# **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									
Michtom For Hartford						***************************************			
2. TREASURER NAME									
First		MI	Last			Suffix			
Shayla		S	William	s Fender					
3. TREASURER ADDRESS									
Street Address		C	City		State	Zip Code			
133 Griswold Rd		V	<b>Vethersfiel</b>	d	СТ	06109			
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUC	GHT (Complete o	only if Candidat	e Committee)		6. DISTRICT NUMBI			
(mm/dd/yyyy) 11/05/2019	City Council		(if applicable						
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)							
First		MI	Last		·	Suffix			
Joshua			Michto	m					
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	7th day preced	ding primary	<b>O</b> 7th	day preceding referendum	Initial Conti	ribution or Disburseme			
April 10 filing	30 days follow	ving primary	<b>O</b> 45	days following referendum	Amendment to				
July 10 filing	○7th day preceding election ○12th day preceding election (State Central Committees Onli		<b>O</b> De	ficit	Type of Rep	ort:			
October 10 filing									
24 Hour Independent Expenditure Primary Election	045 days follow not held in No				\$4. M	8 3			
9. PERIOD COVERED						ACTION AND ADMINISTRATION AND AD			
	Beginning Da	te		Ending Date		N. C.			
	07/01/2019		thru	9/30/2019	-				
10. CERTIFICATION									
I hereby certify and state, under p Disclosure Statement for the pe					nis Itemized Can	npaign Finance			
4421	tell_	SI	hayla Willia	ms Fender		10/08/2019			
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	P	RINT NAME	OF SIGNER		DATE (mm/dd/yyyy)			
A person who is	found to have kn	owingly and		olated any provisions of th	e campaign fina	nce statutes			

faces a civil penalty or imprisonment or both.

#### **SEEC FORM 20**

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) Michtom 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		0
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	3130	3130
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	N/A	N/A
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	N/A	N/A
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	О	0
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	О	О
19. Expenses Paid by Committee (Section P)	119.60	119.60
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	119.60	119.60
21. In-Kind Donations not Considered Contributions Received (Section L4)	8.51	8.51
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	240.15	240.15
23. In-Kind Contributions Received (Section M)	67	67
24. Refundable Deposit to Telephone Company (Section N)	N/A	N/A
25, Loan Balance	N/A	
25a. + Loans Received (Section D)	N/A	N/A
25b. + Interest and Penalties on Loan	N/A	N/A
25c Payments on Loan	N/A	N/A
25d. Total Outstanding Loan Amount	N/A	
26. Campaign Expenses Paid by Candidate (Section Q)	o	0
27. Expenses Incurred on Committee Credit Card (Section R)	N/A	N/A
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	N/A	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	N/A	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
				October 10 filing			·	
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)			Period ONLY TAL SECTION A	\$1006				
B. Itemized Co	ntri	ibut	tions from Individ	duals				
Last Name		First					MI	
King		San	n					
Residential Street Address	City	I			State	Zip	Code	
28 Kenyon Street	Har	rtfo	rd		ст	06	105	
Principal Occupation		l	Name of Employer		L			
Recycling			Blue Earth Compos	t				
	does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					Amount of Contribut		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a If yes, indicate which bra	anches	_ O No						
If yes, list Event # of government the contract	ct is v		Date Received	C Legislative Aggregate Contributions	-			
Method of Contribution:		- 1	09/21/2019	55				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney			09/21/2019	33				
Last Name		First					MI	
King	City	San	J1					
Residential Street Address	اا		State	1 -	Code 105			
28 Kenyon Street	Паг	rtfo			СТ	00	105	
Principal Occupation Name of Employer								
Recycling			Blue Earth Compos	t				
		a candidate for a chief executive officer of a municipality associated with have a contract with said municipality  O Yes  No				nount c	f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 0927  Yes Is contributor a principal of a If yes, indicate which bra of government the contra				e contractor? Yes				
Method of Contribution:			Date Received	Aggregate Contributions	_			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Orde	ler	09/27/2019	55				
Last Name		First	· · · · · · · · · · · · · · · · · · ·				MI	
Martin		An	drew					
Residential Street Address	City				State	Zip	Code	
5347 Macarthur Blvd New	Wa	ashii	ngton		DC	20	016	
Principal Occupation	L	T	Name of Employer				·	
Librarian			National Labor Rela	ations Board				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes One of the contributor of the contr					y, Ar		of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which bra of government the contra	nch c	or br	anches	_ ON₀				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Ord	der	09/20/2019	100				
SUB	ГОТ	TAL	Section B — This	Page 155				
TOTA	L of	î ado	ditional Section B I	Pages 2124				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line			VIDUALS (Sections / nn A of Summary Page					

