/ SEEC FORM 20

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

TOWN & CITY CLERK

Do Not Mark in This Spaceling Official Use Only

Page 1 of 17

COVER PAGE

1. NAME OF COMMITTEE		1.00		
Bermudez for C	ity Council 201	9		<u> 1800 (Berline) (Berline) (Berline) (Berline)</u>
2. TREASURER NAME				
First Haben	МІ	Abraham		Suffix
3. TREASURER ADDRESS				
Street Address	Ci		State	Zip Code
330 Laurel Street	Unit 205	Hartford	CT	06105
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete or	rly if Candidate Committee)	6.	DISTRICT NUMBER
(mm/dd/yyyy) 11 05 2019		imon Council	(If ap	plicable)
7. CANDIDATE NAME (Complete only if				
Wildaliz	MI	Bermudez		Suffix
8. TYPE OF REPORT (Check One Box)				
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum		ion or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	(PACs ONLY) ☐ Amendment to	
☐ July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Report:	
October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination		
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November			
9. PERIOD COVERED				
	Beginning Date	Ending Date		
_	07/01/2019	thru 09 30 2010	<u>1</u>	
0. CERTIFICATION				
I hereby certify and state, under per Disclosure Statement for the periods.	nalties of false statement, that iod covered is true, accurate	all of the information set forth on thi and complete.	is Itemized Campaig	gn Finance
TREASURER OR DEPUTY TREASURER	(SIGNATURE) PRIN	HABEN ABRAHAM NT NAME OF SIGNER		0 <i> 08 2019</i> VE (mm/dd/yyyy)
A person who is fo	ound to have knowingly and w faces a civil pe	illfully violated any provisions of the nalty or imprisonment or both.	campaign finance s	tatutes

SEEC FORM 20

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

SUMMARY PAGE TOTALS

SUMMARY PAGE TO	TYPE OF REPORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) BUMULES TOV CITY DUNCT 2019	October 10 Filing			
	COLUMN A This Period	COLUMN B Aggregate		
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees				
12. Balance on hand at the beginning of Reporting Period	0.00			
13. Contributions Received from Individuals (Sections A and B)	\$3,409.00			
14. Receipts from Other Committees (Sections C1 and C2)	\$250,00			
15. Other Monetary Receipts (Sections D through K)	\$ 100:00			
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00			
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed				
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$ 0.00			
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	43,759.00			
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$ 3,759.00	\$3,759.00		
19. Expenses Paid by Committee (Section P)	\$62.10			
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$3,696.90	43,696.90		
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00			
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$175.00			
23. In-Kind Contributions Received (Section M)	0-00			
24. Refundable Deposit to Telephone Company (Section N)	0.00			
25. Loan Balance	0.00			
25a. + Loans Received (Section D)	0.00			
25b. + Interest and Penalties on Loan	0,00			
25c Payments on Loan	0.00			
25d. Total Outstanding Loan Amount	0.00			
26. Campaign Expenses Paid by Candidate (Section Q)	\$129.43			
27. Expenses Incurred on Committee Credit Card (Section R)	0.00			
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00			
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Bermudez for City Council 2019	October 10 filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 1,369.00		
B. Itemized Contributions from Individ	inals		
Last Name First		MI	
Vargas Edwin			
Residential Street Address City		State Zip Code	
141 Douglas Street Hartford		CT 06114	
Principal Occupation J Name of Employer			
Legislator State of Co	mnecticut		
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 does contributor or business he/she is associated with have a contract valued at more than \$5,000?	officer of a municipality.	Amount of Contribution	
Is this contribution associated with an event reported in Section [1]?	\(\overline{\sqrt{N}} \) No	\$100.00	
	Aggregate Contributions		
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 8/29/2019	Aggregate Controllions		
Last Name First	4	MI	
Shortell William		P	
Residential Street Address City	5	state Zip Code	
947 W Main Street New Britain	1	T 06053	
Principal Occupation Name of Employer		-1 1 000000	
Machinist Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	officer of a municipality, with said municipality	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:	Ŭ No	\$100.00	
	Aggregate Contributions		
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 9 20 20 9			
Last Name First		MI	
Gale Tracu			
Residential Street Address City	S	tate Zip Code	
6 Cone Street Hartford	(CT 06105	
Principal Occupation Name of Employer		-	
SCHOOL NUISE HONTibution is in excess of \$400 to a candidate for a chief executive	urd of Educat	······································	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract we valued at more than \$5,000?	officer of a municipality, vith said municipality	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08292019 No Is contributor a principal of a state contractor or prospective state if yes, indicate which branch or branches of government the contract is with:	Ū∕No	\$100.00	
Method of Contribution: Date Received	Aggregate Contributions		
□ Cash ☑ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 8 29 2019			
SUBTOTAL Section B — This F	** T 300	00	
TOTAL of additional Section B Pa	1,110	00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page To		.00	

I. MONETARY RECEIPTS (Sections A—K)

Page 4 of 17

NAME OF COMMITTEE (Provide Complete Name as			ry)		TYPE OF REPORT	er	
Bernudes for City Co	uncil a				October 10 1	ilive	
V	C1. C0	ntribution	s from Ot	Name of Treasur			
Name of Committee Matt Ritter PAC Address 83 Oxford Street City Hartford				Lusse			
Address		*	Is this contrib		d with an Yes W No	1	Contribution
83 Oxford Street	State	Zip Code	Date Receiv	<i>If yes</i> , lis	st Event# Aggregate Contributions	\$250	00,00
Hartford	CT	0(0/05	١,	7/2019			
Name of Committee				Name of Treasu	rer		<u>, a </u>
Address				d in Section L15	d with an ☐ Yes ☐ No ? st Event #	Amount of	Contribution
City	State	Zip Code	Date Recei		Aggregate Contributions		
	444						
Name of Committee			,	Name of Treasu	нег		
Address			Is this contril	nution associate	d with an ☐ Yes ☐ No	Amount of	Contribution
				d in Section L1			
City	State	Zip Code	Date Recei	ved	Aggregate Contributions		
Charles from the contract of t	ursement	s or Surpl	us Distribu	Name of Treasu	other Committees		
Name of Committee				Hanc of Heast			
Address			City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code
(if applicable)	ayment Type					Amoun	t of Receipt
	Reimburseme	ent for shared e	expense DS	urplus Distribut	tion	_	
Description							
Name of Committee	<u></u>			Name of Treas	urer	1	
Address	**************************************		City	<u></u>	L-104 (10-1)	State	Zip Code
Deta Bassived Expenditure # F	Daymont T					Amore	t of Receipt
Date Received (if applicable)	Payment Type ☐ Reimburse	ment for share	d expense 🛚	Surplus Distrib	bution	Amou	n or necespt
Description						-	
					ST.		_
		SUBTO	TAL Section	on C — This	20203670388V0350L001	···	
			of additions	i Castion C	Pages 00		
			5.04				
TOTAL OF ALL (Sections C1 +	COMMIT C2) (Enter	TEE CONT	RIBUTION	S AND REC	CEIPTS \$ 000		

Section C1.

