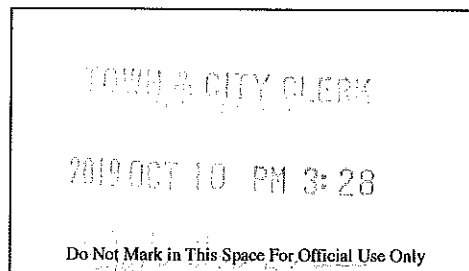


SEEC FORM 20

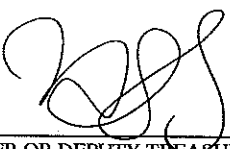
Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

Page 1 of 112



COVER PAGE

1. NAME OF COMMITTEE			
Bronin for Mayor			
2. TREASURER NAME			
First	MI	Last	Suffix
Calixto		Torres	
3. TREASURER ADDRESS			
Street Address	City	State	Zip Code
6 Harwich St	Hartford	CT	06114
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER <i>(if applicable)</i>
11/05/2019	Mayor		0
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
Luke		Bronin	
8. TYPE OF REPORT <i>(Check One Box)</i>			
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report:
<input checked="" type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (State Central Committees Only)	<input type="checkbox"/> Termination	
<input type="checkbox"/> 24 Hour Independent Expenditure	<input type="checkbox"/> 45 days following election not held in November		
<input type="checkbox"/> Primary	<input type="checkbox"/> Election		
9. PERIOD COVERED			
Beginning Date		Ending Date	
09/02/2019		09/30/2019	
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
		Amanda Sands	10/10/2019
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
A person who is found to have knowingly and willfully violated any provisions of the campaign finance 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

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SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Bronin for Mayor	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		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$125,350.40	
13. Contributions received from Individuals (Section A and B)	\$76,013.00	\$1,099,113.22
14. Receipts from Other Committees (Sections C1 and C2)	\$1,800.00	\$12,350.00
15. Other Monetary Receipts (Sections D through K)	\$0.00	\$1,000.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2, removed</i>		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$2,500.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$77,813.00	\$1,114,963.22
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$203,163.40	\$1,114,963.22
19. Expenditures Paid by Committee (Section P)	\$139,009.72	\$1,050,809.54
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$64,153.68	\$64,153.68
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00
23. In-kind Contributions Received (Section M)	\$0.00	\$647.06
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name Addo		First Gilbert	
Residential Street Address 255 Willimantic Tpke		City Coventry	State CT
Principal Occupation Owner		Name of Employer L&A Associates	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/04/2019	Aggregate contributions \$100.00
Last Name Ahmed		First Irshad	
Residential Street Address PO Box 146		City Windsor	State CT
Principal Occupation PHYSICIAN		Name of Employer SELF EMPLOYED	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/07/2019	Aggregate contributions \$100.00
Last Name Alleyne		First Richard	
Residential Street Address 156 S Main St		City West Hartford	State CT
Principal Occupation Attorney		Name of Employer The Hartford Financial Services Group, Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/04/2019	Aggregate contributions \$250.00

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B - Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
<i>(Enter total on Line 19, Column A of Summary Page)</i>	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Antar		Ali			
Residential Street Address		City		State	Zip Code
265 Rambler St		Bristol		CT	06010-3349
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
If yes, list Event #					
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/23/2019		\$150.00	
Last Name		First		M.I.	
Armond		Paul			
Residential Street Address		City		State	Zip Code
PO Box 429		Hadlyme		CT	06439-0429
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
If yes, list Event #					
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/10/2019		\$50.00	
Last Name		First		M.I.	
Azzam		Dean			
Residential Street Address		City		State	Zip Code
287 Laurel St		West Hartford		CT	06105-3429
Principal Occupation		Name of Employer			
Engineer		Aztech Engineers, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
If yes, list Event #					
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/02/2019		\$250.00	

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A - B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Baisou		Oveta	
Residential Street Address		City	State Zip Code
45 Cottage Grove Cir		Bloomfield	CT 06002-3144
Principal Occupation		Name of Employer	
Call center Rep		Hooker and Holcombe	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
If yes, list Event #			
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/08/2019	\$25.00
Last Name		First	
Baker		Patricia	
Residential Street Address		City	State Zip Code
341 S Brooksvale Rd		Cheshire	CT 06410-3566
Principal Occupation		Name of Employer	
CEO		CT Health Foundation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
If yes, list Event #			
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/03/2019	\$100.00
Last Name		First	
Banever		Thomas	
Residential Street Address		City	State Zip Code
100 Retreat Ave, Ste 808		Hartford	CT 06106-2569
Principal Occupation		Name of Employer	
surgeon		Thomas C Banever MD	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
If yes, list Event #			
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$60.00

SUBTOTAL Section B - This Page	\$150.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A - B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Barrett		Bruce	A
Residential Street Address		City	State Zip Code
333 Town St		West Haven	CT 06516
Principal Occupation		Name of Employer	
CFO		Barrett Outdoor Communications	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/09/2019	\$1,000.00
Last Name		First	M.I.
Barrett		John	E
Residential Street Address		City	State Zip Code
381 Highland St		West Haven	CT 06516-3563
Principal Occupation		Name of Employer	
PARTNER		OUTDOOR COMMUNICATIONS, INC.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019	\$500.00
Last Name		First	M.I.
Basilica		Anthony	
Residential Street Address		City	State Zip Code
54 Gardner Ave		New London	CT 06320-4313
Principal Occupation		Name of Employer	
Attorney		Self Employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/11/2019	\$200.00

SUBTOTAL Section B - This Page	\$1,700.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Bayer		Aaron			
Residential Street Address		City	State	Zip Code	
215 Mountain Rd		Glastonbury	CT	06033-1512	
Principal Occupation		Name of Employer			
Attorney		Wiggin and Dana, LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 090419a		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$400.00		
Last Name		First		M.I.	
Becker		Bruce			
Residential Street Address		City	State	Zip Code	
3 Quentin Rd		Westport	CT	06880-6837	
Principal Occupation		Name of Employer			
Architect		Becker + Becker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/24/2019	\$2,000.00		
Last Name		First		M.I.	
Bennett		Jonathan			
Residential Street Address		City	State	Zip Code	
130 Silver Creek Dr		Suffield	CT	06078-1239	
Principal Occupation		Name of Employer			
Executive		The Hartford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 090419a		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/03/2019	\$1,000.00		

SUBTOTAL Section B - This Page	\$2,200.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Bennett		Scott			
Residential Street Address		City		State	Zip Code
76 Westerly Ter		Hartford		CT	06105-1115
Principal Occupation		Name of Employer			
Lawyer		AIG			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 090419a		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		\$150.00	
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019		\$150.00	
Last Name		First		M.I.	
Bergenn		James		W	
Residential Street Address		City		State	Zip Code
50 Castlewood Rd		West Hartford		CT	06107-2903
Principal Occupation		Name of Employer			
Lawyer		Shipman & Goodwin LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 090419a		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		\$100.00	
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019		\$750.00	
Last Name		First		M.I.	
Bergenn		James		W	
Residential Street Address		City		State	Zip Code
50 Castlewood Rd		West Hartford		CT	06107-2903
Principal Occupation		Name of Employer			
Lawyer		Shipman & Goodwin LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 090419a		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		\$150.00	
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019		\$750.00	

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Blackford		Vivien	
Residential Street Address		City	State Zip Code
204 Dromara Rd		Guilford	CT 06437-2301
Principal Occupation		Name of Employer	
Unemployed		Unemployed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/08/2019	\$300.00
Last Name		First	M.I.
Boland		Michael	
Residential Street Address		City	State Zip Code
14 Linwold Dr		West Hartford	CT 06107-1236
Principal Occupation		Name of Employer	
Deployment Strategist		Palantir Technologies	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/05/2019	\$250.00
Last Name		First	M.I.
Bourdeaux		John	
Residential Street Address		City	State Zip Code
212 N Beacon St		Hartford	CT 06105-2247
Principal Occupation		Name of Employer	
Fundraiser		Connecticut Science Center	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$1,000.00

SUBTOTAL Section B - This Page \$850.00

TOTAL of Section B Pages \$76,013.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A - B) \$76,013.00
(Enter total on Line 13, Column A of Summary Page)

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name Brennan		First Timothy	
Residential Street Address 111 Garfield Rd		City West Hartford	State CT
Principal Occupation Attorney		Name of Employer The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 090419a	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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/04/2019	
		Aggregate contributions \$1,000.00	
Last Name Bromage		First Kathleen	
Residential Street Address 15 Simsbury Rd		City West Granby	State CT
Principal Occupation Insurance Executive		Name of Employer The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 090419a	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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/04/2019	
		Aggregate contributions \$1,000.00	
Last Name Byrnes		First John	
Residential Street Address 20 Colony Rd		City West Hartford	State CT
Principal Occupation Insurance		Name of Employer Peoples	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$160.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 090419a	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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/04/2019	
		Aggregate contributions \$1,000.00	

SUBTOTAL Section B - This Page	\$2,160.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Camp		Stephen		W	
Residential Street Address		City		State	Zip Code
57 Charter Oak Ave, Apt 200		Hartford		CT	06106-2885
Principal Occupation		Name of Employer			
Clergy		Faith church			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No </div>	
If yes, list Event #					
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019		\$10.00	
Last Name		First		M.I.	
Cann		Immacula		J	
Residential Street Address		City		State	Zip Code
234 Klondike St		Stratford		CT	06614-4654
Principal Occupation		Name of Employer			
RN		State of CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No </div>	
If yes, list Event #					
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/29/2019		\$25.00	
Last Name		First		M.I.	
Canno		Gabrielle			
Residential Street Address		City		State	Zip Code
220 W Rittenhouse Sq, Apt 25		Philadelphia		PA	19103-5737
Principal Occupation		Name of Employer			
architect		architect			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No </div>	
If yes, list Event #					
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/27/2019		\$2,000.00	

SUBTOTAL Section B - This Page	\$1,035.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
<i>(Enter total on Line 13, Column A of Summary Page)</i>	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Canno		Matthew	
Residential Street Address		City	State Zip Code
220 W Rittenhouse Sq, Apt 25		Philadelphia	PA 19103-5737
Principal Occupation		Name of Employer	
real estate		Iron Stone	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/27/2019	\$2,000.00
Last Name		First	M.I.
Carabetta		Salvatore	
Residential Street Address		City	State Zip Code
200 Pratt St		Meriden	CT 06450-4220
Principal Occupation		Name of Employer	
Developer		Carabetta Management	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/23/2019	\$1,000.00
Last Name		First	M.I.
Cascudo		Laura	
Residential Street Address		City	State Zip Code
44 Kenyon St		Hartford	CT 06105-2505
Principal Occupation		Name of Employer	
Communications		Cigna	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/09/2019	\$150.00

SUBTOTAL Section B - This Page	\$2,150.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A - B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Chavey		Victoria	W
Residential Street Address		City	State Zip Code
128 Steele Rd		West Hartford	CT 06119-1048
Principal Occupation		Name of Employer	
Lawyer		Jackson Lewis	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$275.00
Last Name		First	M.I.
Clark		John	C
Residential Street Address		City	State Zip Code
30 Ashford St		Hartford	CT 06120-1103
Principal Occupation		Name of Employer	
Architecture, Interior Design, and Urban Planning		John C. Clark and Associates	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$150.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/08/2019	\$150.00
Last Name		First	M.I.
Collins		Sean	K
Residential Street Address		City	State Zip Code
74 Whitelawn Ave		Milton	MA 02186-3515
Principal Occupation		Name of Employer	
Attorney		Self Employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/03/2019	\$500.00