NAME OF COMM	ITTEE (Provide Comple	te Name as Registered w	ith Filing Reposi	itory)	The first fi		TYF	E OF REPORT		
Michtom for Ha							Oct	ober 10 filing		
14.4.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7		Ct. C	ontributio	ns fi	rom Ot	her Comm	ittees			
Name of Committee		01. 0	OHE IN HELE	7110 11	· om Ot	Name of Treasu				
Address				le t	thic contrib	Loution associated	d with an		Amount o	f Contribution
				eve	ent reporte	d in Section L1?	? st Event #	Yes ONo		
Cîty		State	Zip Code	<u> </u>	Date Recei	ved	Aggregate C	ontributions		
Name of Committee						Name of Treasu	ırer	- Anna Carl Hardon I I I I I I I I I I I I I I I I I I I		oorat ka boora na kan booraa ka parabaray ka ka booraa ka mis sa ka ka
Address				Is t	this contrib	oution associated	d with an	Yes (No	Amount o	f Contribution
				eve	ent reporte	d in Section L1?	? st Event#			
City		State	Zip Code	<b>,</b> , ,	Date Recei	ved	Aggregate C	ontributions		
				-						
Name of Committee					,,,	Name of Treasu	ırer		***************************************	
Address				ls t	this contrib	ution associated	d with an	Yes O No	Amount o	f Contribution
						d in Section L1?		•		
City		State	Zip Code		Date Recei		Aggregate C		_	
									***	Badagergeret has a regular to
	C2. I	Reimbursemen	ts or Surp	lus D	Distribu	tions from	other Co	mmittees		
Name of Committee						Name of Treasu	ırer			
Address					City				State	Zip Code
D . D . 1	Expenditure #	Parament Taran	/						<u> </u>	
Date Received	(if applicable)	Payment Type			<b>~</b> .		ī		Amour	t of Receipt
		OReimbursem	ent for shared	expens	se USi	ırplus Distributi	1011			
Description										
Name of Committee						Name of Treasu	ırer			
Address					City	<u> </u>			State	Zip Code
Address					City					1-4
						war				
Date Received	Expenditure # (if applicable)	Payment Type							Amour	t of Receipt
		Reimburse	ement for share	d expe	ense 🔘	Surplus Distribu	ution			
Description									_	
			CIIDTA	)TAT	San#a	n C — This	D 0			
							Tage		<del></del>	<del></del>
	TOTAL OF	ALL COMMIT				Section C I				
		S C1 + C2) (Enter 1								

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Repository)		TYPE OF	KEPOKI				
Michtom For Hartford			October	October 10 filing				
D.	Loans Receiv	ved this Period						
Name of Lender		Source of Loan:  OBank O Cano	didate 🔘 Individua	l Other Committee	Date of Receipt			
Street Address	Сиу		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	<u> </u>	Source of Loan: Bank Cano	didate 🔘 Individua	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)					Amount Received			
Street Address	City		State	Zip Code				
Name of Lender		Source of Loan: OBank Cand	didate O Individua	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)			ł		Amount Received			
Street Address	City		State	Zip Code				
		TOTAL SECT	ION D 0					
E. Receipts from Entities other tha	n Individuals	or Other Com	mittees (Refere	ıdum Committe	es ONLY)			
Name of Entity								
Street Address			Date Received		Amount Received			
City	State	Zip Code	Aggregate Contrí	putions				
Name of Entity	<u> </u>	1						
Street Address			Date Received	***************************************	Amount Received			
City	State	Zip Code	Aggregate Contri	outions				
Name of Entity		1	<u> </u>					
Street Address			Date Received		Amount Received			
City	State	Zip Code	Aggregate Contri	butions				
		TOTAL SECT	ION E n/a					