Matt Ritter PAC

Russell Jarem, Treasurer | 83 Oxford Street, Hartford, CT 06105 | 860-729-1950

Bermudez for City Council 2019 % Wildaliz Bermudez PO Box 331091 West Hartford, CT 06133

September 17, 2019

Dear Wildaliz,

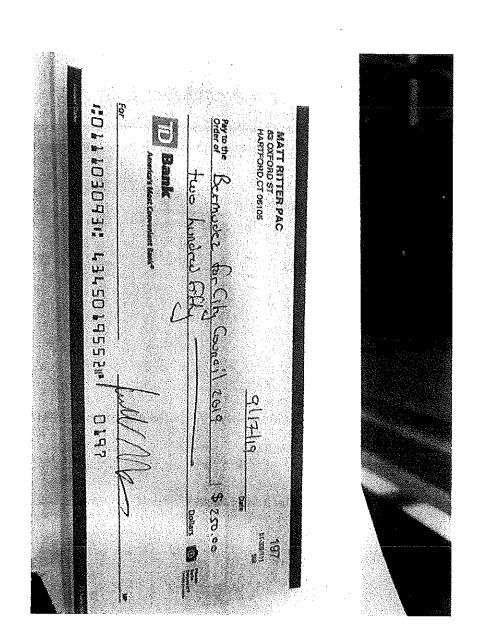
Please find enclosed check number 197, in the amount of \$250.00, in support of the Bermudez for City Council 2019 campaign.

If you have any questions, please do not hesitate to contact me.

Regards,

Russell Jarem

Encl.



1 of 2

	TVDE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repository)	TYPE OF REPORT		
bermudez for City Council 2019	October 11) Filing	
A. Total Contributions from Small Contributors-Receiv	\$ 1260.00	9	
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	1,369.00	
B. Itemized Con	ntributions from Indivi	duals	
Last Name	First		MI
Barber	Joseph		
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	City		State Zip Code
14 Park Terrace	_ttartford		CT 06106
	Name of Employer	Λ B	
Director of Community Service Civic Engagen	ent trinity	College	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	to a candidate for a chief executive is associated with have a contract	e officer of a municipality, with said municipality	Amount of Contribution
valued at more than \$5,000?	☐ Yes ☑No		\$250,00
event reported in Section L1? No If yes, indicate which bran		_ No	1 000
If yes, list Event # of government the contract		Legislative	
Method of Contribution: ☐ Cash ☐ Payroll Deduction ☐ Money	Date Received	Aggregate Contributions	
Last Name	1 1/10/0-01	···	
Last Name	First Carol		МІ
	City City	17	State Zip Code
165 Girard Avenue	Hartford		CT Ollos
Principal Occupation	Name of Employer		CI / OUIUS
Teacher	March God Boa.	d of Educa	tion
			Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			
Is this contribution associated with an Yes Is contributor a principal of a si	tate contractor or prospective state	contractor?	\$60,00
event reported in Section L1? If yes, indicate which bran of government the contract	ch or branches	ĽPNo	100
Method of Contribution:		Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money C	Order 8 29 2019		
Last Name	First		MI
Velez-Herrera	Ludia		
Residential Street Address	ity O s I t	S	tate Zip Code
106 Tuttle Street	bristol	(CT 06010
Principal Occupation	Name of Employer		
Chief Executive Officer		rrevas	
s 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			Amount of Contribution
valued at more than \$5,000?	☐ Yes No		
Is this contribution associated with an Sevent reported in Section 1.1? No If yes, indicate which brane	ate contractor or prospective state	contractor? □Yes ☐	\$100.00
If yes, list Event # OR 30 30 19 A of government the contract		☐ Legislative	, (• •
Method of Contribution:	. ,	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money O	Order 08 29 2019		
SUBTO	OTAL Section B — This P	age \$ LIA	• 00
		<u> </u>	
	of additional Section B Pa), 00
TOTAL OF ALL CONTRIBUTIONS FROM		+B) (£2,100	
(Enter total on Line 13,	, Column A of Summary Page To	rats) \$3,409	ן טעין

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Section B ADDITIONAL PAGE ∂ c.

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	TYPE OF REPORT			
Bermudez for City Council 2019	October	October 10 Filing		
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	eived this Period ONLY SUBTOTAL SECTION A	\$ 1,369.00)	
		<u></u>		
B. Itemized C	Contributions from Indivi	duals		
Last Name	First		MI	
Residential Street Address	City		State Zip Code	
39 Cobb Hill Road	Manchester		CT 06040	
Principal Occupation	Name of Employer			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$40	00 to a candidate for a chief executive	e officer of a municipality,	Amount of Contribution	
	he is associated with have a contract ☐ Yes ☐ No			
event reported in Section L1?		\(\int \text{No}\)	\$100.00	
If yes, list Event # of government the cont Method of Contribution:	Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Order 982019			
Last Name	First		MI	
Residential Street Address	CVE[U]V]		State Zip Code	
25 Hamim Drive	West Hartfor	10	CT 06117	
Principal Occupation	Name of Employer		-	
Is contributor a lobbyist, spouse, See If contribution is in excess of \$40	0 to a candidate for a chief executive	placed a municipality	Amount of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? See If contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?	te is associated with have a contract v	with said municipality		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event # Section L1? If yes, list Event # Section L1?		contractor? Yes	\$100,00	
Method of Contribution:	Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	11000011			
Last Name TAUDES	Alexande	V	M	
Residential Street Address	City		State Zip Code	
Principal Occupation Church Street	New Haven		CT 06510	
Thomas Emerson	David Rose	n : Associat	es P.C.	
s contributor a lobbyist, spouse,	O to a candidate for a chief executive e is associated with have a contract w	officer of a municipality,	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event # Section L1?		□ 1√10	\$ 100.00	
Method of Contribution: □ Cash □ Personal Check ☑ Credit/Debit Card □ Payroll Deduction □ Mone	1	Aggregate Contributions		
SUB	TOTAL Section B — This F	'age \$3(OO , OO	
TOTA	L of additional Section B Pa	1ges \$1,7	40,00	
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections A 13, Column A of Summary Page To	+B) otals) ^{\$} スリ	19,10	