SUBTOTAL Section B - This Page	\$850.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Colon		Melvyn	
Residential Street Address		City	State Zip Code
290 Grandview Ter		Hartford	CT 06114-2212
Principal Occupation		Name of Employer	
Manager		SINA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$125.00
Last Name		First	M.I.
Conetta		Kate	
Residential Street Address		City	State Zip Code
4 Topfield Rd		Danbury	CT 06811-4416
Principal Occupation		Name of Employer	
Advertising Production Manager		LMT Communications	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/03/2019	\$25.00
Last Name		First	M.I.
Conway		Ellen	
Residential Street Address		City	State Zip Code
19 Plantation Dr		Suffield	CT 06078-1546
Principal Occupation		Name of Employer	
Attorney		The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/03/2019	\$100.00

SUBTOTAL Section B - This Page	\$150.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Costello		Beth		A	
Residential Street Address		City		State	Zip Code
11 Brownstone Turn		Weatogue		CT	06089-9678
Principal Occupation		Name of Employer			
CFO		The Hartford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 090419a		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019		\$1,000.00	
Last Name		First		M.I.	
Crane		Jonah			
Residential Street Address		City		State	Zip Code
1310 Corcoran St NW, Apt A		Washington		DC	20009-5937
Principal Occupation		Name of Employer			
Consultant		West 4th Street Advisors			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/29/2019		\$50.00	
Last Name		First		M.I.	
Curry		Timothy		J	
Residential Street Address		City		State	Zip Code
25 Lexington Rd		West Hartford		CT	06119-1748
Principal Occupation		Name of Employer			
Attorney		N/A			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 090419a		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019		\$500.00	

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name Curtis		First Monica	
Residential Street Address 47 W Hill Dr		City West Hartford	State CT
Principal Occupation Lawyer		Name of Employer The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 090419a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/04/2019	Aggregate contributions \$150.00
Last Name Cutter		First Anne	
Residential Street Address 638 Heritage Vlg, Unit B		City Southbury	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/07/2019	Aggregate contributions \$50.00
Last Name Cutter		First Anne	
Residential Street Address 638 Heritage Vlg, Unit B		City Southbury	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/30/2019	Aggregate contributions \$50.00

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name Dalena		First Douglas		M.I. C	
Residential Street Address 35 W Broad St, Unit 323		City Stamford	State CT	Zip Code 06902-3771	
Principal Occupation Attorney		Name of Employer State of Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/05/2019	Aggregate contributions \$25.00		
Last Name Dane		First Steven		M.I. M	
Residential Street Address 85 Englewood Rd		City Longmeadow	State MA	Zip Code 01106-1357	
Principal Occupation Partner		Name of Employer Cohn Reznick, LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/03/2019	Aggregate contributions \$100.00		
Last Name DAVIS		First RANDAL		M.I.	
Residential Street Address 155 Windbrook Dr		City Windsor	State CT	Zip Code 06095-3564	
Principal Occupation Executive		Name of Employer state of ct			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/29/2019	Aggregate contributions \$170.00		

SUBTOTAL Section B - This Page	\$145.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Diaz		Nelson	
Residential Street Address		City	State Zip Code
119 Colonel Chester Dr		Wethersfield	CT 06109-2534
Principal Occupation		Name of Employer	
VP		C Town	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019	\$500.00
Last Name		First	M.I.
Diaz-Matos		Andrew	B
Residential Street Address		City	State Zip Code
221 Trumbull St, Apt 2903		Hartford	CT 06103-1528
Principal Occupation		Name of Employer	
Attorney		The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$1,000.00
Last Name		First	M.I.
Diemand		Timothy	
Residential Street Address		City	State Zip Code
234 Devonshire Ln		Madison	CT 06443-8127
Principal Occupation		Name of Employer	
Attorney		Wiggin and Dana	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$100.00

SUBTOTAL Section B - This Page	\$1,250.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Dighello		Richard	M
Residential Street Address		City	State Zip Code
70 Ten Acre Rd		New Britain	CT 06052-1532
Principal Occupation		Name of Employer	
Attorney		Updike, Kelly & Spellacy	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/23/2019	\$50.00
Last Name		First	M.I.
Donna		Nelson	
Residential Street Address		City	State Zip Code
194 S Whitney St		Hartford	CT 06105-3068
Principal Occupation		Name of Employer	
Nurse		I care	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/05/2019	\$25.00
Last Name		First	M.I.
Donofrio		Anita	
Residential Street Address		City	State Zip Code
55 High Ridge Ave		Ridgefield	CT 06877-4901
Principal Occupation		Name of Employer	
Developer		Self Employed AMD HOMES LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$1,000.00

SUBTOTAL Section B - This Page	\$575.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Ellant		Jody	P
Residential Street Address		City	State Zip Code
67 Deer Run Rd		Woodbridge	CT 06525-1907
Principal Occupation		Name of Employer	
Attorney		Jody P. Ellant LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00	
Is this contribution associated with an event reported in Section L1?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/05/2019	
		Aggregate contributions	
		\$200.00	
Last Name		First	M.I.
Elliot		Douglas	G
Residential Street Address		City	State Zip Code
24 Hunters Rdg		Rocky Hill	CT 06067-1743
Principal Occupation		Name of Employer	
President		The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1?		If contribution is in excess of \$400 to a candidate committee 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?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		Is contributor a principal of a state contractor or prospective state contractor?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	
		Aggregate contributions	
		\$1,000.00	
Last Name		First	M.I.
Fish		Lawrence	
Residential Street Address		City	State Zip Code
141 Ferguson Rd		Manchester	CT 06040-4534
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019	
		Aggregate contributions	
		\$150.00	

SUBTOTAL Section B - This Page	\$1,250.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Fitzpatrick		Sean	
Residential Street Address		City	State Zip Code
121 Great Pond Rd		Simsbury	CT 06070-1525
Principal Occupation		Name of Employer	
Professor		Trinity College	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$1,000.00
Last Name		First	
Fowler		Clayton	
Residential Street Address		City	State Zip Code
215 Upper Shad Rd		Pound Ridge	NY 10576-2237
Principal Occupation		Name of Employer	
CEO		Spinnaker Real Estate Partners	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019	\$1,000.00
Last Name		First	
Freedman		Joel	
Residential Street Address		City	State Zip Code
213 Tryon St		South Glastonbury	CT 06073-2024
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/24/2019	\$2,000.00

SUBTOTAL Section B - This Page	\$2,500.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Freedman		Susan	
Residential Street Address		City	State Zip Code
213 Tryon St		South Glastonbury	CT 06073-2024
Principal Occupation		Name of Employer	
Attorney		Shipman & Goodwin	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
If yes, list Event #			
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/24/2019	\$2,000.00
Last Name		First	M.I.
Fulbright		Stephanie	
Residential Street Address		City	State Zip Code
46 Dora Dr		Shelton	CT 06484-6412
Principal Occupation		Name of Employer	
VP of Real Estate		The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a			
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$200.00
Last Name		First	M.I.
Gardner		Arlyn	
Residential Street Address		City	State Zip Code
350 Grace Church St		Rye	NY 10580-4204
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
If yes, list Event #			
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/08/2019	\$1,300.00

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Gardner		Arlyn	
Residential Street Address		City	State Zip Code
350 Grace Church St		Rye	NY 10580-4204
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
If yes, list Event #		Date Received	Aggregate contributions
		09/29/2019	\$1,300.00
Method of contribution:		Amount of Contribution	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$500.00	
Last Name		First	
Gardner		Arlyn	
Residential Street Address		City	State Zip Code
350 Grace Church St		Rye	NY 10580-4204
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
If yes, list Event #		Date Received	Aggregate contributions
		09/30/2019	\$1,300.00
Method of contribution:		Amount of Contribution	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$100.00	
Last Name		First	
Gardner		Maggie	
Residential Street Address		City	State Zip Code
117 Kent St, Fl 2		Hartford	CT 06112-1827
Principal Occupation		Name of Employer	
Auxiliary Nurse		Not Employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
If yes, list Event #		Date Received	Aggregate contributions
		09/02/2019	\$25.00
Method of contribution:		Amount of Contribution	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$25.00	

SUBTOTAL Section B - This Page	\$625.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Gersten		Elio	
Residential Street Address		City	State Zip Code
40 orchard		West Hartford	CT 06117
Principal Occupation		Name of Employer	
Attorney		Pullman	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is contribution in excess of \$400 to a candidate committee 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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019	\$50.00
Last Name		First	
Giles		Carleton	
Residential Street Address		City	State Zip Code
22 Belvidere Ter		Middletown	CT 06457-2407
Principal Occupation		Name of Employer	
Administrator		State of Connecticut	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is contribution in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$750.00
Last Name		First	
Goldman		Kathryn	
Residential Street Address		City	State Zip Code
11 Greenridge Ln		West Hartford	CT 06107-1302
Principal Occupation		Name of Employer	
Professor		University of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is contribution in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$1,000.00

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Gordon		Joseph	
Residential Street Address		City	State Zip Code
18 Sperry Rd		Woodbridge	CT 06525-1234
Principal Occupation		Name of Employer	
Retired Dean		Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		Date Received	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		09/30/2019	
Method of contribution:		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$365.00	
Last Name		First	M.I.
Gottesdiener		Marc	
Residential Street Address		City	State Zip Code
509 S Main St, Ste A-1		West Hartford	CT 06110-1754
Principal Occupation		Name of Employer	
real estate		marc gottesdiener & Co., Inc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$18.00	
Is this contribution associated with an event reported in Section L1?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		Date Received	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		09/30/2019	
Method of contribution:		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$198.00	
Last Name		First	M.I.
Gould		Bruce	
Residential Street Address		City	State Zip Code
11 Camille Ln		West Simsbury	CT 06092-2403
Principal Occupation		Name of Employer	
Physician		UConn Health	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		Date Received	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		09/03/2019	
Method of contribution:		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$100.00	

SUBTOTAL Section B - This Page	\$143.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Gourlie		Noah	
Residential Street Address		City	State Zip Code
122 Joy Rd, PO Box 323		Woodstock	CT 06281-2204
Principal Occupation		Name of Employer	
Medical Writer		AbbVie	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/13/2019	\$250.00
Last Name		First	
Grieco		Joel	
Residential Street Address		City	State Zip Code
22 Ledyard Rd, Fl 25		West Hartford	CT 06117-1708
Principal Occupation		Name of Employer	
sales		Cushman & Wakefield	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$250.00
Last Name		First	
Griffin		Marion	
Residential Street Address		City	State Zip Code
24 Vernon St		Hartford	CT 06106-3213
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019	\$100.00

