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Revised	January	2015

# II. EVENT ACTIVITY (Sections L1-L5)

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NAME OF COMMITTE	EE (Provide Complete Name as Registere	ed with Filing Repository)	TYPE OF REPORT				
Bronin for Mayor			April 10 filing				
	L1. Eve	ent Information					
Event # Date of Event Letter 03/27/2019 b	Description - Reception Event		Was this a fundraising event?  ✓ Yes No				
Location: Street Address 100 Great Meadow	Rd	City Wethersfield	State Zip Code CT 06109				
	d at a personal residence?	Contributions A	ction L5 In-Kind Donations not Considered Associated with a House Party and complete ation for any purchases made by host(s) for food, witations.)				
	nclude goods or services donated by a to \$200 or items donated by an individual	uuai	— (2) yes, go to occiton by in Axing Donations not Considered				
	a tag sale, auction, or other sale of done by an individual of up to \$100?	ated	tal Receipts here.)				
Subpart 2: (Party	Committees, Municipal Candidat	tes and Political Committees other	than Exploratory Committees)				
Were there purchase on a sign associated	s of advertising space in a program boowith this fundraiser?	(3378	ction L3 Purchases of Advertising Space in a or on a Sign and complete required				
	Committees ONLY) sell food or beverage at a fair or simila within the state?	Yes (If yes, enter Tot ✓ No	ral Receipts here.)				
L							

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	\$0.00

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

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NAME OF COMMITTEE	(Provide Complete Nat	ne as Registered with	Filing Repos	itory) TYPE	OF RE	PORT	
Bronin for Mayor				April	10 filin	ıg	Vertices (Associated Inspects for experimental annual resource manages and annual
	L3. P	urchases of Advert	tising in a P	rogram Book or on a Sign			
Name of Purchaser					\$	iase Made By:	Other
Affirmative Investment	Affirmative Investment So  Business Entity Individual/Sole Prop						
Street Address			City			State	Zip Code
33 Union St, Ste 2			Boston			MA	02108-2414
Date Received	Event #	Aggregate Purchases f	for all Events	Amount of Progam Ad Pur	chase	Amount	of Sign Purchase
03/18/2019	032719a		\$250.00	_	0.00		\$0.00
Name of Purchaser					Purch	ase Made By:	
Centra optica					Į <b>V</b>	Business Entity Individual/Sole P	Other
Street Address			City		<u>  L'</u>	State	Zip Code
201			West Ha	tford		CT	06107-2304
33 Lasalle Rd		1					
Date Received 03/27/2019	Event # 032719a	Aggregate Purchases f	or all Events \$250.00	Amount of Progam Ad Pur	- 1	Amount	of Sign Purchase
	3027 704		Ψ200.00	\$25	0.00		\$0.00
Name of Purchaser DHL company						ase Made By: Business Entity	Other
DHL company						Individual/Sole Pi	
Street Address			City Hartford			State CT	Zip Code 06114-3017
511 Franklin Ave							00114-3017
Date Received	Event #	Aggregate Purchases f		Amount of Progam Ad Pur	chase	Amount	of Sign Purchase
03/27/2019	032719a		\$250.00	\$25	0.00		\$0.00
Name of Purchaser					. —	ase Made By:	
Frank L Macca					1 =	Business Entity Individual/Sole Pr	Other coprietorship
Street Address			City Hartford			State CT	Zip Code 06114-2027
284 Locust St							
Date Received	Event #	Aggregate Purchases for		Amount of Progam Ad Pur	hase	Amount o	of Sign Purchase
03/27/2019	032719a		\$250.00	\$25	0.00		\$0.00
Name of Purchaser		<u> </u>				ase Made By:	
Metro Autobody & Towi	ng					Business Entity	Other
Street Address			City		L	ndividual/Sole Pr State	oprietorship Zip Code
OHOUT MAILESS			Hartford			CT	06114-1900
722 Wethersfield Ave	T. P #	T	115		- 1		
03/27/2019	Event # 032719a	Aggregate Purchases fo	\$250.00	Amount of Progam Ad Pure	1	Amount o	of Sign Purchase
			,	\$250	7.00		\$0.00
Name of Purchaser	. 1 1			*******		ase Made By: Business Entity	Other
Paramount construction	LL				=	ndividual/Sole Pr	1I
Street Address			City	_		State	Zip Code
49 Hollow Tree Ln			Newingto	П		CT	06111-1721
Date Received	Event #	Aggregate Purchases fo	or all Events	Amount of Progam Ad Puro	hase	Amount	of Sign Purchase
03/27/2019	032719a		\$250.00	\$250			\$0.00
		Total	Durchaeae A	SUBT of Advertising in a Program		Section L3	\$1,500.00
			SUBTO	TAL Section L3 (Town Corchases of Advertising on a	mmitt	ees ONLY)	\$0.00
					EDING TINGE	n L3 Pages	\$2,500.00
	TOTAL			TISING IN A PROGRAM BO	OK or i	ON A SIGN	\$2,500.00
		(Ente	er total on L	ine 16c, Column A of Sumn	iary Pi	age Fotals)	g 42,000.00

