of \$400 loes contributor or business he/she valued at more than \$5,000?					nount of).00	Contribution
Is this contribution associated with event reported in Section L1? If yes, list Event #	an ☐ Ye ☑ No		nch or	branches		es o		
Method of Contribution:		Pourse.	_	Date Received	Aggregate Contributions			
☑ Cash ☐ Personal Check ☐ C	credit/Debit Care	d Payroll Deduction Money	Orde	r 8/31/2019				·····
SUBTOTAL Section B — This Page 185.00								
		TOTAI	of a	additional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)								

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Take Back Hartford	<u>.</u>						
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) \$\\$\\$SUBTOTAL SECTION A\$							
B. Itemized Con	tributions from Individ	luals					
Last Name	First		····	МІ			
Behrens	Jessica						
Residential Street Address	City		1	Zip Code			
39 Stanton Street	Clinton		CT	06413			
Principal Occupation	Name of Employer						
Power Cleaning Services	Self-employed						
Is contributor a lobbyist, spouse, 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?			Amou	nt of Contribution			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which brane	Description of the control of the co	☑ No					
If yes, list Event # of government the contrac		Legislative	4				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order 8/24/2019	Aggregate Contributions					
Last Name	First			MI			
Lopez	Carlos						
-	City		State	Zip Code			
3 Muls Hills Drive	Farmington		CT	06032			
Principal Occupation	Name of Employer						
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to 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 No	e officer of a municipality with said municipality	1000	nt of Contribution			
		te contractor? Yes No		,,,,,			
Method of Contribution:	Date Received	Aggregate Contributions	-				
☐Cash ☐Personal Check ☐Credit/Debit Card ☐Payroll Deduction ☐Money	Order 9/24/2019						
Last Name	First			Mi			
			State	Zip Code			
Residential Street Address	City		State	Zip Couv			
Principal Occupation	Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of 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	, Amou	nt of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative							
Method of Contribution: Date Received Aggregate Contributions							
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order							
SUBTOTAL Section B — This Page 2000.00							
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)							

NAME OF COMMITTEE (Provide Complete Name as Regi	istered with Filing Repository)	TYPE OF REPORT					
Take Back Hartford							
A. Total Contributions from Small (See instructions for definition of Small Contribu		ONLY S					
	B. Itemized Contributions from	m Individuals					
Last Name	First	MI					
Casares	Edward	Jr.					
Residential Street Address	City Hartford	State Zip Code CT 06106					
78 Roger Street	Name of Emp						
Principal Occupation Retired	Traine of Emp	10,00					
	tribution is in excess of \$400 to a candidate for a cl	nief executive officer of a municipality. Amount of Contribution					
or dependent child of a lobbyist? No does c	ontributor or business he/she is associated with har lat more than \$5,000?	we a contract with said municipality s					
Is this contribution associated with an event reported in Section L1? If yes, list Event #	s contributor a principal of a state contractor or pro <i>If yes</i> , indicate which branch or branches of government the contract is with:	Inspective state contractor?					
Method of Contribution:	Date Received	""					
☐Cash ☐Personal Check ☐Credit/Debit Card ☐	Payroll Deduction Money Order 8/29/20						
Last Name	First	MI A					
King-Corbin	Linda	State Zip Code					
Residential Street Address	City Hartford	CT 06112					
199 Branford St. Principal Occupation	Name of Emp						
Tracipal Occupation	State of	·					
or dependent child of a lobbyist?	tribution is in excess of \$400 to a candidate for a contributor or business he/she is associated with had at more than \$5,000?	ve a contract with said municipality					
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state contractor or pr If yes, indicate which branch or branches of government the contract is with:	ospective state contractor? Yes No Executive Legislative					
Method of Contribution:	Date Receive						
☐Cash ☐Personal Check ☐Credit/Debit Card ☐	Payroll Deduction Money Order 8/30/20						
Last Name	First	MI					
Lugo	Daniel	State Zip Code					
Residential Street Address	City Hartford	CT 06106					
92 Bannister St. Principal Occupation	Name of Em						
Police Mechanic		f Manchester					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If cor does	ntribution is in excess of \$400 to a candidate for a contributor or business he/she is associated with had at more than \$5,000?	eve a contract with said municipality					
	Is contributor a principal of a state contractor or pr If yes, indicate which branch or branches						
Method of Contribution: Date Received Aggregate Contributions							
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order							
SUBTOTAL Section B — This Page 600.00							
	TOTAL of additional S	Section B Pages					
TOTAL OF ALL C	CONTRIBUTIONS FROM INDIVIDUALS	S (Sections A + B)					

NAME OF COMMITTEE (Provide Comple	te Name	e as Re	egistered with Filing Repository)	er en geløe		TYPE OF REPOR	₹T	er (j. k.)		
