#### Page 1 of 17

#### **SEEC FORM 20**

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



COVER PAGE

1. NAME OF COMMITTEE									
Re Elect Clarke for City Council									
2. TREASURER NAME									
First		MI		Last					Suffix
Justin		K	C	Colema	n				
3. TREASURER ADDRESS									
Street Address 107 Saint Monicas Avenue		i	City Hartfo	ord			State CT	Zip Co 0612	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	only if	Candidate	Committee)			6. DISTI	RICT NUMBER
(mm/dd/yyyy) 11/05/2019	City Council Rep	)						(if applicable)	'
7. CANDIDATE NAME (Complete only if	Cundidate or Explorato	ry Conmittee)							
First		MI	L	Last			····		Suffix
Thomas		J	(	Clarke				_	II
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	7th day preced	ling primary		○7th	day preceding referer				Disbursement
⊙ April 10 filing	O30 days following primary		,	45 days following referendum			<i>PACs ONLY)</i> Amendmen		
OJuly 10 filing	7th day preceding election		l	O Deficit			ype of Rep		
October 10 filing	12th day preceding election (State Central Committees Only)			Termination					
O24 Hour Independent Expenditure Primary Election	O45 days follow not held in No		ı						
9. PERIOD COVERED				Charles and Charle					
	Beginning Da	te			Ending Date				
-	1/2/2019		- -	thru	4/10/2019				
10, CERTIFICATION									
I hereby certify and state, under p Disclosure Statement for the pe	enalties of false s	statement, tl	hat all ate an	l of the	information set for plete.	th on this Iter	mized Car	npaign Fi	nance
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)		V A	UST (C NAME (	J COLEM	Una,	_	DATE (	mm/dd/yyyy)
			10000000000000000000000000000000000000	A CONTRACTOR OF THE CONTRACTOR		4 1 2 001 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
A person who is	found to have be	owinahi an	d willt	fullo งม	lated any provision	ne of the com	naige Gra	woo stale	tos

faces a civil penalty or imprisonment or both.

#### **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	
Re Elect Clarke for City Council		
	COLUMN A This Period	COLUMN B Aggregate
<ol> <li>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</li> </ol>		
12. Balance on hand at the beginning of Reporting Period	o	
13. Contributions Received from Individuals (Sections A and B)	2705.00	
14. Receipts from Other Committees (Sections C1 and C2)	0	
15. Other Monetary Receipts (Sections D through K)	0	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	0	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	2705.00	
19. Expenses Paid by Committee (Section P)	0	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	2705.00	
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	
23. In-Kind Contributions Received (Section M)	0	
24. Refundable Deposit to Telephone Company (Section N)	0	
25. Loan Balance	0	
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	555.00	
27. Expenses Incurred on Committee Credit Card (Section R)	0	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

# Section B ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_\_

0I (
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	)		TYPE OF REPORT			
REELEG CLARKE FOR CITY COUNSIL			APRIL 10			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		Period ONLY TAL SECTION A	\$ 1,100.00			
B. Itemized C	ontribut	ions from Individ	luals			
Last Name	First	la.			MI	
Boghosian	Karl	ios				
Residential Street Address 1 Ryan Circle	City Simsbu	irv		State CT	Zip Code 06070	
Principal Occupation		Name of Employer			00070	
Chiropractor		SoVita Chiropractic	Center			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$40	I			Amo	unt of Contribution	
or dependent child of a lobbyist?  No lobs contributor or business he/sl valued at more than \$5,000?			with said municipality	\$250		
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 be of government the contributor.	ranch or bra	anches	Contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ney Order	3/4/2019				
Last Name	First			<u> </u>	MI	
Thompson	Lior	nel			·	
Residential Street Address	City			State	Zip Code	
174 west Morningside st	Hartfor	′d		CT	06112	
Principal Occupation	N	Name of Employer				
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Uf contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?				, Amer \$50.	unt of Contribution 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 be of government the contributor aprincipal of If yes, indicate which be of government the contributor aprincipal of If yes, indicate which be of government the contributor aprincipal of If yes, indicate which be of government the contributor aprincipal of If yes, indicate which be of government the contributor aprincipal of If yes, indicate which be of government the contributor aprincipal of If yes, indicate which be of government the contributor aprincipal of If yes, indicate which be of government the contributor aprincipal of If yes, indicate which be of government the contributor aprincipal of If yes, indicate which be of government the contributor aprincipal of If yes, indicate which be of government the contributor aprincipal of If yes, indicate which be of government the contributor aprincipal of If yes, indicate which is the indicate which be of government the contributor aprincipal of If yes, indicate which be of government the contributor aprincipal of If yes, indicate which is the indica	oranch or bra	anches	e contractor? Yes No			
Method of Contribution:			Aggregate Contributions	1		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMon	ney Order	3/1/2019				
Last Name	First			!	MI	
Bailey	Add	dison			K	
Residential Street Address	City			State	Zip Code	
670 Easton Forest Cir SE	Palm B			FL.	32909	
Principal Occupation	ז	Name of Employer				
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    No   If contribution is in excess of \$46 does contributor or business he/s valued at more than \$5,000?				7, Amo \$100	unt of Contribution ),00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of If yes, indicate which be of government the contributor of government the contributor.	ranch or bra	anches	e contractor? Yes No			
Method of Contribution:	1	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order	2/28/2019				
SUI	BTOTAL	Section B — This	Page \$400.00			
TOTA	AL of add	litional Section B F	ages 16			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin		/IDUALS (Sections A nn A of Summary Page		5 <i>0</i>		

