SEEC FORM 20

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

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A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes	A person who is f	ound to have know	ingly and w	illfulls vi	lated any provisions of		1 6		

Page 1 of 17

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						
Lebron For Council	7th Day Preceding Primary						
	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		0					
12. Balance on hand at the beginning of Reporting Period	3537.96						
13. Contributions Received from Individuals (Sections A and B)	1560.00	8205.00					
14. Receipts from Other Committees (Sections C1 and C2)	250.00	250.00					
15. Other Monetary Receipts (Sections D through K)	0	0					
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0					
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed							
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	О	0					
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	1810.00	8455.00					
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	5347.96	8455.00					
19. Expenses Paid by Committee (Section P)	2599.89	5610.47					
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	2748.07	2844.53					
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0					
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0					
23. In-Kind Contributions Received (Section M)	86.85	268.27					
24. Refundable Deposit to Telephone Company (Section N)							
25. Loan Balance	0	And the state of t					
25a. + Loans Received (Section D)		0					
25b. + Interest and Penalties on Loan	0	0					
25c Payments on Loan	0	0					
25d. Total Outstanding Loan Amount	0						
26. Campaign Expenses Paid by Candidate (Section Q)	447.36	1409.17					
27. Expenses Incurred on Committee Credit Card (Section R)	0	0					
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0						
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0						

NAME OF COMMITTEE (Provide Complete Name as I	TYPE OF REPORT						
A. Total Contributions from Small (See instructions for definition of Small Contr	Contributors-Receiv	ved t SUBT	this Period ONLY TOTAL SECTION A	\$ 160.00	2.02.24		en e
	B. Itemized Co	ntril	butions from Indiv	iduals	5.102.17		
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			Abner				
Residential Street Address		City	4.5		State	Zip	Code
6 Coolidge st Principal Occupation		Har	tford		СТ	06	105
Package handler			Name of Employer			l	
			ABC Packaging				
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	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	ontractor or prospective stat	No		.00	
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Residential Street Address		City	****		E4-4-	72: 6	<u> </u>
141 Woodland st	1	Harti	ford		State	Zip C	
rincipal Occupation			Name of Employer				105
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valued	tribution is in excess of \$400 to contributor or business he/she is d at more than \$5,000? Is contributor a principal of a st	s assoc	ciated with have a contract of Yes	with said municipality	/, Ame		Contributio
vent reported in Section L1? No No	If yes, indicate which bran-	ch or l	branches	e contractor? Yes No			
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incipal Occupation			Name of Employer	<u> </u>	<u> </u>	061	U5
Retired			Number of Employer				
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NAME OF COMMITTEE (Provide Complete	TYPE OF REPORT						
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Residential Street Address		City			State	Zir	Code
100 Goodwin Circle		Hai	rtford		СТ	0	605
Principal Occupation Retired			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a ca	andidate for a chief executive ociated with have a contract OYes ONo	re officer of a municipality with said municipality		nount	of Contributio
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Principal Occupation		L	Name of Employer			<u> </u>	
Lobbyist/Consultant			Self-employed				
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fethod of Contribution;			,	Aggregate Contributions	-		
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	SUBT	ОТА	L Section B — This I	Page 200.00		***************************************	
			ditional Section B Pa				
TOTAL OF A	ALL CONTRIBUTIONS FROM	INDI	VIDUALS (Sections A	- P	-	-	
	(Enter total on Line 13	3, Colu	mn A of Summary Page To	otals)			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	TYPE OF REPORT					
A. Total Contributions from Small Contributors-i (See instructions for definition of Small Contributor)	Received SUI	this Period ONLY BTOTAL SECTION A	\$	all and a supply of the supply	annen egyegitek sekinen op oppygig i kille kinnyyg	
R Itamiz	od Contr	ibutions from Indiv	2.1			
Last Name	au Conti	First	iduais			
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Residential Street Address	City					
1280 Asylum ave	1 ′	artford		State	Zip Code	
Principal Occupation				CT	06105	
Consultant		Name of Employer	i			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of	7.4.1.	Oddysey Consult	_			
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Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Yes Is contributor a princip If yes, indicate wh of government the	contractor or prospective state	te contractor? Yes	s	0.00		
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esidential Street Address	100	1 1651011				
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rincipal Occupation		Name of Employer		<u> </u>	<u> </u>	
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NAME OF COMMITTEE (Provide Complete	een dak keessee saamuunga saga saga saga saga saga saga saga s	TYPE OF REPORT						
A. Total Contributions from (See instructions for definition of Sm				this Period ONLY TOTAL SECTION A	\$			
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		B. Itemized Co	ntri	butions from Indiv	iduals			
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				Gregory				
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		·	Hai	rtford		СТ	06	5106
Principal Occupation Retired				Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	de	contribution is in excess of \$400 bes contributor or business he/she blued at more than \$5,000?	to a ca is ass	andidate for a chief executive cociated with have a contract Yes •No	e officer of a municipality		.00	of Contribution
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		SUBT	ОТА	L Section B — This]	Page 65.00			
		TOTAL	of ac	dditional Section B P	ages 615.00			
TOTAL OF	\LL	CONTRIBUTIONS FROM (Enter total on Line 13	IND 3, Coli	IVIDUALS (Sections A umn A of Summary Page T	+B) (otals)		<u> دو دو سیست</u>	