***************************************	BE (Provide Complete Name as Regis	ered with Filing Repository	)			OF REPORT			
Michtom for Hartfo	ord Tomoreman Helbon to take element		5 T. Velley & West		Octo	October 10 filing			
	. Amount Transferred	from Affiliated	Business	Treasury (Bu	siness Enti	ty Committees ONLY)			
eate of Receipt	Is this transaction assoc event reported in Section		es <i>If yes</i> , o	list Event#		Amount			
ite of Receipt	Is this transaction associate event reported in Section		es If yes,	list Event #		Amount			
ate of Receipt	Is this transaction assoc event reported in Section	5-2 1 V	es If yes,	list Event #		Amount			
te of Receipt	Is this transaction assoc event reported in Section	N	es If yes,	list Event #		Amount			
			7	OTAL SECTION	ON F	0			
· · · · · · · · · · · · · · · · · · ·	ransferred from Affilia		or Oth	er Organizatio	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ury (Organization Committees ONLY)			
ate of Receipt		Date of Receipt			Date of	Receipt			
,	Amount		Amount			Amount			
			ЛУ	TAL SECTION	NC C	)			
	H. Personal Funds of	the Candidate R	eceived	this Period <i>(C</i>	Candidate C	Committees ONLY)			
te of Receipt	Method of payment:		5 : 222	TO THE PARTY OF THE STATE OF THE PARTY OF TH	eri es estadadose e a sec	Amount			
	<b>O</b> Cash	Personal	Check	Credit/Deb	it Card				
te of Receipt	Method of payment:			<del>-</del>		Amount			
	O Cash	Personal	Check	Credit/Deb	it Card				
te of Receipt	Method of payment:					Amount			
	<b>O</b> Cash	Personal	Check	Credit/Deb	it Card				
e of Receipt	Method of payment:					Amount			
	<b>O</b> Cash	O Personal	Check	Credit/Deb	it Card				
				TOTAL SECT	H NOL	0			
	and a state of the management of the state o								
		I. Anonym	ous Con	tributions					
		A. AMORYM	ous COII	er inarionis					
an	Per Public Act 11-48, nount. If a committee immediately remit the	receives an anor	nymous the Sta	contribution,	the cam	paign treasurer shall			

Havived January 2015	I. MONETAKI KECEH I	D (Sections H-	IX)		9
NAME OF COMMITTEE (Provide Complete N	ame as Registered with Filing Repository)	TYI	'E ÓF	REPORT	
Michtom For Hartford		Oct	ober	10 filing	
	J. Interest from Deposits in Autho	orized Accounts			
Name of Institution		Date	Recei	ved	Amount
Street Address	City	State		Zip Code	
N. C. C. C.		Post	Recei	rad	
Name of Institution		Date	Kecei	ved	Amount
Street Address	City	State		Zip Code	
	TC	TAL SECTION J	О		
K. Mi	scellaneous Monetary Receipts not C	Considered Contr	but	ons	
Name		14 m 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2	Date	of Transaction	Amount Received
Street Address	City	St	ate	Zip Code	
Description					
Name			Date	of Transaction	A
					Amount Received
Street Address	City	St	ate	Zip Code	
Description					
Description					
Name			Date	of Transaction	Amount Received
Street Address	City	St	ate	Zip Code	
Description	I				
Name			Date	of Transaction	Amount Received
Street Address	City	Š	ate	Zip Code	
Description					
	TOTAL	SECTION K			
SUMMAI	RY OF OTHER MONETARY RECE	EIPTS (Sections I	thr	ough K)	
Total Loans Received this Period (Sect	ion D)			0	
Total Receipts from Entities other than	Individuals or Other Committees (Section E	E) +		0	
Total Amount Transferred from Affilia	ated Business Treasury (Section F)	+		0	
Total Amount Transferred from Affilia	nted Labor Union or Other Organization Tre	asury (Section G) +		0	
Total Amount of Personal Funds of the	Candidate Received this Period (Section H)	+		0	
Total Amount of Interest from Deposits	s in Authorized Accounts (Section J)	+		0	
Total Miscellaneous Monetary Receipt	s not Considered Contributions (Section K)	+		0	
(Add S	Total of Ot Sections D through K) (Enter total on Line 15, Co	her Monetary Re			