## Section B ADDITIONAL PAGE 2 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
REBLECT CLARKE FOR CITY COUNCIL			APRIL 10				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A			\$				
(See instructions for definition of Small Contributor)	SUBTOTALS	ECTION A					
B. Itemized C	ontributions 1	from Indivi	duals				
Last Name	First			*************	MI		
Hennessy	Matthew						
Residential Street Address	City			State	Zip Code		
161 Tremont Street	Hartford			CT	06105		
Principal Occupation	Name of	Employer					
Managing Director	Tremo	nt Public Ad	visors				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	ne is associated with	a chief executive have a contract Yes ONo	re officer of a municipality with said municipality	y, Amo \$250	unt 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 be of government the contributor.	anch or branches		e contractor? Yes OLegislative				
Method of Contribution:	Date Rec	eived	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order   01/28.	/2019					
Last Name	First		1		MI		
Motley	John						
Residential Street Address	City			State	Zip Code		
39 Canterbury Road	Hamden			ст	06514		
Principal Occupation	Name of	Employer		<b></b> .			
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	r dependent child of a lobbyist? • No does contributor or business he/she is associated with have a contract with said municipality						
Is this contribution associated with an event reported in Section L1?  If yes, list Event #   Yes   Is contributor a principal of   If yes   Yes   Is contri	ranch or branches		te contractor? Yes				
Method of Contribution:	Date Rece		Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order   1/28/2	2019					
Last Name	First				MI		
Brown	Norma				P		
Residential Street Address	City			State	Zip Code		
181 Overlook Ave	New Britain			ст	06053		
Principal Occupation	Name of	Employer					
Executive Assistant	Cigna						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	ne is associated with	a chief executive have a contracted Yes O No	e officer of a municipality with said municipality	/, Amo	unt of Contribution		
	ontribution associated with an order of the properties of the prop						
Method of Contribution:	Date Rece		Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMono	ey Order   1/27/2	019					
SUE	TOTAL Section	n B—This	Page \$360.00				
TOTA	L of additiona	l Section B F	ages				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin				<i>ბ</i> ()			

## Section B ADDITIONAL PAGE 3 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
P& BLACT CLARKE FOR CITY (	APRIL 10						
A. Total Contributions from Small Contributors-Recei	\$						
B. Itemized Co	ontri	butions from Individ	luals				
Last Name		First				МІ	
Shortell		Patrick				T	
Residential Street Address	City			State	Zip C	Lode	
60 Hyde Rd	Wes	st Hartford		CT	061	17	
Principal Occupation	_1	Name of Employer		<u> </u>			
Lobbyist		Focus government	affairs				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sh valued at more than \$5,000?	0 to a c ie is ass	andidate for a chief executive sociated with have a contract of the ONo	officer of a municipality	y, Amo		Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  O Yes Is contributor a principal of a lifyes, indicate which broof government the contral.	anch o		Contractor? Yes No				
Method of Contribution:	act is w		Aggregate Contributions	_			
OCash OPersonal Check OCredit/Debit Card OPayroli Deduction OMone	ey Orde	1 1	Aggregate Contributions				
Last Name	I	First				MI	
Sanchez	-	James				В	
Residential Street Address	City			State	Zip C	ode	
370 Freeman Street						06	
Principal Occupation	1	Name of Employer		<b>!_</b>			
community outreach		MDC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	does contributor or business he/she is associated with have a contract with said municipality					Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a lifyes, indicate which broof government the contributor approximation of government the contributor.	anch o		_ O No				
Method of Contribution:			Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Orde	er 2/3/2019					
Last Name	I	First				м	
Winch		Rjo					
Residential Street Address	City			State	Zip C	Code	
359 sigourney st Ste 2	Hari	tford		СТ	061		
Principal Occupation		Name of Employer					
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of State o	does contributor or business he/she is associated with have a contract with said municipality				unt of	Contribution	
event reported in Section L1?	es Is contributor a principal of a state contractor or prospective state contractor? (Yes						
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	2/3/2019					
SUB	тот	AL Section B — This l	Page \$225.00				
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FRO	M INI	DIVIDUALS (Sections A	+B) 2765.	80			
Amer will me in		o, Sunanus ruge i	Z (U),				

## Section B ADDITIONAL PAGE 4 of 7

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repusitory)			TYPE OF REPORT				
RE BLECT CLARKE FOR CITY (	APRIL C	APRIL 10					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$						
B. Itemized Co	ntri	butions from Indivi	duals				
Last Name	j	First			MI		
Brown		Shante			U		
Residential Street Address	City State Zip Code						
26 Greenbriar Drive	Bloc	omfield		СТ	06002		
Principal Occupation	<u>.                                    </u>	Name of Employer		<u> </u>	<u>.l</u>		
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 ca	candidate for a chief executive sociated with have a contract	e officer of a municipality with said municipality	7, Ame	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ınch oı	contractor or prospective state or branches	750.	00			
Method of Contribution:		Date Received	Aggregate Contributions	_			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 2/3/2019					
Last Name	F	First	<u></u>	'	MI		
Vasquez		Radamos			V		
Residential Street Address	City			State	Zip Code		
188 Cleveland Avenue	Hart	tford		CT	06120		
Principal Occupation	<u> </u>	Name of Employer			<u> </u>		
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 ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	ount of 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	anch o	or branches	e contractor? Yes				
Method of Contribution;			Aggregate Contributions	-			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Orde	er 2/3/2019					
Last Name	E	First			MI		
Cloud	- (	Chris					
Residential Street Address	City			State	Zip Code		
25 Mountain Spring Road	1 *	mington		CT	06032		
Principal Occupation	Ь	Name of Employer		·	<u> </u>		
Lobbyist		EC&K					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No life contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	nt child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality						
event reported in Section L1?	his contribution associated with an nt reported in Section L1?  Yes No Is contributor a principal of a state contractor or prospective state contractor?  Yes No If yes, indicate which branch or branches						
Method of Contribution:		Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debit Card Payroll Deduction Money	/ Orde	2/4/2019	B. J.				
SUB	rot.	AL Section B — This	Page \$205.00				
ТОТА	L of a	additional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INI 13, Ca	DIVIDUALS (Sections A plumn A of Summary Page 1	(+B) Folials) \$ 2.705.	00			