SUBTOTAL Section B - This Page	\$600.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Gugliotti		Thomas	A
Residential Street Address		City	State Zip Code
17 Millstone Dr		Avon	CT 06001-2335
Principal Occupation		Name of Employer	
Attorney		Updike Kelly & Spellacy, P.C.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019	\$300.00
Last Name		First	M.I.
Habesch		Najib	
Residential Street Address		City	State Zip Code
101 Highland St		Wethersfield	CT 06109-4017
Principal Occupation		Name of Employer	
Senior VP		BETA Group, INC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019	\$750.00
Last Name		First	M.I.
Hartnett Murphy		Deborah	R
Residential Street Address		City	State Zip Code
58 South St, P.O.Box 1585		Litchfield	CT 06759-4022
Principal Occupation		Name of Employer	
VICE PRESIDENT		NOVENS	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/02/2019	\$500.00

SUBTOTAL Section B - This Page	\$850.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A - B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Hess		David	
Residential Street Address		City	State Zip Code
43 Musket Trl		Simsbury	CT 06070-1727
Principal Occupation		Name of Employer	
Unemployed		Unemployed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No
If yes, list Event #			
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/26/2019	\$2,000.00
Last Name		First	
Higgins		Raymond	
Residential Street Address		City	State Zip Code
15 Harmony Hill Rd		Granby	CT 06035-1222
Principal Occupation		Name of Employer	
n/a		none	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No
If yes, list Event #			
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/07/2019	\$200.00
Last Name		First	
Hoben		Aimee	
Residential Street Address		City	State Zip Code
296 E Hill Rd		Canton	CT 06019-2117
Principal Occupation		Name of Employer	
Attorney		Hartford Fire Insurance Company	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No
If yes, list Event # 090419a			
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/03/2019	\$500.00

SUBTOTAL Section B - This Page	\$1,700.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Hoffman		Hank	
Residential Street Address		City	State Zip Code
9 Farnham Way		Farmington	CT 06032-1564
Principal Occupation		Name of Employer	
lawyer		The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$250.00
Last Name		First	M.I.
Hogue		Mary	
Residential Street Address		City	State Zip Code
165 Stonewall Ln		Fairfield	CT 06824-1831
Principal Occupation		Name of Employer	
Unemployed		Unemployed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/05/2019	\$100.00
Last Name		First	M.I.
Howe		Peter	
Residential Street Address		City	State Zip Code
71 South St, PO Box 1527		Litchfield	CT 06759-4005
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$100.00

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Hunt		Donald			
Residential Street Address		City		State	Zip Code
4 Banbury Ln		West Hartford		CT	06107-1101
Principal Occupation		Name of Employer			
Attorney		The Hartford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 090419a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019		\$500.00	
Last Name		First		M.I.	
Hunter		Michael			
Residential Street Address		City		State	Zip Code
1076 High St		Dedham		MA	02026-5703
Principal Occupation		Name of Employer			
Executive		Trinity Financial			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019		\$200.00	
Last Name		First		M.I.	
Iacobellis		James			
Residential Street Address		City		State	Zip Code
114 Steep Hollow Ln		Manchester		CT	06040-4522
Principal Occupation		Name of Employer			
Sr VP, Government and Regulatory		CHA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$50.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/09/2019		\$50.00	

SUBTOTAL Section B - This Page	\$750.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 19, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Indomenico		Salvatore	
Residential Street Address		City	State Zip Code
208 Highland St		Wethersfield	CT 06109-4023
Principal Occupation		Name of Employer	
President		Connecticut Mason	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$750.00
Last Name		First	M.I.
Jahnke		Jeff	
Residential Street Address		City	State Zip Code
91 Warrenton Ave		Hartford	CT 06105-3929
Principal Occupation		Name of Employer	
Architect		Jahnke Architecture LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$200.00
Last Name		First	M.I.
Jarvis		Kelly	
Residential Street Address		City	State Zip Code
1060 Prospect Ave		Hartford	CT 06105-1125
Principal Occupation		Name of Employer	
Homemaker		Homemaker	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/29/2019	\$1,500.00

SUBTOTAL Section B - This Page	\$1,200.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Jimenez		David	
Residential Street Address		City	State Zip Code
221 Trumbull St, No. 2008		Hartford	CT 06103-1500
Principal Occupation		Name of Employer	
Attorney at Law		Jackson Lewis, LLP	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/26/2019	\$2,000.00
Last Name		First	M.I.
Johnson		Lynn	
Residential Street Address		City	State Zip Code
31 Woodland St, Apt 10B		Hartford	CT 06105-4303
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/29/2019	\$35.00
Last Name		First	M.I.
Jones		Christopher	
Residential Street Address		City	State Zip Code
39 Cedar Ledge Rd		West Hartford	CT 06107-1007
Principal Occupation		Name of Employer	
Executive		The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$500.00

SUBTOTAL Section B - This Page	\$1,510.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A - B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Jurkowitz		Amy	
Residential Street Address		City	State Zip Code
16 Rockwood Ln		Greenwich	CT 06830-3815
Principal Occupation		Name of Employer	
Business Owner		Bread Ventures	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019	\$500.00
Last Name		First	M.I.
Kallman		Irwin	
Residential Street Address		City	State Zip Code
80 Oneida Dr		Greenwich	CT 06830-7131
Principal Occupation		Name of Employer	
Real Estate		Irwin Kallman	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/07/2019	\$250.00
Last Name		First	M.I.
Kaplan		David	
Residential Street Address		City	State Zip Code
162 Selden Hill Dr		West Hartford	CT 06107-3129
Principal Occupation		Name of Employer	
attorney		Self Employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/08/2019	\$100.00

SUBTOTAL Section B - This Page	\$850.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Kelly		Daniel	
Residential Street Address		City	State Zip Code
1 Brookview Rd		Cromwell	CT 06416-4507
Principal Occupation		Name of Employer	
Executive		The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$100.00
Last Name		First	
Kelmar		Steven	
Residential Street Address		City	State Zip Code
609 S Lee St		Alexandria	VA 22314-3819
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/26/2019	\$2,000.00
Last Name		First	
Kezerian		Lillian	
Residential Street Address		City	State Zip Code
156 Manchester St		Hartford	CT 06112-1347
Principal Occupation		Name of Employer	
Retired/unemployed		Unemployed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$10.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/05/2019	\$10.00

SUBTOTAL Section B - This Page	\$1,110.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Killian Jr.		Robert	
Residential Street Address		City	State Zip Code
83 Bloomfield Ave		Hartford	CT 06105-1007
Principal Occupation		Name of Employer	
LAWYER		KILLIAN & DONOHUE LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019	\$250.00
Last Name		First	
King		Joshua	
Residential Street Address		City	State Zip Code
141 Barrow St, Apt 4A		New York	NY 10014-6322
Principal Occupation		Name of Employer	
Public Relations		Intercontinental Exchange	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$2,000.00
Last Name		First	
King		Monique	
Residential Street Address		City	State Zip Code
60 Twin Hills Dr		Coventry	CT 06238-1074
Principal Occupation		Name of Employer	
Accounts Payable Clerk		Van Hurst	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution:		Date Received	Aggregate contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$1,000.00

SUBTOTAL Section B - This Page	\$2,250.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Kinney		John	
Residential Street Address		City	State Zip Code
38 Birch Rd		West Hartford	CT 06119-1007
Principal Occupation		Name of Employer	
Insurance		The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$1,000.00
Last Name		First	M.I.
Kirk		Matthew	
Residential Street Address		City	State Zip Code
57 Sturgeon River Rd		Glastonbury	CT 06033-2747
Principal Occupation		Name of Employer	
Senior Vice President, Commercial Markets		The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$1,000.00
Last Name		First	M.I.
Kligerman		Robert	
Residential Street Address		City	State Zip Code
19 Otter Trl		Westport	CT 06880-4920
Principal Occupation		Name of Employer	
Real Estate		Self Employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/08/2019	\$500.00

SUBTOTAL Section B - This Page	\$2,500.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Kolodner		Michael	
Residential Street Address		City	State Zip Code
6911 Henley St		Philadelphia	PA 19119-3415
Principal Occupation		Name of Employer	
Executive		NEIL	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/29/2019	\$1,000.00
Last Name		First	
Konover		Gregory	
Residential Street Address		City	State Zip Code
25 W Hill Dr, West Hartford		West Hartford	CT 06119-1347
Principal Occupation		Name of Employer	
Real Estate Management		Konover Residential Corporation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$1,250.00
Last Name		First	
Koplik		James	
Residential Street Address		City	State Zip Code
251 Dogwood Ln		Stamford	CT 06903-4531
Principal Occupation		Name of Employer	
Concert Promoter		Live Nation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/26/2019	\$2,000.00

SUBTOTAL Section B - This Page	\$1,750.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Koster		John	
Residential Street Address		City	State Zip Code
13 Sweetheart Mountain Rd		Collinsville	CT 06019-3425
Principal Occupation		Name of Employer	
Manager		Koster Keunen, Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/29/2019	\$2,000.00
Last Name		First	M.I.
Kronholm		John	C
Residential Street Address		City	State Zip Code
697 Pequot Trl		Stonington	CT 06378-2228
Principal Occupation		Name of Employer	
Insurance Broker		B&B of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$250.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/09/2019	\$250.00
Last Name		First	M.I.
Kronholm		Mona	D
Residential Street Address		City	State Zip Code
697 Pequot Trl		Stonington	CT 06378-2228
Principal Occupation		Name of Employer	
business owner		Self Employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$150.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/09/2019	\$150.00

SUBTOTAL Section B - This Page	\$1,400.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Kruk		Pauline	
Residential Street Address		City	State Zip Code
165 Walsh Ave		Newington	CT 06111-2848
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/29/2019	\$25.00
Last Name		First	M.I.
LaMarche		Ronald	
Residential Street Address		City	State Zip Code
100 Wells St, Apt 515		Hartford	CT 06103-2919
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/07/2019	\$20.00
Last Name		First	M.I.
LaMarche		Ronald	
Residential Street Address		City	State Zip Code
100 Wells St, Apt 515		Hartford	CT 06103-2919
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$20.00

SUBTOTAL Section B - This Page	\$35.00
TOTAL of Section B Page	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Lavery		Lin	
Residential Street Address		City	State Zip Code
22 Alden Rd		Greenwich	CT 06831-4447
Principal Occupation		Name of Employer	
real estate		self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019	\$200.00
Last Name		First	
Lazor		Lawrence	
Residential Street Address		City	State Zip Code
29 Ledyard Rd		West Hartford	CT 06117-1712
Principal Occupation		Name of Employer	
MD		Starling	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$500.00
Last Name		First	
Lazowski		Barry	
Residential Street Address		City	State Zip Code
53 Goodwin Cir		Hartford	CT 06105-5206
Principal Occupation		Name of Employer	
President / CEO		Control Systems Inc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/24/2019	\$1,000.00

SUBTOTAL Section B - This Page	\$1,700.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Leach		First Clifford	M.I.
Residential Street Address 999 Prospect Ave		City West Hartford	State CT Zip Code 06105-1103
Principal Occupation VP government affairs		Name of Employer The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/04/2019	Aggregate contributions \$1,000.00
Last Name Lee		First Patrick	M.I. A
Residential Street Address 67 Allerton Rd		City Milton	State MA Zip Code 02186-2102
Principal Occupation Principal, Executive Vice President		Name of Employer Trinity Financial	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/09/2019	Aggregate contributions \$500.00
Last Name Leroy		First Craig	M.I. C
Residential Street Address 2 Carnoustie Cir		City Bloomfield	State CT Zip Code 06002-2380
Principal Occupation Government relations		Name of Employer Roy & Leroy	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/03/2019	Aggregate contributions \$700.00