NAME OF COMMITTEE (Provide Complete No	TYPE OF REPORT							
A. Total Contributions from S (See instructions for definition of Smal			nis Period ONLY OTAL SECTION A	\$	thenhaussenmuchenszegessu szegeszegekenszekothanianisk		entrestre en egypt (477).	
	B. Itemized Co	ontrib	utions from Indivi	duale				
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Morales		В	Brenda					
Residential Street Address		City			State	Zin	Code	
58 Grafton st		Harti	ford		СТ	1 1	3106	
Principal Occupation		<u> </u>	Name of Employer					
Secretary			State of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a can	ididate for a chief executive ciated with have a contract OYes ONo	e officer of a municipality with said municipality	y, Am		of Contribution	
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Principal Occupation			Name of Employer		L	ــــــــــــــــــــــــــــــــــــــ		
Professor			Trinity					
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Residential Street Address		City			State	Zip (2-4-	
1077 Blue hills ave		Bloon	nfield		CT	ZipC	oue	
Principal Occupation	, ,, <u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Name of Employer			L		
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			ditional Section B Pa					
TOTAL OF A	LL CONTRIBUTIONS FROM	I INDIA	VIDUALS (Sections A	+B)				
	(Enter total on Line 1	3, Colun	nn A of Summary Page T	otals)				

NAME OF COMMITTEE (Provide Complete I	lante a		TYPE OF REPORT					
A. Total Contributions from (See instructions for definition of Smo				this Period ONLY TOTAL SECTION A	\$			atti Ziddindera when yw <u>Alfazzi Zi</u> olow a Alternow gyrrong yn pystyng yr
					A Company of the Comp	A CONTRACTOR OF THE PARTY OF TH		and committee of the second purpose of the s
The state of the s		R Itemized Co	ntri	butions from Indivi	duolo			###
Last Name		pr Itemped Co		First	duais			М
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Principal Occupation			1	Name of Employer			Д	
Administrator				DCF				
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Archambault				Francis				
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18 Goodwin Circle			Har	tford		СТ	1 -	3105
Principal Occupation				Name of Employer		L	L	
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Kukulka				Marek				
Residential Street Address			City			State	Zip	Code
113 Colton RD			Gla	stonbury		CT	06	033
Principal Occupation				Name of Employer			<u>I</u>	***************************************
CEO				CCAOH				
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		a transport and extra transport and a specific property of the specific		dditional Section B Pa				
TOTAL OF	\LL\	CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A lumn A of Summary Page T				

NAME OF COMMITTEE (Provide Camplete Na		TYPE OF REPORT									
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			1 11 13 13 13 13 13 13 13 13 13 13 13 13								
B. Itemized Contributions from Individuals											
Last Name	- physiological contest and minimum property and an arrangement of the second s		First		·		MI				
Mckenna			Cynthia								
Residential Street Address		City			State	Zip (Code				
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Principal Occupation Name of Employer											
Development CCAOH											
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Last Name		F	rirst			Andrew Aspertures	М				
Bell-Lovet			Marla								
Residential Street Address		City			State	Zip C	ode				
244 Cleveland ave Hartford CT 06120											
Principal Occupation Name of Employer											
N/A N/A											
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Ortiz			Pedro								
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3 Brookview Circle		Mar	nchester		CT	060)40				
Principal Occupation			Name of Employer			4					
Administrator			DEPT of VA								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo		Contribution				
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TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A lumn A of Summary Page 1								