# Section B ADDITIONAL PAGE 5 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Re BIRG CLARKE FOR CITY CO	April 10				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$				
B. Itemized Co	ntrib	utions from Indivi	duals		
Last Name	Fi	trame or the or purpose and the contract of	<del></del>		MI
Tartt	K	eyonna			L
Residential Street Address	City			State	Zip Code
12B Saint Regis St	East I	Hartford		CT	06108
Principal Occupation	l	Name of Employer		<u> </u>	1
Employed		state of connecticu	t		
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a car	Indidate for a chief executive	e officer of a municipality	/. Amo	unt of Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract OYes ONo	with said municipality	\$25.0	
Is this contribution associated with an Yes Is contributor a principal of a					
event reported in Section L1? No If yes, indicate which bra:  If yes, list Event # of government the contract		branches h: DExecutive	OLegislative No		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	2/3/2019			
Last Name	Fi	St	. ,		MI
Wilson	- 1	tephen			L.
Residential Street Address	City			State	Zip Code
98 Wakefiled Circle		Hartford		CT	06118
Principal Occupation		Name of Employer			
Employed		state of connecticu	t		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No University No Ves Valued at more than \$5,000?				, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?  Security Is contributor a principal of a section L1?  Security Is contributor a principal of a section L1?  Security Is contributor a principal of a section L1?  Security Is contributor a principal of a section L1?  Security Is contributor a principal of a section L1?	nch or	branches	e contractor? Yes		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Money	Order	2/3/2019			
Last Name	Fi	rst	,		MI
Bailey	L	eRoy			
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code
7 Tuller Circle	Sims	bury		CT	06070
Principal Occupation	1	Name of Employer		<u> </u>	
CEO		Brakah Enterprises			
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?				1	unt of Contribution
valued at more than \$5,000?					
Method of Contribution:		Date Received	Aggregate Contributions		
Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney	Order	2/3/2019			
SUBT	ГОТА	L Section B — This	Page \$125.00		
TOTA	ofa	dditional Section B F	ages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page		.00	

## Section B ADDITIONAL PAGE \_\_\_\_ of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
PE BLECT CLARKE FOR CTY	APRIL 10				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$				
B. Itemized Co	ntrik	outions from Indivi	duals		
Last Name	F	irst			MI
Heslin	J	lohn			
Residential Street Address	City			State	Zip Code
235 Kenyon St	Hart	ford		СТ	06105
Principal Occupation	<u> </u>	Name of Employer		<u> </u>	_1
Insurance agent		Wentworth DeAnge	elis, Inc		
ls 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?					ount of Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a fyes, indicate which bra of government the contra	nch or	branches	e contractor? Yes OLegislative		
Method of Contribution:	CE IS W	Date Received	Aggregate Contributions	_	
Cash Personal Check Ocredit/Debit Card Payroll Deduction Money	/ Ordei		riggregate Contributions		
Last Name	F	irst			MI
Pena	1	Alisha			J
Residential Street Address	City		-	State	Zip Cođe
4 Deer Meadow Drive	4 Deer Meadow Drive Bloomfield				
Principal Occupation	l	Name of Employer	,	<u> </u>	
Unemljes		None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No				y, Amo \$10	ount of Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lf yes, indicate which bra of government the contra	nch or	r branches	e contractor? Yes	3	
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	3/31/2019			
Last Name	F	îrst			МІ
Ortiz	J	Jason			J
Residential Street Address	City			State	Zip Code
239 Farmington ave apt C	Hart	tford		СТ	06105
Principal Occupation		Name of Employer		1	
Consulting		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?				y, Ame	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or	branches	e contractor? Yes		
Method of Contribution:		Date Received	Aggregate Contributions	7	
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Order	3/31/2019			
SUB	rot <i>i</i>	AL Section B — This	Page \$135.00		
TOTAL	∟of a	idditional Section B P	ages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A lumn A of Summary Page (		0C)	

SEEC FORM 20 Revird January 2015

## Section B ADDITIONAL PAGE \_\_\_\_ of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	WCIL	APUL 10						
A. Total Contributions from Small Contributors-Receiv	ed this Period	ONLY &						
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A								
B. Itemized Co		m Individuals						
Last Name Taylor	First Ayana		MI					
			12: 0 1					
Residential Street Address  11 Shamrock Circle	<sup>City</sup> <b>Windsor</b>		State Zip Code CT 06095					
Principal Occupation	Name of Em	loyer						
Employer Developer	Eastern C	T State university						
		hief executive officer of a municipality or a contract with said municipality s	ty, Amount of Contribution \$10.00					
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 brain of government the contraction.	nch or branches	ospective state contractor? Yes  DExecutive OLegislative						
Method of Contribution:	Date Receive	d Aggregate Contributions	-					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3/31/201	9						
Last Name	First		MI					
Watkins	Dion		J					
Residential Street Address 18 Mallard Drive	City Sta Bloomfield CT							
Principal Occupation	Name of Em	loyer						
Pastor	Mount O	live Church						
	o does contributor or business he/she is associated with have a contract with said municipality							
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a fyes, indicate which bra of government the contra	nch or branches	ospective state contractor? Ye  No  Executive \( \) Legislative	s					
Method of Contribution;	Date Receive	<u> </u>	-					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3/31/20	19						
Last Name	Fîrst		MI					
Peters	Norman		]					
Residential Street Address	City		State Zip Code					
62 Filley Street	Bloomfield		CT 06002					
Principal Occupation	Name of Em	oloyer						
Project Management Specialist	Prudenti	al						
		hief executive officer of a municipality of a contract with said municipality in No	ty, Amount of Coutribution \$100.00					
event reported in Section L1?								
Method of Contribution:	Date Receive	00 0						
Cash Personal Check Ocredit/Debit Card Payroll Deduction Money	Order 3/12/201	9						
SUBTOTAL Section B — This Page \$210.00								
тота	L of additional S	ection B Pages						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  2705.00								