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Michtom For Hartfor	d		October 10 filing	October 10 filing				
	Li. Even	t Information						
Event # Date of Event Letter 0927	Description Warrenton Ave_Jeff Janke			Was this a fur	ndraising event?			
Location: Street Address		City		State	Zip Code			
91 Warrenton Avenເ	le	Hartford		СТ	06105			
Subpart 1: (All Comm Was this event hosted a	nittees) at a personal residence?	Yes (If yes, go to Section L.:  Associated with a Hor purchases made by hos  No	se Party and complet	e required info	rmation for any			
	ude goods or services donated by a business entity donated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  No						
	ng sale, auction, or other sale of donated items individual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)	\$				
	nmittees, Municipal Candidates and Political Common of advertising space in a program book or on a is fundraiser?	nittees other than Exploratory  Yes (If yes, go to Section Lor or on a Sign and comp	Purchases of Advert		Program Book			
Subpart 3: (Town Cor Did your committee se gathering held within t	→ \$ N/A							
Event # Date of Event Letter	Description			Was this a fu	ndraising event?			
Location: Street Address		City		State	Zip Code			
Subpart 1: (All Comm.) Was this event hosted	uittees) at 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(s) for food, beverage and invitations.)  No						
	lude goods or services donated by a business entity donated by an individual of up to \$100?							
	ag sale, auction, or other sale of donated items n individual of up to \$100?	OYes (If yes, enter Total Rec	reipts here.)	\$				
Subpart 2: (Party Con Were there purchases of sign associated with the	nmittees, Municipal Candidates and Political Common fadvertising space in a program book or on a his fundraiser?	mittees other than Exploratory O Yes (If yes, go to Section L or on a Sign and com	3 Purchases of Advert		a Program Book			
	mmittees ONLY) Il food or beverage at a fair or similar mass he state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$				
SUBTOTAL Sec	tion L1—Subpart 1 (All Committees) Total Receipts fo	om Sale of Donated Items —	This Page N/A					
		ion L1—Subpart 3 <i>(Town Commi</i> elpts from Food Purchases —						
		TOTAL of additional Section	n La Pages 0					
		IPTS FROM SMALL PU n Line 16a, Column A of Summar						

Pei individ	r Public Act 11-48 dual purchases fro	, effective January 1, m a committee tag sa	, 2012 com ale, auction,	mittees are no longer req , or a sale of donated iter	uired ns. <i>S</i>	to itemize <i>'ection L2</i> .	small removed
		as Registered with Filing Reposito	(ער	TYPE OF REP			
Michtom For Hartfo	rd			October 10	iling		
	L3. Pu	irchases of Advertisin	g in a Prog	ram Book or on a Sign			
Name of Purchaser					1_	ase Made By:	
					1	lusiness Entity	Other
			Г <sub></sub> ,			ndividual/Sole P	· · · · · · · · · · · · · · · · · · ·
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purc	hase	Amount of Sig	gn Purchase
Name of Purchaser					Purch	ase Made By:	
					Ов	usiness Entity	Other
					Oir	ndividual/Sole P	roprictorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purc	hase	Amount of Sig	gn Purchase
Name of Purchaser					Purch	ase Made By:	
					1 =	Business Entity	Other
					O	ndividual/Sole P	1
Street Address			City			State	Zíp Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pure	hase	Amount of Si	gn Purchase
Name of Purchaser					Purch	ase Made By:	
					OB	Business Entity	Other
					Ŏп	ndividual/Sole P	roprietorship
Street Address			City		•	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Bvents	Amount of Program Ad Purc	hase	Amount of Si	gn Purchase
Name of Books					Dinat	ase Made By:	:
Name of Purchaser					1	Business Entity	Other
					1 2	ndividual/Sole P	_
Street Address	·		City		10-	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purc	hase	Amount of Si	gn Purchase
	SUBTOTAL Sect	tion L3 Total Purchases of	Advertising in	Program Book — This Page	0		
	SUBTOI	'AL Section L3 Total Purc	hases of Adver	rtising on a Sign — This Page	0		
			TOTAL 0	f additional Section L3 Pages	N/A		
ТО	TAL OF ALL PURC			RAM BOOK or ON A SIGN nn A of Summary Page Totals)	0		