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# II. EVENT ACTIVITY (Sections L1—L5) Page 388

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NAME OF COMMITTEE	(Provide Complete Nam	e as Registered with I	Tiling Reposi	itory)	TYPE O	F RE	PORT	
Bronin for Mayor					April 10	filin	g	
	L3. Pı	irchases of Adverti	sing in a Pi	rogram Book or on a	Sign			
Name of Purchaser Providence Financial Gi	rou					V	nase Made By: Business Entity Individual/Sole Pr	Other
Street Address 35 Nod Rd, Ste 102			City Avon				State CT	Zip Code 06001-3826
Date Received 03/18/2019	Event # 032819a	Аддтедаte Purchases fo	or all Events \$250.00	Amount of Progam A	4 Purch \$250.	- 1	Amount (	of Sign Purchase \$0.00
Name of Purchaser Sena Brothers LLC						<b>✓</b> I	ase Made By: Business Entity Individual/Sole Pr	Other
Street Address 585 Windsor St			City Hartford				State CT	Zip Code 06120-2413
Date Received 03/27/2019	Event # 032719a	Aggregate Purchases fo	т all Events \$250.00	Amount of Progam A	d Purch \$250.0	- 1	Amount	of Sign Purchase \$0.00
Name of Purchaser Sher's Automotive Cente					<b>✓</b> I	ase Made By: Business Entity Individual/Sole Pr	Other oprietorship	
Street Address 405 Washington St			City Hartford				State CT	Zip Code 06106-3345
Date Received 03/27/2019	Event # 032819a	Aggregate Purchases fo	r all Events \$250.00	Amount of Progam A	d Purch \$250.0	- 1	Amount	of Sign Purchase \$0.00
Name of Purchaser Webster Realty			, , , , , ,		]	<b>✓</b> E	ase Made By: Business Entity Individual/Sole Pro	Other oprietorship
Street Address 64 Old Pewter Ln			City Wethersfi	eld			State CT	Zip Code 06109-3134
Date Received 03/27/2019	Event # 032719a	Aggregate Purchases fo	r all Events \$250.00	Amount of Progam A	d Purch \$250.(		Amount o	f Sign Purchase \$0.00

\$1,000.00	SUBTOTAL Section L3  Total Purchases of Advertising in a Program Book - This Page
\$0.00	SUBTOTAL Section L3 <i>(Town Committees ONLY)</i> Total Purchases of Advertising on a Sign - This Page
\$2,500.00	TOTAL of Section L3 Pages
\$2,500.00	TOTAL OF PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)

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# III. NONMONETARY RECEIPTS (Sections M-O)