NAME OF COMMITTEE (Provide Complete Nan	TYPE OF REPORT									
A. Total Contributions from S	mall Contributors-Receiv	zeď ti	his Period ONLV	The state of the s	B2A-D-E2-b-E1-man (Entrology)	otminintes(empl	anneed annequesty eggs Chillia de la beadach an hadrage			
(See instructions for definition of Small			TOTAL SECTION A	\$		on the second				
	B. Itemized Co	ntril	outions from Indivi	duals			- 1 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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Residential Street Address		City			State	Zin	Code			
PO BOX 2517			tford		CT	, sap	Codo			
Principal Occupation Name of Employer										
Executive Director			Habitat for Humar	nity						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No							f Contribution			
	Yes Is contributor a principal of a sign of yes, indicate which bran of government the contract	nch or	branches	e contractor? Sycs	3					
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Arteaga		ل ا	Juan				Α			
Residential Street Address City State Zip Code										
11 Valley Ridge RD Harrison NY 10528										
Principal Occupation Name of Employer Attorney Crowell & Moring										
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Mancini			∖ida ————————————————————————————————————		·					
Residential Street Address 27 Brent Rd		^{City} Man	chester		State	Zip (Code 042			
Principal Occupation	· · · · · · · · · · · · · · · · · · ·		Name of Employer		<u> </u>					
Administrator			Trinity							
or dependent child of a lobbyist? ONO	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Ame		Contribution			
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Method of Contribution: Date Received Aggregate Contributions										
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NAME OF COM	PEEE O A CO			· .	Manager Commence	T						
Lebron For Cou	<u> ATTEE (Provide Comple</u>	te Name as Registered i	vith Filing Repos	itory)		TYPE OF REPORT						
LCDIOIT OF COU	TIOII						7th day preceding Primary					
Name of Committee		C1. C	Contribution	ons from O	ther Commi							
Matt Ritter PA	С				Name of Treasur Russell Ja							
Address				Is this contr	ibution associated	with an OYes ONo	Amount c	of Contribution				
83 Oxford st				event report	ed in Section L1? If yes, list		250.00	2 CONTINUE				
City		State	Zip Code	Date Rece	ived	Aggregate Contributions						
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Name of Committee	Çž. N	embui sement	s or surpr	us Distribu	Name of Treasure							
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Address				City			State	Zip Code				
Date Received	Expenditure # (if applicable)	Payment Type		_ <u></u>			Amount	of Receipt				
		Reimbursen	nent for shared	expense O	Surplus Distributi	on						
Description	J						1	TT A STATE OF THE				
			SUBTO	ΓAL Section	ı C — This Pa	250.00						
			TOTAL o	f additional	Section C Pa	ges	<u> </u>					
Marie Marie Communication of the Communication of t	TOTAL OF A	ALL COMMITT C1 + C2) (Enter to	EE CONTR	RIBUTIONS Column A of S	AND RECEU	PTS 250.00						

NAME OF COMMITTEE (Pr	ovide Complete Name as Regi	stered with Filing R	(epository)				TYP	E OF REPORT
Lebron for Council			7th	day preceding primary				
F. Ai	mount Transferred	l from Affil	iated Bu	siness T	reasury	(Busine	ss En	tity Committees ONLY)
Date of Receipt	Is this transaction associated in Section		8Yes No	If ves, lis	t Event #	**************************************		Amount
Date of Receipt	Is this transaction associated in Section		8Yes No	<i>If</i> yes, lis	t Event #			Amount
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H.	Personal Funds of	the Candid	ate Reco	eived th	is Period	(Candi	idate (Committees ONLY)
Date of Receipt	Method of payment:		gdejde (Deisendere) (D. Gett Schemen)	****	······································	***************************************		Amount
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The Control of the Co		The transfer of Security and Se		. T	OTAL SI	CTION	Н	
		I. And	onymous	Contri	butions			
Per	Public Act 11-48,	Anonymou	ıs Contr	ibution	s may n	o longe	er be	deposited in any

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.

NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Repository)	TY	PE OF I	REPORT	
Lebron for Council		7th	day p	preceding pr	imary
J. Interes	st from Deposits in Authorized Acc	counts		, 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 1	
Name of Institution		Dat	e Receiv	cd	Amount
Street Address	City	State		Zip Code	-
Name of Institution		Date	e Receive	ed.	Amount
Street Address	City	State	1	Zip Code	
	TOTAL SECT	FION J		anganganian aguna madangan gamah	
K. Miscellaneous	Monetary Receipts not Considered	Contr	ibutio	ns	
Name	400 de 100 d			Transaction	Amount Received
Street Address	City	St	ate	Zip Code	
Description					
Name	(1944) - Андрий (1944) — Сервен Сервен (1944) — Сервен Сервен (1944) — Сервен Сервен (1944) — Сервен Сервен (19		Date of	Transaction	Amount Received
Street Address	City	Str	l afe	Zip Code	
Description				<u> </u>	
Name	A Control of the Cont		Date of	Transaction	Amount Received
Street Address	City	Šta	ite	Zip Code	***************************************
Description				1	
Name	en e	***************************************	Date of	Transaction	Amount Received
Street Address	City	Sta	ite	Zip Code	
Description		<u> </u>		1	
	TOTAL SECTION	К		and the state of t	Mechanical management of the second control
SUMMARY OF OTH	ER MONETARY RECEIPTS (Sec	tions D	throu	igh K)	
Total Loans Received this Period (Section D)					
Total Receipts from Entitics other than Individuals or	Other Committees (Section E)	+			
Total Amount Transferred from Affiliated Business Tr	easury (Section F)	+			
Total Amount Transferred from Affiliated Labor Unio	n or Other Organization Treasury (Section	nG) +			
Total Amount of Personal Funds of the Candidate Reco	eived this Period (Section H)	+			
Total Amount of Interest from Deposits in Authorized	Accounts (Section J)	+			
Fotal Miscellaneous Monetary Receipts not Considered	l Contributions (Section K)	+			
(Add Sections D throu	Total of Other Moneta gh K) (Enter total on Line 15, Column A of Sum	ry Rec	eipts Totals)		

