SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE								
McGee for Hartford								
2. TREASURER NAME		- 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 19						
First		MI	Last				Suffix	
Sergio		Р	Mato	S			%5 123	
3. TREASURER ADDRESS								
Street Address 8 Brightwood Lane		,	City West Hart	ford		State CT	Zip Code	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	le only if Cand	date Committee)			DISTRICT NUMBE	
(mm/dd/yyyy) 11/05/2019	Mayor					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	fapplicable)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)						
First		МІ	Last	A CONTRACTOR OF THE PROPERTY O	1809000 and an annual and an annual and	20000000000000000000000000000000000000	Suffix	
Brandon		L	McG	}e			Jr.	
8. TYPE OF REPORT (Check One Box)								
O January 10 filing	O7th day preced	ding primar	у О	7th day preceding referendum		nitial Contril PACs ONLY)	oution or Disbursemen	
O April 10 filing	O30 days follow	ving primar	у О	15 days following referendum	n _	Amendment t	0	
O July 10 filing	O7th day preced	ding election	n O	Deficit	. –	Type of Report:		
October 10 filing	O 12th day prece			Fermination	_			
O Independent Expenditure Primary Election	O45 days follow not held in No	ving election						
9, PERIOD COVERED								
	Beginning Dat	te		Ending Date				
•	Sep 1, 2019	<u>.</u>	thru	Sep 30, 2019	Mirestatus Milestrono Sensis			
10, CERTIFICATION								
I hereby certify and state, under p Disclosure Statement for the per					a this Iter	mized Cam	paign Finance	
/ ma			Sergio Mat	os			10/11/2019	
TRASULTR OR DEPUTY TREASURE	ER (SIGNATURE)		PRINT NAM	E OF SIGNER		, <u>-</u>	DATE (mm/dd/yyyy)	
PENALTY FOR FALSE STATEMENT I	IS PUNISHABLE BY .	FINE NOT T	O EXCEED S	1,000, OR IMPRISONMENT FO	R NOT MO	RE THAN ON	E YEAR, OR BOTH.	

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE McGee for Hartford	TYPE OF REPORT October 10 filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		O
12. Balance on hand at the beginning of Reporting Period	10,170.37	
13. Contributions Received from Individuals (Sections A and B)	3,995	49,979.91
14. Receipts from Other Committees (Sections C1 and C2)	o	1,250
15. Other Monetary Receipts (Sections D through K)	o	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	o	o
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) Municipal and Town Committees ONLY	o	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	3,995	51,229.91
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	14,165.37	51,229.91
19. Expenses Paid by Committee (Section P)	15,357.11	52,421.65
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	-1,191.74	-1,191.74
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Contributions Received (Section M)	0	100
23. Refundable Deposit to Telephone Company (Section N)	0	0
24. Receipts of Organization Expenditures (Section O) OPTIONAL	o	0
25. Beginning Loan Balance	o	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	o	o
25c Payments on Loan	ρ	0
25d. Total Outstanding Loan Amount	o	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
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)	o	

