SEEC FORM 20

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

Page 1 of 17

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE					
John Gale à	1019				
2. TREASURER NAME					
Joseph	MI	Last Gall	inut		Suffix
3. TREASURER ADDRESS					
Street Address 16 Bass Lak	eRd c	Austov	(State	06231
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete of	only if Candidate Conn	uittee)		S. DISTRICT NUMBER
(IIIII/dd/yyyy)	Town Council	((fapplicable)
7. CANDIDATE NAME (Complete only if C					Suffix
John John	MI Q	6ale			SUHIX
8. TYPE OF REPORT (Check One Box)					
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day p	oreceding referendum	☐ Initial Contri	bution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days :	following referendum	☐ Amendment	to
☐ July 10 filing	☐ 7th day preceding election	☐ Deficit		Type of Repo	rt:
October 10 filing	☐ 12th day preceding election (State Central Committees Only)	1 Termina	tion		
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November				Barrier Age
9. PERIOD COVERED					7.5
	Beginning Date		Ending Date	(C) (C)	p 13
	7-1-19	thru	9-30-19	*)	
-				— }	ry A
				-	N M
10. CERTIFICATION					
I hereby certify and state, under p Disclosure Statement for the pe				nis Itemized Cam	paign Finance
01/1/1		_			
Melds	***************************************	Joseph	Gallant		10/7/209
TREASURER OR DEPUTY TREASURE		RINT NAME OF SI			DATE (mm/dd/yyyy)
A person who is	found to have knowingly and faces a civil	d willfully violate penalty or impr	ed any provisions of this	e campaign finat	nce statutes

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		
John Gale 2019	DCT 7 Filial		
	COLUMN A This Period	COLUMN B Aggregate	
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees			
12. Balance on hand at the beginning of Reporting Period	15516.76 5734.00		
13. Contributions Received from Individuals (Sections A and B)	5734.00	21585.50 250.00	
14. Receipts from Other Committees (Sections C1 and C2)		∂50.00	
15. Other Monetary Receipts (Sections D through K)			
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)			
16b, Per Public Act 11-48, effective January 1, 2012 Section L2, removed			
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)			
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	5734.00 5734.00	21835.50	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)			
19. Expenses Paid by Committee (Section P)	969.85	1554.59	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)			
21. In-Kind Donations not Considered Contributions Received (Section L4)			
22. In-Kind Donations not Considered Contributions — House Party (Section L5)			
23. In-Kind Contributions Received (Section M)			
24. Refundable Deposit to Telephone Company (Section N)			
25. Loan Balance			
25a. + Loans Received (Section D)			
25b. + Interest and Penalties on Loan			
25c Payments on Loan			
25d. Total Outstanding Loan Amount			
26, Campaign Expenses Paid by Candidate (Section Q)			
27. Expenses Incurred on Committee Credit Card (Section R)			
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)			
28a, Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
John 6ale 2019		Oct 7 Filing	
A. Total Contributions from Small Contributors-Received	ed this Period ONLY UBTOTAL SECTION A	\$	
B. Itemized Col	ntributions from Individ	uuais	MI
Jones	Rita Elaine		
Residential Street Address Windabout DT	Rita Elaine Greenwich		Zip Code
Principal occupation Retired	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a sevent reported in Section L1? No If yes, indicate which bran of government the contract		e contractor? Yes	75/2 /2
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order P-(1-19	Aggregate Contributions $\frac{350.00}{}$	250.00
Last Name Mac †	First Nancy		MI
Residential Street Address	City		State Zip Code
25 Copital Ave	Name of Employer		CT 06 106
Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which brain of government the contract.		e contractor? Yes	100.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	امروبي	Aggregate Contributions	
Last Name Horn	Jonathan		MI
Pacidantial Street Address	City		State Zip Code
Principal Occupation	Canton		CT 06019
Principal Occupation Professional Services	self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, list Event #		☐ Legislative	25
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Payroll Deduction □ Money Order □ Payroll Deduction □ Date Received □ Payroll Payroll Deduction □ Pa			
SUBTOTAL Section B—This Page 375			
TOTAL of additional Section B Pages 5359			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	INDIVIDUALS (Sections A 13, Column A of Summary Page		ч

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
John 6ale 2019		OCT 7 Filly	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$	V
B. Itemized Cor	ntributions from Indivi	duals	
Last Name Shaw	Tolen		MI
Residential Street Address 3 Watson Dr	West Sinsb	470	State Zip Code CT 06093
Principal Occupation Financial Plannes	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
		e contractor? Yes	10000
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Cerdit/Debit Card ☐ Payroll Deduction ☐ Money	Order Date Received	Aggregate Contributions	
Ver Ploeg	First John		MI
Residential Street Address 10 Deer Field Rd	No Hingham		State Zip Code WH 03290
Principal Occupation Pentis T	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, list Event #		te contractor? Yes Contractor? Yes Contractor?	200.00
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order Date Received 9-9-19	Aggregate Contributions JOO O O	
Last Name Bronin	Andrew		MI
	Greenwich		State Zip Code O6831
Physician	Name of Employer		_
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	et is with: Executive	☐ Legislative	25000
Method of Contribution: ☐ Cash ☐ Personal Check ☐ redit/Debit Card ☐ Payroll Deduction ☐ Money	Order Date Received	Aggregate Contributions 25000	
SUBTOTAL Section B — This Page 550.00			
TOTAL of additional Section B Pages 518400			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 5 734.00			