II. EVENT ACTIVITY (Sections L1-L5)

MANUE OF COMMETER			Immuospens	COLOR CONTRACTOR OF THE COLOR	
Lebron for Council	(Provide Complete Name as Registered with Filing Repository))	TYPE OF REPORT		
Lepton for Council	I I I	nt Tuscomus actions	7th day precedir	ng primary	
Event#		nt Information			
Date of Event Letter	Description			Was this a fu OYes	mdraising event ○No
Location: Street Address		City		State	Zip Code
Subpart 1: (All Commit Was this event hosted at		OYes (If yes, go to Section L5 Associated with a Hou purchases made by host	ise Party and complet	e required info	rmation for any
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section Land complete required in No		not Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)	\$	
Were there purchases of a sign associated with this		mittees other than Exploratory OYes (If yes, go to Section L3 or on a Sign and comp ONo	Purchases of Advert	ising Space in a	Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Reco	eipts here.)	\$	
Event # Date of Event Letter	Description		***************************************	Was this a fun	ndraising event?
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at a	•	OYes (If yes, go to Section L5 Associated with a House purchases made by host(se Party and complete	required infor	Contributions mation for any
Did this fundraiser include of up to \$200 or items do	e goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section L4 and complete required in		ot Considered (Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	Yes (If yes, enter Total Rece	eipts here.)	\$	
Subpart 2: (Party Comm. Were there purchases of a sign associated with this f	ittees, Municipal Candidates and Political Come dvertising space in a program book or on a undraiser?	mittees other than Exploratory (Yes (If yes, go to Section L3 or on a Sign and compl No	Purchases of Advertis		Program Book
Subpart 3: (Town Comm Did your committee sell for gathering held within the s	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Recei	ipts here.)	\$	
SUBTOTAL Section	1 L1—Subpart I (All Committees) Total Receipts fr	om Sale of Donated Items — T	his Page	**************************************	
	SUBTOTAL Secti	ion L1—Subpart 3 <i>(Town Committe</i> ipts from Food Purchases — T	ees ONLY)		
		TOTAL of additional Section	L1 Pages		
		IPTS FROM SMALL PUR Line 16a, Column A of Summary 1			

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

COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Council

7th day preceding primary

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		ne as Registered with Filing Reposi	tory)		TYPE OF REPORT		
Lebron For Counci					7th day precedi	ng primary	
	L3. P	urchases of Advertisi	ng in a Prog	ram Book or o	ı a Sigu		
Name of Purchaser						лсhase Made By:	
					-	Business Entity	•
		<u>.</u>) Individual/Sole	Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Prog	ram Ad Purchase	Amount of	Sign Purchase
							organ v urezulae
Name of Purchaser					1 _	rchase Made By:	
					1 1	Business Entity	-
D 4.8.8			T		C	Individual/Sole	·····
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purchase	Amount of S	Sign Purchase
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North Control of the							
Name of Purchaser					I	rchase Made By:	
					٦ .	Business Entity	_
Street Address			Las		10	Individual/Sole	··
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purchase	Amount of S	Sign Purchase
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Name of Purchaser							
Name of Purchaser					l _	rchase Made By:	△ 0.1
					1 -	Business Entity	_
treet Address			City) Individual/Sole State	Zip Code
			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Progr	ram Ad Purchase	Amount of S	Sign Purchase
Vaine of Purchaser					Pur	chase Made By:	704-00-00-00-00-00-00-00-00-00-00-00-00-0
					i i	Business Entity	Other
					1 ~	Individual/Sole	-
treet Address			City	A		State	Zip Code
						3	-
			<u> </u>				
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Progr	am Ad Purchase	Amount of S	ign Purchase
- 1	<u> </u>						كندن سيخبار البنان سسيور
	SUBTOTAL Sec	tion L3 Total Purchases of	Advertising in	Program Book —	This Page		
	SUBTO1	AL Section L3 Total Pure	hases of Adver	tising on a Sign —	This Page		<u></u>
			TOTAL of	additional Section	L3 Pages		
TO	TAL OF ALL PURCE	IASES OF ADVERTISIN		RAM BOOK or Ol			
	and the first of the first of the contract of	Conter tout on the	ыне тос. Соши	n a or Nummary Pa	ue imaisil		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITT	EE (Provide Complete Name	as Registered with Filing Repo	ository)		TYPE OF REP	ORT		
Lebron for Counci	1				7th day pre	ceding p	rimary	
	Victoria de la composition de	4. In-Kind Donatic	ons Not Cons	sidered Contribu	tions		W. A. C.	
Name of Donor	Defended to the second		The Committee of the Co			oranie (11) (17 de 11) de la colonida en la coloni	an neptukulainepuktiselplususu n	120
Street Address			City				State	Zip Code
inter / idaics			Chy				State	Zip Code
Donation Given By:	Description of Donation	. 1 2000-1514-180-12-0-11-6-14-MARIN-ED-11				Fair	Market Va	lue of Donation
Business Entity								
● Individual Sole Proprietorship	Date Received	Event #		Aggregate Value fo	r this Event			
			ermanni <mark>k</mark> erman erekkerereken en erekkere en erek		###		\$10000\$1160000\$1161\$20000\$\$	and determined the company of the part of the colonies of the colonies.
Name of Donor				•				
Street Address			City			***************************************	State	Zip Code
	T							
Donation Given By: OBusiness Entity	Description of Donation					Fair I	Market Va	lue of Donation
Oindividual	Date Received	Eyent #		Aggregate Value Fo	ALIA France			
OSole Proprietorship	Date Received	Event #		Aggregate Value for	uns even			
Name of Donor			arma armā da lījiņa ir patā da ir patā d	neuropopopop	NAMES OF THE PROPERTY OF THE P	i Silotukka daida ili miyundu daila		anne de la companya
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair N	l Iarket Val	lue of Donation
OBusiness Entity								
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
Name of Donor			04-00-00-00-00-00-00-00-00-00-00-00-00-0			- Constant Control Con	//	
Street Address			Cîty				State	Zip Code
Donation Given By: Business Entity	Description of Donation		- · ·		- · · ·	Fair N	larket Val	ue of Donation
O Individual O Sole Proprietorship	Date Received	Event#		Aggregate value for	this Event			
		su	BTOTAL Sect	tion L4 — This Page				
		то		nal Section L4 Page	3			M
тот	AL OF ALL IN-KINI	DONATIONS NOT ((Enter total on Line 2)				and the second and the second and the second		<u> </u>
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II. EVENT ACTIVITY (Sections L1—L5)