NAME OF COMMITTE	E (Provide Complete Name as	s Registered with Filing Repository)			TYPE OF REPOR	T			
Michtom For Hartfor	d				October 10 filir	0 filing			
	L4.	. In-Kind Donations N	Not Conside	red Contribu	itions				
Name of Donor			3						
Shayla Williams Fend	der								
Street Address			City				State	Zip Code	
133 Griswold Rd			Wethersfiel	d			СТ	06109	
Donation Given By:	Description of Donation		•			Fair N	larket Val	ue of Donation	
Business Entity	clipboards, pens, mi	isc. supplies				8.51			
⊙ Individual	Date Received	Event #		Aggregate Value fo	or this Event				
O Sole Proprietorship	09/19/2019	0927		248.66			The second second second second	***************************************	
Name of Donor									
Street Address			City				State	Zip Code	
Donation Given By:	Description of Donation					Fair N	Aarket Val	ue of Donation	
Business Entity									
Olndividual Osole Proprietorship	Date Received Event # Aggregate Value for this Event etorship								
Name of Donor									
Street Address			City				State	Zip Code	
Sitest Address			0.15				State		
Donation Given By:	Description of Donation					T		ED (	
Business Entity	Description of Donation					Farr	viarket vai	ue of Donation	
Olndividual	Date Received	Event #	•	Aggregate Value for	or this Event				
OSole Proprietorship									
Name of Donor									
Street Address		,	City				State	Zip Code	
Donation Given By:	Description of Donation		1			Fair I	Market Val	ue of Donation	
OBusiness Entity									
OIndividual	Date Received	Event#		Aggregate value fo	r this Event				
O Sole Proprietorship									
		SUBT	OTAL Section	L4 — This Pag	e 8.51				
					0.01				
		TOTAJ	L of additional	Section L4 Pag	es N/A				
TO)		DONATIONS NOT COM (Enter total on Line 21, Co							
	e personale est a restresa planta este esta (1944), en enque	salas programa de sala en en en Sala Pala estada en estada en		gen kanting province page katebaga (fig)	(2004)			· .	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)								
				October 10 filing				
1-Kind Donations Not Considere	d C	Contributions Associat	ted with a I	Iouse Part	y			
						e candidate or		
			l	_		endum L5		
		City			State	Zip Code		
		Hartford			СТ	06105		
				Fair Market Value of Donation				
5				75				
Aggregate Value of this Event—all hosts	all hosts Aggregate Value of all Events—this host/candidute							
75	24	0.15						
	1		Is this event	supporting mo	ore than on	e candidate or		
e (Jeffery Janke host-see above)			ľ	_		endum L5		
		City	<u> </u>	·	State	Zip Code		
		Hartford			ст	06106		
Description of Donation								
beers; 80 empanadas								
Aggregate Value of this Event—all hosts  Aggregate Value of all Events—this host/candidate								
165.15	24	8.66						
Name of Host Is this event								
committee?						endum I <i>5</i>		
		City	3,7,1	State Zip Code				
		-						
	<u>.</u>			Fair Market Value of Donation				
Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ha	st/candidate					
			Is this event	supporting mo	ore than on	e candidate or		
				_		lendum I 5		
		City	1, 7, 62, 64	Anproto x	State	Zip Code		
						-		
				F-1 24	14 3/-1	f D		
				Fair Mar	Ket value c	or ryonanon		
Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ha	st/candidate					
7.95.10		S., S						
SUBTOTAL Section L5 — This Page						240.15		
TOTAL of additional Section L5 Pages						N/A		
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY (Enter total on Line 22, Column A of Summary Page Totals)						240.15		
•								
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NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Reposito	(יכ			TYPE O	FREPORT			
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			M. In-K	ind Con	tri	butions					
Name				•							
Shayla Williams Fender											
Street Address					City				State	Zip Code	
133 Griswold Rd					W	ethersfield			CT	06109	
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• Individual / Sole Proprietorship Other	09/03/1	9	146.51			printing; PO Box					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor		ousiness he/sh		ed v	for a chief executive o vith have a contract wi				Market Value Contribution	
Is this contribution associated with an event reported in Section L1?	Yes No	Is contribu		l of a state co	ontr	actor or prospective sta	nte contrac	tor? SYes	67		
If yes, list Event #		of gove	rnment the co	ntract is wit	h:	Executive (	Legisla	tive			
Name											
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  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											
Is this contribution associated with an event reported in Section L1?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative											
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Name of Telephone Company											
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SEEC FORM 20 Reshed January 2015