NAME OF COMPUTER ASSESSMENT OF THE PARTY OF	TYPE OF REPORT	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	ACT >	Eli
JONN Gale 2019	001/	T CICK 9
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$	V
	THE PROPERTY OF THE PROPERTY O	
B. Itemized Contributions from Individual	duals	
Last Name First		MI
Swart Donn 9 Residential Street Address City,		State Zip Code
8 Shultas Pl Hartford		CT 06114
Principal Occupation Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state of government which branch or branches of government the contract is with:	e contractor?	350.00
Method of Contribution: Cash Personal Check Received Payroll Deduction Money Order Date Received	Aggregate Contributions	
Last Name Richard		MI
Residential Street Address 1314 A 57/um Are City Harrford		State Zip Code CT OG 105
Principal Occupation Land Surveyor Self		
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?	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state in the second of government the contract is with: Executive	Legislative No	100.00
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	Aggregate Contributions 100-00	
Last Name Fitzgerald Ruth		MI
157 Dx Ford St City Hart Ford		State Zip Code CT D6105
Principal Occupation Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? 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?	e officer of a municipality with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state of government the contract is with: Yes Is contributor a principal of a state contractor or prospective state of government the contract is with: Yes Is contributor a principal of a state contractor or prospective state of government the contract is with:	te contractor?	150.00
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ -5-19	Aggregate Contributions	
SUBTOTAL Section B — This	Page 4	50000
TOTAL of additional Section B l	Pages 57	34.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections a (Enter total on Line 13, Column A of Summary Page		734.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Jan Gale 2019		Oct 7 3	Filing
A. Total Contributions from Small Contributors-Received	I this Period ONLY BTOTAL SECTION A	\$	V
B. Itemized Cont	ributions from Indivi	duals	
Last Name	Michael		MI
Residential Street Address Outford St	Harrford	;	State Zip Code CT 06105
Principal occupation Home Maker	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	a candidate for a chief executive associated with have a contract Yes	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a sta If yes, indicate which branch of government the contract in the contract	n or branches	e contractor? Yes Legislative	350.00
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money O	Date Received 7-9-19	Aggregate Contributions 750.00	
Last Name NOTTSSEY	First Marjorie		MI
Residential Street Address Gircle			State Zip Code CT 06 105
Principal Occupation Recited	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of government the contract.	h or branches	te contractor? Yes No Legislative	∂50.0D
Method of Contribution: ☐ Cash ☐ Payroll Deduction ☐ Money O	rder S-5-19	Aggregate Contributions	
Last Name Freeman	Roban		MI
Residential Street Address Ci 36 Whn 5 T	Hamford		State Zip Code O6 114
Principal Occupation Eugineer	Name of Employer Freeva		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executive associated with have a contract \(\sigma\) Yes \(\sigma\) No	e officer of a municipality, With said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of government the contract.	h or branches	☐ Legislative	350.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money C	Order 8-31-19	Aggregate Contributions	
SUBTO	OTAL Section B — This	Page	750.00
TOTAL of additional Section B Pages 4984.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 13	INDIVIDUALS (Sections . , Column A of Summary Page		734.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	TYPE OF REPORT		
John Gale 2019	Oct 7 2019		
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	ceived this Period ONLY \$ SUBTOTAL SECTION A		
	Contributions from Individuals First		
Last Name Aaronson	Janet		
Residential Street Address 106 N Middaugh ST Principal Occupation	Somerville State Zip Code War 08876		
Principal Occupation Social Media Specialist	Name of Employer Chester School District		
	Amount of Contribution e/she is associated with have a contract with said municipality Yes		
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 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 w	ontract is with: Executive Legislative		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Me			
Last Name Ratouson	First		
Residential Street Address 176 N Middayh St Principal Occupation	Rande City Somerville State Zip Code NJ 08876		
Principal Occupation Deticed	Name of Employer		
	Amount of Contribution 2400 to a candidate for a chief executive officer of a municipality, 2400 to a candidate for a chief executive officer of a municipality, 2500 Amount of Contribution 2600 Yes 2700 Yes		
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 co			
Method of Contribution: ☐ Cash ☐ Payroll Deduction ☐ Mo			
Last Name Untried	Mildred		
Residential Street Address 237 Oxford St Principal Occupation	City Hartfold CT D6105 Name of Employer		
Retired			
	Amount of Contribution e/she is associated with have a contract with said municipality Yes No		
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 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 is a principal of I	ontract is with:		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	Ioney Order 7-38-19 Aggregate Contributions-		
SI	UBTOTAL Section B — This Page · 700.00		
TOTAL of additional Section B Pages 5034.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 5734.00			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
John Gale 2019		Oct 7:	F.11,24
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$	9
(Dee ustructions for definition of times Contributor)		Annual Control of the	
R. Itemized Co.	tributions from Indivi	duals	
Last Name	First		MI
Smith	Thomas		G
Residential Street Address 95 Hartland St	City Hartford		State Zip Code (1)
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a s If yes, indicate which bran of government the contrac		e contractor? Yes	50.00
Method of Contribution:	Date Received	Aggregate Contributions	•
☐ Cash	Order 7-1-19	50.00	
Last Name Whiteley	Pebra Debra		МІ
Residential Street Address 56 Withill Rd	Haddan		State Zip Code C1 06438
Principal Occupation	Name of Employer	<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No life contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	o a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a solution of government the contract of government the government the government the government the government of		te contractor? Yes	25000
Method of Contribution:		Aggregate Contributions]
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Last Name 1	First ,	250.00	 MI
Gill	Maja		
Residential Street Address 387 Capital Ave Apr 3	HaraFord		State Zip Code C O O O O
Principal Occupation Academic	Name of Employer	2_	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Some valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a s If yes, indicate which brance of government the contract		☐ Legislative	250.00
Method of Contribution: ☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6-36-19	Aggregate Contributions 350.00	:
SUBTOTAL Section B — This Page 550.00			
TOTAL of additional Section B Pages 5184-00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)			
	1 INDIVIDUALS (Sections 1 13, Column A of Summary Page		57 (OC)