MANUE OF COMMITTEE					laras os se	TO O D CO	
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filing Re	pository)			TYPE OF RE	SPORT	
	L5. In-Kind Donations Not Consid	ered (Contributions Associ	sted with a	House Par	tv	and the second s
Name of Host	20 III Kiik Dollwolls I W Oollow		COJAVA IIV GEOVERNI ZASSICE	Is this event committee?	supporting m	ore than o lo	ne candidate or
Street Address			TCity	1 3,7.0,0		State	Zip Code
Sires Muless			City			State	Zip Code
Description of Donation					Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this	host/candidate	-		
Name of Host			-in-viewe en	committee?	supporting m OYes ON omplete Itemize	o	ie candidate or
Street Address			City	1		State	Zip Code
Description of Donation			1	.	Fair Mai	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this i	host/candidate			
Name of Host		nyaéta begani Auto	et man silikasik pangun akhipah hipanga makangka ungunggan yanggan yan akhira saran mama	committee?	Supporting me OYes ON mplete Itemize	0	e candidate or
Street Address			City	,1 32,4		State	Zip Code
Description of Donation			, , , , , , , , , , , , , , , , , , ,		Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this I	ost/candidate			
Name of Host	**************************************			committee?)	e candidate or
Street Address			City			State	Zip Code
Description of Donation				··· ·	Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events—this h	ost/candidate			
		SUB	TOTAL Section L5 —	This Page	ne (1770 et al. 1880 et de de de 1881 et al. 1881	de la del la managa ant seu la managa gaga	
	t til state skall skal	тота	L of additional Section	L5 Pages			
	L OF ALL IN-KIND DONATIONS NOTH A HOUSE PARTY (Enter total on		ONSIDERED CONTRI 2, Column A of Summary				
						. 	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Reposi	tory)		**************************************	TY	PE OF R	EPORT		
Lebron for Council	material designation of the state of the sta			W	700	and the state of t	7th	day pr	eceding pr	imary	
			M. In-	Kind Con	tril	butions				•	
Name Linda Kelly	and any street and	annaga magaka makilaka milaka	ne od od om men om mir i klassický meden		**************************************	TO THE PROPERTY OF THE PROPERT	ti kapanen melanan	(Contratación y presidente integral	уундагашшагалган нагазагаган		The Art of
Street Address 71 Goodwin Circle					City Ha	artford				State CT	Zip Code 06105
Type of contributor: OCommittee	Date Recei	ved	Aggregate C	ontributions		Description of In-Kind	Contr	ibution			
Olndividual / Sole Proprietorship Oother	IC .:			00. " 1' 1		Food a	pier*				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	does con valued a		ousiness he/s		ed w	or a chief executive ith have a contract vorces Yes No				ľ	Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	If yes,	indicate whi	al of a state co ich branch or contract is with	brar	ctor or prospective s iches Executive			OYes No	86.85	
Name		ogenige (graf den hande (grafin krist) en franken.	et argumetera giret e typanet (s) terrane	ang pagaman na kapatan kanan kanan na ka	Sydia, adap	akkajaninitakajajakija paiditojajaja eramusimierano eramenis eramena	XI ************************************	tenga eguleeglareultillaan.		enegatives to conservation and conservation	and the state of t
Street Address		.	•		City					State	Zip Code
					,						
Type of contributor: Committee Offindividual / Sole Proprietorship Oother	Date Receiv	/ed	Aggregate Co	ontributions		Description of In-Kind	Contri	bution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/		ted y	for a chief executive with have a contract of Yes No					Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	<i>If yes</i> , in	ndicate which	al of a state con the branch or the contract is with:	bran	ctor or prospective st ches Executive			8Yes No		
Nane		0 - 01/10-0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0		and the state of t	**************************************	goga and and an amb an		indrict and the second second		amentynysius o'i plytin kiri midden	the Residual subjection of the Control of the Contr
Street Address					City					State	Zip Code
Type of contributor: Committee Individual / Sole Proprietorship Other	Date Receiv	ed	Aggregate Co	ontributions		Description of In-Kind	Contril	oution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor	bution is in itributor or l t more than	business he/	00 to a candid she is associate	ed w	for a chief executive with have a contract were not to the contract with the contrac	office vith sa	r of a mui id munici	nicipality, pality		Market Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	8 Yes No	<i>If yes</i> , it	idicate whic	I of a state cor th branch or b ontract is with:	orane	tor or prospective staches Executive	_		8Yes No		
	شاحبيسي ساحت		SU	BTOTAL S	Secti	on M — This Pa	ge	86.85		American (Complete of Artists	- Die johne de Serve Diele de la servicion de m o
			тот	`AL of addit	tion	al Section M Pag	es			employed types on the second	
TOTAL OF ALL IN-KIND CON	rribut	IONS (E)	nter total on i	Line 23, Colun	uı A	of Summary Page To	otals)	86.85	macantikoobjektyinge Bygggg		
	N.	Refund	able Dep	osit to Te	lep	hone Compan	y	1997 (1997) 1		-	
Last Name of Individual				First		: · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		MI	Date Deposit	Made
Residential Street Address			Cit	y			State	Zip	Code		Amount of Deposit
Name of Telephone Company										_	
Street Address			City	y			State	Zip	Code		
TOTAL SE	CTION	N (Enter to	tal on Line	24, Column A	of S	Summary Page Tota	ls)				