Take Back Hartford										
A. Total Contributions fro (See instructions for definition of S					s Period ONLY TAL SECTION A	\$	**************************************			
			B. Itemized Cor	ntribu	tions from Indivi	duals			5 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Last Name				Firs						MI
Quinonez				A	arvah					
Residential Street Address				City	f		- 1	State	Zip Co	
34 Branford Street				Hartf				СТ	061	12
Principal Occupation					Name of Employer					
Firefighter			CO LOS		City of Hartford	CC:C:		Т 4	4 - 6	C
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does	ntribution is in excess of \$400 (contributor or business he/she ed at more than \$5,000?	is assoc	idate for a chief executive intended with have a contract	with said municipa	cipanty, ility	30.0		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Yes No	Is contributor a principal of a s If yes, indicate which bran- of government the contract	ch or b	ranches		Yes No			
Method of Contribution:					Date Received	Aggregate Contribu	tions			
☐Cash ☐Personal Check ☐Credit/D	ebit Ca	ard 📮	Payroll Deduction Money	Order	8/23/2019					
Last Name				Firs						MI
Cruz-Serrano					andra				1	
Residential Street Address				City	loor		1	State CT	Zip Co	
113 Stage Coach Road				Wind				<u> </u>	000	190
Principal Occupation Administrator					Name of Employer CREC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?	to a can is assoc	didate for a chief executiviated with have a contract Yes No	e officer of a muni with said municipa	cipality, ality	1	unt of .	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		res No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or t	oranches	te contractor?	□ Yes ☑ No			
Method of Contribution:					Date Received	Aggregate Contribu	tions			
☐Cash ☐Personal Check ☑Credit/L	ebit C	ard [Payroll Deduction Money	Order	8/22/2019					·
Last Name				Fir						MI
Feliciano				N	faria					<u> </u>
Residential Street Address				City			ĺ	State	Zip C	
247 East Chestnut Street #604	4			Chic				IL	600	O I I
Principal Occupation					Name of Employer					
Retired		·			I'l C L'ec		:_:1:			C4-2-4
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	doe	ontribution is in excess of \$400 s contributor or business he/she aed at more than \$5,000?	is assoc	iated with have a contract Yes 2 No	t with said municip	ality	50.		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or l	oranches		□Yes ☑No			
Method of Contribution: Date Received Aggregate Contributions										
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 8/22/2019										
SUBTOTAL Section B — This Page 180.00										
			TOTA	L of ac	lditional Section B	Pages				
TOTAL	OF A	\LL	CONTRIBUTIONS FROM	M IND	IVIDUALS (Sections	A + B)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	y)		TYPE OF REPORT				
Take Back Hartford							
A. Total Contributions from Small Contributors-Reco		s Period ONLY OTAL SECTION A	\$				
The state of the s		itions from Individ	luals		MI		
Last Name Szewczyk	Firs	ohn			IAII		
Residential Street Address	City			State	Zip Code		
458 Stage Coach Rd.	Durh	am		СТ	06422		
Principal Occupation		Name of Employer					
Police Sergeant		City of Hartford					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ does contributor or business he/valued at more than \$\frac{1}{2}\$,000?				50.	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which of government the core	branch or b	ranches	contractor? Yes No Legislative				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Model	oney Order	Date Received 9/9/2019	Aggregate Contributions				
Last Name	Firs				MI		
Williams		larvin			1		
Residential Street Address	City Hartf	ford		State CT	Zip Code 06112		
355 Sigourney St. Principal Occupation	Паги	Name of Employer		01	00112		
Mechanic		High Class A					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	400 to a can /she is assoc	didate for a chief executive iated with have a contract Yes No	e officer of a municipality with said municipality		ount of Contribution 0.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of the principal of th	ı branch or l	branches	e contractor? Yes No Legislative				
Method of Contribution:			Aggregate Contributions				
Cash Personal Check Credit/Debit Card Payroll Deduction Mo	oney Order	8/26/2019			· · · · · · · · · · · · · · · · · · ·		
Last Name Alexandre	Fir	st Stevens			M M		
Residential Street Address	City			State	Zip Code		
30 Highpoint Commons	Marl	borough		СТ	06447		
Principal Occupation	•	Name of Employer					
Dir. of Real Estate		Hartford Healthca	ıre				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?					ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:							
Method of Contribution: Date Received Aggregate Contributions							
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 8/26/2019							
SUBTOTAL Section B — This Page 1050.00							
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)							

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Take Back Hartford							
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY UBTOTAL SECTION A	\$		uniquiparini de Antonio			
B. Itemized Con	ntributions from Indivi	duals					
Last Name	First		······	MI			
Colon	Yolanda						
	City		State	Zip Code			
237 Pheasant Dr.	Rocky Hill		СТ	06067			
Principal Occupation	Name of Employer	-11-					
School Social Worker	Hartford Public S						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executivis associated with have a contractory of the contracto	with said municipality	5 Ame 50.	ount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, indicate which branched of government the contract	t is with:	☑ No ☐ Legislative					
Method of Contribution:	Date Received	Aggregate Contributions					
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☑ Money	Order 8/28/2019						
Last Name	First			MI			
Roberts	Daryl		G	K			
	^{City} Windsor		State	Zip Code 06095			
47 Merriman Rd. Principal Occupation	Name of Employer		0,	00000			
Dir. of Security	Hartford Public S						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executivis associated with have a contrac Yes	e officer of a municipality with said municipality		ount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contraction.	state contractor or prospective stanch or branches of is with:	tte contractor?					