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NAME OF COMMITTEE (Provide Comp	lete Name as Registe	red with Filing Repo	sitory)	TYPE OF REE	ORT	
Bronin for Mayor	Control to Application Lead and American Francisco Translation Control (1997)	U moo // / / / / / / / / / / / / / / / /	CONSTRUCTOR	April 10 filing	52. WW//240421/WY0/01014101010104	Marine San Commission (Commission Commission Commission Commission Commission Commission Commission Commission
		M. In-Kind Cont	ributic	ns		
Name George C. Jepsen (Events)						
Street Address  995 Prospect Ave			City West	Hartford	State CT	Zip Code 06105-1101
Type of Contributor: Committee	Date Received 03/28/2019	Aggregate Contributio	ons 847.06	Description of In-Kind Contribution Fundraiser Supplies	1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does co			nmittee for a chief executive officer of a sociated with have a contract with said  Yes  No		Market Value of this Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 032819a	If yes, indicate	a principal of a state cor ate which branch or bra the contract is with:	nches of	recutive Legislative Vs		\$647.06

SUBTOTAL Section M - This Page	\$647.06
TOTAL of Section M Pages	\$647.06
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)	\$647.06

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor				April 10 filing		
	P. Expense	es Paid by Commi	itee			
Name of Payce ADP				Date of Payment 03/29/2019	Method of Check	#
Street Address 100 Corporate Dr		City <b>Windsor</b>			State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll Taxes		Even	at#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control of the contr	re) Indepen	ndent	cked)		\$2,179.49
Name of Payee ADP				Date of Payment 03/29/2019	Method of Check	#
Street Address 100 Corporate Dr		City Windsor		1000	State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll Taxes		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in Itemization in Addendum P Required in Itemization in Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control in Itemization in	committee) Indepen	dent	ABCD		\$287.59
Name of Payee Anedot				Date of Payment 01/31/2019	Method of Check	#
Street Address PO Box 84314		City Baton Rouge		•	State LA	Zip Code 70884-4314
Purpose of Expenditure (by code) OVHD	Description Credit Card Processing Fees - January		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control of the contro	committee) Indepen	dent	ked)		\$2,138.60
Name of Payee Anedot				Date of Payment 02/28/2019	Method of Check Debit (	#
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884-4314
Purpose of Expenditure (by code) OVHD	Description Credit Card Processing Fees - February		Event	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind contr	committee) Indepen	dent	ked)		\$3,781.14

SUBTOTAL Section P - This Page	\$8,386.82
TOTAL of Section P Pages	\$65,808.41
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$65,808.41

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor				April 10 filing		
	P. Expense	es Paid by Commi	ttee			
Name of Payee Anedot				Date of Payment	Method of Check	
Allegot				03/31/2019	Debit	
Street Address		City			State	Zip Code
PO Box 84314		Baton Rouge			LA	70884-4314
Purpose of Expenditure (by code) OVHD	Description Credit Card Processing Fees - March		Even	ut #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditue) Coordinated without reimbursement sought (in-kind continuous)	re) Independent	ndent	cked)		\$10,384.00
Name of Payee Kevin Buchanan				Date of Payment 03/31/2019	Method of Check	# 997
Street Address		City			State	Zip Code
173 Essex St		Deep River			СТ	06417-1946
Purpose of Expenditure (by code) REF	Description Contribution Refund		Even	ıt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	Cked)		\$500.00
Name of Payee Conor Hurley				Date of Payment 02/05/2019	Method of  ✓ Check  □ Debit 0	# <u>991</u>
Street Address 1529 Williams St, Ap	t 303	City Columbia			State SC	Zip Code 29201-2270
Purpose of Expenditure (by code) CNSLT	Description Political Consulting		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  V None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	Cked)		\$7,000.00
Name of Payce Conor Hurley				Date of Payment 03/05/2019	Method of  ✓ Check  Debit 0	# 993
Street Address		City Columbia			State SC	Zip Code 29201-2270
1529 Williams St, Ap		Columbia			30	29201-2270
Purpose of Expenditure (by code) CNSLT	Description Political Consulting		Even	t #		Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required in V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	ıdent	Cked)		\$7,000.00

SUBTOTAL Section P - This Page	\$24,884.00
TOTAL of Section P Pages	\$65,808.41
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$65,808.41