## Section B ADDITIONAL PAGE 6 of 17

VAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
RE BIECT CLARKE FOR CITY COURL			APRIL 10						
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$					
B. Itemized Contributions from Individuals									
Last Name		Firs					MI		
Szewczyk	ŀ	Jo	hn						
Residential Street Address	City				State	1 '	Code		
458 Stage Coach Road	Du	rha	ım		СТ	064	122		
Principal Occupation			Name of Employer						
Police Sargent			City of Hartford						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?					/, <b>A</b> m		f Contribution		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lf yes, indicate which bra			ranches	(•) No					
If yes, list Event # of government the contra	act is v	with	<del>-</del>	OLegislative					
Method of Contribution;			Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMons	y Ord	ler	2/3/2019						
Last Name		Firs					MI		
Law		Ke	rwin				R		
Residential Street Address	City				State	1 -	Code		
1429 Park Street #431	Hai	rtfo	ord		CT	06	106		
Principal Occupation			Name of Employer						
Engineer			UTC						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Ves Ves Ves Ves Ves Ves Ves Ves Ves V	) to a c	cand	didate for a chief executive inted with have a contract Yes No	e officer of a municipality with said municipality		ount o	f Contribution		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of If yes, indicate which be of government the contributor.	anch	or b	ranches _	te contractor? Yes					
Method of Contribution:			Date Received	Aggregate Contributions	_				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Ord	ler	2/3/2019						
Last Name		Firs	st				MI		
Campbell		Ni	atasha						
Residential Street Address	City				State	1 .	Code		
100 Hartland Street	Ha	irtfo	ord		CT	06	112		
Principal Occupation			Name of Employer	·					
Application Analyst			Uconn Health						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/st valued at more than \$5,000?	0 to a ne is as	can	didate for a chief executiviated with have a contract  Yes  No	e officer of a municipalit with said municipality		ount 6	f Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  Is contributor a principal of If yes, indicate which by of government the contributor.	anch	or b	ranches	te contractor? Yes  O Legislative					
Method of Contribution:			Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Ord	ler	2/3/2019						
SUL	тот	ΓA	L Section B — This	Page \$105.00					
TOTAL of additional Section B Pages									
TOTAL OF ALL CONTRIBUTIONS FRO			VIDUALS (Sections a		, <u>0</u> 0				

# Section B ADDITIONAL PAGE 9 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
RE ELECT CLARGE FOR CITY COUNCIL				April 10				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$					
B. Itemized Co	ntri	bu	tions from Indivi	duals	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
Last Name	1	First		- 1, - 1, - 1, - 1, - 1, - 1, - 1, - 1,			MI	
Winch		Rjo	1					
Residential Street Address	City				State	Zip (	Code	
359 Sigourney Street Ste 2	Har	rtfo	rd		CT	061	112	
Principal Occupation			Name of Employer				A	
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?					, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lf yes, indicate which bra	nch o	or br	anches	e contractor? Yes No				
If yes, list Event # of government the contract	Ct is w		Date Received	Aggregate Contributions	-			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	v Orde		2/3/2019	\$35.00			,	
Last Name		First					МІ	
Healis	- 1		thony				A.	
Residential Street Address	City		<del></del>		State	Zip (	Code	
11 Ashley Road	Windsor				ст	060	)95	
Principal Occupation	!	$\neg$	Name of Employer					
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?					, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a fyes, indicate which bra of government the contra	ւոշի շ	or bi	ranches	te contractor? Yes				
Method of Contribution:	-		Date Received	Aggregate Contributions	┪			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	/ Orde	er	2/3/2019					
Last Name		First	1	<u> </u>			MI	
Perez		Ed	die				A	
Residential Street Address	City				State	Zip	Code	
64 Catherine Street	Har	rtfo	rd		CT	06	106	
Principal Occupation			Name of Employer					
Transportation Coordinator			CREC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No loss contributor or business he/she valued at more than \$5,000?					y, Am		f 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	ınch o	or br	anches	e contractor? Yes  No  Legislative				
Method of Contribution:  OContribution:  OCONT	03	- 1	Date Received 2/3/2019	Aggregate Contributions				
Ocash ⊙Personal Check Ocredit/Debit Card OPayroll Deduction OMoney		752 V.		200000000000000000000000000000000000000				
SUB	тот	AI	. Section B — This	Page \$110.00		<u>-</u>		
TOTA	L of	ad	ditional Section B I	ages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line			VIDUALS (Sections / nn A of Summary Page		5. <i>0</i> 0			