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)		TYPE OF REPORT	
John Gale 2019			Oct 7 F	ilin)
A. Total Contributions from Sma (See instructions for definition of Small Con-		d this Period ONLY UBTOTAL SECTION A	\$	
	B. Itemized Con	tributions from Indivi	duals	
Last Name		Haron		MI
Residential Street Address		City .	· · · · · · · · · · · · · · · · · · ·	State Zip Code
387 Capital Are	Apr 3	Haraford		CT 06106
Principal Occupation Engineer		Name of Employer Eugineering	Design & Te	Stily Corp
or dependent child of a lobbyist? No do	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?	a candidate for a chief executive	e officer of a municipality,	, , , , , , , , , , , , , , , , , , , ,
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	1	ate contractor or prospective state th or branches	e contractor? Yes	59.00
Mcthod of Contribution:		Date Received	Aggregate Contributions 59.00	
Last Name		First		MI
Fg6a1		Sharig		
Residential Street Address Residential Street Address The street	C	HarrFord		State Zip Code C 06 105
Principal Occupation		Name of Employer		, , , , , , , , , , , , , , , , , , ,
or dependent child of a lobbyist? No doc	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a st If yes, indicate which bran of government the contract		e contractor? Yes	100.00
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card	☐ Payroll Deduction ☐ Money (Aggregate Contributions	
Last Name		First		MI
Keil		Robin	······································	
Residential Street Address 45 Brunswick Rd		Montclait		NJ Zip Code NJ 07042
Principal Occupation Teacher		Name of Employer Caldwell	Board of	Eel
or dependent child of a lobbyist?	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a st If yes, indicate which branc of government the contract		e contractor? Yes	250.00
Method of Contribution: ☐ Cash Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money (Order 6-35-19	Aggregate Contributions 75000	
	SUBT	OTAL Section B — This	Page L	09.00
	TOTAL	of additional Section B P	ages 53	75.00
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 1:	INDIVIDUALS (Sections A 3, Column A of Summary Page		3400

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
John Gale 2019	Oct 7 Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$		
B. Itemized Contributions from Indiv	iduals		
East Namie Charlotte	• MI P		
Residential Street Address 60 Wiles St, Apt B-6 City Hartford	State Zip Code C 76 105		
Principal Occupation Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contributor or business he/she is a second business he/s	1 3,		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective statement of the section of the	tte contractor? Yes Legislative 50.00		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 7/8/19	Aggregate Contributions		
Last Name First Carlos	MI A		
Residential Street Address Gity Glastoubury Principal Occupation City Glastoubury Name of Employer	State Zip Code CT 06033		
Principal Occupation Property Myunt Name of Employer PKU			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state of government the contract is with: Is contributor a principal of a state contractor or prospective state of government the contract is with:	nte contractor?		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 6-19-19	Aggregate Contributions		
Last Name Howard William	MI		
Residential Street Address 59 Concord ST West Hartfe	State Zip Code CT DG 119		
Principal Occupation Name of Employer MHS			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective sta If yes, indicate which branch or branches of government the contract is with: Executive	te contractor? Pres 250.00		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ C- (- (-)	Aggregate Contributions 250.00		
SUBTOTAL Section B—This Page \$550.00			
TOTAL of additional Section B Pages 518400			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	ory)	TYPE OF REPORT	
John Gale 2019		OCT 7	Filing
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	ceived this Period ONLY SUBTOTAL SECTION A	\$	
B. Itemized	Contributions from Indivi	iduals	
Last Name Strickland	First		MI
Residential Street Address 39 High Ridge Hollow	Avon		State Zip Code CT 06001
Principal Occupation Attorney	Name of Employer Dressler	Stricklan	d LLC
Is contributor a lobbyist, spouse,	\$400 to a candidate for a chief executive/she is associated with have a contract		Amount of Contribution
Is this contribution associated with an Vest Is contributor a principal	of a state contractor or prospective sta h branch or branches	te contractor? Yes Legislative Aggregate Contributions	250.00
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ N	Money Order 6-39-19	250.00	
Last Name 60 d	First To n'i		MI
Residential Street Address 96 Kenyon St	Harrford		State Zip Code
Principal Occupation	Name of Employer		06105
	\$400 to a candidate for a chief executive/she is associated with have a contract Yes No		Amount of Contribution
	l of a state contractor or prospective sta th branch or branches contract is with:	te contractor? Yes	(00.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Method of Contribution ☐ Method of Contribution ☐ Method of Contribution:	Date Received 6-29-19	Aggregate Contributions	
Last Name Da Silva	Ericelio		MI
Residential Street Address 695 Broad 57	Hart-Ford		State Zip Code CT 06106
Vice President	Name of Employer Relle	asa Inc	
	\$400 to a candidate for a chief executive/she is associated with have a contract PYes Denote No		Amount of Contribution
	of a state contractor or prospective sta h branch or branches ontract is with:	te contractor?	250.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ N	Date Received G-39-19	Aggregate Contributions	
S	UBTOTAL Section B — This	Page	600.00
TOTAL of additional Section B Pages 5134.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 573400			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
John Gale 2019		OCT 7	Filias
A. Total Contributions from Small Contributors-Receiv		\$	0
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A		
	ntributions from Indivi	duals	
Last Name Kin/ON	First		MI
Residential Street Address	City		State Zip Code
PO Box 263	James Cheshire		CT 06410
Principal Occupation	Name of Employer		Λ .
Attorney		ing Fluance	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
	state contractor or prospective state	e contractor?	
event reported in Section L1? No If yes, indicate which branches, list Event # Of government the contract		☐ Legislative	50.00
Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6-30-19		
Last Name Leutini	Jera 6		MI
	City		State Zip Code
349 Dennison Ridge Dr	Manchoster		CT 06040
Principal Occupation	Name of Employer		
Attorney	Ruane A	Horneys	qt Low
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Use If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive	officer of a municipality	Amount of Contribution
event reported in Section L1? No If yes, indicate which bra		No	
If yes, list Event # of government the contract Method of Contribution:		Legislative Aggregate Contributions	1 (00.0D
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		60)	
Last Name	First	<u> </u>	MI
Carling	Marion	···	
Residential Street Address 145 Oxford St	Harrford		State Zip Code D6 105
Principal Occupation	Name of Employer		
Owner	selt		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a s If yes, indicate which brai of government the contract		contractor?	50.00
Method of Contribution:	Date Received	Aggregate Contributions	-
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6-30-19	50.00	
SUBI	OTAL Section B — This	Page	200.00
TOTAL	of additional Section B P	ages	5534.00
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	I INDIVIDUALS (Sections A 13, Column A of Summary Page		573400