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			TO DESCRIPTION OF THE PROPERTY
			THE COLUMN TO TH

Section B ADDITIONAL PAGE 3 of 6

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)		TYPE OF REPORT		<i>340</i>
Bermudez for O	thy Council 2	.019	October	OFI	iling
A. Total Contributions from Smal (See instructions for definition of Small Contributions)		ed this Period ONLY UBTOTAL SECTION A	\$ 1,369.00)	<i>\(\)</i>
				***************************************	,
	B. Itemized Con	tributions from Indivi	duals		
Last Name		First Angelo			MI
Residential Street Address	C	Sity		State	Zip Code
19 than bate Lane	2	West Hart	old	CT	0607
Principal Occupation J		Name of Employer Set			
or dependent child of a lobbyist?	ontribution is in excess of \$400 to es contributor or business he/she is ued at more than \$5,000?			, Amoui	nt of Contribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta If yes, indicate which branc of government the contract		_ Mo	\$1.	00.00
If yes, list Event # Method of Contribution:	of government the contract	Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money C	Order 9 16 2019			
Last Name		First \mathcal{O} .			MI
Residential Street Address	Ci	I NUTU		State 2	Zip Code
157 Oxford Greet	-	Hartford		CI	06105
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, Yes If co	ontribution is in excess of \$400 to	a candidate for a chief executive	officer of a municipality	Amour	ıt of Contribution
or dependent child of a lobbyist? No does	s contributor or business he/she is sed at more than \$5,000?			I	ii oi contiiontion
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 01313014 A	Is contributor a principal of a sta If yes, indicate which brane of government the contract		₽ No	\$ 10	00.00
Method of Contribution:		Date Received	Aggregate Contributions	1	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Last Name	Payroll Deduction Money O	rder 92120191			MI
Bernhard		6.K.			INIT
Residential Street Address II Woods Grove Road	Cid	word must		State Z	Cip Code
Principal Occupation		Name of Employer			<u>000 00</u>
Attorney		1 Cohen an	d Wolf		
or dependent child of a lobbyist? No does	ntribution is in excess of \$400 to a contributor or business he/she is a ed at more than \$5,000?				t of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a state If yes, indicate which branch of government the contract is	or branches] \$ (65.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money Or		Aggregate Contributions	- Control of the Cont	
	SUBTO	TAL Section B — This P	age 4 265	00	
	TOTAL o	f additional Section B Pa		500	
TOTAL OF ALL C	CONTRIBUTIONS FROM I (Enter total on Line 13,	NDIVIDUALS (Sections A Column A of Summary Page To		Ons	

		A CONTRACTOR OF THE CONTRACTOR
		5(0) (family) (family) (family) (family) (family)
		innerse virus and committee to the district of the committee of the commit
		rycyclyf Cdymhawyennau anod a mannau anod a february a garaga.

Section B ADDITIONAL PAGE 4 of 6

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	TYPE OF REPORT		
Bermudez for City Council 201	October 10 Fili	no	
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	eived this Period ONLY SUBTOTAL SECTION A	\$ 1,369.00	3
B. Itemized	Contributions from Indivi	duals	
Last Name RICHMON d	First		F
Residential Street Address 30 AVV SWEET	Somerville	State Mf	Zip Code 7 02/43
Principal Occupation Mini Stev	Name of Employer	cicla	
Is contributor a lobbyist, spouse,	100 to a candidate for a chief executive she is associated with have a contract		nount of Contribution
	f a state contractor or prospective state or anch or branches	e contractor?	65,00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	Date Received	Aggregate Contributions	- *
Last Name A	First C		MI
Raffa	Gretche	<u>n</u>	
Residential Street Address 775 Orange Street #3	City New Haven	State	Zip Code
Principal Occupation	Name of Employer		
Director of Public Policy & Advocacy	Planned Var 00 to a candidate for a chief executive	euthood of Joutha	
	he is associated with have a contract Yes No		iount of Contribution
Is this contribution associated with an event reported in Section L1? Section L1? Is contributor a principal of If yes, indicate which the of government the contributor as principal of government the contributor as principal of the contributor as princip		e contractor? ☐ Xes ☐ No ☐ Legislative	\$100.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	Date Received Order 924 2019	Aggregate Contributions	
Last Name	First GO		MI
Devereux	Veffren		
Residential Street Address 1429 Park Street Unit 401 Principal Occupation	City Hartford Name of Employer	State	Zip Code OLO 10 Co
Partner	Brankfast Lu	unch and Dinner	
	00 to a candidate for a chief executive the is associated with have a contract \(\sqrt{Yes} \sqrt{N} \) No	officer of a municipality, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which be of government the contributor.		contractor?	\$100.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	1 1 1	Aggregate Contributions	
SUL	BTOTAL Section B — This	Page \$265.	00
TOTA	L of additional Section B P	1	100
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin	M INDIVIDUALS (Sections A e 13, Columa A of Summary Page T	+B) \$ 3,400	00,1

Section B ADDITIONAL PAGE 5 of 6

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bermudez for City Council 2019	October 10 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY	
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 1,369.00
B. Itemized Contributions from Indiv	iduals MI
Connolly Thomas	
Residential Street Address City	State Zip Code
Principal Occupation Name of Employer	
Social Novk Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? We are a contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	xt with said municipality
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective statement reported in Section L1? Is contributor a principal of a state contractor or prospective statement for the section L1?	ate contractor? Syes \$100,00
If yes, list Event # of government the contract is with: Executive	C C Legislative Aggregate Contributions
Method of Contribution: OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order OCash OPayroll Deduction OMoney Order	
Last Name First	MI
Residential Street Address City	State Zip Code
400 Cold Sormo Road Rocky Hill	CT CLOWF
Principal Occupation Name of Employer Ward Law	uc
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	et 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 prospective state of government the contract is with: Executive	ate contractor? Ryes \$ (00,00)
Method of Contribution: Date Received	Aggregate Contributions
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 9 20 20 9	I MI
Bringham David	
Residential Street Address City	State Zip Code CT 06420
50 Whe birth Koad Salem Principal Occupation Name of Employer	101 00420
Retired Retired	
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 execut does contributor or business he/she is associated with have a contravalued at more than \$5,000? Yes No	ct 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 prospective st If yes, indicate which branch or branches of government the contract is with: Executive	ate contractor? Pres \$100.00
Method of Contribution: OCash Personal Check Ocredit/Debit Card Payroll Deduction OMoney Order Date Received O Do D D D D D D D D D D D D D D D D D D	Aggregate Contributions
SUBTOTAL Section B—Th	s Page \$ 300,00
TOTAL of additional Section B	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Pag	ATDI 6 A 11 A A

e de la companya del companya de la companya del companya de la co

Section B ADDITIONAL PAGE 6 of 6

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository,	Married Middle Bull broad and a present and a service of the servi	TYPE OF REPORT	
Bermudez for City Council 2019		October 10	Filing
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	ived this Period ONLY SUBTOTAL SECTION A	\$ 1,369.00	
B. Itemized C	Contributions from Indi	viduals	
Last Name O cool (o le cool)	First		MI
BYCUKSTONE Residential Street Address	Icity HYMU		State Zip Code
100 Dakland Street	Bristol		CT 06010
Principal Occupation	Name of Employer		
Physician	1906 Wom	en's Heath 6	voup
Is contributor a lobby ist spouse Ves If contribution is in excess of \$4	00 to a candidate for a chief execushe is associated with have a contact of the c	utive officer of a municipality act with said municipality	
event reported in Section L1? No If yes, indicate which t		state contractor? Yes No No Vive OLegislative	\$100,00
If yes, list Event # Malaola of government the con	Date Received	Aggregate Contributions	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	0/ 1	a 55 5	
Last Name	First		MI
6 bi-ffin	Marion		D.
Residential Street Address	City		State Zip Code
24 Vernon Street	Hartford		CT 06106
Principal Occupation	Name of Employer Retived		
1	00 to a candidate for a chief exec	utive officer of a municipality	, Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	she is associated with have a control of Yes O	ract with said municipality	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which in If yes, in If yes, indicate which in If yes, in If	of a state contractor or prospective branch or branches attract is with:	ive O Legislative	\$100,00
Method of Contribution:	Date Received	Aggregate Contributions	
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMo			MI
Last Name	First 1		IATE
Residential Street Address	City		State Zip Code
Principal Occupation	Name of Employer		Line III
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contribution is in excess of \$6 does contributor or business he/valued at more than \$5,000?	400 to a candidate for a chief execution is associated with have a contour of Yes	ract with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal of If yes, indicate which of government the contributor of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which indicate wh	ntract is with:	tive OLegislative	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	Date Received oney Order	Aggregate Contributions	
	BTOTAL Section B — T	his Page \$20	00.00
TOT	AL of additional Section	L. A	40.00
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L	OM INDIVIDUALS (Section ine 13, Column A of Summary P	ns A + B) age Totals)	109.DO