SUBTOTAL Section B - This Page	\$1,550.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
LeShane		Patricia	R
Residential Street Address		City	State Zip Code
287 Capitol Ave		Hartford	CT 06106-1503
Principal Occupation		Name of Employer	
Lobbyist		Sullivan & LeShane	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
If yes, list Event #		Amount of Contribution \$250.00	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/07/2019	\$500.00
Last Name		First	M.I.
Levine		Gerald	
Residential Street Address		City	State Zip Code
11 Spy Glass Cir		Bloomfield	CT 06002-2391
Principal Occupation		Name of Employer	
n/a		n/a	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
If yes, list Event #		Amount of Contribution \$1,000.00	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/18/2019	\$1,000.00
Last Name		First	M.I.
Lewis		Christopher	
Residential Street Address		City	State Zip Code
30 Cortland Dr		Tolland	CT 06084-2157
Principal Occupation		Name of Employer	
Insurance		IFG Companies	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
If yes, list Event #		Amount of Contribution \$1,000.00	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/28/2019	\$2,000.00

SUBTOTAL Section B - This Page	\$2,250.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Lewis		Scott	
Residential Street Address		City	State Zip Code
32 Foxcroft Run		Avon	CT 06001-2509
Principal Occupation		Name of Employer	
Executive		The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		Amount of Contribution \$500.00	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/03/2019	\$500.00
Last Name		First	
Likes		Ryan	
Residential Street Address		City	State Zip Code
1116 Meadowbrook Ave		Los Angeles	CA 90019-6712
Principal Occupation		Name of Employer	
Executive		System Property Development	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
If yes, list Event #		Amount of Contribution \$1,000.00	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/29/2019	\$2,000.00
Last Name		First	
Lombardi		Sebastian	
Residential Street Address		City	State Zip Code
131 Richmond Ln		West Hartford	CT 06117-1630
Principal Occupation		Name of Employer	
Attorney		Day Pitney LLP	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
If yes, list Event #		Amount of Contribution \$250.00	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019	\$450.00

SUBTOTAL Section B - This Page	\$1,750.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Lomonte		John	
Residential Street Address		City	State Zip Code
39 W Wynd Ter		Middletown	CT 06457-8729
Principal Occupation		Name of Employer	
Real Estate Appraisal		Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019	\$1,000.00
Last Name		First	M.I.
Lopez		Carlos	
Residential Street Address		City	State Zip Code
3 Muls Hill Dr		Farmington	CT 06032-1638
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/21/2019	\$2,000.00
Last Name		First	M.I.
Louisiana		Posigen of	
Residential Street Address		City	State Zip Code
819 Central Ave, Ste 210		New Orleans	LA 70121-1359
Principal Occupation		Name of Employer	
Solar and Energy Efficiency		Posigen	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/23/2019	\$500.00

SUBTOTAL Section B - This Page	\$2,500.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Ludgin		Robert	
Residential Street Address		City	State Zip Code
1883 Asylum Ave		Hartford	CT 06117-3003
Principal Occupation		Name of Employer	
ATTORNEY		ROBERT F. LUDGIN	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019	\$250.00
Last Name		First	
Malec		Kurt	
Residential Street Address		City	State Zip Code
75 Westerly Ter		Hartford	CT 06105-1116
Principal Occupation		Name of Employer	
Owner		United Gear & Machine	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$300.00
Last Name		First	
Mann		Philip and Tatiana	
Residential Street Address		City	State Zip Code
3202 30th St		Lubbock	TX 79410-3106
Principal Occupation		Name of Employer	
Performing Artist		Texarkana Symphony	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$25.00

SUBTOTAL Section B - This Page	\$375.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Martin		Mary	
Residential Street Address		City	State Zip Code
40 Fernwood Rd		West Hartford	CT 06119-1163
Principal Occupation		Name of Employer	
Executive Director		H. A. Vance Foundation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$100.00
Last Name		First	
MCBRIDE		TOMMY	
Residential Street Address		City	State Zip Code
27 Red Rock Cir		Newington	CT 06111-4734
Principal Occupation		Name of Employer	
Self Employed		MCBRIDE PROPERTIES	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$100.00
Last Name		First	
McGrath		Zac	
Residential Street Address		City	State Zip Code
128 Eudora St		Denver	CO 80220-6314
Principal Occupation		Name of Employer	
Market Research Business Owner		Consultancy Services, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$3,000.00

SUBTOTAL Section B - This Page	\$1,200.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
McGrath		Zac	T
Residential Street Address		City	State Zip Code
128 Eudora St		Denver	CO 80220-6314
Principal Occupation		Name of Employer	
Market Research Business Owner		Consultancy Services, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$3,000.00
Last Name		First	M.I.
McGrath		Zac	T
Residential Street Address		City	State Zip Code
128 Eudora St		Denver	CO 80220-6314
Principal Occupation		Name of Employer	
Market Research Business Owner		Consultancy Services, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$3,000.00
Last Name		First	M.I.
McGuire		Eugene	
Residential Street Address		City	State Zip Code
260 North St		Rye	NY 10580-1520
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/08/2019	\$250.00

SUBTOTAL Section B - This Page	\$2,050.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Menapace		Michael	
Residential Street Address		City	State Zip Code
6 Pheasant Run		North Granby	CT 06060-1017
Principal Occupation		Name of Employer	
Partner		Wiggin and Dana, LLP	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$100.00
Last Name		First	M.I.
Miller-Gottfried		Shanna	
Residential Street Address		City	State Zip Code
221 Trumbull St		Hartford	CT 06103-1500
Principal Occupation		Name of Employer	
Teacher		Region 4 Schools	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/03/2019	\$400.00
Last Name		First	M.I.
Mitchell		Charlie	
Residential Street Address		City	State Zip Code
120 Center St		Naperville	IL 60540-4613
Principal Occupation		Name of Employer	
Unemployed		Unemployed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$2,000.00

SUBTOTAL Section B - This Page	\$1,500.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Mitchell		Nancy	
Residential Street Address		City	State Zip Code
120 Center St		Naperville	IL 60540-4613
Principal Occupation		Name of Employer	
Attorney		O'Melveny & Myers	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$2,000.00
Last Name		First	
Monaco		Ralph	
Residential Street Address		City	State Zip Code
26 Birch Mill Trl		Essex	CT 06426-1202
Principal Occupation		Name of Employer	
Attorney		Conway, Londregan, Sheehan & Monaco, PC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/13/2019	\$100.00
Last Name		First	
Moran		Garrett	
Residential Street Address		City	State Zip Code
355 Lake Ave		Greenwich	CT 06830-3828
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/27/2019	\$2,000.00

SUBTOTAL Section B - This Page	\$2,100.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Mullaney		Craig	M
Residential Street Address		City	State Zip Code
5715 Trafton Pl		Bethesda	MD 20817-3477
Principal Occupation		Name of Employer	
Consultant		Brunswick Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/07/2019	\$250.00
Last Name		First	M.I.
Murchie		Stewart	
Residential Street Address		City	State Zip Code
34 Berwyn Rd		West Hartford	CT 06107-1104
Principal Occupation		Name of Employer	
Finance		Travelers	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$250.00
Last Name		First	M.I.
Murphy		Declan	
Residential Street Address		City	State Zip Code
58 South St		Litchfield	CT 06759-4022
Principal Occupation		Name of Employer	
President		Novens	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/02/2019	\$500.00

SUBTOTAL Section B - This Page	\$1,000.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Neary		Brian	
Residential Street Address		City	State Zip Code
18 Winterset Ln		Simsbury	CT 06070-1739
Principal Occupation		Name of Employer	
Executive		The Hartford Insurance Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1?		If contribution is in excess of \$400 to a candidate committee 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?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		Is contributor a principal of a state contractor or prospective state contractor?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$100.00
Last Name		First	M.I.
Needham		Sarah	G
Residential Street Address		City	State Zip Code
40 W Hill Dr		West Hartford	CT 06119-1347
Principal Occupation		Name of Employer	
Attorney		The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1?		If contribution is in excess of \$400 to a candidate committee 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?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		Is contributor a principal of a state contractor or prospective state contractor?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$250.00
Last Name		First	M.I.
Norman		Harry	
Residential Street Address		City	State Zip Code
103 Steep Hollow Dr		Glastonbury	CT 06033-4180
Principal Occupation		Name of Employer	
Executive		The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1?		If contribution is in excess of \$400 to a candidate committee 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?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list Event # 090419a		Is contributor a principal of a state contractor or prospective state contractor?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$500.00

SUBTOTAL Section B - This Page	\$850.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
O'Keefe		Scott			
Residential Street Address		City		State	Zip Code
17 Lake St		Unionville		CT	06085-1316
Principal Occupation		Name of Employer			
Owner		SCEN International LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
If yes, list Event #					
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/03/2019		\$500.00	
Last Name		First		M.I.	
Osborne		Zachary			
Residential Street Address		City		State	Zip Code
7 Bittersweet Ln		Wilbraham		MA	01095-2208
Principal Occupation		Name of Employer			
Attorney		United Technologies Corp			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
If yes, list Event #					
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/03/2019		\$500.00	
Last Name		First		M.I.	
Panico		David		M	
Residential Street Address		City		State	Zip Code
95 Stony Corners Cir		Avon		CT	06001-2621
Principal Occupation		Name of Employer			
Attorney / Bond Counsel to the City of Hamden		Robinson & Cole			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
If yes, list Event #					
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019		\$750.00	

SUBTOTAL Section B - This Page	\$1,250.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Patel		Bimal and Falguni	
Residential Street Address		City	State Zip Code
195 Cider Brook Rd		Avon	CT 06001-2803
Principal Occupation		Name of Employer	
President Hartford Hospital		Hartford Healthcare	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/10/2019	\$500.00
Last Name		First	M.I.
Pease		Susan	
Residential Street Address		City	State Zip Code
21 Temple St, Apt 406		Hartford	CT 06103-1312
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$5.00
Last Name		First	M.I.
Peelle		Agnes	
Residential Street Address		City	State Zip Code
32 Orchard Rd		West Hartford	CT 06117-2912
Principal Occupation		Name of Employer	
Unemployed		Unemployed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/23/2019	\$2,000.00

SUBTOTAL Section B - This Page	\$1,505.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Pendergast		Paul	
Residential Street Address		City	State Zip Code
2 Thistle Holw		Avon	CT 06001-3961
Principal Occupation		Name of Employer	
Self Employed		Self Employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/08/2019	\$375.00
Last Name		First	
Perez		Flora	
Residential Street Address		City	State Zip Code
15 Skyview Dr		Colchester	CT 06415-2440
Principal Occupation		Name of Employer	
Office Manager		Van Hurst	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$1,000.00
Last Name		First	
Pernerewski		Colleen	
Residential Street Address		City	State Zip Code
76 Green Ln		Durham	CT 06422-1919
Principal Occupation		Name of Employer	
Attorney		The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contribution in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$100.00