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor))	TYPE OF REPORT	
John Gale 2019		000 7	Filing
A. Total Contributions from Small Contributors-Reco	eived this Period ONLY SUBTOTAL SECTION A	\$	0
	TOTAL COLOR OF THE SECTION OF THE SE		oscosom menostrus on un martin di solo mandi di solo m
B Itamized	Contributions from Indivi	duals	
Last Name	First	quais	MI
Schauer	Perel		
Residential Street Address	City		State Zip Code
III Terry Kd	Itarritord		CT 06 105
Physician Physician	Name of Employer	Health Ca.	re
	00 to a candidate for a chief executive		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	she is associated with have a contract Yes	with said municipality	
	a state contractor or prospective sta		750 02
event reported in Section L1? If yes, list Event # If yes, list Event # If yes, list Event #		☐ Legislative	00.00
Method of Contribution:	Date Received	Aggregate Contributions	1
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	ney Order 6-30-19	250.00	
Last Name	First	<u>*</u>	MI
Ismail	A.		
Residential Street Address 114 Bloom Field Ave	City		State Zip Code
3377,333	Hartord		CT 10665
Principal Occupation	Name of Employer	Coalty Co	
Broker		<u>. </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?	90 to a candidate for a chief executiv he is associated with have a contract ☐ Yes ☐ No	e officer of a municipality, with said municipality	Amount of Contribution
event reported in Section L1? No If yes, indicate which t			
If yes, list Event # of government the con Method of Contribution:	Date Received	☐ Legislative Aggregate Contributions	- 50,00
☐ Cash ☐ Personal Check ☐ efedit/Debit Card ☐ Payroll Deduction ☐ Mor	ney Order 7-3-19	50.00	
Last Name	First		MI
Wolfson	MYCZ		
Residential Street Address Constitution Plaza Site 900	Harrford		State Zip Code
Principal Occupation	Name of Employer		10005
Attorney	Feiner W	olfson Lhc	-
	00 to a candidate for a chief executive he is associated with have a contract		Amount 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.		e contractor?	
Method of Contribution:	Date Received	Aggregate Contributions	35000
☐ Cash ☐ Personal Check	1ey Order 7/2/19	250.00	
SUI	BTOTAL Section B — This	Page	300.00
TOTA	AL of additional Section B 1	Pages 5	H34.00
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Liv	OM INDIVIDUALS (Sections A se 13, Column A of Summary Page		734.60

	MITTEE (Provide Comple	te Name as Registered v	vith Filing Reposi	ltory)		TYPE OF REPORT	Film	
	Care CC		1		VVI - Zola		<u> </u>	
V 60 '''		CI. C	Contributio	ons from (Name of T			
Name of Committee					Name of 1	icasuici		
Address				Is this contevent repo	rted in Section	ciated with an Yes No n L1? es, list Event #	Amount of	Contribution
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Date Rec	ceived	Aggregate Contributions		
Name of Committee		yugunun ordina uuruka elektrisis kalikikiki salaan elektrisis kalikikiki salaan elektrisis kalikikiki salaan e		Andrew Andrews	Name of T	г еая;нег	errepung pungkun en upun sekita sanata an este berinda sanata an este berinda sanata an este berinda sanata an	ter til en fre kende hellen ble en
Address					rted in Section	ciated with an Yes No n L1? es, list Event #	Amount of	Contribution
City		State	Zip Code	Date Re		Aggregate Contributions		
Name of Committee					Name of T	reasurer		
Address					rted in Section	ciated with an Yes No n L1? gs, list Event #	Amount of	Contribution
City		State	Zip Code	Date Re		Aggregate Contributions	····	
Name of Committee	C2. I	Reimbursemen	ts or Surp	lus Distril	Name of T	om other Committees Treasurer		
Address				City	<u> </u>		State	Zip Code
Date Received	Expenditure #	Payment Type					Amount	of Receipt
	(if applicable)		nent for shared	expense \square	Surplus Dist	ribution		-
Description								
Name of Committee					Name of 7	reasurer		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	ement for share	ed expense [☐ Surplus Di	stribution	Amoun	of Receipt
Description		<u> </u>						
			SUBTO	OTAL Sect	ion C — T	his Page		
				of addition				
		FALL COMMIT as C1 + C2) (Enter						