Method of Contribution:	Date Received	Aggregate Contributions	7				
☐Cash ☐Personal Check ☐Credit/Debit Card ☐Payroll Deduction ☐Money	Order 8/28/2019						
Last Name	First			MI			
Parker	Michael			A			
Residential Street Address	City Englewood		State	Zip Code 34224			
8364 Kinglet Dr. Principal Occupation	Name of Employer		1 -	J 37227			
Retired	Traine 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/she valued at more than \$5,000?			1	ount of Contribution			
	state contractor or prospective sta	☑ Legislative					
Method of Contribution:	Date Received	Aggregate Contributions					
□Cash □Personal Check □Credit/Debit Card □Payroll Deduction □Money Order 8/21/2019							
SUBTOTAL Section B — This Page 1250.00							
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TOTAL OF ALL CONTRIBUTIONS FROM	A INDIVIDUALS (Sections	A + B)		, , , , , , , , , , , , , , , , , , , 			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Take Back Hartford	•						
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$					
B. Itemized Co	ntributions from Indivi	duals		l MI			
Cataldo	Rosemarie						
Residential Street Address	City		State	Zip Code			
80 Indian Hill Road	Newington		CT	06111			
Principal Occupation	Name of Employer			•			
Firefighter	City of Hartford						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a contract Yes No	with said municipality		ount of Contribution			
event reported in Section L1? No If yes, indicate which bra of government the contract of government the government that government the government the government the government the government the government the government that governme	ct is with: Executive	☑ No □Legislative					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received 7 Order 8/22/2019	Aggregate Contributions					
Last Name	First			MI			
Brown	Robert						
Residential Street Address	City Bloomfield		State	Zip Code 06002			
14 Butternut Drive Principal Occupation	Name of Employer		CI	00002			
Retired	Name of Employes						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			, Amo	ount of Contribution			
		te contractor? Yes No Legislative	J 50.	00			
Method of Contribution:	Date Received	Aggregate Contributions	7				
☐Cash ☐Personal Check ☐Credit/Debit Card ☐Payroll Deduction ☐Money	Order 8/22/2019						
Last Name	First			MI			
Coburn	Jim						
Residential Street Address	City Wethersfield		State	Zip Code 06109			
83 Robbins Drive Principal Occupation	Name of Employer			00109			
Insurance	The Hartford						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does 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		/, Amo	ount of Contribution			
	state contractor or prospective sta	∠No		~~			
Method of Contribution: Date Received Aggregate Contributions							
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TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections	A + B)		***************************************			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	MINIMUM.	TYPE OF REPORT					
Take Back Hartford							
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) S	ed this Period ONLY UBTOTAL SECTION A	\$	\$				
R Hamized Cor	tributions from Indivi	duale					
Last Name	First	duais		МІ			
Winch	Rjo						
Residential Street Address	City		State Z	ip Code			
359 Sigourney Street	Hartford		CT (06112			
Principal Occupation	Name of Employer						
Self	Retired		_				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?			Amount100.0	t of Contribution			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a second reported in Section L1? If yes, indicate which bran	tate contractor or prospective state	te contractor? Yes					
If yes, list Event # of government the contract							
Method of Contribution:	Date Received	Aggregate Contributions					
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	***************************************					
Last Name	First			MI			
Graham	Claudette		Create 7	ip Code			
Residential Street Address 73 Plainfield Street	^{Sity} Hartford			ար Code 06112			
Principal Occupation	Name of Employer		<u> </u>				
Nurse	Avery Heights						
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 t		re officer of a municipality	Amount	t of Contribution			
or dependent child of a lobbyist? I No does contributor or business he/she valued at more than \$5,000?			100.0	0			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, list Event #		te contractor? Yes I No					
Method of Contribution:	Date Received	Aggregate Contributions	1				
☐Cash ☐Personal Check ☐Credit/Debit Card ☐Payroll Deduction ☐Money	Order 8/28/2019						
Last Name	First			MI			
Graham	Claudette						
	City Hartford			նը Code 06112			
73 Plainfield ST Principal Occupation	Name of Employer		Ci				
Nurse	Avery Heights						
i		ve officer of a municipality	Amoun	t of Contribution			
or dependent child of a lobbyist? All No does contributor or business he/she valued at more than \$5,000?	is associated with have a contrac	t with said municipality	100.0				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a s If yes, indicate which bran of government the contract		te contractor? Yes INo					
Method of Contribution:	Date Received	Aggregate Contributions					
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TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	I INDIVIDUALS (Sections 3, Column A of Summary Page			, · ·			
	and the state of t	<u> </u>					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT								