SLECTOR VI 30 Revited January 2015

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

	ITEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Lebron for Cour	ncil	We distributed the second seco	7th day precedin	ıg primary	1		
	P. Expenses	Paid by Committee	растинасника на принципання на принципання на принципання на принципання на принципання на принципання на принц Н		. Bergil Open Beland Child (Instrument Instrument Instrument Instrument)		
Name of Payee		months that the control of the contr	Date of Payment	Method of	Payment:		
Budget Printers			7.2.19		k # 1007		
Street Address		City		O Debit	t Card OEFT		
1718 Park st		Hartford		State CT	06106		
Purpose of Expenditure	Description		Event #	1	Amount		
	Spanish Palm Cards			147.83			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	rless "None of the below" is	checked)	7			
	dent ationOAOBOCOD						
Name of Payee		amatanan pulipi ahufudukan maran maran maran da maran maran m	Date of Payment	Method of			
Budget Printers			7.29.19	O Check			
Street Address		City		O Debit State	Card OEFT Zip Code		
1718 Park st		Hartford		1	1		
	**************************************	Hartiord		CT	06106		
(by code)	Purpose of Expenditure Description Events by code)				Amount		
Advertisin	Lawn Signs			951.83	3		
Expenditure # (If applicable)	Type of Expenditure (Hemization in Addendum P Required un	less "None of the below" is c	checked)	7			
ң фримон,	None of the below	•					
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri		lent tion OA OB OC OD				
Name of Payee	The state of the s	O O I SCILLED	Date of Payment	Method of I	Payment:		
Budget Printers			7.30.19	O Check	#1000		
Street Address		City		O Debit (
1718 Park st	3	-		State	Zip Code		
		Hartford		СТ	06106		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Advertising	Palm Cards			1036.9	9 1		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)	1			
(п правили)	None of the below	~ .					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control						
Name of Payee	O COOL STREET OF THE POST OF THE STREET OF T	O Organiza	Date of Payment	Method of F	Downsont:		
Anedot			7.30.19	Check			
			7.30.13	O Debit	Card OEFT		
Street Address		City		State	Zip Code		
NA	·	NA		CT	06106		
Purpose of Expenditure	Description		Event #	1	Amount		
^(bý code) BNK	Online bank Fees			54.20			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un.	lore "None of the helow" is	chaokad)	- 54.25			
(if applicable)	None of the below	iess from by the octor to c	necheu)				
	O Coordinated with reimbursement sought (joint expenditure	•	ent				
	Coordinated without reimbursement sought (in-kind contri	bution) Organizat	ionOA OB OC OD				
	S	UBTOTAL Section P —	This Page 2190.77				
	TO '	TAL of additional Sectio	n P Pages 409.12				
	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY COM 19, Column A of Summary 1					
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IV. EXPENDITURES (Sections P—T)