NAME OF COMMITTEE (Provide Complete Name as Regist	ered with Filing Reposi	tory)			F REPORT	1/0
John Gale 2019		arcawing a various s		(06 540(719
	D. Loans	Receiv	ed this Period			
Name of Lendor			Source of Loan: Bank Cand	idate 🔲 Individu	al Other	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)		mm e r		<u> </u>		Amount Received
Street Address	City		1.1.	State	Zip Code	
Name of Lender			Source of Loan: Bank Cand	idate 🔲 Individu	al Other	Date of Receipt
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	
Name of Lender			Source of Loan: Bank Cand	idate □ Individu	nal ∏ 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)	•				•	Amount Received
Street Address	City		·	State	Zip Code	
			TOTAL SECTI	ON D	<u> </u>	
E. Receipts from Entities of	her than Indiv	iduals'	or Other Comm	nittees <i>(Refere</i>	endum Committe	res ONLY)
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Conti	ibutions	
Name of Entity		<u> </u>				
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Conti	ibutions	
	-		·			
Name of Entity	•					
Street Address				Date Received		Amount Received
City	•	State	Zip Code	Aggregate Cont	ributions	-
			TOTAL SECT	ION E		

NAME OF COMMITTEE (Prov		red with Filing Rep	ository)		TYPE	OF REPORT		
JOHN Gale	7019					Oct Filing		
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)								
Date of Receipt	Is this transaction associa event reported in Section		☐ Yes If	yes, list Event#		Amount		
Date of Receipt	Is this transaction associa event reported in Section		□ Yes If	yes, list Event#		Amount		
Date of Receipt	Is this transaction associatevent reported in Section		☐ Yes If ☐ No	yes, list Event#		Amount		
Date of Receipt	Is this transaction associatevent reported in Section		□ Yes If □ No	yes, list Event#		Amount		
				TOTAL SECTI	ON F			
	i i BMI W MOO WOOT TO WAR							
G. Amount Transfe	erred from Affiliat	ed Labor U	nion or C	other Organizatio	on Treas	ury (Organization Committees ONLY)		
Date of Receipt	•	Date of Receipt			Date of			
Amount			Amo	unt		Amount		
				TOTAL SECTIO	N G			
Н. 1	Personal Funds of	he Candida	te Receiv	ed this Period (C	Candidate (Committees ONLY)		
Date of Receipt	Method of payment:					Amount		
	☐ Cash	☐ Per	sonal Check	☐ Credit/Del	oit Card			
Date of Receipt	Method of payment:					Amount		
	☐ Cash	☐ Per	sonal Check	☐ Credit/Del	oit Card			
Date of Receipt	Method of payment:	· · · · · · · · · · · · · · · · · · ·				Amount		
	☐ Cash	☐ Per	sonal Check	☐ Credit/Del	oit Card			
Date of Receipt	Method of payment:	"				Amount		
	☐ Cash	☐ Per	sonal Check	☐ Credit/Del	oit Card			
				TOTAL SECT	ΓΙΟΝ Η			
		I. Anoi	nymous C	Contributions				
-	D 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<i>a</i> . "			4		
	Public Act 11-48, If a committee:					paign treasurer shall		
	nediately remit the							

for deposit in the General Fund.