SUBTOTAL Section B - This Page	\$1,200.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Reis Renzulli		Sally	
Residential Street Address		City	State Zip Code
222 Warrenville Rd		Mansfield Center	CT 06250-1128
Principal Occupation		Name of Employer	
Professor		UConn	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/02/2019	\$100.00
Last Name		First	M.I.
Ribicoff		Belle	
Residential Street Address		City	State Zip Code
81 Bloomfield Ave		Hartford	CT 06105-1007
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$1,000.00
Last Name		First	M.I.
Rider		Cynthia and Stuart	
Residential Street Address		City	State Zip Code
1 Linden Pl, Apt 501		Hartford	CT 06106-1745
Principal Occupation		Name of Employer	
Executive		Hartford Stage	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/03/2019	\$100.00

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Robinson		David	
Residential Street Address		City	State Zip Code
21 Ledyard Rd		West Hartford	CT 06117-1712
Principal Occupation		Name of Employer	
Attorney		The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$700.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$1,850.00
Last Name		First	M.I.
Robinson		David	
Residential Street Address		City	State Zip Code
21 Ledyard Rd		West Hartford	CT 06117-1712
Principal Occupation		Name of Employer	
Attorney		The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$1,850.00
Last Name		First	M.I.
Robinson		James	
Residential Street Address		City	State Zip Code
11 Nelson St		East Hartford	CT 06108-3906
Principal Occupation		Name of Employer	
Warehouse Manager		Van Hurst	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
If contribution is in excess of \$400 to a candidate committee 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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/03/2019	\$1,000.00

SUBTOTAL Section B - This Page	\$2,700.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Robinson		Steven			
Residential Street Address		City		State	Zip Code
588 Main St		South Windsor		CT	06074-3902
Principal Occupation		Name of Employer			
sales		Wattsaver Lighting Products, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/05/2019		\$100.00	
Last Name		First		M.I.	
Rotondo		James			
Residential Street Address		City		State	Zip Code
26 Fulton Pl		West Hartford		CT	06107-1128
Principal Occupation		Name of Employer			
Attorney		Day Pitney			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019		\$150.00	
Last Name		First		M.I.	
Rutstein		Robert			
Residential Street Address		City		State	Zip Code
100 Ferncliff Dr		West Hartford		CT	06117-1026
Principal Occupation		Name of Employer			
Podiatrist		Hartford Podiatry Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/09/2019		\$200.00	

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Saadi		Thomas	
Residential Street Address		City	State Zip Code
24 Tobins Ct		Danbury	CT 06810-7090
Principal Occupation		Name of Employer	
Attorney		State of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	
		Aggregate contributions	
		\$150.00	
Last Name		First	M.I.
Sachs		Howard	
Residential Street Address		City	State Zip Code
57 Island View Ave		Branford	CT 06405-5629
Principal Occupation		Name of Employer	
Treasurer		Cherry Hill Construction	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/03/2019	
		Aggregate contributions	
		\$1,000.00	
Last Name		First	M.I.
Seo		Nelson	
Residential Street Address		City	State Zip Code
615 Riverside Ave.80 Bayberry Ln		Westport	CT 06880
Principal Occupation		Name of Employer	
Executive		Fermat Capital Management, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00	
Is this contribution associated with an event reported in Section L1?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/17/2019	
		Aggregate contributions	
		\$200.00	

SUBTOTAL Section B - This Page	\$1,250.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Seymour		Jonathan	
Residential Street Address		City	State Zip Code
35 Ledyard Rd		West Hartford	CT 06117-1712
Principal Occupation		Name of Employer	
Realestate broker		Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1?		Is contribution in excess of \$400 to a candidate committee 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?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		Is contributor a principal of a state contractor or prospective state contractor?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$250.00
Last Name		First	M.I.
Shafir		Lois	
Residential Street Address		City	State Zip Code
152 Headquarters Rd		Litchfield	CT 06759-2116
Principal Occupation		Name of Employer	
RETIRED		RETIRED	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1?		Is contribution in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019	\$250.00
Last Name		First	M.I.
Shalek		Jim & Nancy	
Residential Street Address		City	State Zip Code
126 Merriam St		Weston	MA 02493-1319
Principal Occupation		Name of Employer	
Entrepreneur/Consultant		Shalek Advisors, Inc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1?		Is contribution in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$250.00

SUBTOTAL Section B - This Page	\$750.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Simpson		Robert			
Residential Street Address		City		State	Zip Code
7 Taskers Pond Rd		Farmington		CT	06032-1232
Principal Occupation		Name of Employer			
Lawyer		Carlton Fields			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # 090419a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019		\$500.00	
Last Name		First		M.I.	
Smith		Catherine		H	
Residential Street Address		City		State	Zip Code
90 Foote Hill Rd		Northford		CT	06472-1367
Principal Occupation		Name of Employer			
Commissioner		DECD			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019		\$500.00	
Last Name		First		M.I.	
Stark		Adam			
Residential Street Address		City		State	Zip Code
55 Pound Ridge Rd		Pound Ridge		NY	10576-1633
Principal Occupation		Name of Employer			
President		Stark Business Solutions, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/27/2019		\$2,000.00	

SUBTOTAL Section B - This Page	\$2,000.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Stein		Barry	
Residential Street Address		City	State Zip Code
2 Trumbull Ln		West Hartford	CT 06117-2756
Principal Occupation		Name of Employer	
Chief Clinical Innovation Officer		Hartford Healthcare	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$300.00	
Is contribution in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/10/2019	\$300.00
Last Name		First	M.I.
Stratoti		Raymond	E
Residential Street Address		City	State Zip Code
2 Aarons Way		East Hampton	CT 06424-2001
Principal Occupation		Name of Employer	
Accountant		Carabetta Brothers	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is contribution in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/23/2019	\$100.00
Last Name		First	M.I.
Stys		Richard	G
Residential Street Address		City	State Zip Code
9 Boxwood Cir		Avon	CT 06001-3937
Principal Occupation		Name of Employer	
SVP- Finance & Treasurer		Hartford Healthcare	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is contribution in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$250.00

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A - B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
B. Itemized Contributions from Individuals		M.I.	
Last Name		First	State
Sullivan		James	CT
Residential Street Address		City	Zip Code
41 High Farms Rd		West Hartford	06107-1544
Principal Occupation		Name of Employer	
Attorney		Howard Kohn	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is contribution in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$550.00
Last Name		First	M.I.
Swift		Christopher	
Residential Street Address		City	State
49 Winfield Ln		New Canaan	CT
Principal Occupation		Name of Employer	Zip Code
CEO and chairman		The Hartford	06840-3439
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is contribution in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$1,000.00
Last Name		First	M.I.
Tejada		Lovelie	
Residential Street Address		City	State
310 Clarkson Ave, 816		Brooklyn	NY
Principal Occupation		Name of Employer	Zip Code
Manager		1992	11226-2998
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is contribution in excess of \$400 to a candidate committee 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/29/2019	\$60.00

SUBTOTAL Section B - This Page	\$1,275.
TOTAL of Section B Pages	\$76,013.
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Thompson Suisman		Moye			
Residential Street Address		City	State	Zip Code	
201 Mabery Rd		Santa Monica	CA	90402-1205	
Principal Occupation		Name of Employer			
Ceramist		Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$400.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019		\$1,000.00	
Last Name		First		M.I.	
Tittmann		Sally			
Residential Street Address		City	State	Zip Code	
21 Kingswood Rd		West Hartford	CT	06119-1519	
Principal Occupation		Name of Employer			
homemaker		Mrs.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/05/2019		\$45.00	
Last Name		First		M.I.	
Torrey		Megan			
Residential Street Address		City	State	Zip Code	
60 Harvest Ct		Newington	CT	06111-4653	
Principal Occupation		Name of Employer			
Executive		Ctwac			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019		\$100.00	

SUBTOTAL Section B - This Page	\$470.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Townswick		Sarah	
Residential Street Address		City	State Zip Code
21 Bainbridge Rd		West Hartford	CT 06119-1102
Principal Occupation		Name of Employer	
Designed		Townswick Design	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00	
Is this contribution associated with an event reported in Section L1?		If contribution is in excess of \$400 to a candidate committee 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?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 090419a		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		Aggregate contributions	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$200.00	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	
Last Name		First	M.I.
Tufte		Edward	
Residential Street Address		City	State Zip Code
1161 Sperry Rd		Cheshire	CT 06410-3747
Principal Occupation		Name of Employer	
ARTIST		SELF EMPLOYED	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		Aggregate contributions	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$1,000.00	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/23/2019	
Last Name		First	M.I.
VALINHO		CARLOS	M
Residential Street Address		City	State Zip Code
75 Avon Mountain Rd		Avon	CT 06001-3904
Principal Occupation		Name of Employer	
Investor		self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		Aggregate contributions	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$500.00	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/10/2019	

SUBTOTAL Section B - This Page	\$1,700.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A - B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
Subtotal Section A		\$0.00	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)			
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Wakim		James	
Residential Street Address		City	State Zip Code
5 Woodland Dr		Old Saybrook	CT 06475-2926
Principal Occupation		Name of Employer	
Executive		The Simon Konover Company	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$1,500.00
Last Name		First	M.I.
Walkovich		Joseph	
Residential Street Address		City	State Zip Code
PO Box 63		Danbury	CT 06813-0063
Principal Occupation		Name of Employer	
Govt Relations Consulting		Walkovich Associates	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/09/2019	\$300.00
Last Name		First	M.I.
West		Carolyn	
Residential Street Address		City	State Zip Code
65 Kenyon St		Hartford	CT 06105-2506
Principal Occupation		Name of Employer	
retired		retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/30/2019	\$275.00

SUBTOTAL Section B - This Page	\$575
TOTAL of Section B Pages	\$76,013
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Williams		Paul	D
Residential Street Address		City	State Zip Code
4 Manor Ln		West Hartford	CT 06107-1513
Principal Occupation		Name of Employer	
Lawyer		Day Pitney	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 090419a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/04/2019	\$100.00
Last Name		First	M.I.
Wood Forand		Sandy	
Residential Street Address		City	State Zip Code
99 N Beacon St		Hartford	CT 06105-2512
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/06/2019	\$25.00
Last Name		First	M.I.
Zak		Daniel	J
Residential Street Address		City	State Zip Code
1420 Main St		Glastonbury	CT 06033-3110
Principal Occupation		Name of Employer	
Property Manager		Metro Property Manager	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/09/2019	\$500.00

SUBTOTAL Section B - This Page	\$625.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Bronin for Mayor						October 10 filing	
C1. Contributions from Other Committees							
Name of Committee				Name of Treasurer		Amount of Contribution	
SEIU Local 32BJ Connectic				Juan R Hernandez			
Address				Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 W 18th St				If yes, list Event #			
City		State	Zip Code	Date Received	Aggregate Contributions		
New York		NY	10011-4677	09/06/2019	\$1,500.00	\$1,500.00	
Name of Committee				Name of Treasurer		Amount of Contribution	
Wiggin & Dana Political A				Noel Hanf			
Address				Is this contribution associated with an event reported in Section L1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PO Box 1832				If yes, list Event #		090419a	
City		State	Zip Code	Date Received	Aggregate Contributions		
New Haven		CT	06508-1832	09/04/2019	\$300.00	\$300.00	

SUBTOTAL Section C1 - This Page	\$1,800.00
TOTAL of Section C1 Pages	\$1,800.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page)	\$1,800.00

I. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT
Bronin for Mayor		October 10 filing
Summary of Other Monetary Receipts (Sections D-K)		
Total Loans Received this Period (Section D)		\$0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)		+
Total Amount Transferred from Affiliated Business Treasury (Section F)		+
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)		+
Total Amount of Personal Funds of the Candidate Received this Period (Section H)		+
Total Amount of Interest from Deposits in Authorized Accounts (Section J)		+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)		+

Total of Other Monetary Receipts (Add Sections D through K) <i>(Enter total on Line 15, Column A of Summary Page Totals)</i>	\$0.00
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II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
L1. Event Information					
Event #	Date of Event	Letter	Description	Was this a fundraising event?	
	09/04/2019	a	Dinner Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address			City	State	Zip Code
21 Ledyard Rd			West Hartford	CT	06117
Subpart 1: (All Committees)					
Was this event hosted at a personal residence?			<input checked="" type="checkbox"/> Yes <i>(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.)</i> <input type="checkbox"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?			<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="checkbox"/> No		
Subpart 3: (Town Committees ONLY)					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?			<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No		

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	\$0.00

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee 363 Main St LLC			Date of Payment 09/04/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1280 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 363 Main St		City Hartford		State CT	Zip Code 06106-1886
Purpose of Expenditure (by code) OVHD	Description Rent	Event #		Amount \$575.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Daniel Adams			Date of Payment 09/02/2019		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 160 Morgan Ave		City East Haven		State CT	Zip Code 06512-4519
Purpose of Expenditure (by code) REF	Description Contribution Refund	Event #		Amount \$1,000.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee ADP			Date of Payment 09/12/2019		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 100 Corporate Dr		City Windsor		State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll and taxes	Event #		Amount \$8,496.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee ADP			Date of Payment 09/13/2019		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 100 Corporate Dr		City Windsor		State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll and taxes	Event #		Amount \$4,079.62	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

SUBTOTAL Section P - This Page		\$14,151.12
TOTAL of Section P Pages		\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			October 10 filing	
P. Expenses Paid by Committee				
Name of Payee ADP		Date of Payment 09/26/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 100 Corporate Dr		City Windsor	State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll and taxes	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$3,877.20
Name of Payee ADP		Date of Payment 09/26/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 100 Corporate Dr		City Windsor	State CT	Zip Code 06095-2119
Purpose of Expenditure (by code) WAGE	Description Payroll and taxes	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$8,501.16
Name of Payee Reinaldo Albarran		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1159 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 461 Washington St, Apt 312		City Hartford	State CT	Zip Code 06106-3356
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$60.00
Name of Payee Amazon, Inc		Date of Payment 09/03/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 410 Terry Ave N		City Seattle	State WA	Zip Code 98109-5210
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$29.96

SUBTOTAL Section P - This Page	\$12,468.32
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee Amazon, Inc			Date of Payment 09/03/2019		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 410 Terry Ave N		City Seattle		State WA	Zip Code 98109-5210
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	Event #		Amount \$9.34	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Amazon, Inc			Date of Payment 09/03/2019		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 410 Terry Ave N		City Seattle		State WA	Zip Code 98109-5210
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	Event #		Amount \$96.96	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Amazon, Inc			Date of Payment 09/13/2019		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 410 Terry Ave N		City Seattle		State WA	Zip Code 98109-5210
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	Event #		Amount \$12.99	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Bank of America			Date of Payment 09/03/2019		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 185 Asylum St		City Hartford		State CT	Zip Code 06103-3401
Purpose of Expenditure (by code) BNK	Description Bank Fee	Event #		Amount \$61.20	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

SUBTOTAL Section P - This Page		\$180.49
TOTAL of Section P Pages		\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
P. Expenses Paid by Committee			
Name of Payee Bobby Berriault		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1344 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 195 Hartford Rd, C2		City New Britain	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount \$225.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Bobby Berriault		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1182 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$105.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Brenda Brewer		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1305 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 98 Cleveland Ave		City Hartford	State CT Zip Code 06120-1302
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount \$540.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Brenda Brewer		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1167 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 98 Cleveland Ave		City Hartford	State CT Zip Code 06120-1302
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$585.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section P - This Page \$1,455.00

TOTAL of Section P Pages \$139,009.72

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee Jevon Brunson			Date of Payment 09/13/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1325 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 60 Burlington St		City Hartford		State CT	Zip Code 06112-1701
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #		Amount \$150.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Marvin Byrd			Date of Payment 09/13/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1304 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 88 Bissell St		City Manchester		State CT	Zip Code 06040-5304
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #		Amount \$435.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Marvin Byrd			Date of Payment 09/14/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1165 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 88 Bissell St		City Manchester		State CT	Zip Code 06040-5304
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$420.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Capitol Report			Date of Payment 09/28/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1370 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 314 Town St		City East Haddam		State CT	Zip Code 06423-1428
Purpose of Expenditure (by code) A-WEB	Description Advertising	Event #		Amount \$6,000.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

SUBTOTAL Section P - This Page		\$7,005.00
TOTAL of Section P Pages		\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			October 10 filing	
P. Expenses Paid by Committee				
Name of Payee John Carmon		Date of Payment 09/03/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1276 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 1099, FI 34216		City Anna Maria	State FL	Zip Code 34216-1099
Purpose of Expenditure (by code) REF	Description	Event #	Amount \$250.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee CICD Puerto Rican Parade		Date of Payment 09/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1365 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80 Cedar St		City Hartford	State CT	Zip Code 06106-1622
Purpose of Expenditure (by code) MISC	Description Travel Expenses	Event #	Amount \$502.40	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Raquel Cintron		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1299 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 169 Malikowski Cir		City New Britain	State CT	Zip Code 06053-1320
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount \$795.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Raquel Cintron		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1157 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 169 Malikowski Cir		City New Britain	State CT	Zip Code 06053-1320
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$465.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$2,012.40
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
P. Expenses Paid by Committee			
Name of Payee Alnisa Clark		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1151 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 68 Deerfield Ave		City Hartford	State CT Zip Code 06112-2201
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$120.00
Name of Payee Amber Cochran		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1327 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 94 Love Ln		City Hartford	State CT Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$1,005.00
Name of Payee Trudy Collier		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1150 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 86 Webster St, Apt B8		City Hartford	State CT Zip Code 06114-1243
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$300.00
Name of Payee Javony Collins		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1307 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 32 Elm St		City Hartford	State CT Zip Code 06106-1760
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$180.00

SUBTOTAL Section P - This Page		\$1,605.00
TOTAL of Section P Pages		\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee Connecticut Democratic Party			Date of Payment 09/23/2019		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 30 Arbor St, # 404		City Hartford		State CT	Zip Code 06106-1215
Purpose of Expenditure (by code) MISC	Description Event tickets	Event #		Amount \$65.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Eddie Crespo			Date of Payment 09/14/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1156 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 777 Main St, Unit 312		City Hartford		State CT	Zip Code 06103-2308
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$180.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee D'aprile Package St			Date of Payment 09/06/2019		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 288 Franklin Ave		City Hartford		State CT	Zip Code 06114-1848
Purpose of Expenditure (by code) FOOD	Description Event Supplies	Event #		Amount \$36.99	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Alex Dahlem			Date of Payment 09/04/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1284 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 14 Jeremy Way		City Hebron		State CT	Zip Code 06248-1434
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$18.06	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

SUBTOTAL Section P - This Page		\$300.05
TOTAL of Section P Pages		\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
P. Expenses Paid by Committee			
Name of Payee Alex Dahlem		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1166 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 14 Jeremy Way		City Hebron	State CT Zip Code 06248-1434
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$540.00
Name of Payee Alex Dahlem		Date of Payment 09/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1347 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 14 Jeremy Way		City Hebron	State CT Zip Code 06248-1434
Purpose of Expenditure (by code) WAGE	Description GOTV Payment	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$1,250.00
Name of Payee Edward Dailey		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1322 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 65 Sumner St, Apt 101		City Hartford	State CT Zip Code 06105-2038
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$930.00
Name of Payee Wilfredo Davila		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1173 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 177 Kensington St, Apt 177		City Hartford	State CT Zip Code 06120-1718
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$150.00

SUBTOTAL Section P - This Page		\$2,870.00
TOTAL of Section P Pages		\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee Josh Davino			Date of Payment 09/13/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1318 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 22 Atwood St		City Watertown		State CT	Zip Code 06795-2502
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #		Amount \$810.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Josh Davino			Date of Payment 09/14/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1183 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 22 Atwood St		City Watertown		State CT	Zip Code 06795-2502
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$120.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Vantaja Davis			Date of Payment 09/03/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1278 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 605 Broad St, Apt K		City Hartford		State CT	Zip Code 06106-4632
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$75.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Vantaja Davis			Date of Payment 09/14/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1176 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 605 Broad St, Apt K		City Hartford		State CT	Zip Code 06106-4632
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$450.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

SUBTOTAL Section P - This Page		\$1,455.00
TOTAL of Section P Pages		\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			October 10 filing	
P. Expenses Paid by Committee				
Name of Payee Ron Deb		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1336 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 309 E Opal Dr		City Glastonbury	State CT	Zip Code 06033-1455
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount \$495.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Omrys Delgado		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1113 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Maple Ave		City Windsor	State CT	Zip Code 06095-2923
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$270.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Omrys Delgado		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1302 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Maple Ave		City Windsor	State CT	Zip Code 06095-2923
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount \$330.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Omrys Delgado		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1161 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Maple Ave		City Windsor	State CT	Zip Code 06095-2923
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$480.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$1,575.00
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee Deliver Strategies			Date of Payment 09/03/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1269 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 4301 Fairfax Dr		City Arlington		State VA	Zip Code 22203-1627
Purpose of Expenditure (by code) A-DM	Description Mail Advertising	Event #		Amount \$13,034.28	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Deliver Strategies			Date of Payment 09/06/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1285 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 4301 Fairfax Dr		City Arlington		State VA	Zip Code 22203-1627
Purpose of Expenditure (by code) A-DM	Description Mail Advertising	Event #		Amount \$3,190.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Deliver Strategies			Date of Payment 09/28/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1369 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 4301 Fairfax Dr		City Arlington		State VA	Zip Code 22203-1627
Purpose of Expenditure (by code) MISC	Description Photo Shoot	Event #		Amount \$2,200.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee dollar General			Date of Payment 09/03/2019		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 649 Wethersfield Ave		City Hartford		State CT	Zip Code 06114-1928
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	Event #		Amount \$13.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

SUBTOTAL Section P - This Page		\$18,438.28
TOTAL of Section P Pages		\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
P. Expenses Paid by Committee			
Name of Payee Alia Forbes		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1179 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 82 Bushnell St, Apt 2		City Hartford	State CT Zip Code 06114-1827
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$90.00
Name of Payee Jasmin Ford		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1330 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 52 Ruby Dr, Apt L		City Manchester	State CT Zip Code 06040-8124
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$240.00
Name of Payee Jasmine Ford		Date of Payment 09/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1261 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 5 Winslow Ct		City Naugatuck	State CT Zip Code 06770-4007
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$120.00
Name of Payee MARIA GALBIER-BRIGER		Date of Payment 09/03/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1273 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 25 Field Point Cir		City Greenwich	State CT Zip Code 06830-7072
Purpose of Expenditure (by code) REF	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,000.00