NAME OF COMMITTEE		TYPE OF REPORT					
McGee for Hartford		October 10 filing					
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor) S	ed this Period ONLY UBTOTAL SECTION A	\$ 50					
B, Itemized Cor	itributions from Indivi	duals					
Last Name	First		MI				
Straughter	Archie						
Residential Street Address	Residential Street Address City						
70 Edgemont Avenue	West Hartford	C	T 06110				
Principal Occupation	Name of Employer						
Engineer	Pratt&Whitney						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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 a fundraising event listed in Section L1? If yes, list Event # No		otte contractor? Yes OLegislative					
Method of Contribution:	Date Received	Aggregate Contributions]				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order Sep 5, 2019	350	<u> </u>				
Last Name	First		Mi				
McCalop	Mark						
	City	i	State Zip Code				
93 Melton Drive	East Hartford	<u> </u>	T 06118				
Principal Occupation	Name of Employer						
Plumbing Contractor	MCM Plumbing						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	to a candidate for a chief executiv is associated with have a contract Yes • No	e officer of a municipality, with said municipality	Amount of Contribution 500				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Is contributor a principal of a fundraising event listed in Section L1? If yes, list Event #		tte contractor? Yes OLegislative					
Method of Contribution:	Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order Sep 5, 2019	500					
Last Name	First		MI				
Frederick	Bentty		A.				
·	^{City} Bloomfield	1	State Zip Code CT 06002				
Principal Occupation	Name of Employer						
Retired	Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 500				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Yes No Is contributor a principal of a If yes, indicate which brai of government the contract	t is with: OExecutive	OLegislative O No					
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order Sep 5, 2019	Aggregate Contributions 500					
	SUBTOTAL Section B -	This Page 1,100	ми <mark>нисти в неполня в в постоя стоя в начания в пречи в нестоливания на</mark>				
	TOTAL of additional Sect	ion B Pages 2,845					
TOTAL OF ALL CONTRIBUTIONS	S FROM INDIVIDUALS (So Enter total on Line 13 of Summ						

NAME OF COMMITTEE McGee for Hartford							TYPE OF REPORT October 10 filing	
	Cı	Cantribu	ıtlanı	s from Ot	how	Comm		3
Name of Committee	<u> </u>	Contribu	HIOR	SHOM O		ne of Treasu		
Address				In this pontril	hution	annonintai	Livids of May ONE	Amount of Contribution
		fundraising				listed in Se		
City	State	e Zip Code		Date Recei	ved	If yes, lis	Aggregate Contributions	<u>-</u>
		Zip Couc	•				Tigging Control of the Control of th	
			angapan di Salayaan sandafah	mybraniconicos medanicanis	-	***************************************		
Name of Committee					Nan	ie of Treasu	rer	
				****	<u> </u>			
Address				Is this contrib fundraising e	bution	associated	with a Yes ONo	Amount of Contribution
				raidraising ¢	vent i	If yes, lis	t Event #	_
City	State	Zip Code	3	Date Recei	ved		Aggregate Contributions	
Name of Committee	1				Nan	ie of Treasur	er	
Address			I	Is this contril	oution	associated	with a Yes No	Amount of Contribution
						isted in Se	ction L1?	
City	State	Zip Code	, .	Date Recei			Aggregate Contributions	<u>- </u>
Name of Committee			·		Lian	ie of Treasur		
value of Committee					1499	ie or Treasm	GI.	
1.11					<u> </u>			
Address				Is this contrib fundraising e	oution vent l	associated isted in Sec	with a OYes ONo	Amount of Contribution
					If yes, list Event #			<u>- </u>
City	State	Zip Code	;	Date Recei	ved		Aggregate Contributions	
C2. Reimburse	ments, Pa	yments,	or Si	urplus Di	stri	butions	from other Commit	tees
Name of Committee					·····	Name of Ti	reasurer	
Address			··		····	<u> </u>	Date Received	Amount of Receipt
City	ľ	state 2	Zip Cod	e	8	Reimbursei Pavment fo	ment for shared expense r goods and services	
					<u>8</u>	Surplus Dis	stribution	
Name of Committee						Name of Ti	reasurer	
Address							Date Received	Amount of Receipt
City	15	State	Zip Cod			D - : 1		
			zip cou	`	0	Payment fo	ment for shared expense or goods and services	
					0	Surplus Dis	stribution	
			S	UBTOTA	L Se	ection C	—This Page 0	
							otton C. Burnon 0	
gracii. i	OB 444	0.03.43.44					HOIL C Luges	
TOTAL							D RECEIPTS 0	