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$										
B. Itemized Contributions from Individuals										
Last Name	First	<u> </u>	МІ							
Dixon	Valerie									
Residential Street Address	City		State Zip Code							
80 Wethersfield Avenue	Hartford		CT 06114							
Principal Occupation	Name of Employer									
Retired										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	s associated with have a c		Amount of Contribution 100.00							
Is this contribution associated with an Yes Is contributor a principal of a st		tive state contractor? Yes No								
event reported in Section L1? If yes, indicate which bran of government the contract		ecutive Legislative								
Method of Contribution:	Date Received	Aggregate Contributions								
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 8/26/2019									
Last Name	First		М							
Goldsby	Shaquasia		M							
Residential Street Address C	City		State Zip Code							
359 Siguourney Street	Hartford		CT 06112							
Principal Occupation	Name of Employer									
Foley Services	MRO Asst.									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	s associated with have a c		Amount of Contribution							
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a sevent reported in Section L1? If yes, list Event # Is contributor a principal of a sevent reported in Section L1? If yes, list Event #	nch or branches	tive state contractor? Yes No ecutive Legislative								
Method of Contribution:	Date Received	Aggregate Contributions								
☐Cash ☐Personal Check ☐Credit/Debit Card ☐Payroll Deduction ☐Money	Order 8/26/2019									
Last Name	First	 	MI							
Holloway	Prenzina									
Residential Street Address	City		State Zip Code							
347 Sigourney St.	Hartford		CT 06112							
Principal Occupation	Name of Employer									
Retired										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is associated with have a		/, Amount of Contribution 100.00							
Is this contribution associated with an event reported in Section L1? 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:										
Method of Contribution: Date Received Aggregate Contributions										
☑ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 8/26/2019										
SUBTOTAL Section B — This Page 300.00										
TOTAL of additional Section B Pages										
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)										

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	WW-004_000	Name and the Popular State of the State of t			
Take Back Hartford							
A. Total Contributions from Small Contributors-Receiv	red this Period ONLY SUBTOTAL SECTION A	\$					
B. Itemized Co	ntributions from Indivi	duals					
Last Name	First			MI			
Caffary	Lynn						
Residential Street Address	Clostophyny		State	Zip Code			
4 Glastonbury Place Unit 208 Principal Occupation	Glastonbury Name of Employer		СТ	06033			
Receptionist/Legal Secretary	Brown Jacobson	PC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she	is associated with have a contract		, Amo	unt of Contribution			
event reported in Section L1? If yes, list Event # Method of Contribution: No If yes, indicate which brain of government the contract of government the	Date Received	e contractor?	50.0	00			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money							
Last Name Carson	First Daniel			MI			
	City		State	Zip Code			
223 Little Brook Drive	Newington		СТ	06111			
Principal Occupation Director	SCHMIDT Equipm	nent					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amo	unt of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which brateful of government the contraction.		te contractor? Yes No					
Method of Contribution:	Date Received	Aggregate Contributions					
☐Cash ☐Personal Check ☐Credit/Debit Card ☐Payroll Deduction ☐Money	Order 8/23/2019						
Thomas	First Michael		•	MI			
Residential Street Address	City		State	Zip Code			
34 McMullen Avenue	Wethersfield		CT	06109			
Principal Occupation Retired	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/she valued at more than \$5,000?			Amo 50.0	unt of Contribution			
event reported in Section L1? If yes, list Event # No If yes, indicate which brand of government the contract	et is with:	☑No ☐Legislative		50			
Method of Contribution: Date Received Aggregate Contributions Plant The Aggregate Contributions							
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 8/23/2019							
SUBTOTAL Section B This Page 150.00							
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM	I INDIVIDUALS (Sections A	(+ B)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	913)	TYPE OF REPORT	
Take Back Hartford			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	ceived this Period ONL' SUBTOTAL SECTION		
B. Itemized	Contributions from Inc	lividuals	
Last Name	First		MI
Wade	Darnell		State Zip Code
Residential Street Address	City INGLEWOOD		CA 90305
9612 S 4TH AVE	Name of Employer		<u> </u>
Principal Occupation Retired	Tital of Emprey		
	\$400 to a candidate for a chief exe	cutive officer of a municipality	, Amount of Contribution
or dependent child of a lobbyist? No does contributor or business h	ne/she is associated with have a con	tract with said municipality	30.00
valued at more than \$5,000? Is this contribution associated with an Yes Is contributor a principal	of a state contractor or prospective	e state contractor?	1 30.00
event reported in Section L1? No If yes, indicate which	h branch or branches	☑ No tive ☐Legislative	