Revised January 2015 1. IVIOIVE	IANT RECEIT 15 (Sections 2	1	<u>N)</u>		1.08
NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repository)	_		EPORT	·
John Gale 2019		Wednesday.	<u>) c t</u>	- / r	illuj
J. Interest fi	om Deposits in Authorized Accoun	_			40000000000000000000000000000000000000
Name of Institution		Date	Receive	d	Amount
Street Address	City 5	State	2	Zip Code	
Name of Institution		Date	Receive	đ	Amount
Street Address	City	State	2	Lip Code	
	TOTAL SECTIO	ΝJ			
K. Miscellaneous Mo	netary Receipts not Considered Co	ntri	butio	ns	
Name		0.0000000000000000000000000000000000000	Date of	Transaction	Amount Received
		La		T=: 0 1	
Street Address	City	Sta	ate	Zip Code	
Description		L			\dashv
Name			Date of	Transaction	Amount Received
		Ter		10:0.1	
Street Address	City	Sta	ate	Zip Code	
Description	<u></u>			<u>i</u>	-
Name			Date of	Transaction	Amount Received
Street Address	City	Sta	l te	Zíp Code	
Succi Addiess	City			24 344	
Description					
			l rs .		
Name			Date of	Transaction	Amount Received
Street Address	City	Sta	ate	Zip Code	-
Description					
	TOTAL SECTION K				
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D	thro	ugh K)	
Total Loans Received this Period (Section D)					
Total Receipts from Entities other than Individuals or Oth	ner Committees (Section E)	+			
Total Amount Transferred from Affiliated Business Treas	sury (Section F)	+			
Total Amount Transferred from Affiliated Labor Union o	r Other Organization Treasury (Section G) +			
Total Amount of Personal Funds of the Candidate Receiv	ed this Period (Section H)	+			
Total Amount of Interest from Deposits in Authorized Ac	counts (Section J)	+			
Total Miscellaneous Monetary Receipts not Considered C	ontributions (Section K)	+	·		
(Add Sections D through	Total of Other Monetary K) (Enter total on Line 15, Column A of Summar				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
John bale 2019		Oct 7	Filing			
L1. Even	t Information		- /			
Event # Description			Was this a fundraising event?			
Date of Event Letter	,		☐ Yes ☐ No			
Location: Street Address	City		State Zip Code			
Location. Speet Address	Cuy		Zip Code			
,						
Subpart 1: (All Committees)						
Was this event hosted at a personal residence?	Yes (If yes, go to Section L5					
	Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)					
	□ No	, ,	,			
Did this fundraiser include goods or services donated by a business entity	☐ Yes (If yes, go to Section L	In-Kind Donations	10t Considered Contributions			
of up to \$200 or items donated by an individual of up to \$100?	and complete required i	nformation.)				
	□ No					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Rece	ripts here.)	\$			
With parenases from an individual of ap to \$100.	□ No	Ψ				
Subpart 2: (Party Committees, Municipal Candidates and Political Com-						
Were there purchases of advertising space in a program book or on a	☐ Yes (If yes, go to Section L3					
sign associated with this fundraiser?	or on a Sign and comp	nete required intollita	(tion.)			
Subpart 3: (Town Committees ONLY)						
Did your committee sell food or beverage at a fair or similar mass	☐ Yes (If yes, enter Total Reco	eipts here.)	4			
gathering held within the state with this fundraiser?	□No					
	□ 140					
Event # Description Description			Was this a fundraising event?			
			☐ Yes ☐ No			
Location: Street Address	City		State Zip Code			
Subpart 1: (All Committees)		11-11-11-11-11-11-11-11-11-11-11-11-11-				
Was this event hosted at a personal residence?	☐ Yes (If ves go to Section L.5	In-Kind Donations n	ot Considered Contributions			
The time of the hosted as a personal residence	Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any					
	purchases made by host No	(s) for food, beverage a	and invitations.)			
Did this fundraiser include goods or services donated by a business entity	☐ Yes (If yes, go to Section L	4 In-Kind Donations	not Considered Contributions			
of up to \$200 or items donated by an individual of up to \$100?	and complete required i		101 Constacted Contributions			
	□ No					
Was this fundraiser a tag sale, auction, or other sale of donated items	☐ Yes (If yes, enter Total Rece	eipts here.)				
with purchases from an individual of up to \$100?	□ No		\$			
Subpart 2: (Party Committees, Municipal Candidates and Political Com		Committees)				
Were there purchases of advertising space in a program book or on a	Yes (If yes, go to Section L3	Purchases of Advert	ising Space in a Program Book			
sign associated with this fundraiser?	or on a Sign and comp	lete required informa	ation.)			
a la a a a a a a a a a a a a a a a a a	□ No					
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass	☐ Yes (If yes, enter Total Reco	eints here)				
gathering held within the state with this fundraiser?			\$			
	□ No					
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items — '	This Page				
	ion L1—Subpart 3 <i>(Town Commit</i> ipts from Food Purchases — '					
	TOTAL of additional Section	Algebra de la company de l				
	IPTS FROM SMALL PUI Line 16a, Column A of Summary					

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 TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) John Gale 2019 OCT L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: ■ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City Zip Code Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Date Received Event # Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Zip Code Street Address City State Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Date Received Event # Purchase Made By: Name of Purchaser ■ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Zip Code Street Address City Aggregate Purchases for All Events Amount of Sign Purchase Date Received Event # Amount of Program Ad Purchase Purchase Made By: Name of Purchaser ■ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Zip Code City State Street Address Aggregate Purchases for All Events Amount of Sign Purchase Date Received Event # Amount of Program Ad Purchase Purchase Made By: Name of Purchaser ☐ Business Entity □ Other ☐ Individual/Sole Proprietorship Zip Code City State Street Address Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN

(Enter total on Line 16c, Column A of Summary Page Totals)

	E (Provide Complete Name as Reş	istered with Filing Reposi	(lory)		TYPE OF REPOR			
John	Sale 2019				0c + 7	, h	ilin	<u> </u>
	L4. In	-Kind Donation	ıs Not Consi	lered Contribu	ıtions			
Name of Donor								
							T	T
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair I	Market Va	lue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate Value fo	or this Event			
Sole Proprietorship								
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair I	Market Va	lue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event#		Aggregate Value fo	or this Event			
☐ Sole Proprietorship								
Name of Donot		. 1	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation		<u> </u>			Fair i	Market Va	lue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate Value fo	or this Event	_		
☐ Sole Proprietorship								
Name of Donor			1-1					· · ·
Street Address			City				State	Zip Code
	•							
Donation Given By:	Description of Donation					Fair I	l Market Va	lue of Donation
☐ Business Entity	,							
☐ Individual	Date Received	Event#		Aggregate value fo	r this Event	-		
☐ Sole Proprietorship								
				 				
		SU	BTOTAL Sect	on L4— This Pag	¢			
		AT C	TAT -C-112'	A Castler 1 : D				
		ТО	LAL 01 Additio	ial Section L4 Pag	CS			
TO	TAL OF ALL IN-KIND D	ONATIONS NOT	CONSIDERED	CONTRIBUTION	NS			
	(E)	iter total on Line 21	, Column A of Si	ımmary Page Tota	ls)			
			4					
	•							

NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Re	pository)		TYPE OF REPORT	
JOHNOC	pale 2019			dia dia	lly
	L5. In-Kind Donations Not Consid	ered Contributions Ass	ociated with a H	louse Party	14
Name of Host			committee? [upporting more than one c □ Yes □ No mplete Itemization in Addenc	
Street Address		City	3,0,		ip Code
Description of Donation				Fair Market Value of D	onation .
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	this host/candidate		
Name of Host			committee? [upporting more than one c □ Yes □ No mplete Itemization in Addenc	
Street Address	- 14 A. A.	City			ip Code
Description of Donation	1 t t t t t t t t t t t t t t t t t t t	· · · · · · · · · · · · · · · · · · ·		Fair Market Value of D	Onation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	this host/candidate		
Name of Host			committee? [upporting more than one c ☐ Yes ☐ No mplete Itemization in Addence	
Street Address		City	· · · · · · · · · · · · · · · · · · ·	State Zi	ip Code
Description of Donation		•		Fair Market Value of D	Onation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	this host candidate		
Name of Host			committee? [upporting more than one c ☐ Yes ☐ No mplete Itemization in Addence	
Street Address		City		State Zi	ip Code
Description of Donation			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Fair Market Value of D	Jonation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	-this host/candidate		
		SUBTOTAL Section L5	5— This Page		
		TOTAL of additional Sec			
	TAL OF ALL IN-KIND DONATIONS N WITH A HOUSE PARTY (Enter total or	OT CONSIDERED CON' 1 Line 22, Column A of Sumn	"我们的是我们是不好,我们就是我们的,我们的我们的,我们的我们的是一个人。"	 .	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete		gistered with .	Filing Repository)			and the state of t	F REPORT	/	
JOHN Gale 2019 OCT 7 Fill M. In-Kind Contributions								The state of the s	
M. III-Kina Contributions Name									
Tuno									
Street Address				. C	ity			State	Zip Code
Type of contributor: Committee	Date Recei	ved	Aggregate Contri	butions	Description of In-	-Kind Contributio	n	1	
☐ Individual / Sole Proprietorship ☐Other									
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	does con		ousiness he/she i		te for a chief execu I with have a contra Yes N	act with said m			Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	tor a principal of indicate which b rnment the contr	oranch or b		ive slate contra tive Legisl	□No		
Name									
Street Address				C	ity			State	Zip Code
Type of contributor: Committee	Date Recei	ved	Aggregate Contri	butions	Description of In-	Kind Contributio	n	_1	
☐ Individual / Sole Proprietorship ☐ Other									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/she		ate for a chief exected with have a cont	ract with said n			Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	tor a principal of indicate which b rnment the contr	ranch or b		ive state contractive ☐ Legisl	□No		
Name							I		
Street Address			1.00	C	ity			State	Zip Code
Type of contributor:	Date Recei	ved	Aggregate Contri	butions	Description of In-	-Kind Contributio	ın	•	
☐ Individual / Sole Proprietorship ☐ Other						2000			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/she	is associate	ate for a chief exected with have a cont	ract with said n			Market Value s Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	tor a principal of indicate which b rnment the contr	oranch or b		ive state contra-	□ No		
		<u> </u>	SUBT	TOTAL S	ection M — Thi		1		••••
			TOTAL	L of addit	ional Section M	Pages			****
TOTAL OF ALL IN-KIND CON	TRIBUT	TIONS (E	inter total on Lin	e 23, Colum	n A of Summary Pe	nge Totals)			
	N.	Refunc	lable Depos	sit to Te	lephone Com	ipany			
Last Name of Individual			F	First	·		МІ	Date Depos	it Made
Residential Street Address			City			State	Zip Code		Amount of
									Deposit
Name of Telephone Company	Name of Telephone Company								
Street Address			City			State	Zip Code		
,				State State Control		ana ang kananana an			
TOTAL SI	ECTION	N (Enter	total on Line 24	, Column A	of Summary Pag	e Totals)			

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
JOHN 6	ale 2019		Oct 7F	ille
	Control of the Advance of Control of the Control of Con	Paid by Committee		O .
Name of Payee			Date of Payment	Method of Payment:
Tracie	Gale		7-11-19	Check # Debit Card
		City		State Zip Code
6 Cone	2 57	Harrford		CT
Purpose of Expenditure (by code)	Event Food	Eve	ni #	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	dependent	ked) OAOBOCOD	207.87
Name of Payee	240 Photo		Date of Payment	Method of Payment: Check # 101
Street Address		City		☐ Debit Card ☐ EFT State Zip Code
Purpose of Expenditure (by code)	Photography	Ever	nt#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unl None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib) Independent	ked) OAOBOCOD	250.00
Name of Payer Harrfor	d Priving	, J	Date of Payment 7/23(19	Method of Payment: Check # 103
Street Address 47/3 Pr	Tatt ST	Harrford		State Zip Code 06 03
Purpose of Expenditure (by code)	Description (1985)	Ever	nt #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	e) 🔲 Independent		276,51
	Gale		Date of Payment 9-17-19	Method of Payment: □ Check # 10 4 □ Debit Card □ EFT
Street Address 363 V	Tain ST	Hartford		State Zip Code CT 04 106
Purpose of Expenditure (by code)	Description	Eve	nt#	Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	e) 🔲 Independent	ked)	
	S	UBTOTAL Section P — Th	is Page 84	フリフ
	то	FAL of additional Section P	Pages 9K	A. 85
	TOTAL OF ALL EXPE	NSES PAID BY COMMI 19, Column A of Summary Pag		7.85

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	out the same of th	TYPE OF REPORT	
50NN 60			OCT ?	-iliy
	P. Expenses	Paid by Committe	aggig pengagiaan menangka bagamat maran mengun, amat menang ang menanggan, pengangan sebagai ang	I v a v an
Name of Payee Nortion (soilder com		Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ■ EFT
Street Address		City		Debit Card EFT State Zip Code
57050	Stand St	Los Ange	les	CA 90071
Purpose of Expenditure (by code)	Bank Charges	·	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) 🔲 Indepe	endent zation: OAOBOCOD	107.68
Name of Payee Recksh	ite Bank		Date of Payment 7 - (1 - 19	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Street Address	× 1308	PitsField		MA O 1202
Purpose of Expenditure (by code)	Bank Charges		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	e) 🔲 Indepe		15:00
Name of Payee			Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controller)	re) 🔲 Indep		
Name of Payee			Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contraction)	e) 🔲 Indepe	endent ization: OAOBOCOD	
	s	UBTOTAL Section P	— This Page	89.66
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	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY CO 219, Column A of Summa	OMMITTEE O	69.85