NAME OF COMMITTEE McGee for Hartford				TYPE OF I October		
	D. Loans	Receiv	ed this Period			
Name of Lender			Source of Loan: OBank O Cano	lidate O Individual	Other Committee	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)		· · · · · ·				Amount Received
Street Address	City			State	Zip Code	
Name of Lender		en anni en ann	Source of Loan: OBank OCane	didate OIndividual	Other Committee	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)						Amount Received
Street Address	City	·		State	Zip Code	
Name of Lender	Annahusika di Alifa Madaka di Santanan Manahusia di Manah	purawiky sumaššatlaš	Source of Loan: OBank OCan	didate OIndividual	Other Committee	Date of Receipt
Street Address	City			State	Žíp 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	
			ТОТ	TAL SECTION	D 0	
E. Receipts from Entiti	es other than Indivi	duals o	r Other Comm	itte e s (Referendi	ım Committees	ONLY)
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	utions	
Name of Entity			entrepper de la fagla esta de Petit Maria (Novembro)			
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	utions	
Name of Entity						
Street Address			, , , , , , , , , , , , , , , , , , , ,	Date Received	····	Amount Received
City		State	Zip Code	Aggregate Contrib	utions	
		1	T	DTAL SECTION	NE 0	

NAME OF COMMITTEE					TYPE OF REPOR			
McGee for Hartford					October 10 filin	ıg		
F. An	nount Transferred	from Affiliated E	Business Tr	easury (Busine	ss Entity Committ	ees ONLY)		
Date of Receipt	Is this transaction association fundraising event listed in			Event#		Amount		
Date of Receipt	Is this transaction association fundraising event listed in		s <i>If yes</i> , list l	Event#		Amount		
Date of Receipt	Is this transaction association fundraising event listed in		s If yes, list l	Event#		Amount		
Date of Receipt	Is this transaction associ fundraising event listed i		s <i>If yes</i> , list l	Event#		Amount		
				TOTAL S	ection f	0		
	ferred from Affilia		or Other	Jrganization		nization Committees ONLY)		
Date of Receipt		Date of Receipt			Date of Receipt			
Amou	n t		Amount			Amount		
				TOTAL S	ECTION G	0		
Н.	Personal Funds of	the Candidate R	eceived thi	s Period <i>(Can</i>	didate Committees	s ONLY)		
Date of Receipt	Method of payment:	O Perso	nal Check	Credit/Del	oit Card	Amount		
Date of Receipt	Method of payment:	O Perso	nal Check	Credit/Del	oit Card	Amount		
Date of Receipt	Method of payment:	Perso	nal Check	Credit/Del	oit Card	Amount		
Date of Receipt	Method of payment:	Perso	nal Check	Credit/Del	oit Card	Amount		
				TOTALS	ECTION H	O		
		T Annara	ous Contai	lo de la companya de				
		I. Anonym	ous Contil					
amour	Public Act 11-48, at. If a committee mediately remit the	receives an ano	nymous co the State	ntribution, th Elections Enf	e campaign tr	easurer shall		

NAME OF COMMITTEE			3 OF RI		8 8 8 9	
McGee for Hartford		Octo	ber 10) filing	A. C.	
J. Interest fr	om Deposits in Authorized Accoun	its				
Name of Institution		Date	Received			Amount
Street Address	City	State	Z	p Code		
Name of Institution		Date	Received	appenanteriological		Amount
Street Address	City	State	Zi	p Code		
	TOTAL	SECT	ION.	j 0	-	
K. Miscellaneous Mo	netary Receipts not Considered Co	ontri	butio	18		
Name			Date of	Transaction		Amount Received
Street Address	City	Sta	te	Zip Code		
Description						
2001,120						
Name			Date of	Transaction		Amount Received
Street Address	City	Sta	te	Zip Code		
Description		•				
Name			Date of	Transaction		Amount Received
Street Address	City	Sta	te	Zip Code		
Description						
Name		•	Date of	Transaction		Amount Received
Street Address	City	Sta	ite	Zip Code	;	
Description		I		<u> </u>		
	TOTAL	SECT	ION	K O		
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D	thro	ugh K)		
Total Loans Received this Period (Section D)				0		
Total Receipts from Entities other than Individuals or Other	ner Committees (Section E)			+ 0		
Total Amount Transferred from Affiliated Business Treas				+ 0	·	
Total Amount Transferred from Affiliated Labor Union of		G)		+ 0		
Total Amount of Personal Funds of the Candidate Receiv				+ 0		
Total Amount of Interest from Deposits in Authorized Ac Total Miscellaneous Monetary Receipts not Considered C				+ 0		
Total of Other Monetary Receipts (Add Section		nmarv	Page To			
Total of Other Intelletary receipts (And Section						