#### IV. EXPENDITURES (Sections P-T)

Page 13 of 17

P. Expenses Paid by Committee  Name of Payce Andeot  Payce Andeot  City  City  City  Street Address  Www.anedot.com  Payce of Expenditure (by code) MISC  Expenditure # of Payce Andeot  Type of Expenditure # of Payce Andeot  Name of Payce  Andeot  Payce of Expenditure # of Payce Andeot  City  Coordinated with neithursement sought (joint expenditure) Corordinated with reimbursement sought (joint expenditure) Coordinated Coordinated without reimbursement sought (joint expenditure) Coordinated Coordin		TEE (Provide Complete Name as Registered with Filing Repositor	ry)		TYPE OF REPORT October 10 filing				
Date of Payment   Anderdo Content   Anderdo Co	iviicntom For Hart		October to ming						
Andeot  Sirver Address  WOWW.Annedot.com  Pageon of Expenditure (by cools)  Name of Payee  Annedot  Type of Expenditure (by cools)  Name of Payee  Annedot  City  Sirver Address  Type of Expenditure (by cools)  Name of Payee  Annedot  Coordinated without reimbursement sought (solar expenditure)  Coordinated with reimbursement sought (solar expenditure)  Name of Payee  Annedot  City  Sirver Address  City  Sirver Address  City  Sirver Address  City  Sirver Address  Annount  Type of Expenditure  Coordinated without reimbursement sought (solar expenditure)  Coordinated without reimbursement sought (solar expenditure)  Coordinated without reimbursement sought (solar expenditure)  Coordinated with reimbursement sought (solar expenditure)  Coordi		P. Expense	es Paid by Com	mittee					
Steel Address   Steel Repetition   Propose of Expenditure   Propose o						' '			
Size Address  WWW.anedot.com    Conclinated of Progress of Expenditure (Progress)   Description   Fees for online donations	Andeot				9/21/2019				
Purpose of Expenditure (by each) MISC    Propose of Expenditure   Propose of Expenditure   Proposed   Proposed	Street Address		City						
Type of Espenditure of (17 years)   Type of Espenditure (18 years)   Type of Espenditure of (17 years)   Type of Espenditure (18 y	www.anedot.com	1							
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Anedot  Street Address  City  City  State    City   State   Zip Code   Code   City   State   Zip Code   Conditions   City   State   Zip Code   City	Name of Payee				Date of Payment				
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TOTAL OF ALL EXPENSES PAID BY COMMITTEE 119.60 (Enter total on Line 19, Column A of Summary Page Totals)									

## IV. EXPENDITURES (Sections P—T)

Amount  Name of Payce (Name of Vendor, Person or Entity who candidate paid directly)    Date of Payment   Is reimbursement claimed?   Yes   No		EE (Provide Complete Name as Registered with Filing Repos	TYPE OF REPORT				
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			TOTAL of additional Sect	tion Q Pages N/A			

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT Michtom For Hartl	EE <i>(Provide Complete Name as Registe</i> Ford	ered with Filing Repository)	TYPE OF REPO October 10 fil	
	R. E	Expenses Incurred on Commi	ttee Credit Card	
Name of Issuing Institu	tution	Type of Credit (		American Express Oother:
Name of Vendor, Person o	r Entity	- Andrews - Andr	AN AND THE RESIDENCE OF THE PARTY OF THE PAR	Date of Transaction
Street Address		Сіту		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	None of the below Coordinated with reimbursem	Addendum R Required unless "None of nent sought (joint expenditure) sement sought (in-kind contribution)	the below" is checked)  Independent Organization: A B OC	Ор
Name of Vendor, Person of	or Entity		A CONTRACTOR OF THE CONTRACTOR	Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
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Name of Vendor, Person	or Entity			Date of Transaction
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		SUBTOTAL Sec	tion R — This Page N/A	
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TC	OTAL OF ALL EXPENSES	S INCURRED ON COMMITTE (Enter total on Line 27, Column A c	E CREDIT CARD of Summary Page Totals)	