If yes, not byont in	Date Received	Aggregate Contributions	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction		,	
Last Name	First		MI
DuBois	Carmen		
Residential Street Address	City		State Zip Code
18 Columbia Street	Hartford		CT 06106
Principal Occupation	Name of Employer		
Artist	C. DuBois En	terprises	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of does contributor or business I valued at more than \$5,000?	\$400 to a candidate for a chief exemple is associated with have a cor	tract with said municipality	Amount of Contribution 100.00
	al of a state contractor or prospective the branch or branches contract is with:	ve state contractor? Yes ve state contractor? Yes ve state contractor? Yes ve state contractor? Yes	
Method of Contribution:	Date Received	Aggregate Contributions	
☐Cash ☐Personal Check ☐Credit/Debit Card ☐Payroll Deduction ☐	Money Order 8/24/2019		
Last Name	First		MI
Figueroa	Maria		
Residential Street Address	City		State Zip Code FL 33016
8518 Northwest 163rd Terrace	Miami Lakes		FL 33016
Principal Occupation	Name of Employer		
retired			y. Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess or does contributor or business valued at more than \$5,000?	f \$400 to a candidate for a chief exhe/she is associated with have a co	ntract with said municipality No	30.00
	al of a state contractor or prospection change or branches contract is with:	ve state contractor? No utive Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Order 8/24/2019		
	SUBTOTAL Section B —	This Page 160.00	
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TOTAL OF ALL CONTRIBUTIONS	FROM INDIVIDUALS (Sect	ions A + B)	

NAME OF COMMITTEE (Provide Complete	Name a	ıs Reg	istered with Filing Repository)	Victoria de la como de La como de la como de La como de la como de		TYPE OF	REPORT	(Pagasa)	
Take Back Hartford					anne de la constitución de la co				
A. Total Contributions from (See instructions for definition of Section 1)					s Period ONLY TAL SECTION A	\$			
			B. Itemized Con	ıtribu	tions from Individ	luals			
Last Name				Firs					MI
Tedeschi					ark		 Т	State	Zip Code
Residential Succession						CT	Zip Code		
Principal Occupation Name of Employer									
Self Employed									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?						Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Ye	es I	s contributor a principal of a s If yes, indicate which bran of government the contrac	ch or b	ranches	e contracto	∠ No		
Method of Contribution:					Date Received] ""	Contributions		
☐Cash ☐Personal Check ☐Credit/De	bit Care	d 🔲	Payroll Deduction Money	Order	8/26/2019	1000.	00		
Last Name				Firs					Mī
Brooks			···		eville			Cara	Zip Code
Residential Street Address			į. I	City Fact	Hartford			State CT	06108
46 Torpey Drive Principal Occupation				Lasi	Name of Employer				100100
retired					Traine of Assignoration				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	lo d	loes o	tribution is in excess of \$400 contributor or business he/she d at more than \$5,000?	to a can	 didate for a chief executiv iated with have a contract Yes Mo	e officer o with said	f a municipality, municipality		ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes		Is contributor a principal of a If yes, indicate which brate of government the contract	nch or t	oranches		☑ No		
Method of Contribution:					Date Received	Aggregate	Contributions		
☐Cash ☐Personal Check ☐Credit/Do	bit Car	d 🔲	Payroll Deduction	Order	8/25/2019			<u> </u>	
Last Name				Fin					MI
Santiago					irnesto		· · · · · · · · · · · · · · · · · · ·	State	Zip Code
Residential Street Address				City Hart	ford			CT	06106
117 Colby Street Principal Occupation				- I IGIT	Name of Employer				
Firefighter					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	vo ov	does	ntribution is in excess of \$400 contributor or business he/she d at more than \$5,000?	to a can	didate for a chief executive ciated with have a contract	e officer of with said	of a municipality municipality		ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Ye V		Is contributor a principal of a If yes, indicate which bra of government the contra	nch or l	oranches	Legi	alative		
Method of Contribution: Date Received Aggregate Contributions									
☐ Cash ☐ Personal Check ☐ Credit/D	ebit Car	rd 🛄	Payroll Deduction Money	Order	8/25/2019				
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			TOTAL	of ac	dditional Section B	Pages			
TOTAL	OF AI	LL C	CONTRIBUTIONS FROM	M IND	IVIDUALS (Sections	A + B)			· · · · · · · · · · · · · · · · · · ·

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	TYPE OF REPORT						
Take Back Hartford							
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	\$						
	Contributions from Indivi	duals	MI				
Last Name Williamson	Amorie						
Residential Street Address							
Queens NY							
Principal Occupation	Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$\\$ does contributor or business he valued at more than \$5,000?	Amount of Contribution 100.00						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which of government the contributor of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contribution associated with an event reported in Section L1?		☑ No					
Method of Contribution:	Date Received	Aggregate Contributions					
☑Cash ☐Personal Check ☐Credit/Debit Card ☐Payroll Deduction ☐Mo	oncy Order 8/28/2019	200.00					
Last Name	First		MI				