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi					TYPE OF		
Bermudez for City Counci	1 20	19			00	6ber 10	Filing
		Receiv	ed this Peri	od			erese Joseph I
Name of Lender			Source of Loan;	01:1:4	1 T., dl., l.d.,	1 -	Date of Receipt
			□ Bank □	Candidate L	j individus	Committee	
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)					•	-	Amount Received
Street Address	City				State	Zip Code	
						·	
Name of Lender			Source of Loan:	***************************************			Date of Receipt
			☐ Bank ☐	Candidate [] Individua	d □ Other Committee	
Street Address	City		<u> </u>		State	Zip Code	Is there a Cosigner or
							Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)	'						Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan:	Candidate F	1 Individua	al 🗆 Other	Date of Receipt
						Committee	
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)	I						Amount Received
Street Address	City				State	Zip Code	
	1		TOTAL SE	CTION D		0.00	<u> </u>
					adamatan		
E. Receipts from Entities other tha	n Indiv	iduals (or Other Co	ommittee:	s (Referei	ndum Committe	es ONLY)
Name of Entity							
		- · · · · · · · · · · · · · · · · · · ·		In.	n : I		4 D 31
Street Address				Date	Received		Amount Received
City		State	Zip Code	Aggr	egate Contri	hutions	
			•	1 - 565-	-6		
Name of Entity		<u> </u>		.]		···	<u> </u>
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Street Address				Date	Received		Amount Received
City		State	Zip Code	Aggr	egate Contri	butions	
Name of Entity							
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Street Address				Date	Received		Amount Received
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City		State	Zip Code	Aggr	egate Contri	outions	
					2000		
	esanto iñ Especia		TOTAL SE	CTION E		$\bigcirc \cdot \bigcirc$	

NAME OF COMMITTEE (1	Provide Complete Name as Registe	red with Filing I	Repository)		28 GA 610 G	(2) (2) (2)	TYPE O	F REPORT		\$2.50 E.S.S.S.
Bernude	()	wal a				·-··	OF	tober 10	Filipp	
	mount Transferred	Committee of the Commit	2010-1408-1603-6-140-6-170-0	siness T	reasury	(Busine.				
Date of Receipt	Is this transaction associa	s this transaction associated with an Yes If yes, list Event # vent reported in Section L1? No						Amount		
Date of Receipt	Is this transaction associate event reported in Section		☐ Yes ☐ No	<i>If yes</i> , list	Event #	линия положена <u>на объежнят</u>	The first of the second of the	AND	Amount	
Date of Receipt	Is this transaction association event reported in Section		☐ Yes ☐ No	If yes, list	Event#			an dia mandria di Angela di An	Amount	
Date of Receipt	Is this transaction associatevent reported in Section		☐ Yes ☐ No	If yes, list	Event #				Amount	
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			. Elikara, tempatan	and South to the core	antak tanan pantik kwa	# 188, 187 Warmer o	.c. (884).c. "40	·	in their other and	
G. Amount Tran	isferred from Affiliat	ed Labor	Union o	r Other	Organiz	ation T	reasur	y (Organizai	ion Committee	s ONLY)
Date of Receipt		Date of Receipt					Date of Re	ceipt		
Amo	unt		A	mount				A	Amount	
				TOT	AL SECT	ION G		0,0	00	
Н	. Personal Funds of	the Candi	date Rec	eived th	s Perioc	l (Cana	lidate Co	mmittees ON	LY)	
Date of Receipt 8 /20/2019	Method of payment:		Personal Che	eck	☐ Credi	t/Debit Ca	ırd	4	Amount OO	
Date of Receipt	Method of payment:		Personal Che	eck	☐ Credi	t/Debit Ca	ard		Amount	
Date of Receipt	Method of payment:								Amount	
•	☐ Cash		Personal Che	eck	☐ Credi	t/Debit Ca	ard			
Date of Receipt	Method of payment:								Amount	
	☐ Cash		Personal Che	eck	☐ Credi	t/Debit Ca	ard			
				T	OTALS	ECTIO	ИН	¥	100.00	
		I, Ar	ionymou	ıs Contri	butions					
Pe	er Public Act 11-48,	Anonymo	ous Cont	tribution	s may n	o long	er be d	leposited is	n <i>any</i>	

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

Free Printable Receipts by Hoover Web Design http://www.hooverwebdesign.com

	CENCAP Federal	Credit	Union
	SALES RECEIP	T Car	fion A)
Date: _	8/210/19	Dec	11011
Qty.	Description	Price	Amount
	Open check account		\$100.00
		<u> </u>	
		Subtotal: Tax:	
		Total:	L
Sale M	ade with:	i olai.	~100
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Total of Other Monetary Receipts

(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bermudez for City Comail 2019		Uchber	10 Filipo
Li. Even	Information		3
Event # Description Date of Event Letter	***************************************		Was this a fundraising event?
08292019 A Fundraiser Pizza Party			□ Yes □ No
Location: Street Address	City		State Zip Code
75 Monroe Street	Hartford		CT 06114
Subpart 1: (All Committees)	The area of the same of the sa	5 T - 121 - 3 D 41	-4 C
Was this event hosted at a personal residence?	purchases made by hos	or in-Kind Donations in use Party and complete t(s) for food, beverage	e required information for any
Diddie Control of the	□ No	. K 321 135 21	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required		iof Considered Contributions
	₩ No		
Was this fundraiser a tag sale, auction, or other sale of donated items	☐ Yes (If yes, enter Total Rec	eipts here.)	
with purchases from an individual of up to \$100?	™ No		\$
Subpart 2: (Party Committees, Municipal Candidates and Political Comm	nittees other than Exploratory		
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	☐ Yes (If yes, go to Section L	3 Purchases of Advert	
sign associated with this fundraiser?	No	piete required intorma	ition.)
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass	☐ Yes (If yes, enter Total Rec	eipts here.)	\$
gathering held within the state with this fundraiser?	☑ No		
Event # Description	residenti il monitori di selli se cettare predente parte e ni min	et institute in a ferrancia en fortalitatione	Was this a fundraising event
Date of Event Letter	T (2)		Yes No
Location Street Address	ese byent	<u>.</u>	State Zip Code
	City		
104 Whitney Street	1 Hartford		C7 06105
Subpart 1: (All Committees)	-/		
Was this event hosted at a personal residence?	Associated with a Hor		of Considered Contributions e required information for any
	purchases made by hos	t(s) for food, beverage	
	□ No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (<i>If yes</i> , go to Section I and complete required		not Considered Contributions
or up to \$200 or round comment of an internation up to \$100.	☑ No		
Was this fundraiser a tag sale, auction, or other sale of donated items	☐ Yes (If yes, enter Total Rec	ceipts here.)	
with purchases from an individual of up to \$100?	No No		\$
Subpart 2: (Party Committees, Municipal Candidates and Political Comm		Committees)	
Were there purchases of advertising space in a program book or on a	☐ Yes (If yes, go to Section L	3 Purchases of Advert	ising Space in a Program Book
sign associated with this fundraiser?	or on a Sign and com	plete required informa	ation.)
Subpart 3: (Town Committees ONLY)	— 110		
Did your committee sell food or beverage at a fair or similar mass	☐ Yes (If yes, enter Total Rec	eipts here.)	\$
gathering held within the state with this fundraiser?	©∕No		Φ
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr		This Page	0.00
	ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —		0.00
z otal Acce	-P 1 VIII 2 VVV 2 WI CHRISCS		
	TOTAL of additional Section		0.00
	IPTS FROM SMALL PU Line 16a, Column A of Summar	55,0050-0000000000000000000000000000000	0.00