	TEE (Provide Complete Name as Registered with Filing Re	posttory)		TYPE OF REPORT	7 51	Cini
		Expenses Paid by	v Candidat			-0
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)	<u>.</u>		Date of Payment	Is reir	nbursement elaimed?
·						Yes □ No
Street Address	•	City			State	Zip Code
Street Address		City	City		State	Zip Code
Purpose of Expenditure (by code) Description			Eyen	t#		Amount
Name of Pavee (Name of	 Vendor, Person or Entity who candidate paid directly)	te d'annun dem de de les entables en l'éphélique de l'éphélique l'annument de l'annument de l'annument de l'an		Date of Payment	le reir	nbursement claimed?
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		T =-				
Street Address		City			State	Zip Code
Purpose of Expenditure	Description		Even	t#		Amount
(by code)						
N CD (N C				D. CD.		4 1 10
Name of Payee (Ivame of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?	
						Yes 🔲 No
Street Address		City			State	Zip Code
Purpose of Expenditure	Description		Even	t #		Amount
(by code)			-			
Name of Payce (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?	
						Yes 🔲 No
Street Address		City			State	Zip Code
Purpose of Expenditure	Description		Even	* ! !		Amount
(by code)	Description		DVOIR #			Amount
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment		Is reimbursement claimed?	
						Yes 🔲 No
Street Address	11. 11. 1	City		İ	State	Zip Code
- A- N			Event	. <i>II</i>		A
Purpose of Expenditure (by code)	Description		Even	L #		Amount
Name of Payec (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is rein	nbursement claimed?
						Yes 🔲 No
Street Address		City			State	Zip Code
		ľ				
	-					
Purpose of Expenditure (by code)	Description		Event	t#		Amount
(-3,,						
	· _					
		SUBTOTAL Sec	tion Q — Thi	is Page		
		monia e	10		•	
		TOTAL of addition	iai Section Q	rages		
	TOTAL OF ALL	EXPENSES PAID	BY CANDI	DATE		
		on Line 26, Column A oj				

NAME OF COMMITT	BE (Provide Complete Name as Registered with Filing Repository))	TYPE OF REPORT				
JOHN Gale 2019 OCT 7					Filly		
	R. Expenses Incurre	ed on Committee Cro	edit Card		U		
Name of Issuing Insti	fution	Type of Credit Card:					
		☐ Visa ☐ Master 6	Card Discover Ame	rican Expres	s 🔲 Other:		
Name of Vendor, Person o	or Entity			Date of	Fransaction		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	ŀ	Event#		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	D					
Name of Vendor, Person o	or Entity				Fransaction		
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то	TAL OF ALL EXPENSES INCURRED ON (Enter total on Lin.	COMMITTEE CREE e 27, Column A of Summary					
			, com, constructing the construction of the co				

	TEE (Provide Complete Name as Registered with Filing Repositor	y) TYPE OF REPOR	T			
-0	John Gale 2019	10 ct 7	Filli	r,		
	S. Expenses Incurred by Com	imittee but Not Paid During this Period		J		
Name of Creditor	Date Incurred	Date Incurred				
Street Address		City	State Zi _j	p Code		
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)		
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum S Require \textsup None of the below \textsup Coordinated with reimbursement sought (joint expen) \textsup Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement)	☐ Independent ☐ Organization: Q A Q B Q C	• D			
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Street Address		City	State Zij	p Code		
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Street Address		City	State Zij	p Code		
Purpose of Expenditure by code)	Description	Event#		Amount Incurred (Estimate or Actual)		
Expenditure #	Type of Expenditure (Itemization in Addendum S Require.	d unless "Nova of the halow" is alreaded				
ң аррисаөк)	☐ None of the below ☐ Coordinated with reimbursement sought (joint expen ☐ Coordinated without reimbursement sought (in-kind or	☐ Independent ☐ Organization: Q A Q B Q C	о D			
(t) applicable)	☐ Coordinated with reimbursement sought (joint expen	☐ Independent ☐ Organization: Q A Q B Q C	о D			
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NAME OF COMMITT	EE (Provide Camplete Name as Registered with Filing Reposito	neu)			TV	PE OF RI	рорт			
JOHN 6		Cy)				ACT	7	FtC	u i	
	T. Itemization of Reim	burse	ements an	d Secon	dary Pa	yees			J	
Last Name of Worker/Consultant			First				MI		Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						reported i	n Section P:		Worker/Consultant as	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			***************************************			☐ Che	ck #		bit Card	
Succe Address of Vehicle,	Telson of Entity rate by Communice Worker/Consumant	Ci	пу					State	Zip Code	
Purpose of Expenditure (by code)	Description				Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	red unb	ess "None of	the below"	is checked)					
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Last Name of Worker/Con	sultant	First				•	MI	Date of I Person o	Payment to Vendor, r Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant							Section P:		Worker/Consultant as	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	Cit	ty			L Cite		State	Zip Code	
Purpose of Expenditure (by code)	Description				Event #				Amount	
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(by code)	Description				Event #				Amount	
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TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	<i>y</i> ori	KERS AN	D CONS	ULTAN	rs	·		··	
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