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE		TYPE OF REPORT						
McGee for Hartford		October 10 filing						
	r Event Information							
Fundraising Event # Description Date of Fundraiser Letter				:				
Location: Street Address	City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State	Zip Code				
Subpart 1: (All Committees)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	1					
Was this fundraising event hosted at a personal residence?	OYes (<i>If yes</i> , go to Section L4 and complete required beverage and invitation	information for purchases ma						
Did this fundraiser include items donated by a business entity of up to	Yes (If yes, go to Section L4	In Kind Donations not Co	neldorod (ontributions.				
\$100 or items donated by an individual of up to \$100?	and complete required i		nsiuei eu C	onit idations				
Was this fundraiser a tag sale, auction, or other sale of donated items	OYes (If yes, enter Total Reco	ipts here.)						
with purchases from an individual of up to \$100?	⊙ _{No}	\$						
Subpart 2: (Town Committees and Municipal Candidate Committees Of								
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes (If yes, go to Section L or on a Sign and comp O No	B Purchases of Advertising slete required information.)	Space in a	Program Book				
Subpart 3: (Town Committees ONLY)	<i></i>							
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	Yes (If yes, enter Total Receipts here.)							
gamering neid within the state with this fundraiser?	⊙ No							
Fundraising Event # Date of Fundraiser Letter Description								
Location: Street Address	City		State	Zip Code				
Subpart 1: (All Committees)	~							
Was this fundraising event hosted at a personal residence?	OYes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)							
	ON ₀	7 70 170 d 401	., .,	1 4 11 41				
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	OYes (If yes, go to Section L4 and complete required i		asidered C	ontributions				
	O No							
Was this fundraiser a tag sale, auction, or other sale of donated items	OYes (If yes, enter Total Rece	ipts here.)						
with purchases from an individual of up to \$100?	⊙ No	— → [⁴						
Subpart 2: (Town Committees and Municipal Candidate Committees O.		ON TO BE SEED AND THE	n	n				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	O Yes (If yes, go to Section La or on a Sign and comp	Purchases of Advertising a lete required information.)	Space in a	Program Book				
	⊙ No	,						
Subpart 3: (Town Committees ONLY)	O 77. 476	\						
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	O Yes (If yes, enter Total Rec	eipts here.)						
	⊙ No			,				
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receip	its from Sale of Donated Items	— This Page 0						
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total	Receipts from Food Purchases	— This Page						
	TOTAL of additional Sec	ion La Pages 0						
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES	(Enter total on Line 16a of Summa	ry Page Totals) 0						