#### Section B ADDITIONAL PAGE \_ O of \_ ! 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)	אי		TYPE OF REPORT		
REBLECT CHARKE FOR CITY COUNCIL			APRIL 10	)	
A. Total Contributions from Small Contributors-Reco			\$		
(See Instructions for definition of Small Contributor)	SUBT	OTAL SECTION A =			
B. Itemized C	Contrib	outions from Individ	luals		
Last Name		irst			MI
Caesar	t	vans			
Residential Street Address	City Wine	d		State	Zip Code
78 County CLub Drive	VVIN			СТ	06095
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?				, Amo	ount of Contribution
	branch or		Contractor? Yes No		
Method of Contribution:		Date Received	Aggregate Contributions	-	
● Cash Personal Check Credit/Debit Card Payroll Deduction Mo	oney Ordei	2/3/2019			
Last Name		irst Natarra			MI
Cloud		Adam 			
1366 Asylum Avenue	Sidential Street Address City S B66 Asylum Avenue Hartford C				Zip Code 06105
Principal Occupation	I	Name of Employer			
City Treasurer		City of Hartford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Ves Valued at more than \$5,000?				, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of If yes, indicate which of government the core	branch or		e contractor? Yes		
Method of Contribution:		Date Received	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	ney Order	2/3/2019			
Last Name		first			MI
Johnson	(	Gregory			
Residential Street Address	City	dear Lacks		State	Zip Code
23 North Main Street	VVIN	dsor Locks		СТ	06096
Principal Occupation Firefighter		Name of Employer City of Hartford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  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 Contributor of business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Solve One of Contributor of business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Solve One of Contributor of business he/she is associated with have a contract with said municipality valued at more than \$5,000?					ount of Contribution
Is this contribution associated with an event reported in Section L1?  Yes No    Yes Is contributor a principal of a state contractor or prospective state contractor?    If yes, list Event #    Yes Is contributor a principal of a state contractor or prospective state contractor?    ONO    Yes Is contributor a principal of a state contractor or prospective state contractor?    ONO    Yes Is contributor a principal of a state contractor or prospective state contractor?    ONO    ONO    Yes Is contributor a principal of a state contractor or prospective state contractor?    ONO    ONO					
Method of Contribution:		Date Received	Aggregate Contributions		
○ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Mo	oney Order	r 2/3/2019			
SU	втота	AL Section B — This	Page \$150.00		
TOT	AL of a	idditional Section B F	'ages		
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li		DIVIDUALS (Sections A blumn A of Summary Page		5,00	

## Section B ADDITIONAL PAGE \_ tt \_ of \_ t ¬

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	לעז	TYPE OF REPORT			
REELECT CLARKE FUR CITY COW	APRILL 10	April 10			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	eived this Period ONLY SUBTOTAL SECTION A	\$			
B. Itemized	Contributions from Indi	viduals			
Last Name	First		MI		
McGee	Brandon				
Residential Street Address	City		State Zip Code		
43 Warren Street	Hartford		CT 06120		
Principal Occupation	Name of Employer				
Administrator	CREC				
	400 to a candidate for a chief executy/she is associated with have a contract Yes	ect 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 If yes, indicate which of government the contributor of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of If yes, indicate which of government the contributor as principal of If yes, indicate which of If yes, indicate which of If yes, indicate which indicate which is the If yes, ind		tate contractor? Yes No Ye OLegislative			
Method of Contribution;	Date Received	Aggregate Contributions	-		
○Cash ○Personal Check ○Credit/Debit Card ○Payroll Deduction ○Me	oney Order 2/3/2019				
Last Name	First		MI		
Ward	Randall				
Residential Street Address	City		State Zip Code		
90 Lawrence Street	East Hartford		CT 06118		
Principal Occupation	Name of Employer	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	400 to a candidate for a chief execut she is associated with have a contra		, Amount of Contribution		
valued at more than \$5,000?	O Yes O No	)	\$55.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  Is contributor a principal of government the co		state contractor? Yes No			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OM	oney Order 2/3/2019				
Lust Name	First		MI		
Jenkins	Randall				
Residential Street Address	City		State Zip Code		
44 FARMSTEAD ROAD	East Hartford		CT 06118		
Principal Occupation	Name of Employer				
	1400 to a candidate for a chief executy/she is associated with have a contration of Yes O No.	ect with said municipality	, Amount of Contribution \$50,00		
Is this contribution associated with an event reported in Section L1?  Yes event reported in Section L1?  No Section L1?  Yes 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 C Legislative					
Method of Contribution:  Date Received Aggregate Contributions					
○ Cash ○ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Mo			1		
Si	JBTOTAL Section B — Th	is Page \$155.00			
TO	FAL of additional Section E	Pages			
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L	ROM INDIVIDUALS (Section ine 13, Column A of Summary Pag		· 80		

#### Section B ADDITIONAL PAGE 12 of 17

NAME OF COMMITTEE (Provide Complete Nam	me as Registered with Filing Repository)		TYPE OF REPORT				
RE ELECT CLARGE FOR CITY COUNCIL			April 10				
A. Total Contributions from S (See instructions for definition of Small)		ed this Period ONLY SUBTOTAL SECTION A	\$	\$			
	B. Itemized Co.	ntributions from Indivi	duals				
Last Name	<u> </u>	First			МІ		
Sako		Albi					
Residential Street Address		City		State Z	Tip Code		
823 Wethersfield Avenue		Hartford		CT C	06114		
Principal Occupation		Name of Employer  City of Hartford					
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?			\$20.00	Amount of Contribution		
	<del></del>	state contractor or prospective state ach or branches	e contractor? Yes No Legislative	- 720.00	,		
Method of Contribution:	of government the connec	Date Received	Aggregate Contributions	-			
Cash Personal Check Ocredit/Debit C	Card OPavroll Deduction OMoney		1-66-16-11				
Last Name		First			MI		
Johnson		R					
Residential Street Address		City		State Z	lip Code		
60 King Street	i	East Hartford			06118		
Principal Occupation		Name of Employer	I	!			
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?			, Amoun	t of Contribution		
	Yes Is contributor a principal of a If yes, indicate which brain of government the contract		e contractor? Yes No				
Method of Contribution:	······································	Date Received	Aggregate Contributions				
Ocash OPersonal Check Ocredit/Debit C	Card OPayroll Deduction OMoney	Order 2/3/2019					
Last Name		First		•	МІ		
Lockhart		Stephanie			L		
Residential Street Address		City			lip Code		
105 Campfield Avenue		Hartford		ст ј	06114		
Principal Occupation		Name of Employer Windsor Public Sch	ools				
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?		, ,	, Amoun	t of Contribution		
s this contribution associated with an vent reported in Section L1?  If yes, list Event #   Section L1?   Is contributor a principal of a state contractor or prospective state contractor?   Yes    If yes, indicate which branch or branches of government the contract is with:   Executive   Legislative      Executive   Legislative   Legislative							
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Date Received Aggregate Contributions  2/3/2019							
	SUBT	rOTAL Section B — This	Page \$80.00	1			
	TOTAL	J of additional Section B P	ages -				
TOTAL OF A	ALL CONTRIBUTIONS FROM	A INDIVIDUALS (Sections A	V + B)				
		13, Column A of Summary Page		<b>NO</b>			