Williamson	Amorie		12° C-4-				
Residential Street Address	City Queens		State Zip Code NY				
Principal Occupation	Name of Employer						
	111111111111111111111111111111111111111	C" 6 114					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?	400 to a candidate for a chief executive/she is associated with have a contract Yes IN No	with said municipality	Amount of Contribution 100.00				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal If yes, indicate which of government the contributor is principal If yes, indicate which of government the contributor is principal.		ite contractor? Yes I No					
Method of Contribution:	Date Received	Aggregate Contributions					
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Order 8/28/2019	300.00					
Last Name Donaldson	First John		MI				
Residential Street Address	City		State Zip Code				
114 W. Euclid Street	Hartford		CT 06112				
Principal Occupation	Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{3}{4}\$ does contributor or business be valued at more than \$\frac{5}{6}000?	6400 to a candidate for a chief executive/she is associated with have a contractive Yes No	ve officer of a municipality, t with said municipality	Amount of Contribution 20.00				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes If yes, indicate which of government the co		☑No : ☐Legislative					
Method of Contribution:	Date Received	Aggregate Contributions					
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ M	Ioney Order 8/31/2019						
Sı	UBTOTAL Section B — Thi	s Page 220.00					
TO	TAL of additional Section B	Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)							

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	sitory)	TYPE OF REPORT				
Take Back Hartford						
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)	Received this Period ONLY SUBTOTAL SECTION A	\$				
B. Itemize	ed Contributions from Individ	iuals MI				
Last Name	First Daniel	, vu				
Meizida Residential Street Address	City	State Zip Code				
37 Cranberry Lane Middletown CT 064						
Principal Occupation	Name of Employer					
N/A						
or dependent child of a lobbyist?		with said municipality 100.00				
event reported in Section 1.1? No If yes, indicate wh		☐ Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐		MI				
Last Name	First Estela					
LOPEZ Residential Street Address	City	State Zip Code				
235 E. River Dr.	E. Hartford	CT 06108				
Principal Occupation	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busines valued at more than \$5,000	of \$400 to a candidate for a chief executive as he/she is associated with have a contract ?? Yes ? No	e officer of a municipality, with said municipality 100.00				
event reported in Section L1? No If yes, indicate w	ipal of a state contractor or prospective state thich branch or branches he contract is with:	te contractor? Yes No Legislative				
Method of Contribution:		Aggregate Contributions				
☐Cash ☐Personal Check ☐Credit/Debit Card ☐Payroll Deduction						
Last Name	First	MI				
Williamson	Amorie	State Zip Code				
Residential Street Address	Queens	NY				
Principal Occupation	Name of Employer					
Teacher						
Is contributor a lobbyist spouse. The If contribution is in excess	s of \$400 to a candidate for a chief executives he/she is associated with have a contract 0? Yes No	ve officer of a municipality, t with said municipality 100.00				
event reported in Section L1?	cipal of a state contractor or prospective stathich branch or branches he contract is with:	☑No ☐ Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debit Card Payroll Deduction	☐Money Order 8/28/2019					
	SUBTOTAL Section B — This	s Page 300.00				
	TOTAL of additional Section B	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	The second secon				
Take Back Hartford							
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$					
			W				
B. Itemized Co.	ntributions from Indivi	duals					
Last Name	First		MI				
Brown	Alicia		Α				
Residential Street Address City State Zip Code							
29 Brentwood Dr. Bloomfield CT 06002							
Principal Occupation Name of Employer							
Painter The strike the strike in the strike	August's Artwork		1				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 25.00				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a s If yes, indicate which bran of government the contract		e contractor? Yes No Legislative					
Method of Contribution:	Date Received	Aggregate Contributions					
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money							
Last Name Moltone	First		MI				
Malbry Residential Street Address	Pamela		gr., 175 C-4				
337 Dunfey Lane, Apt C	Windsor		State Zip Code CT 06095				
Principal Occupation	Name of Employer		<u> </u>				
Contract Specialist	State of CT						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 60.00				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, list Event #		e contractor? Yes Z No	7				
Method of Contribution:		Aggregate Contributions	-				
☐Cash ☐Personal Check ☐Credit/Debit Card ☐Payroll Deduction ☐Money							
Last Name Muniz	Roberto		Ml				
Residential Street Address	City		State Zip Code				
59 Valley Drive	Rocky Hill		CT 06067				
Principal Occupation Self-employed	Name of Employer Town of Manches	ter					
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 100,000							
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a s If yes, indicate which bran of government the contrac		e contractor?					