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

NAME OF COMMITTEE	(Provide Complete Name as Register	red with Filing Reposito	าคง)		TYPE OF REPOR	RT .		
Bermude		mail 2019			October		Fline	
	The commence of the contract o	na kiringa an at San San an an at San an an at San an at San an at San an at San at San at San at San at San a	ng in a Progra	m Book or o	n a Šign		ڒٙ	
Name of Purchaser						Purchase	e Made By:	
						☐ Bus	siness Entity	☐ Other
						☐ Indi	ividual/Sole F	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Si	gn Purchase
Name of Purchaser						Purchase	Made By:	
							iness Entity	☐ Other
						☐ Indi	ividual/Sole P	roprietorship
Street Address		-	City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	Amount of Si	gn Purchase
Name of Purchaser						Purchase	Made By:	***************************************
			•			☐ Bus	iness Entity	☐ Other
						☐ Indi	ividual/Sole P	roprietorship
Street Address			City		•		State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	Amount of Si	l gn Purchase
					6			3
Name of Purchaser						Durahaa	Made By:	
Ivallic of Fulcillasci							iness Entity	☐ Other
							ividual/Sole P	_
Street Address			City				State	Zip Code
								·
D-1- D	F4#	l torrest Doubles	Co. A M. Co					<u> </u>
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	Amount of Si	gn Purchase
Name of Purchaser	11.1					Purchase	Made By:	
						☐ Bus	iness Entity	☐ Other
						☐ Indi	vidual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchas	se A	Amount of Sig	gn Purchase
	SUBTOTAL Section L3 To	tal Purchases of	Advertising in Pr	ogram Book –	This Page	10	. DD	
	SUBTOTAL Section	on L3 Total Purc	hases of Advertis	ing on a Sign –	This Page		· 00	
						<u> </u>	· · · · · · · · · · · · · · · · · · ·	
				dditional Section		()	100	···
TOTAL	OF ALL PURCHASES O		G IN A PROGRA Line 16c, Column			(00)	

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTE BEYMULE	E (Provide Complete Name a	^ ^	ssilory))[9		report Obey (O filiv	ι θ
	12			dered Contributions			Janes de la comp
Name of Donor					***************************************		
Street Address			City			State	Zip Code
street Address			City			Since	Zip Gouv
Donation Given By:	Description of Donation				Fa	ir Market V	l alue of Donation
☐ Business Entity	-						
☐ Individual	Date Received	Event #		Aggregate Value for this Even	i		
☐ Sole Proprietorship							
Name of Donor							
			Lou			0	Zi- Cada
Street Address			City			State	Zip Code
Oonation Given By:	Description of Donation				Fa	ir Market V	alue of Donation
☐ Business Entity					""	or marker v	atte of Donation
☐ Individual	Date Received	Event #		Aggregate Value for this Even	t		
☐ Sole Proprietorship							
Name of Donor		-					
		and officer to				State	Zip Code
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				E	in Market V	alue of Donation
☐ Business Entity	Bosonption of Bonarion				Ι.,	ui maike v	aluc of Bonaisos
☐ Individual	Date Received	Event #		Aggregate Value for this Ever	ıt		
☐ Sole Proprietorship							
Name of Donor					<u>. </u>		*
Street Address			City			State	Zip Code
Donation Given By: ☐ Business Entity	Description of Donation				Fa	air Market V	alue of Donation
☐ Individual	Date Received	Event #		Aggregate value for this Even			
☐ Sole Proprietorship	Date Received	Bronk "		1,199,191111111111111111111111111111111			
			HIRTOTAL Sec	tion L4 — This Page		00	
			OBIOTAL	101.75	U		
	- 19 (19 (19 (19 (19 (19 (19 (19 (19 (19	Ť	OTAL of addition	onal Section L4 Pages	0.0	00	
TO	TAL OF ALL IN-KIN	D DONATIONS NOT	CONSIDERE	CONTRIBUTIONS	~.	იმ	····
				Summary Page Totals)	<u>U'</u>	<u> </u>	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	(v)	ŊĊŔĸĸ	TYPE OF REP	ORT		
Bermudez for City Council 2	019		Octob	er 10°	Filina	
L5. In-Kind Donations Not Considered	l Contributions Associa	ted with a H	ouse Party	у		
Name of Host		Is this event s committee?			e candidate or	
Pedro Bermudez			⊥ Yes L¥PNO mplete Itemiza(endum L5	
Street Address	City			State	Zip Code	
Pedro Bermudez Street Address 75 Monroe Street	Hart-Ford		CT 06114			
Description of Donation FOOd					f Donation	
Event # Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate	4	80.0) 	
08292019 A		Is this event s	upporting mo	re than or	e candidate or	
Polly Moran		committee? I	□ Yes □ No mplete Itemiza		endum L5	
Street Address	City		-	State	Zip Code	
104 Withou Street	Hartford			CT	06105	
Description of Donation Food and beverage			Fair Marl	cet Value o	of Donation	
Event # Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate		995,8	00	
09212019 A \$95,00				, ,		
Name of Host		Is this event s			e candidate or	
		1	mplete Itemiza		lendum L5	
Street Address	City			State	Zip Code	
Description of Donation	ALLIPOLITAS S. VALVA		Fair Mari	cet Value	f Donation	
Event # Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate				
Name of Host		Is this event s			e candidate or	
•			mplete Itemiza		endum L5	
Street Address	City			State	Zip Code	
Description of Donation		· · · · · · · · · · · · · · · · · · ·	Fair Mari	ket Value (of Donation	
Event # Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate		·		
SI SI	JBTOTAL Section L5 —	This Page	\$ 1°	75:0	0	
TO	TAL of additional Section	L5 Pages		0.00)	
TOTAL OF ALL IN-KIND DONATIONS NOT ASSOCIATED WITH A HOUSE PARTY (Enter total on Lin	CONSIDERED CONTRI e 22, Column A of Summary		4 1-	75,00 0,00		
			·			