#### Section B ADDITIONAL PAGE 13 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
RE ELECT CLARKE FOR CITY COUNCIL	APRIL 10					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$				
		<del></del>				
B. Itemized Contributions from Individuals						
Last Name	First			MI		
Ruth	Uneeder					
Residential Street Address	City		State	Zip Code		
40 Owen st	Hartford		СТ	06105		
Principal Occupation	Name of Employer					
Manager	YMCA					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Source of \$400 does contributor or business he/she valued at more than \$5,000?		ct with said municipality	, Amou \$10.0	int of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a second reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a second reported in Section L1?  If yes, list Event #		No.				
Method of Contribution;	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 2/3/2019					
Last Name	First			MI		
Woodard	Alison			M		
l	City					
116 Plainfield Street	Hartford		CT	06112		
Principal Occupation	Name of Employer					
Social Worker	State of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Solution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ct with said municipality	, Amoi \$25.0	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of a lf yes, indicate which bra of government the contra		ate contractor? Yes  No  Legislative				
Method of Contribution;	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 2/2/2019					
Last Name	First			МІ		
Beauford	Trevor					
Residential Street Address	City Hartford		State	Zip Code 06103		
915 Main Street #509			CI	00103		
Principal Occupation Pastor	Name of Employer Union Baptist Ch	irch of Hartford				
				4 60 1 1 4		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes one 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?  Yes No  Amount of 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?						
s this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # Security						
Method of Contribution:	Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order 2/3/2019					
SUB*	ГОТАL Section В — Th	is Page \$60.00				
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Section 13, Column A of Summary Pag		60			

## Section B ADDITIONAL PAGE 14 of 17

NAME OF COMMITTEE (Provide Complete Name as a P& ELSC CLARES FO	. #			APOLL 10		
A. Total Contributions from Smal			s Period ONLV	PHICL C		
(See instructions for definition of Small Cont.		to distance of thems	TAL SECTION A	\$		
					/// 5	
Last Name	B, Itemizea Con	First	tions from Individ	auais		MI
Sullivan			atrice			F
Residential Street Address 3 East Lane Apt D		iiy Bloom	afield		State	Zip Code 06002
Principal Occupation		1	Name of Employer			00002
Retired			ivame of Employer			
	contribution is in excess of \$400 to	) a cand	lidate for a chief evecutive	e officer of a municipality	( Ame	ount of Contribution
or dependent child of a lobbyist?	es contributor or business he/she is lued at more than \$5,000?				\$25	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a sta If yes, indicate which branc of government the contract	ch or br	anches	e contractor? Yes  O Legislative		
Method of Contribution:	or government the contract	10 (1)	Date Received	Aggregate Contributions	_	
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney O	Order	3/31/2019			
Last Name		First	; I			MI
Cordner		Be	verne			
Residential Street Address		ity			State	Zip Code
147 Kent Street		Hartfo	ord		СТ	06112
Principal Occupation			Name of Employer			
Case Manager			State of Connecticu	ıt DDS		
or dependent child of a lobbyist?   O No doe	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?	a cand s associ	lidate for a chief executive ated with have a contract  Yes  No	e officer of a municipality with said municipality	/, Ame	unt of Contribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a st  If yes, indicate which brane	ch or b	ranches	_ <b>①</b> No		
If yes, list Event #  Method of Contribution:	of government the contract	is with	Date Received	Legislative Aggregate Contributions	_	
Ocash OPersonal Check Ocredit/Debit Card	OPayroll Deduction OMoney O	Order	3/31/2019			
Last Name		Firs	t			MI
Biggs		Do	orothy			М
Residential Street Address	C	City			State	Zip Code
123 Oakland Terrace	<u> </u>	Hartfo	ord		CT	06112
Principal Occupation			Name of Employer			
Retired						
or dependent child of a lobbyist? O No doe	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?				y, Amo \$25	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1? If yes, indicate which branch or branches					
Method of Contribution:			Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction Money	Order	3/31/2019			
	SUBT	OTAI	L Section B — This	Page \$60.00		
	TOTAL	of ad	ditional Section B F	ages		
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 1)		VIDUALS (Sections A mn A of Summary Page		.80	