Page 13 of 17

KEIDIO SERRIY INIS	A 17 AA A 18 A 18 A 18 A 18 A 18 A 18 A	I CALLES (STORIGHT	,		
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository))	TYPE OF REPORT	ne al di November de Recherco de co	
Lebron for Coun	cil		7th day precedin	g primary	1
	P. Expenses	Paid by Committee			The graph of the first of the f
Name of Payee			Date of Payment	Method of	f Payment:
Enygma Enterta	inment		8.10.19	① Chec	k # 1051
	THIO IL		0.10.15	ODebit	t Card OEFT
Street Address		City		State	Zip Code
160 New Britain	AVE	Hartford		СТ	06114
Purpose of Expenditure (by code)	Description		Event #		Amount
MISC	DJ for West Indian			100.0)0
Expenditure # (if applicable)					
Name of Payee	Эффексионирунизмуниот обисопрединування од интернациональник выправления сельностью принценей и принценей и фи	antegramma remains a armitina de la differencia de la constitución de la constitución de la constitución de la	Date of Payment	Method of	
Lauren Perez-Bo	onilla		7.30.19	(Check	
		T		O Debit	
Street Address		City		State	Zip Code
191 High St apt /		Willamantic		CT	06226
Purpose of Expenditure (by code)	Description		Event #		Amount
Advertising	Translation			82.38	
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) Independ	•		
Name of Payee	NAMES (1915) - 1915 (1915) - 1915 (1915) - 1915 (1915) - 1915 (1915) - 1915 (1915) - 1915 (1915) - 1915 (1915)		Date of Payment	Method of	Payment:
Maribel Diaz			7.1.19	O Check	
Street Address		City		O Debit State	Card OEFT Zip Code
544 Tolland st #1	m	East Hartford		СТ	06108
Purpose of Expenditure	Description		Event#	1	Amount
(by code)	Food for Meet and Greet			126.7	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)	7	
((f applicable)	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contact)	re) Onganiza			
Name of Payce			Date of Payment	Method of	
West Indian Soci	ial CLub		7.12.19	O Check	
Street Address		City		State	Zip Code
Main st		Hartford		СТ	06120
Purpose of Expenditure	Description		Event #	<u> </u>	Amount
(by code) Marketing	Jamaican Parade			100.0	0
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	tless "None of the below" is a	checked)	1	
(if applicable)	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri		lent		
	8	SUBTOTAL Section P —	ii ne asunna		
	TO	TAL of additional Sectio	n P Pages		M+=
	TOTAL OF ALL EXPE	一部 こうちょう さきこうち こうしょうしょう しゅうしき かいきちゅう	44 L N 6/10 1 1 1 1	<u>* · · · · · · · · · · · · · · · · · · ·</u>	
·	(Enter total on Line	e 19, Column A of Summary	rage 10tais)		