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

Rested January 2015	<u> </u>	7 111 1 () 1	123 27317	1 1117		enonses (actions	WIO)			
NAME OF COMMITTEE (Provide Complete	Name as Reg	zistered with		y)		T	YPE OF REPO			
Bennudez for City	Cou	mal	2019				Octobe	(10	Filino	
}			M. In-K	ind Con	tri	butions			J	
Name										
Street Address					City				State	Zip Code
T C 4 T T G '''	Date Receiv	wad	Aggregate Con			Description of In-Kind Con	teibutie :			<u> </u>
Type of contributor: Committee Individual / Sole Proprietorship Other	Date Recen	ved	Aggregate Con	tributions		Description of In-Kind Con	tribution			
	If contril	hution in in	areas of \$400) to a condi	data	for a chief executive offic		olity		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does con	tributor or l	business he/sh		ted v	ith have a contract with s			Fair N	Iarket Value
		t more than	 			☐ Yes ☐ No			of this	Contribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ☐ No		tor a principal indicate which			actor or prospective state on nehes	contractor?	□Yes □ No		
If yes, list Event #		of gove	rnment the cor	ntract is wit	h:	☐ Executive ☐	Legislative			
Name										
Street Address					I.c.				C4_4.	1 7in Code
Street Address					City				State	Zip Code
Turns of greatellants : Trong of greatellants : Trong of	Date Receiv	ued	Aggregate Con	tributions		Description of In-Kind Con-	tribution			
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Recent	red	1188108410 CON	er (out(0))3		Prographion of HEVING COR	атовцов			
	If contr	ibution is in	excess of \$40	(i) to a candi	idate	for a chief executive offi	cer of a munic	inality	Fair 1	Market Value
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	does co	ntributor or	business he/sl		ated	with have a contract with				Contribution
Is this contribution associated with an	,	at more than		of a state		Yes No	contractor ^q	[TVaa		
event reported in Section L1?	☐ Yes	lf yes,	indicate which	i branch or	bга			□Yes □No		
If yes, list Event #		of gove	rnment the cor	tract is with	h:	☐ Executive ☐	Legislative			
Name										
Street Address					City				State	Zip Code
,										
Type of contributor:	Date Receiv	ved	Aggregate Con	tributions		Description of In-Kind Con	tribution			1
☐ Individual / Sole Proprietorship ☐ Other						-				
Is contributor a lobbyist, spouse,	If contr	ibution is in	excess of \$40	0 to a cand	idate	for a chief executive offi	cer of a munic	ipality,	Fair I	Market Value
or dependent child of a lobbyist?	does co		business he/sh		ated	with have a contract with ☐ Yes ☐ No				Contribution
Is this contribution associated with an	1	•		of a state of		ictor or prospective state	contractor?	□Yes		
event reported listed in Section L1? If yes, list Event #	□ No	If yes,	indicate which	ı branch or	bra			□ No		
ay yes, nst grout #		or gove			51755	<u> </u>	rogioiauv¢	<i>(</i>) <i>(</i>	Y (1)	
			SUI	BTOTAL	Sec	tion M — This Page		0.1		
			TOTA	AL of add	itio	nal Section M Pages		0.0	70	
TOTAL OF ALL IN-KIND CON	TRIBUT	TIONS (F	inter total on I	ine 23. Colu	mn	4 of Summary Page Totals		0.00)	
					Granda Geografia			<u> </u>	ing (in the first of the same of the	
	N.	Kefund	iable Dep	are desired in the benefit of the	ele	phone Company	- 8	7972 (I)		
Last Name of Individual				First				MI	Date Deposi	t Made
						·				
Residential Street Address			City	,	****	Sta	te Zip Co	de		Amount of
			. The second sec							Deposit
Name of Telephone Company						L	I			
Street Address	"		City	,		Sta	ite Zip Co	de		
								<u> </u>		
TOTAL SI	ECTION	N (Enter	total on Line 2	24, Column	A o	f Summary Page Totals)	\$ (0.00		

removed to mind and

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Date: _	8/29/2019	EIPT	
Qty.	Description	Price	Amount
	Food - 0122a		\$80.0
	_		
		Subtotal:	
		Tax:	
		Total:	80.00
ale M	Iade with:		
[]C			
	redit Card		
[] C	heck, No.	<u>.</u>	
[]0	ther Paid by Pedro P	<u>lermudez</u>	

092	12019 A	LI Event Information	1415			
SALES DECEIDT						

Date: 09 21 2019

Qty.	Description	Price	Amount
	Food Beverage		
	-cheese		5:00
	-crackers		10.00
	-wine		80.00
		Subtotal	
		Tax	:
		Total	95,00

Sale Made with:

[] Cash [X] Credit Card

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* SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository)		TYPE)F REPORT	
Bermu	dez for City Council 2019		()C	toloex 10	tiling
	P. Expenses P	aid by Committee			Ų
Name of Payee	4		Date of P	· ,	Method of Payment: ☐ Check #
Aned	ot		8/3	30/2019	☐ Debit Card ☐ EFT
Street Address	all.	City			State Zip Code
1920	McKinney Ave Mytor	Dallas			TX 75201
Purpose of Expenditure (by code)	Description	•	Event #		Amount
BNK	Bank fee for transfer				\$4.30
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unle	ess "None of the below" is	checked)		17.30
1000	None of the below Coordinated with reimbursement sought (joint expenditure)	☐ Independ	lent		
	Coordinated without reimbursement sought (in-kind contrib		tion: OAOB		
Name of Payee			Date of Pa	ayment 	Method of Payment:
- Anedo	<u> </u>		915	5/19	☐ Debit Card
Street Address		City			State Zip Code
1920	McKinney Ave 7th Floor	Dallas			TX 7520
Purpose of Expenditure (by code)	Description		Event #		Amount
BNK	Bank fee				\$3.90
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unle	ss "None of the below" is c	checked)		43.40
M02	✓ None of the below Coordinated with reimbursement sought (joint expenditure)	☐ Independ	ent		
0002	Coordinated without reimbursement sought (in-kind contribu		ion:oA oB	\circ C \circ D	
Name of Payee			Date of Pa	ayment	Method of Payment:
rinedot			910	1119	☐ Debit Card ☐ EFT
Street Address	· · · · · · · · · · · · · · · · · · ·	City	'	•	State Zip Code
1920 M	CLINNEY AVE ("+TOOV	Dallas			IX 75201
Purpose of Expenditure (by code)	Description		Event #		Amount
BNK	Bank fee				\$5,60
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unlined None of the below	ess "None of the below" is	checked)		0100
0003	☐ Coordinated with reimbursement sought (joint expenditure)	•			
Name of Payee	Coordinated without reimbursement sought (in-kind contrib	oution) 🔲 Organiza	tion: o A O F		Method of Payment:
A	_		Date of F		Check #
Street Address		City	7/1:	2/9014	☐ Debit Card ☐ EFT State Zip Code
1000	1 10 Mary	100		•	-77
Purpose of Expenditure	MCKINNEY AVE 1'HOV	Dallas	Event #		(X 75201
(by code)	Description P 12 C 2		Event "		Amount
Expenditure #	1 Dank tel				\$10,90
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unle	ss "None of the below" is c	снескеа)		- 1 1
0004	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribu				
		Ciguiiza	tion: OA OB		
	SU	BTOTAL Section P —	This Page	\$ 24	1.70
	Тот	AL of additional Sectio	n P Pages	\$ 37.	40
	TOTAL OF ALL EXPEN	SES PAID BY COM 9, Column A of Summary		\$ 62.	.10