## Section B ADDITIONAL PAGE 5 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
PEBLECT CLARKE FOR CITY COUNCIL			April 10		
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)		Period ONLY TAL SECTION A	\$		
(See man actions for depirition by Small Contributor)					
B. Itemized C	ontribut:	ions from Indivic	luals	The second secon	Control of the contro
Last Name	First	istanbar			MI
Bidorini		istopher			15° 0.1
Residential Street Address	City Plainvil	اام		State CT	Zip Code 06062
39 Farmington Avenue Principal Occupation		Name of Employer			00002
Social Worker	1	State of Connecticu	t		
				Amo	unt of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?				\$25.	
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 both of government the contributor apprincipal of If yes, indicate which both of government the contributor apprincipal of If yes, indicate which both of government the contributor apprincipal of If yes, indicate which both of government the contributor apprincipal of If yes, indicate which both of government the contributor apprincipal of If yes, indicate which both of government the contributor apprincipal of If yes, indicate which both of government the contributor apprincipal of If yes, indicate which both of government the contributor apprincipal of If yes, indicate which both of government the contributor apprincipal of If yes, indicate which both of government the contributor apprincipal of If yes, indicate which both of government the contributor apprincipal of If yes, indicate which both of government the contributor apprincipal of If yes, indicate which both of government the contributor apprincipal of If yes, indicate which both of government the contributor apprincipal of If yes, indicate which both of government the contributor apprincipal of If yes, indicate which is a principal of If y	ranch or bra	inches _	contractor? Yes No		
Method of Contribution:		Date Received	Aggregate Contributions	_	
● Cash Personal Check Credit/Debit Card Payroll Deduction Mor	ney Order	2/3/2019			
Last Name	First				MI
Davis	Joh	n			
Residential Street Address	City			State	Zip Code
78 Edwards Street	Hartfor	·d		CT	06120
Principal Occupation	i i	Name of Employer Retired			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$40	00 to a candi	date for a chief executive	officer of a municipality	Ame	unt of Contribution
or dependent child of a lobbyist?  No No does contributor or business he/s valued at more than \$5,000?	she is associa	ted with have a contract Yes No	with said municipality	\$10	
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 to of government the con	branch or br	anches _	e contractor? Yes No Legislative		
If yes, list Event # of government the con  Method of Contribution:		Date Received	Aggregate Contributions	-	
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMor	ney Order	3/14/2019			
Last Name	First				MI
Redd	Bev	verly			
Residential Street Address	City			State	Zip Code
1114 Poquonock Avenue	Winds	or 		СТ	06095
Principal Occupation	1	Name of Employer			
Project Coordinator		Hartford Public Lib			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of does contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	100 to a cand she is associa	idate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo \$50	ount of Contribution .00
Is this contribution associated with an Ves No Is contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1? If yes, indicate which branch or branches					
If yes, list Event #     Of government the contract is with:     Executive     Legislative       Method of Contribution:     Date Received     Aggregate Contributions					
Cash Personal Check Ocredit/Debit Card Payroll Deduction OMon	ney Order	3/14/2019			
SU	BTOTAL	, Section B — This	Page \$85.00		
тот	AL of ado	ditional Section B I	ages		
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIV	VIDUALS (Sections A	A+B) Totals) 2105.	<u></u>	
		na menangan arawa si Panda si Perupiyang ma Parketilik	Mark and Area of		

SEEC FORM 20 Revised January 2015

# Section B ADDITIONAL PAGE 16 of 17

		TYPE OF REPORT				
RE BLECT CLARGE FOR CITY COUNCIL			د ان			
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						
					MI	
J.	onathan					
City			State	Zip (		
Harti	ford		СТ	061	20	
	Name of Employer					
is asso	ociated with have a contract  Oyes  No	with said municipality	\$50	Amount of Contribution \$50.00		
nch or	branches	e contractor? Yes No Legislative				
	Date Received	Aggregate Contributions				
y Order	2/3/2019					
					MI	
	April					
City			State	Zip (	Code	
				06	106	
L	Name of Employer		.!			
is asso	Organizated with have a contract	with said municipality	\$2		f Contribution	
anch o	r branches	No				
	Date Received	Aggregate Contributions				
y Ordei	r 2/3/2019					
ŀ					MI	
[ ]	Shantel					
City			State	1 -	Code	
Win	dsor		CI	06	095	
	Name of Employer					
to a ca e is ass	andidate for a chief executivo cociated with have a contract Yes •• No	ve officer of a municipality with said municipality			of Contribution	
s this contribution associated with an vent reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  One of government the contract is with:  One of government the contract is with:  One of government the contract is with:  One of government the contract is with:						
	Date Received	Aggregate Contributions				
y Orde	er 2/3/2019				Lucia -	
тот	AL Section B — This	s <b>Page</b> \$90.00				
Lof	additional Section B	Pages				
M IN	DIVIDUALS (Sections	A + B)	(100)			
	ed the UBT  City Hart  to a casses state conch or cit is with the concentration of the conch or cit is with the concentration of	city Hartford  Name of Employer  Toral Security  Toral Received  2/3/2019  First April  City Hartford  Name of Employer  Date Received 2/3/2019  First April  City Hartford  Name of Employer  Toral Received 2/3/2019  First April  City Hartford  Name of Employer  To a candidate for a chief executive is associated with have a contract Oyes No  state contractor or prospective stanch or branches let is with:  Date Received 2/3/2019  First Shantel  City Windsor  Name of Employer  Hartford Hospital  To a candidate for a chief executive is associated with have a contract Oyes No  state contractor or prospective stanch or branches let is with:  Date Received 2/3/2019  First Shantel  City Windsor  Name of Employer Hartford Hospital  To a candidate for a chief executive is associated with have a contract Oyes  No  state contractor or prospective stanch or branches let is with:  Date Received 2/3/2019  Forst Shantel  City Windsor  Name of Employer Hartford Hospital  To a candidate for a chief executive is associated with have a contract Oyes  No  state contractor or prospective stanch or branches let is with:  Date Received 2/3/2019  To TAL Section B — This  M INDIVIDUALS (Sections	ed this Period ONLY SUBTOTAL SECTION A  **Intributions from Individuals**    First   Jonathan	APRIL O  ed this Period ONLY SUBTOTAL SECTION A  APRIL O  subtrotal Section A  State  April  City  Hartford  Date Received 2/3/2019  First  Date Received 2/3/2019  First  Date Received 2/3/2019  First  Date Received 2/3/2019  First  State Contractor or prospective state contractor?  Name of Employer  Legislative  To a candidate for a chief executive officer of a municipality, No state contractor or prospective state contractor of the with have a contract with said municipality, No state contractor or prospective state contractor?  Press  April  City  Hartford  Name of Employer  Legislative  Aggregate Contributions  Aggregate Contributions  State  City  Windsor  Name of Employer  Hartford Hospital  To a candidate for a chief executive officer of a municipality, Sample of the windship of t	ed this Period ONLY SUBTOTAL SECTION A    Subtotal Section A	