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor				April 10 filing		
	P. Expense	es Paid by Commi	itee			
Name of Payee Alan Lazowski				Date of Payment	Method o	f Payment
Addit Lazowski	03/31/2019			Debit Card EFT		
Street Address		City			State	Zip Code
170 Scarborough St		Hartford			СТ	06105-1107
Purpose of Expenditure	Description		Even	t#		1
(by code) FNDR	Fundraiser Cost					Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below"	' is chec	cked)		\$6,311.19
(if applicable)	None of the below (does not involve another candidate or	Indense	ndent			:
	Coordinated with reimbursement sought (joint expenditu	e)		Па Пв Пс Пр		
N CD	Coordinated without reimbursement sought (in-kind cont	ribution)			N. 1. 1.	
Name of Payee Mid State Printing				Date of Payment	Method of Check	
3				03/31/2019	Debit	
Street Address	****	City			State	Zip Code
1 Bank St, Ste 401		Stamford			СТ	06901-3074
Purpose of Expenditure	Description		Even	t #		Amount
(by code) PRNT	Printing 					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in	.,	' is chec	ked)		\$1,499.54
(у арунсаме)	None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure	Indones	dent	:		
	Coordinated with reimbursement sought (in-kind control	Organia	ation:	<b>□</b> A <b>□</b> B <b>□</b> C <b>□</b> D		
Name of Payee		,		Date of Payment	Method of	Payment
Tiffany Mitchell				03/29/2019	Check	
					Debit	Card 🗸 EFT
Street Address		City Hartford			State CT	Zip Code 06120-1740
118 Kensington St		riaitioiu			CI	00120-1740
Purpose of Expenditure (by code) WAGE	Description Payroll	TO STATE OF THE ST	Event	t#		Amount
	*	1 407 64 1 1 4		. 1)		04 400 F0
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  None of the below (does not involve another candidate or		is chec	ked)		\$1,423.58
	Coordinated with reimbursement sought (joint expenditur	Indepen	dent			
	Coordinated without reimbursement sought (in-kind contr	ibution) Organiz	ation:	A B C D		,
Name of Payee				Date of Payment	Method of	Payment
Tiffany Mitchell				03/29/2019	Check	
0		- Cit			Debit (	,
Street Address		City Hartford			State CT	Zip Code 06120-1740
118 Kensington St Purpose of Expenditure	Description		Event	· #		
(by code) WAGE	Payroli		Lione	."		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below"	is chec	ked)		\$682.94
(if applicable)	None of the below (does not involve another candidate or	committee)				\$302.5 T
	Coordinated with reimbursement sought (joint expenditure	Occanie				
	Coordinated without reimbursement sought (in-kind contr	ibution) Organiz	anon:	A B C D		

SUBTOTAL Section P - This Page	\$9,917.25
TOTAL of Section P Pages	\$65,808.41
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$65,808.41

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		NEW PROPERTY.	
Bronin for Mayor	ronin for Mayor April 10 filing						
100 miles (100 miles (100 miles)	P. Expense	es Paid by Commi	ttee				
Name of Payee National Geographic	and Political Software			Date of Payment 02/21/2019	Method of Payment Check # Debit Card  EFT		
Street Address 1101 15th St NW	Washington			State DC	Zip Code 20005-5002		
Purpose of Expenditure (by code) OVHD	Description Database Software		Ever	at #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in V None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control of the cont	re) Indepe	ndent	cked)		\$1,050.00	
	and Political Software			Date of Payment 02/21/2019	Method of Check	#	
Street Address 1101 15th St NW		City Washington			State DC	Zip Code 20005-5002	
Purpose of Expenditure (by code) OVHD	Description Database Software		Even	ut #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind control	committee) Indeper	adent	cked)		\$3,150.00	
Name of Payee National Geographic	and Political Software			Date of Payment 03/20/2019	Method of Check	#	
Street Address		City Washington			State DC	Zip Code 20005-5002	
Purpose of Expenditure (by code) OVHD	Description Database Software		Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind contra	committee) Indeper	dent	cked)		\$1,140.00	
Name of Payee Forrest Richardson				Date of Payment 03/29/2019	Method of Check Debit	# <u>50003</u>	
Street Address 200 Corporate Dr, 50	5	City VVindsor			State CT	Zip Code 06095-2147	
Purpose of Expenditure (by code) WAGE	Description Payroll		Even	1#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	dent	cked)		\$2,425.00	