SUBTOTAL Section P - This Page		\$1,450.00
TOTAL of Section P Pages		\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee Gail Geronemus			Date of Payment 09/03/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1274 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 20 E End Ave, 15B		City New York		State NY	Zip Code 10028-7581
Purpose of Expenditure (by code) REF	Description	Event #		Amount \$1,000.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Gloria Goodwin			Date of Payment 09/02/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1244 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 198 Branford St		City Hartford		State CT	Zip Code 06112-1407
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$225.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Gloria Goodwin			Date of Payment 09/13/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1308 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 198 Branford St		City Hartford		State CT	Zip Code 06112-1407
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #		Amount \$510.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Gloria Goodwin			Date of Payment 09/14/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1170 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 198 Branford St		City Hartford		State CT	Zip Code 06112-1407
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$300.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

SUBTOTAL Section P - This Page	\$2,035.00
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
P. Expenses Paid by Committee			
Name of Payee Google, Inc.		Date of Payment 09/03/2019	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA Zip Code 94043-1351
Purpose of Expenditure (by code) OVHD	Description Email Hosting	Event #	Amount \$296.42
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Google, Inc.		Date of Payment 09/06/2019	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA Zip Code 94043-1351
Purpose of Expenditure (by code) OVHD	Description Email Hosting	Event #	Amount \$23.60
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Grassroots Analytics		Date of Payment 09/13/2019	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 777 6th St NW		City Washington	State DC Zip Code 20001-3723
Purpose of Expenditure (by code) OVHD	Description Data Targeting	Event #	Amount \$1,000.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Hartford Pizza		Date of Payment 09/03/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 161 Franklin Ave		City Hartford	State CT Zip Code 06114-1335
Purpose of Expenditure (by code) FOOD	Description Food for event	Event #	Amount \$136.80
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section P - This Page	\$1,456.82
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			October 10 filing	
P. Expenses Paid by Committee				
Name of Payee Hartford Pizza		Date of Payment 09/09/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 161 Franklin Ave		City Hartford	State CT	Zip Code 06114-1335
Purpose of Expenditure (by code) FOOD	Description Food for event	Event #	Amount \$79.10	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Hartford Pizza		Date of Payment 09/12/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 161 Franklin Ave		City Hartford	State CT	Zip Code 06114-1335
Purpose of Expenditure (by code) FOOD	Description Food for event	Event #	Amount \$29.46	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Merice J Henriques-Bryan		Date of Payment 09/04/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1281 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 208 King Philip Dr		City West Hartford	State CT	Zip Code 06117-1408
Purpose of Expenditure (by code) OVHD	Description Rent	Event #	Amount \$1,100.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Merice J Henriques-Bryan		Date of Payment 09/20/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1368 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 208 King Philip Dr		City West Hartford	State CT	Zip Code 06117-1408
Purpose of Expenditure (by code) OVHD	Description Utilities	Event #	Amount \$441.96	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$1,650.52
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			October 10 filing	
P. Expenses Paid by Committee				
Name of Payee Michael Hicks		Date of Payment 09/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1262 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$120.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Michael Hicks		Date of Payment 09/09/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1287 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$180.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Michael Hicks		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1331 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 169 Center St		City Hartford	State CT	Zip Code 06109-2307
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount \$120.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Andrea Hill		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1298 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 Tower Ave		City Hartford	State CT	Zip Code 06120-1056
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount \$330.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page		\$750.00
TOTAL of Section P Pages		\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			October 10 filing	
P. Expenses Paid by Committee				
Name of Payee Andrea Hill		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1155 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 Tower Ave		City Hartford	State CT	Zip Code 06120-1056
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$240.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Lovesky Jean		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1337 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 117 Bushnell St		City Hartford	State CT	Zip Code 06114-1879
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount \$285.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Javon Joiner		Date of Payment 09/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1263 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Burlington St		City Hartford	State CT	Zip Code 06112-1701
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$120.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Javon Joiner		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1332 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 149 Kensington St		City Hartford	State CT	Zip Code 06120-1718
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount \$990.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page		\$1,635.00
TOTAL of Section P Pages		\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			October 10 filing	
P. Expenses Paid by Committee				
Name of Payee Javon Joiner		Date of Payment 09/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1358 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Burlington St		City Hartford	State CT	Zip Code 06112-1701
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$60.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Pamela Joiner		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1326 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 149 Kensington St		City Hartford	State CT	Zip Code 06120-1718
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount \$810.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Pamela Joiner		Date of Payment 09/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1359 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 149 Kensington St		City Hartford	State CT	Zip Code 06120-1718
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$15.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Pamela Joiner		Date of Payment 09/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1359 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 149 Kensington St		City Hartford	State CT	Zip Code 06120-1718
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$60.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$945.00
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee Jones Mandel			Date of Payment 09/06/2019		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 1216 King St, Ste 300		City Alexandria		State VA	Zip Code 22314-2927
Purpose of Expenditure (by code) CNSLT	Description Research Consulting	Event #		Amount \$8,375.20	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Weronika Kaplon			Date of Payment 09/03/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1135 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 127 Hebron Rd		City Marlborough		State CT	Zip Code 06447-1205
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$270.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Weronika Kaplon			Date of Payment 09/13/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1306 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 127 Hebron Rd		City Marlborough		State CT	Zip Code 06447-1205
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #		Amount \$545.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Weronika Kaplon			Date of Payment 09/14/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1168 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 127 Hebron Rd		City Marlborough		State CT	Zip Code 06447-1205
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$240.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

SUBTOTAL Section P - This Page	\$9,430.20
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			October 10 filing	
P. Expenses Paid by Committee				
Name of Payee Allie Kazlauskas		Date of Payment 09/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1339 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Park Pl, # 23A		City Hartford	State CT	Zip Code 06106-5007
Purpose of Expenditure (by code) WAGE	Description Reimbursement	Event #	Amount \$19.15	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Michael D Klett (REC)		Date of Payment 09/03/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1270 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2728 Thomson Ave, Unit 629		City Long Island City	State NY	Zip Code 11101-2942
Purpose of Expenditure (by code) REF	Description	Event #	Amount \$450.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Janemary Laboy		Date of Payment 09/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1356 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 121 Wyllys St		City Hartford	State CT	Zip Code 06106-1957
Purpose of Expenditure (by code) WAGE	Description Poll Stander	Event #	Amount \$210.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Jean Lovesky		Date of Payment 09/07/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1288 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 117 Bushnell St		City Hartford	State CT	Zip Code 06114-1879
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$120.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$799.15
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE - (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			October 10 filing	
P. Expenses Paid by Committee				
Name of Payee Victor Luna		Date of Payment 09/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1345 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Chapin Pl		City Hartford	State CT	Zip Code 06114-1901
Purpose of Expenditure (by code) WAGE	Description Reimbursement	Event #	Amount \$126.56	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Marconi Enterprises		Date of Payment 09/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1361 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 239 Franklin Ave		City Hartford	State CT	Zip Code 06114-1846
Purpose of Expenditure (by code) OVHD	Description Rent and Utilities	Event #	Amount \$1,648.47	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Kalliyah May		Date of Payment 09/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1264 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$45.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Kalliyah May		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1333 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 33 Liberty St		City Hartford	State CT	Zip Code 06120-2825
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount \$330.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$2,150.03
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
P. Expenses Paid by Committee			
Name of Payee Malcolm McAvity		Date of Payment 09/03/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1271 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 37 Pheasant Ln		City Greenwich	State CT Zip Code 06830-3811
Purpose of Expenditure (by code) REF	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$100.00
Name of Payee Teesa McElroy		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1324 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 108 Governor St, Apt 1		City New Britain	State CT Zip Code 06053-5903
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$45.00
Name of Payee Kyle McFarlin		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1329 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 85 Van Block Ave		City Hartford	State CT Zip Code 06106-2852
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$1,005.00
Name of Payee Raynette McKnight		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1309 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2 Hillside Farm Drive		City East Windsor	State CT Zip Code 06002
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$870.00

SUBTOTAL Section P - This Page		\$2,020.00
TOTAL of Section P Pages		\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee Rodney McKnight			Date of Payment 09/02/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1268 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 167 Homestead Ave		City Hartford		State CT	Zip Code 06112-2342
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$375.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Rodney McKnight			Date of Payment 09/13/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1311 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 167 Homestead Ave		City Hartford		State CT	Zip Code 06112-2342
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #		Amount \$1,050.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Rodney McKnight			Date of Payment 09/14/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1174 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 167 Homestead Ave		City Hartford		State CT	Zip Code 06112-2342
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$735.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Maria Medina			Date of Payment 09/02/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1265 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$45.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

SUBTOTAL Section P - This Page	\$2,205.00
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee Maria Medina			Date of Payment 09/13/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1334 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 33 Liberty St		City Hartford		State CT	Zip Code 06120-2825
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #		Amount \$285.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Maria Medina			Date of Payment 09/16/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1360 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$60.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Luciana Miller Williams			Date of Payment 09/12/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1342 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 66 Canterbury St		City Hartford		State CT	Zip Code 06112-1822
Purpose of Expenditure (by code) WAGE	Description Canvasser	Event #		Amount \$45.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Luciana Miller			Date of Payment 09/13/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1342 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 66 Canterbury St		City Hartford		State CT	Zip Code 06112-1822
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #		Amount \$45.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

SUBTOTAL Section P - This Page		\$435.00
TOTAL of Section P Pages		\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee Michael Morris			Date of Payment 09/13/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1328 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 45 Banbury Ln		City Bloomfield		State CT	Zip Code 06002-2501
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #		Amount \$1,110.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Murphy Vogel Askew Riley			Date of Payment 09/03/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1277 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1199 N Fairfax St, Ste 220		City Alexandria		State VA	Zip Code 22314-1437
Purpose of Expenditure (by code) CNSLT	Description Travel and Consulting	Event #		Amount \$890.53	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Robert Murphy			Date of Payment 09/14/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1184 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 356 Franklin Ave		City Hartford		State CT	Zip Code 06114-2507
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$180.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Dan Nickelson			Date of Payment 09/11/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1293 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2277 S Mangan Rd		City Pacific		State MO	Zip Code 63069-4666
Purpose of Expenditure (by code) WAGE	Description Reimbursement	Event #		Amount \$71.89	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