Revised January 2015		LOXED (Sections)			
	EE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Bennud	es for City Council 2019		October 10 Filing		
		enses Paid by Candi	late		
Name of Payee (Name of Ve	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?	
	Hates Postal Service		8/19/2019	Yes No	
Street Address		City	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	State Zip Code	
121 Ship	ld Street	West Harts	povel	CT 06110	
Purpose of Expenditure	Description		Event #	Amount	
(by code)	Evaluate na DA BOV			\$ 53,00	
Name of Paves (Name of V.	EXPLYS ON P.O. BOX endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?	
	^		0/0/4/- 0	Yes No	
united.	States Postal Service		9/24/2014		
Street Address	•	City	, ,	State Zip Code	
121 Ship	ld Street	West Hartto	6	CT 06110	
Purpose of Expenditure	Description	1 27) 1 1 2 2	Event #	Amount	
(by code)	Envelope package			\$20,70	
Name of Payee (Name of V	endor, Person or Enlity who candidate paid directly)		Date of Payment	Is reimbursement claimed?	
Staples			9/22/19	[☐ Yes ☐ No	
Street Address		City		State Zip Code	
2550 Albo	iny Avenue	West Hart	ford	CT 06/17	
	Description		Event #	Amount	
PRNT	Cartridge ink			946,78	
	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?	
Autentico	Sabor Pervano		0/0/0/10	Yes No	
Street Address	271001 HELOCALD	City	1 9/44/17	State Zip Code	
	N Or cook	11 .(6.1			
	ark Street	1 Hartord	Event #	CT 00100	
Purpose of Expenditure (by code)	Description		DACH #	1 1	
FOOD	Food provided for team m	eetino		* 8,95	
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)	J	Date of Payment	Is reimbursement claimed?	
				☐ Yes ☐ No	
Street Address	, America	City		State Zip Code	
Purpose of Expenditure	Description		Event #	Amount	
(by code)	Description			4	
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?	
				☐ Yes ☐ No	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	Amount	
		SUBTOTAL Section Q	-This Page \$ 16	29.43	
	T	OTAL of additional Section	on Q Pages	0.00	
		PENSES PAID BY CA	NDIDATE \$	0.00 9.43	
Landania	(Enter total on L	ine 26, Column A of Summar	Page Totals)	1170	

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Section P ADDITIONAL PAGE / of 2

Revised January 2015	Section 1 11DD111O1111CE		<u></u>		
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TY	PE OF REPORT		
Berm	udez tocción Churcil 2019		October	10 til	ino
	P. Expenses Paid by Committee				<u>''''</u>
Name of Payee	T. Daponess I ma by commune		of Payment	Method of P	a na material designation and a
ĺΛ	A 1	Dan	orrayment (☐ Check	•
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Street Address	City	L	*************************************	State	Zip Code
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190	O MCKINNON THE PATION Lallas				7520
Purpose of Expenditure (by code)	Description	Event #			Amount
PAIK	Bank fee				
Expenditure #				01	f.30
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is	checked)		\ \P''	1. DO
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10000	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organize		- B - C - B		
Name of Payee	LI Organiza		o B o C o D of Payment	Method of Pa	vment
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1 thedo	+		1121119	Debit C	
Street Address	City	<u> </u>			Zip Code
1920	McKinnoen Ave This Plan Dallan			TY	75201
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Purpose of Expenditure (by code)	Description	Event #		A	Amount
BNK	Bank fee			a	0 20
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DDD6	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independ	lent			
0000	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organizat	tion: OA (в ос ов		
Name of Payee			of Payment	Method of Pa	yment:
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Street Address	/		1/22/11	☐ Debit C	
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1920	McKinney Aug 1 Play Dallas				75201
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(by code)				А	rmount
BNK	Bank fee			20	0.0
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Name of Payee	· ·	Date	of Payment	Method of Pa	· 1
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Street Address	City		1 1-1	Debit C	ard LEFT Zip Code
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1920 N	10Kinney the 1th Hor Dallas			(X	
Purpose of Expenditure	Description	Event#		A	mount
(by code)	Row Coo				
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Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is	checked)		''	
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	SUBTOTAL Section P —	This Page	\$2	6.10	
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	TOTAL of additional Section	n P Pages	\$2	la . 1)A	
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Section PADDITIONAL PAGE ___

2	 of	2

	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
<u> Dermu</u>	dez for CPM Comail 2019	October 10	Filino
	P. Expenses Paid by Committee		
Name of Payee		Date of Payment	Method of Payment:
And	2	9/22/2010	☐ Check #
Street Address	City	1 1/2 1/2017	Debit Card FFT State Zip Code
1920	McKinney Are 7th Floor Dallas		TX 75201
Purpose of Expenditure	Description	t #	Amount
(by code)	Brink fee		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	sed)	\$ 5,50
0009	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		
Name of Payee	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization:	Date of Payment	Method of Payment:
Name of Payee		Olac II	Check #
tmedo)+	9 30 19	☐ Debit Card 🗓 EFT
Street Address	City	1	State Zip Code
1920	MCKINEY Are The Floor Dallas Description Even	 + #	IX 75201
Purpose of Expenditure (by code)	Description	r it	Amount
BNK	Bank tee		80 On
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	ed)	\$5,80
00010	None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		
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Name of Payee		Date of Payment	Method of Payment:
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Street Address	City		☐ Debit Card ☐ EFT State Zip Code
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		OA OB OC OD	
Name of Payee		Date of Payment	Method of Payment:
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Purpose of Expenditure (by code)	Description Even		Amount
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	TOTAL OF ALL EXPENSES PAID BY COMMI' (Enter total on Line 19, Column A of Summary Page	N N 10 N	l. 10

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Bernudez for City Council 2019, October 10 Filing

TXN ID

DETAIL

°Anedot

DATE

Section P: Expenditures for _ Anedot [Expenditure # 50001-00010

Bermudez For City Council 22 Bankside Trail Newtown, CT 06482

TRANSACTION SUMMARY

STATEMENT PERIOD	08/29/2019 - 10/09/2019	
MERCHANT ID	ae8ccc9e9beb0622438l	
TOTAL TRANSACTIONS	44	
TOTAL GROSS	\$2,205.00	
TOTAL FEES	(\$97.80)	
TOTAL NET	\$549.6	