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

individ	Per Public Act 11-48, and purchases from a	effective January 1, 20 committee tag sale,	12 committees auction, or a	s are no longer r sale of donate	equired to itemi d items. <i>Sectio</i>	ize sm on L2	nall !. removed	
NAME OF COMMITTEE	3				TYPE OF REPOR	रा		
McGee for Hartford	, N = (700 1700)		Sec. Approximate the second section of the section of the second section of the section of the second section of the section of		October 10 filir	ng		
L3. Purcl	nases of Advertising	g in a Program Book	cor on a Sig	n (Municipal Ca	ndidate and Tow	n Con	ımittees ONL	. Y)
Name of Purchaser						Purchas	e Made By:	_
						-	siness Entity	OIndividual
Or are 1.35			Les			OSol	le Proprietorshi	ip Zip Code
Street Address			City				State	Σην Coue
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purchas	se .	Amount of Sig	n Purchase
Name of Purchaser		The second secon				Purchas	e Made By:	
						_	siness Entity	O Individual
			 			OSol	le Proprietorshi	
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se .	Amount of Sig	n Purchase
Name of Purchaser	protection and the second contract of the sec	nggerancan dan on talah didah didah terminya gapanggan sakadan	reministración habital de descripción de servición de descripción de descripción de descripción de descripción			OBu	se Made By: Isiness Entity le Proprietorshi	OIndívidual
Street Address			City			<u> </u>	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise	Amount of Sig	gn Purchase
Name of Purchaser							se Made By: Isiness Entity	O Individual
						OSo	le Proprietorsh	
Street Address			City				State	Zip Code
Date Received	Event# ,	Aggregate Purchases	for All Events	Amount of Pr	rogram Ad Purcha	ise	Amount of Sig	gu Purchase
NonPo						Paret	se Made By:	
Name of Purchaser							se made by: Isiness Entity	O Individual
						~	le Proprietorsh	_
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	rogram Ad Purcha	ise	Amount of Sig	i gn Purchase
	SUB	TOTAL Section L3 (Mu) Total Purchase	nicipal Candid s of Advertisin	late and Town Co og in Program Bo	mmittees ONLY) ok — This Page	0		
		SUI	BTOTAL Secti	ion L3 (<i>Town Cor</i> dvertising on a S	mmittees ONLY)) 0		
			ТОТА	XL of additional S	Section L3 Pages	0		
	FOTAL OF ALL PURC	CHASES OF ADVERTIS		OGRAM BOOK ine 16c of Summ				

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE				3,000,000,000,000,000,000,000,000,000,0	F REPORT				
McGee for Hartford				Octobe	r 10 filing	ling			
	L4. In-k	Cind Donations N	ot Consider	ed Contributions			3.		
Name of Donor									
						I a	The Code		
Street Address			City			State	Zip Code		
		<u> </u>							
Donation Given By:	Description of Donation	Fair	Fair Market Value of Donation						
OBusiness Entity OIndividual									
OSole Proprietorship	Date Received	Event #	Event # Aggregate Value for this Event						
			ggganningsammy maninishindi said Said dala			***************************************	en managan mada maga mada mbahada da 1921		
Name of Donor									
			Lat			104-44	Zip Code		
Street Address			City			State	Zip Code		
					,				
Donation Given By:	Description of Donation				Fair	Market Val	ue of Donation		
OBusiness Entity OIndividual				7/1 6 d P					
OSole Proprietorship	Date Received	Event #		Aggregate Value for this Even	t				
				n de la companya de l					
Name of Donor									
61 117			City			State	Zip Code		
Street Address			City			Bunc	Zip cou		
			ļ.,			<u> </u>			
Donation Given By: OBusiness Entity	Description of Donation				Fair	· Market Val	ue of Donation		
Olndividual	Data Daniera I	Event #		Aggregate Value for this Ever					
OSole Proprietorship	Date Received	Event #		118816876 Autor to min man					
						************************	THE PERSON NAMED OF THE PE		
Name of Donor									
Street Address			City			State	Zip Code		
Street Address									
D 1 01 D	I Davidski u se Davidski		<u> </u>		ra •	34. 3.457.1	ue of Donation		
Donation Given By: OBusiness Entity	Description of Donation				ran	warket va	ue of Donation		
OIndividual	Date Received	Event#		Aggregate value for this Even	t				
OSole Proprietorship	Date November								
		reille se perlegasiken b 200 millionen erkologisk	SUBTOTAL S	ection L4 — This Page	0				
			OTAT SESSE	i i i Coura I i Dessa	0				
			OTAL OF AUDI	tional Section L4 Pages	0				
PROCESSOR SERVICES	TOTAL OF ALL IN-KIND	DONATIONS NOT	CONSIDER	ED CONTRIBUTIONS	0				
		(Enter tota	ıl on Line 21 o	f Summary Page Totals,		anna ann an airte ann an taire a	-4		
·									