NAME OF COMMIT	TEE (Provide Complete Name as Regist	tored with Filling Dannatony)	TVDE OF DEBODS				
Michtom For Har		ered with Fring Repusitory	TYPE OF REPORT October 10 filir	·····			
	S. Expenses I	ncurred by Committee but Not F		ACLERIA DE LA			
Name of Creditor			STORY OF THE PROPERTY OF THE P	Date Incurred			
Street Address		City		State 2	Zip Code		
Purpose of Expenditure (by code)	Description		Event #				
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Name of Creditor				Date Incurred			
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		SUBTOTAL Seci	tion S-This Page 0				
		TOTAL of additional	l Section S Pages 0		<u>~~</u> .		
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	Previ	iously reported Expenses Unpaid and st	ill Outstanding 0				
	TOTAL OF ALL EXPE	ENSES INCURRED BY COMMITTEE (Enter total on Line 28a, Column A of Sta	BUT NOT PAID mmary Page Totals)				

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repo	ository)		T	YPE OF I	REPORT		
	T. Itemization of Re	imhnreemer	ts and Saca	- Jaur, D.	da da da da			
Last Name of Worker/C	Consultant	First			iyees	MI		F Payment to Vendor, or Entity
Name of Vendor, Person	n or Entity Paid by Committee Worker/Consultant				Paymen	t to Reimburse	Committee	Worker/Consultant a
Street Address of Vendo	or, Person or Entity Paid by Committee Worker/Consultant				Ch Ch	in Section P: eck #	_ <b>O</b> D	ebit Card OEF
	y - seed of outry rand by committee worker/Consultant	City					State	Zip Code
Purpose of Expenditure (by code)	Description	<u> </u>		Event #		<u> </u>		Amount
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	or Entity Paid by Committee Worker/Consultant				reported	to Reimburse in Section P: eck #	_	Worker/Consultant as
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		TOTAL of at	lditional Sectio	n T Pages	0		· · ·	
OTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS .	AND CONSU	LTANTS	3 0	<u> </u>		
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# TOP&SHOP

150 NEW POOR OVENUE

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BEER AND WINE 13.99 T MEDALLA LGHT 0.60 BTL/CAN DEPOSIT 13.99 T NP MEDALLA LGHT 0.60 \* DP BTL/CAN DEPOSIT TWO RDS VRTY 12P 19.99 T NP 0.60 BTL/CAN DEPOSIT DP FROZEN FOOD SB ICE CUBES 20 5.28 F GROCERY 3.29 B SB LIME SLZR 12P. BONUS BUY SAVINGS 0.64-B 2.75 PRICE YOU PAY BTL/CAN DEPOSIT 0.60 F SB ORNG SLTZ 12P 3.29 B 0.54-B BONUS BUY SAVINGS 2.75 PRICE YOU PAY BTL/CAN DEPOSIT 0.60 F ПÞ

> 61.75 Total After Savinas 3.40 TAX \*\*\*\* BALANCE 66.15

Payment Type: US DEBIT

CHIP Purchase PIN Verified

Card: \*\*\*\*\*\*\*\*\*\*\*7516 Payment Amt: \$65.15 Cashback Amt: \$0.00

BALANCE: \$

AID: A0000000980840

RUTH#000935 RC#00 09/27/19 04:47pm

DEBIT CARD 65.15 0,00 CHANGE

Date of Birth = xx/xx/xx KEYED

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Your Total Savines:

09/27/19 04:47pm 634 13 179 127

# \*\*\*\*\* FUEL SAVINGS \*\*\*\*\*\*

Points this visit 14 286 Points total 100 points = \$0.10/gal off from Stop & Shop. Pts earned this visit expire Stop8Shop Pts Savings \$0.20/gal \$0.00/mal Fuel Rewards 40,20/mal Tabal Frial Caulman

Joshua Michtom (candidate)

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**KEEP THIS SLIP FOR REFERENCE** 

Joshua Muchton (candidato)