## Section B ADDITIONAL PAGE \_ / ¬ of \_ / ~

NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Repository)			TYPE OF REPORT			
REPLECT CHAPKE POR CITY COUNCIL			Aprel 10				
A. Total Contributions from Small Contributions (See instructions for definition of Small Contributor)	agrana got to dan manaliyo o tegana alama an orang bili Mantagotika	The Springer Springer	is Period ONLY OTAL SECTION A	\$			
						,	
	B. Itemized Cor		utions from Indivi	duals	1,12,13,13		
Last Name Nelson		- 1	<sup>irst</sup> onja				D MI
Residential Street Address 28 Harvard Street					State CT	Zip (	Code 106
Principal Occupation			Name of Employer				
Is contributor a lobbyist, spouse, Yes If contribution	n is in excess of \$400 t	to a car	ndidate for a chief executive	e officer of a municipalit	v. Amo	——	f Contribution
or dependent child of a lobbyist?    No does contribu			ciated with have a contract OYes ONo		\$25.		
event reported in Section L1? No If ye	s, indicate which bran	ich or		● No			
<u> </u>	government the contract	i is wii		OLegislative	_		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll	Deduction OMoney	Order	Date Received 3/14/2019	Aggregate Contributions			
Last Name		Fi	rst				MI.
Heslin		Р	atricia				
Residential Street Address		City			State	Zip (	
235 Kenyan Street		Hart	ford		CT	063	112
Principal Occupation			Name of Employer				
Service Rep			Omar Coffee				
or dependent child of a lobbyist?   O  No  does contribu			ndidate for a chief executive ciated with have a contract O Yes  No		y, Amo \$100		f Contribution
event reported in Section L1?   No If you	ibutor a principal of a ses, indicate which brangovernment the contract	nch of		e contractor? Yes			
Method of Contribution:	9		Date Received	Aggregate Contributions	-		
Cash Personal Check Credit/Debit Card Payroll	Deduction OMoney	Order	3/14/2019				
Last Name Holloway			irst ihawn				MI
<u> </u>			1111111111		·	1	
Residential Street Address 191 Palm Street	I	City Hart	ford		State	1 -	Cade 112
Principal Occupation			Name of Employer		L		
Inspector			City of Hartford				
or dependent child of a lobbyist? ONO does contribu			ndidate for a chief executive ciated with have a contract Yes No		y, Amo		f Contribution
s 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, 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 C Legislative							
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll	Deduction ()Money	Order	Date Received 3/14/2019	Aggregate Contributions			
SUBTOTAL Section B—This Page \$ 150.60							
			dditional Section B F	Section (Control of Control of Co			
TOTAL OF ALL CONTR				ANTENNE No. 1. PANT	<u></u>		<u> </u>
			lumn A of Summary Page	Totals) \$ Z_((	55.00	)	

Section Q. ADDITIONAL PAGE \_\_\_\_ of \_\_\_

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository	TYPE OF REPORT				
Re Elect Clarke for		April 10				
	Q. Campaign Exp	enses Paid by Cand	idate			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	ursement claimed?
Phoenix Society				2/1/2019	0	Yes 🗿 No
Street Address		City			State	Zip Code
729 Windsor Street		Hartford			СТ	06120
Purpose of Expenditure (by code)  Description  Venue for Kick off fundrasier				#	\$250,00	Amount
Name of Payce (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment	ls reimb	ursement claimed?
Kevin Food Vendo	r			2/2/2019	0	Yes 💽 No
Street Address		City			State	Zip Code
48 Westbrook Stre	et	Hartford			СТ	06106
Purpose of Expenditure	Description		Event	#		Amount
(by code)	Catering				\$230,00	)
Name of Payee (Name of P	  endor, Person or Entity who candidate paid directly			Date of Payment	Is reimb	ursement claimed?
Jeffrey Williams				2/16/2019	0	
Street Address		City			State	Zip Code
Purpose of Expenditure	Purpose of Expenditure Description Ew					Amount
(by code) Event Flyers					\$75.00	
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)	<del>-</del>		Date of Payment	Is reimb	ursement claimed?
					0	Yes 🔘 No
Street Address		City			State	Zip Code
Purpose of Expenditure	Description		Event	<del>II</del>		Amount
(by code)						
Name of Payee (Name of V	l endor, Person or Entity who candidate paid directly)			Date of Payment	ls reimb	ursement claimed?
					0	Yes 🔘 No
Street Address		City			State	Zip Code
Purpose of Expenditure	Description	l	Event	#		Amount
(by code)						
Name of Payee (Nume of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	nrsement claimed?
					0	Yes O No
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event	#		Amount
	•	SUBTOTAL Section Q -	– This	Page \$555.00	I	
The second of the second secon				en e		