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE McGee for Hartford							TYPE O				
			M. In-Kir	id Conf	ril	outions					
Name	A CONTRACTOR OF THE CONTRACTOR AND A CON		2, (1992) Hele Chi (1992) Chi (1992)	CALLET YOUR CONTRACTOR OF CONTRACTOR			de la constitución de la constit				
Street Address					City					State	Zip Code
Type of contributor: Committee OIndividual / Sole Proprietorship Other	Date Received		Aggregate Contri	ibutions		Description of In-Kind	Contribution	1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		butor or	business he/she		ted '	for a chief executive with have a contract v				Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	O Yes Is	contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative				***************************************					
Name			-								
Street Address					City					State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther	Date Received	,	Aggregate Contr	ibutions		Description of In-Kind	Contribution	1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		butor or	business he/she		ted	for a chief executive with have a contract v					Market Value Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes Is	If yes,	tor a principal o indicate which t rnment the cont	oranch or b	ran	actor or prospective st ches Executive			OYes No		
Name		***************************************								<u> </u>	
Street Address					City					State	Zip Code
Type of contributor: Ocommittee OIndividual / Sole Proprietorship Other	Date Received	***	Aggregate Contr	ibutions		Description of In-Kind	Contribution	1	***		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		butor or	business he/she			for a chief executive with have a contract v					Market Value Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	8 Yes Is	If yes,	tor a principal o indicate which t rnment the cont	oranch or b	oran	actor or prospective st ches Executive			PYes No		
					45 KS	OTAL Section M)		
				TO'	TA	L of additional Se	etion M I	ages	0		
TOTAL OF ALL I	N-KIND C	ONTR	UBUTIONS	(Enter to	tal c	on Line 22 of Summa	ry Page To	otals)	0		
	N. I	Refund	A STREET, SECURITION OF THE STREET, ST	edicate Constanting	ele	phone Compar	ıy	<u> </u>		Date Depos	434-1-
Last Name of Individual				First				,	MI	Date Depos	it iviage
Residential Street Address	1 <u></u>		City				State	Zip Co	đė		Amount of Deposit
Name of Telephone Company	.,,						I	1			
Street Address			City				State	Zip Co	de		
	ТО	TALS	SECTION N	(Enter to	tal c	on Line 23 of Summa	 ry Page Ta	otals)	0		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE	render up and a fair of the control	TYPE OF REPORT			
McGee for Hartford	October 10 filing	October 10 filing			
O. Non-Monetary Receipts of Legislative Leadership, Legislative Caucus an	d Party	zation Exper Committees	— <u>OPTIONAL</u> See Public A	ci 11-48	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	r				
Street Address	COMBRES - ORDER 1100 - 1 - 1111 - 1	l.c.	Date Notice Received	Fair Market Value of Donation	
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) OA OB OC OD OE		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	r		
Street Address			Date Notice Received	Fair Market Value of Donation	
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) OA OB OC OD OE		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON.	LY)	Name of Treasure	25	мошкоосингски <mark>дород муссооний тин</mark>	
Street Address			Date Notice Received	Fair Market Value of Donation	
City	State	Zip Code	Aggregate Donations		
Description of Donation	f Donation				
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON.	LY)	Name of Treasure	decreases per un material de la constantia de la constantia de la constantia de la constantia de la constantia		
Street Address		,,,l.,,,	Date Notice Received	Fair Market Value of Donation	
City	State	Zip Code	Aggregate Donations		
Description of Donation	•		Purpose of Expenditure (see instructions) OA OB OC OD OE		
Name of Committee (Legislative Leudership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	er ·		
Street Address		•	Date Notice Received	Fair Market Value of Donation	
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) OA OB OC OD OE		
	SUB	TOTAL Section	on O — This Page 0		
	TOTA	L of additional	Section O Pages 0	-Andrews Andrews (Andrews Andrews Andr	
TOTAL RECEIPTS OF ALL (PENDITURES mmary Page Totals)		

IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT	TEE		TYPE OF REPO	RT		
McGee for Hartford			October 10 fil	October 10 filing		
	P. Expenses	Paid by Committee				
Name of Payee	-	×	Date of Payment	Method of Payment:		
Anedot.com			Sep 30, 2019	OCheck # ODebit Card		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount		
(0) (000)	Merchant Fees		62.6			
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum	P Required O Coordin	ated with reimbursement	sought		
(if applicable)	OCoordinated without reimbursement sought O Independ	ent Organization: OA	DB OC OD OE			
Name of Payee			Date of Payment	Method of Payment: OCheck #1,234		
Scott Vansicklin			Sep 5, 2019	ODebit Card		
Street Address		City		State Zip Code		
56 Arbor ST		Hartford		CT 06106		
Purpose of Expenditure	Description		Event #	Amount		
(by code)	Consultant			500		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum	P. Required Coordin	ated with reimbursement			
(if applicable)	Coordinated without reimbursement sought Independ	•		·		
27	Coordinated without remotinstrated sought of marported					
Name of Payee			Date of Payment	Method of Payment: 1,232 OCheck #		
Ramon L. Arroyo			Sep 1, 2019	O Debit Card		
Street Address		City	,	State Zip Code		
97 Amity Street		Hartford		CT 06106		
Purpose of Expenditure (by code)	Description		Event #	Amount		
(0) (0,00)	Volunteers Manager			1,000		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum	P Required O Coordin	ated with reimbursement	sought		
(if applicable)	Coordinated without reimbursement sought Independ	lent Organization:OA	OB OC OD OE	,		
Name of Payce			Date of Payment	Method of Payment: 1236 Check #		
Ramon L. Arroyo			Sep 9, 2019	ODebit Card		
Street Address		City		State Zip Code		
97 Amity Street		Hartford		CT 06106		
Purpose of Expenditure	Description		Event #	Amount		
(by code)	Volunteers Manager			1,000		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum	P Required Coordin	Lated with reimbursement			
(if applicable)	O Coordinated without reimbursement sought O Independent O Organization O A O B O C O D OE					
		policy, and company or a super-				
		SUBTOTAL Section	P - Inis Page 2,3	662.6		
		TOTAL of additional	Section P Pages 12	,794.51		
TOTAL OF	ALL EXPENSES PAID BY COMMITTEE (E	nter total on Line 19 of Sum	mary Page Totals) 15	,357.11		
						
•						

NAME OF COMMITTEE McGee for Hartford		TYPE OF REPOR		
	penses Paid by Cand	idate		
Name of Payeo (Name of Vendor who candidate paid directly)	*	Date of Payment	Is reimb	oursement claimed?
				Yes O No
Street Address	City		State	Zip Code
				-
		Event#		Amount
Purpose of Expenditure (by code)		event #		Astriount
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reiml	oursement claimed?
				Yes 🔘 No
Street Address	City		State	Zip Code
Purpose of Expanditure Description		Event #		Amount
Purpose of Expenditure (by code) Description				
	Normal or Market Market State (M. 1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884)			
Name of Payce (Name of Vendor who candidate paid directly)		Date of Payment		bursement claimed?
			0	
Street Address	City		State	Zip Code
Purpose of Expenditure Description		Event #		Amount
(by code)				
Name of Payce (Name of Vendor who candidate paid directly)		Date of Payment	Ig reini	bursement claimed?
or rayor (countered) remove than enumerite band an ecut.)			O	_
	Tru-			
Street Address	City		State	Zip Code
		1		
Purpose of Expenditure (by code) Description		Event #		Amount
100				
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reim	bursement claimed?
			0	Yes 🔘 No
Street Address	City		State	Zip Code
D. S. C.		Event#		Amount
Purpose of Expenditure (by code) Description				
		1		-
Name of Payce (Name of Vendor who candidate paid directly)	· · ·	Date of Payment		bursement claimed?
			O	Yes No
Street Address	City		State	Zip Code
Putpose of Expenditure Description		Event #		Amount
(by code)				
	SUBTOTAL Section	n Q — This Page 0		
	TOTAL of additional	Section Q Pages 0		
TOTAL OF ALL EXPENSES PAID BY CANDIDATE	(Enter total on Line 26 of Su	mmary Page Totals) 0		