GROSS

FEE

NET

	10/08/2019 02:43PM UTC	191008812621	Donation from Nancy C Boone	100.00	(4.30)	95.70
	10/08/2019 01:20AM UTC	191008204989	Donation from Michael Farina	250.00	(10.30)	239.70
	10/08/2019 12:15AM UTC	191008752337	Donation from Naihomi Reyes	40.00	(1.90)	38.10
	10/07/2019 11:53PM UTC	191007186398	Donation from Ashley J Johnson	20.00	(1.10)	18.90
	10/07/2019 11:46PM UTC	191007955143	Donation from Dinora E Lopez	20.00	(1.10)	18.90
	10/07/2019 11:23PM UTC	191007486705	Donation from Alondra Gardner	20.00	(1.10)	18.90
	10/07/2019 10:03PM UTC	191007339067	Donation from Tom Kehoe	25,00	(1.30)	23.70
	10/07/2019 02:41PM UTC	191007318484	Donation from Jim Bodor	100.00	(4.30)	95.70
	10/05/2019 05:00AM UTC	191005148730	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(239.70)	0.00	(239.70)
Transfer	10/04/2019 06:19PM UTC	191004721040	Donation from Callie Heilmann	250.00	(10,30)	239.70
** ** ** ** ** ** ** ** ** **	10/01/2019 05:00AM UTC	191001428621	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(124.20)	0.00	(124,20)
00010	09/30/2019 07:31PM UTC	190930862538	Donation from Jeffrey Devereux	100.00	(4.30)	95.70
	09/29/2019 07:32PM UTC	190929583167	Donation from Dagmar S Noll	30.00	(1.50)	28.50
P000	09/27/2019 05:00AM UTC	190927307879	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(109.50)	0.00	(109.50)
•	09/26/2019 08:48PM UTC	190926745260	Donation from Jeremy Murray	15.00	(0.90)	14.10
	09/25/2019 03:30PM UTC	190925374336	Donation from Franklin Perry	50.00	(2.30)	47.70
	09/25/2019 01:16PM UTC	190925262357	Donation from Julianne Avallone	50.00	(2.30)	47.70
8000	09/25/2019 05:00AM UTC	190925792893	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(238.80)	0.00	(238.80)
	09/24/2019 11:39PM UTC	190924345088	Donation from Gretchen Raffa	100.00	(4.30)	95.70
	09/23/2019 08:32PM UTC	190923232025	Donation from Erica F Richmond	65.00	(2.90)	62.10
	09/23/2019 07:52PM UTC	190923335140	Donation from Thomas Swan	20.00	(1.10)	18.90
	09/23/2019 07:10PM UTC	190923233895	Donation from GK Bernhard	65.00	(2.90)	62.10
F000	09/23/2019 05:00AM UTC	190923545799	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(176.70)	0.00	(176.70)
	09/22/2019 06:24PM UTC	190922421059	Donation from Diana Martinez	50.00	(2.30)	47.70
	09/22/2019 11:21AM UTC	190922579926	Donation from ANTHONY DEJESUS	35.00	(1.70)	33.30
	09/21/2019 10:01PM UTC	190921585722	Donation from Ruth Fitzgerald	100.00	(4.30)	95.70
0006	09/21/2019 05:00AM UTC	190921786721	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(47.70)	0.00	(47.70)
	09/20/2019 04:37PM UTC	190920143928	Donation from Luis E Cotto	50.00	(2.30)	47.70
0005	09/17/2019 05:00AM UTC	190917283261	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(95.70)	0.00	(95.70)
	09/16/2019 06:59PM UTC	190916877010	Donation from AARON SARWAR	100.00	(4.30)	95.70
0004	09/15/2019 05:00AM UTC	190915856801	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(95.70)	0.00	(95.70)
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October to Filing JeGtion r: Expenditures Bermudle for City Council 2019, **GROSS** FEE NET DETAIL 100.00 (4.30)95.70 09/12/2019 08:59PM UTC 190912952039 Donation from Evelyn Mantilla (2.30)47.70 09/12/2019 03:26PM UTC 190912618613 Donation from Daniel Medress 50.00 0003 (119.40)0.00 (119.40)Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U. 09/09/2019 05:00AM UTC 190909557931 100.00 (4.30)95.70 09/08/2019 04:20PM UTC Donation from Yasha M Escalera 190908154017 23.70 25.00 (1.30)09/07/2019 08:19PM UTC 190907492703 Donation from Eric Weiner 0.00 (71.10)0002 09/05/2019 05:00AM UTC 190905136511 Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U. (71.10)25.00 (1.30)23.70 09/04/2019 04:35PM UTC 190904319249 Donation from Debra Cohen 09/04/2019 01:49AM UTC 25.00 (1.30)23.70 190904427490 Donation from Robert Cotto, Jr. 25.00 (1.30)23.70 09/04/2019 01:44AM UTC 190904255279 Donation from Viana Turcios-Cotto 1000 Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U. (95.70)0.00 (95.70)08/30/2019 05:00AM UTC 190830708888 95.70 08/29/2019 11:25PM UTC 190829387025 Donation from Lydia Velez-Herrera 100.00 (4.30)

Totals

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(\$97.80)

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Bermudez for City Council 2019 October 10 Filing

Section Q (PRNT code) CARDE III Ch

2550 Albany Avenue Next: Hartford, CT 06117 (850) 233-1930

SALE

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PRICE

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SUBTCTAL Standard Tax **6.35%** 43.99

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Exclusions Apply.See an associate for full program details on to enroll.

For information on where Connecticut residents can go to recycle used electronic devices, please visit this://www.comgov/dep/ewastecropoff or call this toll-free telephone number: 1-886-484-403.



Java Heast Coffee 24ct Just \$.29 per cup!

Offer valid 3/29 - 10/5/2019 only. Not valid on prior purchases or purchases made on staples.com. In store on /.

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Bernudez for City Council 2019, October 10 Filing

Section (Foot code)

AUTENTICO SABOR PERUAN 704 PARK ST

HARTFORD, CT 06106 09/26/2019

DEBIT CARD 17:48:05

DEBIT SALE

Card # XXXXXXXXXXXX0959 Network: ACCEL Chip Card: US DEBIT AID: A0000000980840 SEQ #: 36 Batch #: 1241 INVOICE 37 Approval Code: 930287 Entry Method: Chip Read Mode: Issuer - PIN Bypassed

PRE-TIP AMT \$8.95 TIP \$0.00

TOTAL AMOUNT \$8.95

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IV. EXPENDITURES (Sections P—T)

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Bermu	der for City Council 2019		October 19) F1(i	ng
	'R. Expenses Incurre	d on Committee Cre	dit Card		o de estado de compresa
Name of Issuing Insti	tution	Type of Credit Card:			
		☐ Visa ☐ Master Ca	ard	an Express	Other:
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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository,)	TYPE OF REPORT	1 15 15 15 15 15	
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	S. Expenses Incurred by Com	mittee but Not Paid			J
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IV. EXPENDITURES (Sections P—T)

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T. Itemization of Reimbursements and Secondary Payees							
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et, Hartford, CT 06105 | 860-729-1950

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Dear Wildaliz,

Please find enclosed check number 197, in the amount of \$250.00, in support of the Bermudez for City Council 2019 campaign.

If you have any questions, please do not hesitate to contact me.

Regards,

Russell Jarem

Encl.

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