Method of Contribution:	Date Received	Aggregate Contributions	1				
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	· · · · · · · · · · · · · · · · · · ·					
SUBT	OTAL Section B — This	Page 185.00					
TOTAL	of additional Section B P	ages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)							

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Take Back Hartford						
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		s Period ONLY OTAL SECTION A	\$			
The state of the s	ntoi bu	itions from Individ	duole			
Last Name	Firs		Tuais		MI	
Acosta	R	aul				
Residential Street Address	City			State	Zip Code	
8738 Nashua Drive	Palm	Beach Gardens		FL	33418	
Principal Occupation		Name of Employer				
Artist		Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cane is assoc	didate for a chief executive intended with have a contract Yes	e officer of a municipality with said municipality	i	unt of Contribution 0.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra	nch or b	ranches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
☐Cash ☐Personal Check ☐Credit/Debit Card ☐Payroll Deduction ☐Money		9/10/2019				
Last Name	Firs				MI	
Haymond		cole		g	Zip Code	
Residential Street Address	City	tonbury		State CT	обозз	
248 Georgetown Dr Principal Occupation	Cias	Name of Employer		01	00000	
Consultant		Cole Haymond				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	to a cand is assoc	didate for a chief executive inted with have a contract Yes INo	e officer of a municipality with said municipality		unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which brateful of government the contraction.	anch or t	oranches	te contractor? Yes No Legislative			
Method of Contribution:		<u> </u>	Aggregate Contributions	7		
☐Cash ☐Personal Check ☐Credit/Debit Card ☐Payroll Deduction ☐Mone	y Order	9/8/2019				
Last Name	Fire				MI	
Williams		(evin		T (4.4.	Tri- Go-4a	
Residential Street Address	City	Orleans		State LA	Zip Code 70122	
3816 Bruxelles Street Principal Occupation	1464	Name of Employer		L-/ \	TOTEL	
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or t	branches h: Executive	☑ Legislative			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order	Date Received 9/6/2019	Aggregate Contributions			
SUB	тота	L Section B — This	Page 2030.00			
		lditional Section B l				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Take Back Hartford						
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$				
B. Itemized Con	ntributions from Indivi	duals				
Last Name	First		Mī			
Tedeschi Residential Street Address	Mark		State Zip Code			
431 Gilead Street	Hebron		CT 06248			
Principal Occupation	Name of Employer					
Self-employed						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a contract Yes No	with said municipality	Amount of Contribution 750.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, indicate which brain of government the contraction.	et is with:	☐ Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
☐Cash ☐Personal Check ☑Credit/Debit Card ☐Payroll Deduction ☐Money			 			
Last Name Parker	First Randall		IVII			
	City		State Zip Code			
10010 Rolling Wind Drive	Soddy-Daisy		TN 37379			
Principal Occupation	Name of Employer	<u>,</u>				
Retired	Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes V No	re officer of a municipality, with said municipality	Amount of Contribution 50.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	et is with:	☑ No ☐ Legislative				
Method of Contribution:		Aggregate Contributions				
Cash Personal Check Credit/Debit Card Payroll Deduction Money			MI			
Last Name Vazquez	First Charles		IVII			
Residential Street Address	City		State Zip Code			
Prairieside Drive	Plainfield		IL 60586			
Principal Occupation	Name of Employer		···· —————————————————————————————————			
Retired	Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 50.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra	ct is with;	☑ Legislative				
Method of Contribution:	Date Received v Order 9/1/2019	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order 9/1/2019	and record to				
SUB	FOTAL Section B — Thi	s Page 850.00				
TOTA)	L of additional Section B	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Take Back Hartford						
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$				
	1 T 1					
B. Itemized Co	ntributions from Indivi	Quais	energy and a second	МІ		
Gardner	Maggie					
Residential Street Address	City		State	Zip Code		
117 Kent street, 2nd FI	Hartford		CT	06112		
Principal Occupation	Name of Employer					
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	Amou 30.0	Amount of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a fixed which brain of government the contract of government the contract.		te contractor? Yes A No				
Method of Contribution:	Date Received	Aggregate Contributions				
☐Cash ☐Personal Check ☐Credit/Debit Card ☐Payroll Deduction ☐Money						
Last Name	First Leonard			М		
Teape Residential Street Address	City		State	Zip Code		
87 Great Hill Road Portland				06480		
Principal Occupation	Name of Employer	t				
Owner	Tint master					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amou 50.0	ent of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bra of government the contra	state contractor or prospective stanch or branches ct is with:	te contractor? ☐ Yes ☑ No ☐ Legislative				
Method of Contribution:	Date Received	Aggregate Contributions	1			
☐Cash ☐Personal Check ☐Credit/Debit Card ☐Payroll Deduction ☐Money	Order 8/27/2019					
Last Name	First			MI		
Santiago Residential Street Address	Evelyn		State	Zip Code		
5242 Garfield Avenue	City Pennsauken Township		NJ	08109		
Principal Occupation	Name of Employer					
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			100.	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra		☑No				
Method of Contribution:	Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 8/26/2019	Total Wileson				
SUB	FOTAL Section B — This	Page 180.00				
TOTA)	of additional Section B	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Take Back Hartford						
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
B. Itemized Co		utions from Indivi	duals			
Last Name	Fir	rst Bill			MI	
Bucci	City	NIII		State	Zip Code	
Residential Street Address 506 Chamberlain Hwy	CT	06037				
Principal Occupation	Berli	Name of Employer				
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction of government the contraction.	nch or l	ntractor or prospective state	e contractor?			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	9/1/2019				
Last Name	Fir				MI	
Feliciano		Efrain		State	ļ	
Residential Street Address 259 Wells Road Wethersfield					Zip Code 06109	
259 Wells Road Principal Occupation	wea	Name of Employer		СТ	00109	
military		Rank 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/she valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	ontractor or prospective star	te contractor? Yes Z No Legislative]	00	
Method of Contribution:		Date Received	Aggregate Contributions	7		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	/ Order	8/31/2019				
Last Name	l	rst			MI	
Brown		Melvin		I a		
Residential Street Address 2350 Freestone Ridge Cove	City	ningham		State AL	Zip Code 35226	
Principal Occupation	<u> </u>	Name of Employer		/ (_	1 00220	
n/a						
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 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which brateful of government the contration.	nch or	branches	No			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Mone	y Order	8/29/2019				
SUB	гота	AL Section B — This	Page 75.00			
TOTA	L of a	dditional Section B l	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)						

	ITTEE (Provide Complet	e Name as Registered wi	th Filing Reposito	ory)		TYPE OF REPORT				
Take Back Har	tford									
		C1. C	ontribution	is from Ot		HILLOS				
Name of Committee	70 D-114:1				Name of Treasurer Craig Metz					
IUOE Local 47	o Political				Craig Me	:L				
Address 1965 Dixwell <i>F</i>	\venue			Is this contrib event reporte	d in Section L	red with an Yes No 1? list Event#	Amount of Contribution			
City		State	Zip Code	Date Recei	ved	Aggregate Contributions				
Hamden		СТ	06514	8/29/2						
Name of Committee					Name of Treasurer					
UA Plumbers	& Pipefitters Loca	1777 PAC			Michael	Rosario				
Address					Is this contribution associated with an Yes No Amount of Contribution event reported in Section L1?					