\$7,765.00	SUBTOTAL Section P - This Page	
\$65,808.41	TOTAL of Section P Pages	
\$65,808.41	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	

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A STATE OF THE PARTY OF THE PAR	3E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor	, , , , , , , , , , , , , , , , , , , ,			0.000 (11/02/2012/01/01/NAWI)		
N. CD	P. Expens	es Paid by Commi	ittee			
Name of Payee Run the World				Date of Payment	Method of Check	of Payment k #
				02/21/2019	Debit	Card FFT
Street Address		City			State	Zip Code
PO Box 111		Prairie Du Sac			WI	53578-0111
Purpose of Expenditure (by code) A-WEB	Description Digital Advertising		Ever	ut #		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	-	" is che	cked)	1	\$5,000.00
(if applicable)	✓ None of the below (does not involve another candidate o  Coordinated with reimbursement sought (joint expenditu	1	ndent			
	Coordinated without reimbursement sought (in-kind cont	Oronni	ization;	<b>□</b> A <b>□</b> B <b>□</b> C <b>□</b> D		
Name of Payee				Date of Payment	Method o	f Payment
Run the World				03/20/2019	Check	
				00/20/2010	Debit	Card 🗸 EFT
Street Address		City			State	Zip Code
PO Box 111		Prairie Du Sac			WI	53578-0111
Purpose of Expenditure (by code) A-WEB	Description Digital Advertising		Even	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.	-	" is chee	cked)		\$2,000.00
(у аррякате)	✓ None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)		ndent			
	Coordinated without reimbursement sought (in-kind cont		zation:	$\square$ A $\square$ B $\square$ C $\square$ D		
Name of Payee				Date of Payment	Method o	f Payment
Run the World				03/20/2019	Check	
					Debit	Card 🗸 EFT
Street Address		City Prairie Du Sac			State WI	Zip Code
PO Box 111	*	Frame Du Sac	T		VVI	53578-0111
Purpose of Expenditure (by code) CNSLT	Description Digital Consulting		Even	ı #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	-	" is chec	cked)		\$2,500.00
(y apprendic)	✓ None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur	Indeper	ndent			
	Coordinated without reimbursement sought (in-kind contra		zation:	$\square A \square B \square C \square D$		
Name of Payce				Date of Payment	Method of	Payment
Run the World				03/20/2019	Check	#
					Debit	Card 🗸 EFT
Street Address		City Prairie Du Sac			State	Zip Code
PO Box 111		Frame Du Sac	,		WI	53578-0111
Purpose of Expenditure (by code) CNSLT	Description Digital Consulting		Event	t#		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un		' is chec	ked)		\$3,629.00
(if applicable)	✓ None of the below (does not involve another candidate or	Indone	ident			
	Coordinated with reimbursement sought (joint expenditur	e)				
		ibudion) — =			<del></del> .	

SUBTOTAL Section P - This Page	\$13,129.00
TOTAL of Section P Pages	\$65,808.41
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$65,808.41

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NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor		A STATE OF THE STA		April 10 filing	CONTRACTOR PROPERTY.	Kilwesta Dipolare (Aparille) America America (1) mod 32 (100)
	P. Expens	es Paid by Commi	ttee			
Name of Payee Run the World				Date of Payment 03/25/2019	Method of Checl	
Street Address PO Box 111		City Prairie Du Sac			State WI	Zip Code 53578-0111
Purpose of Expenditure (by code) A-WEB	Description Digital Advertising		Even	1#		Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude)  Coordinated without reimbursement sought (in-kind con	r committee) re) Indepe	ndent	ked)		\$1,000.00
Name of Payee Debra Schmerling				Date of Payment 03/31/2019	Method o	
Street Address 221 Trumbull St, Apt	t 2701	City Hartford			State CT	Zip Code 06103-1526
Purpose of Expenditure (by code) FNDR	Description Fundraising Supplies		Event	#		Amount
Expenditure # (if applicable)						\$726.34

SUBTOTAL Section P - This Page	\$1,726.34
TOTAL of Section P Pages	\$65,808.41
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$65,808.41