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	<i>(</i> V)		TYPE	OF REPORT			
Lebron for Coun	cil			7th c	lay precedir	ng primary	/	
	Q. Campaign Ex	penses Paid by Can	didate					
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Ĭ	Date of	Payment	ls rein	bursement claimed?	
South Whitney F	Pizza			7.21	.19	0	Yes O No	
Street Address		City	<u>'</u>			State	Zip Code	
South Whitney s	st	Hartford				СТ	06106	
Purpose of Expenditure (by code) Food	Food for campaign meeting		Event #			64.94	Amount	
	Vendor, Person or Entity who candidate paid directly)	and to the transfer of the third december and the transfer and the transfe	E	Date of	Payment	Is reimbursement claimed?		
BJ's						O Yes O No		
Street Address		City				State	Zip Code	
507 New Park a	ve	West Hartford				СТ	06110	
Purpose of Expenditure (by code) Food	Ice cream for West Indian Parade		Event #			156.4	Amount 3	
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		T D	Date of	Раутел t	Is reim	bursement claimed?	
Jimi's Custom Sh	пор					0	Yes O No	
Street Address		City	····			State	Zip Code	
100 Airport rd		Hartford				Ct	06114	
Purpose of Expenditure (by code)	Description		Event #				Amount	
Advertisin	t-shirts					137.1	9	
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		D	ate of F	ayment	Is reimi	oursement claimed?	
Dunkin Donuts			!	9.1.1	9	0	Yes O No	
Street Address		City				State	Zip Code	
Farmington ave		Hartford				Ct	06105	
Purpose of Expenditure (by code)	Description		Event #				Amount	
Food	Coffee for Canvassing					29.62		
Name of Payee (<i>Name of V</i>	endor, Person or Entity who candidate paid directly)		Di	ate of P	ayment	Is reimb	ursement claimed?	
Irving gas station			9).1.19	€	0	Yes O No	
Street Address		City				State	Zip Code	
Blue hills ave		Hartford				СТ	06112	
Purpose of Expenditure by code)	Description		Event #				Amount	
Food	Water for canvassers					12.39		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Da	ate of P	ayment	ls reimb	ursement claimed?	
Budget Printers			7	7.30.	19	0	Yes O No	
treet Address		City				State	Zip Code	
1718 Park st		Hartford				CT	06105	
urpose of Expenditure by code)	Description Water Bottles		Event#			46.79	Amount	
	s	UBTOTAL Section Q-	– This Pa	age	447.36	**************************************		
	TO	TAL of additional Section	on Q Pag	ges .	· · · · · · · · · · · · · · · · · · ·			
	TOTAL OF ALL EXP	ENSES PAID BY CA e 26, Column A of Summary			447.36			
	Line will on line	- may Commun A of Summur)	y x uge 101	uus)			1	

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) .ebron for Council 7th day preceding							
Lemon to Coun					ay preceding	g prima	ry
Jama of Louisia Frat	R. Expenses Incurr			dit Card	way and the second seco		
Name of Issuing Inst	nution	Type of Cre	_	. •	~	_	O
		O Visa	Master C	ard O Disc	cover OAmeric	an Expres	s Other:
ame of Vendor, Person	or Entity	,				Date of '	Fransaction
treet Address		City				State	Zip Code
urpose of Expenditure by code)	Description		•	Event #			Amount
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum R Requires None of the below Coordinated with reimbursement sought (joint expendation) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement)	diture)	O Indeper	ndent)в Ос Ор	The state of the s	
ame of Vendor, Person o	or Entity	TP M destaurant		<u> </u>		Date of T	ransaction
treet Address		City				State	Zip Code
		1					
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oy code)	Description			Event #			Amount
y code) xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum R Require O None of the below Coordinated with reimbursement sought (joint expendent) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought)	diture)	O Indeper	s checked))в Ос О р		Amount
oy code) xxxenditure # f applicable	Type of Expenditure (Itemization in Addendum R Require O None of the below Coordinated with reimbursement sought (joint expendent) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought)	diture)	O Indeper	s checked))в Ос Ор	Date of T	Amount
oy code) Expenditure # f applicable) Fame of Vendor, Person o	Type of Expenditure (Itemization in Addendum R Require O None of the below Coordinated with reimbursement sought (joint expendent) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought)	diture)	O Indeper	s checked))в Ос О р	Date of To	
y code) xpenditure # capplicable) ame of Vendor, Person o	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind or Entity	diture) contribution)	O Indeper	s checked) ndent ation: (A)в Ос Ор		ransaction
expenditure # f applicable) fame of Vendor, Person of treet Address	Type of Expenditure (Itemization in Addendum R Require O None of the below Coordinated with reimbursement sought (joint expendent) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought)	diture) contribution)	O Indeper	s checked))в Ос Ор		ransaction
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xycode) xyenditure # f applicable) ame of Vendor, Person o reet Address rpose of Expenditure y code)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expension of the below Coordinated without reimbursement sought (in-kind of relatity) Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expension of the below Coordinated without reimbursement sought (in-kind of St.)	diture) contribution) City d unless "None liture) ontribution)	of the below" is	Event #			Tansaction Zip Code

NAME OF COMME	TITE Don't Complete Name of Day and the	on the first of the state of th	TABL OF PROOF	0/0	~ <u></u>
Lebron for Cou	TEE (Provide Complete Name as Registered wi	in ruing Kepositoryj	TYPE OF REPOR	The state of the s	*** 2
		red by Committee but N	ot Paid During this Period		ı y
Nane of Creditor	William Company Compan	www.maranananananananananananananananananana		Date Incu	rred
				Jaiv inca	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Adder None of the below Coordinated with reimbursement so Coordinated without reimbursement	eught (joint expenditure)	he below" is checked) Independent Organization: OA B OC	Op	
Name of Creditor		provide the second seco		Date Incu	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	1	nount Incurred itimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Hemization in Adden None of the below Coordinated with reimbursement son Coordinated without reimbursement	ught (joint expenditure)	Independent Organization: A B C	OP	
Name of Creditor			o de la companya del companya de la companya de la companya del companya de la co	Date Incur	red
Street Address		City		State	Zip Code
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