NAME OF COMMITTEE TYPE OF REPORT McGee for Hartford October 10 filing					
	R. Expenses Incu	irred on Committee	Credit Card		
Name of Issuing Institution Type of Credit Card; Visa Master Card Discover America			m Express	Other;	
Name of Vendor				Date of Tra	nisaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought Independent		nated with reimbursement sought B C D D E		
Name of Vendor				Date of Tr	ansaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought () Independent		OB OC OD OE		
Name of Vendor				Date of Tr	ansaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (If applicable) Itemization in Addendum Coordinated without reimbursement sought Independent		OBOC OD OE		
Name of Vendor				Date of Tr	ansaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemization in Addendur Coordinated without reimbursement sought O Independent		nated with reimbursement sought		
		SUBTOTAL Sectio	n R — This Page 0		
		TOTAL of additional	Section R Pages 0		
	TOTAL OF ALL EXPENSES INCURRE	ED ON COMMITTEE (Enter total on Line 27 of S	CREDIT CARD 0 ummary Page Totals)		

NAME OF COMMITTEE TYPE OF REPORT McGee for Hartford October 10 filing					
	S. Expenses Incurred by Comn	nittee but Not Paid l	During this Period		
Name of Creditor	•			Date Incurre	đ
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		unt Incurred mate or Actual)
Expenditure # (if applicable)	ixpenditure # fapplicable) Type of Expenditure (if applicable) Itemization in Addendum S Required				
Name of Creditor				Date Incurre	ed
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	<u> </u>	Event#		ount Incurred mate or Actual)
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought O Independ	•	ated with reimbursement sought B OC OD E		
Name of Creditor		CALLED TO THE PARTY OF THE PART		Date Incum	ed
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		ount Incurred imate or Actual)
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought O Independ	. —	OB OC OD OE		
Name of Creditor	and the control of th		ere en	Date Incurr	ed
Street Address		City		State	Zip Code
Purpose of Expenditure (by cods)	Description	<u> </u>	Event #		ount Incurred imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought O Independ	•	OB OC OD OE		
		SUBTOTAL Sec	tion S-This Page 0		
		TOTAL of additiona	Section S Pages 0		
TOTAL OF A	LL EXPENSES INCURRED BY COMMITTEE D	URING THIS PERIOD (Enter total on Line 28 of Su	BUT NOT PAID 0 ummary Page Totals)		
	Previously reported	Expenses Unpaid and st	ill Outstanding 0		
	TOTAL OF ALL EXPENSES INCUR (#	RED BY COMMITTEE Enter total on Line 28a of Su			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT				and the fact that the second s	PE OF REPORT		
McGee for Hartfor	artford October 10 filing						
	T. Itemization of	Reimbursements	s to Committee V	Vorkers and	l Consultants		
Last Name of Worker/Con	osultant	First		MI	Date of Payment		of Payment: Check # Debit Card
Secondary Payee							
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required Coordinated with reimbursement sought Coordinated without reimbursement sought Organization: A B C D D E						
Last Name of Worker/Co	nsultant	First		MI	Date of Payment	(of Payment: Check # Debit Card
Secondary Payee						· · · · · · · · · · · · · · · · · · ·	
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description				Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Ite Coordinated without reimburse		•		eimbursement sought		
Last Name of Worker/Co	nsultant	First	edskrit meremeljernejepppgggappdaenmukselidelijkill	MI	Date of Payment	(of Payment: OCheck # Debit Card
Secondary Payee		J			•		
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event#			Amount
Expenditure # (If applicable)	Type of Expenditure (If applicable) Itemization in Addendum T Required						
			SUBTOTAL S	Section T — T	his Page 0		
			TOTAL of addi				
TOTAL OF	ALL REIMBURSEMENT	TO COMMITTE	E WORKERS AN	ID CONSUL	TANTS 0		