1250 E. Main Street				event reporte		list Event#	1,500.00			
City		State	Zip Code	Date Recei	ved	Aggregate Contributions				
Meriden		СТ	06123	8/21/2	019					
Name of Committee Name of Treasurer										
Sheet Metal Workers Local 40 PAC Fund John Nimmons										
Address				Is this contri	bution associa	ted with an Yes 7 No	Amount of Contribution			
100 Old Forge	100 Old Forge Rd. STE A event reported in Section L1? If yes, list Event #				1,500.00					
City State Zip Code Date Received Aggregate Contributions										
Rocky Hill		ст	06067	8/21/2	019					
	C2. F	Reimbursement	s or Surpl	us Distribu	itions fron	n other Committees				
Name of Committee					Name of Trea					
Address				City	<u> </u>		State Zip Code			
Date Received	Expenditure #	Payment Type					Amount of Receipt			
	(if applicable)	Reimbursem	ent for shared e	xpense 🗖S	urplus Distrib	ution				
Description										
•										
Name of Committee					Name of Trea	surer				
Address				City	1		State Zip Code			
Date Received	Expenditure # (if applicable)	Payment Type					Amount of Receipt			
		Reimburse	ment for shared	l expense	Surplus Distr	ibution				
Description	<u> </u>		<u> </u>							
			An Establisher							
			SUBTO	TAL Section	on C — Th	is Page 4500.00				
			era ingira teas seglecits a sangger	of additions						
		ALL COMMIT s C1 + C2) (Enter t								
	(Section	is C1 : C2) (Enter t	ous on Line 14	, Commit is Uj	Summing X 0,	Dx - x 111111				

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Take Back Hartf	ord						
P. Expenses Paid by Committee							
Name of Payee			Date of Payment	Method of Payment:			
Filomenas Resta	aurant		8/31/2019	☐ Check # 0091 ☐ Debit Card ☐ EFT			
Street Address		City		State Zip Code			
775 Main Street		Manchester		CT 06040			
Purpose of Expenditure	Description		Event #	Amount			
(by code)	Food		500.00				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	s checked)				
	None of the below Coordinated with reimbursement sought (joint expenditure) Indone	ndant				
	Coordinated without reimbursement sought (in-kind contri		ration A A B A C A D				
Name of Payee			Date of Payment	Method of Payment:			
Blue Edge Strate	egies		9/1/2019	Check # 0092			
Street Address		City		Debit Card EFT State Zip Code			
54 Roberts Road	ı	Manchester		CT 06040			
Purpose of Expenditure	Description		Event#	Amount			
(by code)	Field Data						
Expenditure #	Type of Expenditure (Itemization in Addendum P Required uni	leer "Nove of the below" is	abankad)	9000.00			
(if applicable)	None of the below	ess wone of the below is	cneckeuj				
:							
Name of Payee	Coordinated without reimbursement sought (in-kind contri	Organiz	ation OA OB OC OD Date of Payment	Method of Payment:			
Blue Edge Strate	Check # 0093 Debit Card EFT						
Street Address		City		State Zip Code			
54 Roberts Road	i	Manchester		CT 06040			
Ригроse of Expenditure (by code)	Description		Event #	Amount			
(oy coac)	Lawn Signs			2,763.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" i	is checked)	7			
(i) appartions	None of the below						
	Coordinated with reimbursement sought (joint expenditured) Coordinated without reimbursement sought (in-kind controlled)		endent zation: CACBCCCD				
Name of Payee			Date of Payment	Method of Payment:			
Blue Edge Strate	egies		9/15/2019	© Check # 0094			
Street Address		City		Debit Card EFT State Zip Code			
54 Roberts Road	d	Manchester		CT 06040			
Purpose of Expenditure	Description		Event #	Amount			
(by code)	Field Data			3979.00			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" i.	s checked)	7			
(if applicable)	None of the below						
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	· <u>—</u> ·	ndent zation o A o B o C o D				
SUBTOTAL Section P — This Page							
TOTAL of additional Section P Pages							
	TOTAL OF ALL EXPE		A SECTION OF THE SECT				
(Enter total on Line 19, Column A of Summary Page Totals)							