> LEVF 10/e/A

#### °Anedot

Michtom For Hartford PO Box 340015 Hartford, CT 06134

STATEMENT PERIOD	September 2019
MERCHANT ID	a3eccc57d759de710890a
TOTAL TRANSACTIONS	29

\$2,450.00

(\$106.70)

\$2,343.30

TRANSACTION SUMMARY

DATE	TXN ID	DETAIL	GROSS	FEE	NET	
09/30/2019 11:21PM UTC	190930119987	Donation from Andrew Martin	100.00	(4.30)	95.70	
09/30/2019 09:53PM UTC	190930270839	Donation from William D Michtom	250.00	(10.30)	239.70	
09/30/2019 09:37PM UTC	190930505399	Donation from Mary Coughlan Kujawski	100.00	(4.30)	95.70	
09/30/2019 07:22PM UTC	190930791633	Donation from Jason Fredlund	25.00	(1.30)	23.70	
09/30/2019 07:01PM UTC	190930434517	Donation from Johanna Bromberg Craig	20.00	(1.10)	18.90	
09/30/2019 04:27PM UTC	190930982738	Donation from Miles Shuman	35.00	(1.70)	33.30	
09/30/2019 03:21PM UTC	190930767121	Donation from Alexander T Taubes	20.00	(1.10)	18.90	
09/30/2019 03:06PM UTC	190930604918	Donation from Benjamin M Wattenmaker	35.00	(1.70)	33.30	9/29
09/28/2019 12:06PM UTC	190928706017	Donation from Anna Doroghazi	65.00	(2.90)	62.10	At In III
09/27/2019 11:03PM UTC	190927231976	Donation from Nathan Fox	50.00	(2.30)	47.70	418,40
09/27/2019 10:37PM UTC	190927499528	Donation from Renae Reese	65.00	(2.90)	62.10	4 4004
09/27/2019 11:04AM UTC	190927966890	Donation from Mona Sahaf	250.00	(10.30)	239.70	9/23
09/22/2019 08:31PM UTC	190922742415	Donation from MARISA CHAVES	25,00	(1.30)	23,70	Denosit
09/22/2019 06:46PM UTC	190922837341	Donation from sharon e wyse	250,00	(10.30)	239.70	
09/22/2019 03:59PM UTC	190922874449	Donation from David Satz	200.00	(8.30)	191.70	\$94,20 swe
09/22/2019 02:22PM UTC	190922320491	Donation from Thomas McCudden	50.00	(2.30)	47.70	durt
09/22/2019 12:16PM UTC	190922572644	Donation from Khari K Streeter	100.00	(4.30)	95.70	
09/22/2019 07:14AM UTC	190922905649	Donation from Lorna Lowe	100.00	(4.30)	95.70	
09/22/2019 02:35AM UTC	190922831408	Donation from Shalini Matani	75.00	(3.30)	71.70	
09/21/2019 11:55PM UTC	190921443876	Donation from Jon Petitt	100.00	(4.30)	95.70	
09/21/2019 11:52PM UTC	190921891042	Donation from Sara Heiberger	35.00	(1.70)	33.30	
09/21/2019 03:17PM UTC	190921396670	Donation from Glen D Sanford	250.00	(10.30)	239.70	
09/21/2019 12:25PM UTC	190921545800	Donation from Tricia George	35.00	(1.70)	33.30	
09/21/2019 12:11PM UTC	190921917122	Donation from Emily K Petersen	35.00	(1.70)	33.30	
09/21/2019 11:37AM UTC	190921615894	Donation from Steven Tatum	35.00	(1.70)	33.30	a/-> \
09/21/2019 02:54AM UTC	190921795902	Donation from Ava R Barbour	50.00	(2.30)	47.70	The same of
09/21/2019 02:09AM UTC	190921971348	Donation from Margaret Spring	25.00	(1.30)	23.70	Deposit
09/21/2019 02:05AM UTC	190921140573	Donation from Sam king	35,00	(1.70)	33,30	* T
09/21/2019 02:02AM UTC	190921132443	Donation from Erica Richmond	35.00	(1.70)	33.30	****
Totals			\$2,450.00	(\$106.70)	\$2,343.30	

TOTAL GROSS

TOTAL FEES

TOTAL NET