SUBTOTAL Section P - This Page	\$2,252.42
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			October 10 filing	
P. Expenses Paid by Committee				
Name of Payee Danny Nickelson		Date of Payment 09/06/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1286 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2277 S Mangan Rd		City Pacific	State MO	Zip Code 63069-4666
Purpose of Expenditure (by code) OFFICE	Description Office Supplies Reimbursement	Event #	Amount \$80.58	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Miguel Nieves		Date of Payment 09/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1349 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Brownell Ave, Apt B6		City Hartford	State CT	Zip Code 06106-3363
Purpose of Expenditure (by code) WAGE	Description Poll Standing	Event #	Amount \$210.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Tynece Oliver		Date of Payment 09/04/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1282 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 Hungerford St, Apt 3A		City Hartford	State CT	Zip Code 06106-1425
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$195.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Tynece Oliver		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1313 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 Hungerford St, Apt 3A		City Hartford	State CT	Zip Code 06106-1425
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount \$345.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$830.58
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
P. Expenses Paid by Committee			
Name of Payee Tynece Oliver		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1177 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 45 Hungerford St, Apt 3A		City Hartford	State CT Zip Code 06106-1425
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$150.00
Name of Payee Abner Ortiz		Date of Payment 09/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1355 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 18 Essex St, # E		City Hartford	State CT Zip Code 06114-4041
Purpose of Expenditure (by code) WAGE	Description Poll Stander	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$210.00
Name of Payee Betsy Ortiz		Date of Payment 09/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1366 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 314 Barbour St		City Hartford	State CT Zip Code 06120-1002
Purpose of Expenditure (by code) WAGE	Description Poll Stander	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$210.00
Name of Payee Sunshine Ortiz		Date of Payment 09/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1348 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 18 Essex St, # 4E		City Hartford	State CT Zip Code 06114-4041
Purpose of Expenditure (by code) WAGE	Description Poll Stander	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$210.00

SUBTOTAL Section P - This Page	\$780.00
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 18, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			October 10 filing	
P. Expenses Paid by Committee				
Name of Payee Daisy Pagan		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1300 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Pliny St, Fl 1		City Hartford	State CT	Zip Code 06120-2337
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$795.00
Name of Payee Daisy Pagan		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1158 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Pliny St, Fl 1		City Hartford	State CT	Zip Code 06120-2337
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$525.00
Name of Payee Polish National Home		Date of Payment 09/11/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1294 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Charter Oak Ave		City Hartford	State CT	Zip Code 06106-1909
Purpose of Expenditure (by code) MISC	Description Election Night Event	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$2,303.10
Name of Payee Confesor Principe		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1301 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 235 Farmington Ave, Apt 23		City Hartford	State CT	Zip Code 06105-3510
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$315.00

SUBTOTAL Section P - This Page			\$3,938.10
TOTAL of Section P Pages			\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			October 10 filing	
P. Expenses Paid by Committee				
Name of Payee Confesor Principe		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1160 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 235 Farmington Ave, Apt 23		City Hartford	State CT	Zip Code 06105-3510
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$240.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Aisha Reese		Date of Payment 09/04/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1279 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 52 Pliny St, Apt 1		City Hartford	State CT	Zip Code 06120-2337
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$105.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Aisha Reese		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1323 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 52 Pliny St, Apt 1		City Hartford	State CT	Zip Code 06120-2337
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount \$420.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Hector Rivera		Date of Payment 09/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1352 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 105 Sherbrooke Ave, Apt 41		City Hartford	State CT	Zip Code 06106-3848
Purpose of Expenditure (by code) WAGE	Description Poll Standing	Event #	Amount \$210.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$975.00
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee Valerie Rockefeller			Date of Payment 09/03/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1272 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 38 Highview Ave		City Old Greenwich		State CT	Zip Code 06870-1704
Purpose of Expenditure (by code) REF	Description	Event #		Amount \$150.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee Rockwell Communications Inc			Date of Payment 09/23/2019		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 321 Burnham St		City East Hartford		State CT	Zip Code 06108-1183
Purpose of Expenditure (by code) OVHD	Description AV Services	Event #		Amount \$69.13	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee Evelyn Rodriguez			Date of Payment 09/12/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1353 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 700 Maple Ave, Apt 309		City Hartford		State CT	Zip Code 06114-1871
Purpose of Expenditure (by code) WAGE	Description Poll Stander	Event #		Amount \$210.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee Run the World			Date of Payment 09/03/2019		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address PO Box 111		City Prairie Du Sac		State WI	Zip Code 53578-0111
Purpose of Expenditure (by code) CNSLT	Description Digital Consulting	Event #		Amount \$2,500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				

SUBTOTAL Section P - This Page	\$2,929.13
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee Engel Sanchez			Date of Payment 09/13/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1303 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 361 Hillside Ave		City Hartford		State CT	Zip Code 06106-3826
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #		Amount \$825.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Engel Sanchez			Date of Payment 09/14/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1163 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 361 Hillside Ave		City Hartford		State CT	Zip Code 06106-3826
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$540.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Amanda Sands			Date of Payment 09/12/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1346 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 111 Pearl St		City Hartford		State CT	Zip Code 06103-2408
Purpose of Expenditure (by code) WAGE	Description Reimbursement	Event #		Amount \$1,096.22	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Freda Seritella			Date of Payment 09/02/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1266 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 57 Woodland Dr		City Hartford		State CT	Zip Code 06105-1202
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$165.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

SUBTOTAL Section P - This Page		\$2,626.22
TOTAL of Section P Pages		\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Total(s))		\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			October 10 filing	
P. Expenses Paid by Committee				
Name of Payee Freda Seritella		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1297 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 57 Woodland Dr		City Hartford	State CT	Zip Code 06105-1202
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$1,050.00	
Name of Payee Freda Seritella		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1149 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 57 Woodland Dr		City Hartford	State CT	Zip Code 06105-1202
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$690.00	
Name of Payee Freda Seritella		Date of Payment 09/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1357 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 57 Woodland Dr		City Hartford	State CT	Zip Code 06105-1202
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$105.00	
Name of Payee Sharon Sherpa		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1315 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 134 School House Rd		City Newington	State CT	Zip Code 06111-4036
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$345.00	

SUBTOTAL Section P - This Page	\$2,190.00
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 1B, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee Sharon Sherpa			Date of Payment 09/14/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1180 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 134 School House Rd		City Newington		State CT	Zip Code 06111-4036
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$585.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Torre Shorter			Date of Payment 09/11/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1338 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 569 Zion St, Apt A		City Hartford		State CT	Zip Code 06106-3239
Purpose of Expenditure (by code) WAGE	Description Poll Stander	Event #		Amount \$142.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Antonette Smith			Date of Payment 09/20/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1367 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 14 Yale St		City Waterbury		State CT	Zip Code 06704-1516
Purpose of Expenditure (by code) WAGE	Description Canvasser	Event #		Amount \$285.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Antonnette Smith			Date of Payment 09/04/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1283 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 20 May St, Apt 202		City Hartford		State CT	Zip Code 06105-1565
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$150.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

SUBTOTAL Section P - This Page		\$1,162.50
TOTAL of Section P Pages		\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee Antonnette Smith			Date of Payment 09/14/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1178 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 20 May St, Apt 202		City Hartford		State CT	Zip Code 06105-1565
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$450.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee Olivia St. Remy			Date of Payment 09/14/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1172 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 69 Johnson St		City Newington		State CT	Zip Code 06111-3714
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$420.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee Staples, Inc.			Date of Payment 09/09/2019		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2550 Albany Ave		City West Hartford		State CT	Zip Code 06117-2335
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	Event #		Amount \$105.80	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee Staples, Inc.			Date of Payment 09/11/2019		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2550 Albany Ave		City West Hartford		State CT	Zip Code 06117-2335
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	Event #		Amount \$264.77	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				

SUBTOTAL Section P - This Page	\$1,240.57
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			October 10 filing	
P. Expenses Paid by Committee				
Name of Payee Aaron Supple		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1164 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 300 Summit St		City Hartford	State CT	Zip Code 06106-3100
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$60.00
Name of Payee Taylor Rental Center		Date of Payment 09/11/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1295 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 600 Oakwood Ave		City West Hartford	State CT	Zip Code 06110-1520
Purpose of Expenditure (by code) OVHD	Description Event Rentals	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$1,039.51
Name of Payee The Latino Way		Date of Payment 09/09/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1292 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 330 Main St		City Hartford	State CT	Zip Code 06106-1860
Purpose of Expenditure (by code) CNSLT	Description Consulting	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$12,000.00
Name of Payee The Latino Way		Date of Payment 09/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1354 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 330 Main St		City Hartford	State CT	Zip Code 06106-1860
Purpose of Expenditure (by code) CNSLT	Description Consulting	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$1,670.00

SUBTOTAL Section P - This Page		\$14,769.51
TOTAL of Section P Pages		\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee Ellis Thomas			Date of Payment 09/13/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1335 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$180.00
Name of Payee Hineoa Thomson			Date of Payment 09/13/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1310 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
53 Madison St		Hartford		CT	06106-2325
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$60.00
Name of Payee Timoi Thomson			Date of Payment 09/09/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1290 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
49 Linden St		East Hartford		CT	06108-4028
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$90.00
Name of Payee Timoi Thomson			Date of Payment 09/13/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1309 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
49 Linden St		East Hartford		CT	06108-4028
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$60.00

SUBTOTAL Section P - This Page	\$390.00
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee Probyn Tompson			Date of Payment 09/13/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1319 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 9 Rockville St, Apt C2		City Hartford		State CT	Zip Code 06112-2073
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #		Amount \$630.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Total Graphic Solutions			Date of Payment 09/16/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1363 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 674 Lincoln St		City New Britain		State CT	Zip Code 06052-1833
Purpose of Expenditure (by code) PRNT	Description Printing	Event #		Amount \$285.02	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Colin Townsend			Date of Payment 09/14/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1162 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 29 Winfield Dr		City Stratford		State CT	Zip Code 06615-5637
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$300.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee United States Postal Service			Date of Payment 09/17/2019		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 80 State House Sq		City Hartford		State CT	Zip Code 06103-9992
Purpose of Expenditure (by code) OVHD	Description Postage	Event #		Amount \$165.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

SUBTOTAL Section P - This Page	\$1,380.02
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 18, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		October 10 filing	
P. Expenses Paid by Committee			
Name of Payee V4Ink		Date of Payment 09/03/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 15765 Montana Ave		City La Puente	State CA Zip Code 91744-4030
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$1.08
Name of Payee V4Ink		Date of Payment 09/03/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 15765 Montana Ave		City La Puente	State CA Zip Code 91744-4030
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$35.98
Name of Payee Ollie Vail		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1343 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 94 Love Ln		City Hartford	State CT Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$1,050.00
Name of Payee Ollie Vail		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1153 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 94 Love Ln		City Hartford	State CT Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$585.00

SUBTOTAL Section P - This Page	\$1,672.06
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 18, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			October 10 filing	
P. Expenses Paid by Committee				
Name of Payee Shanice Vail		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1340 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 94 Love Ln, Apt 2		City Hartford	State CT	Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$780.00
Name of Payee Shanice Vail		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1154 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 94 Love Ln, Apt 2		City Hartford	State CT	Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$585.00
Name of Payee Ricardo Vargas		Date of Payment 09/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1350 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 69 Gillett St, Apt 405		City Hartford	State CT	Zip Code 06105-2621
Purpose of Expenditure (by code) WAGE	Description Poll Stander	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$210.00
Name of Payee Jeffery Verney		Date of Payment 09/03/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1275 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 266 Westledge Rd		City West Simsbury	State CT	Zip Code 06092-2017
Purpose of Expenditure (by code) REF	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$750.00

SUBTOTAL Section P - This Page	\$2,325.00
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee Voices of Men of Color			Date of Payment 09/09/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1291 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 69 Gillette St, # 410		City Hartford		State CT	Zip Code 06119-2107
Purpose of Expenditure (by code) CNSLT	Description Field Consulting	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$4,800.00
Name of Payee Walmart			Date of Payment 09/09/2019		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 495 Flatbush Ave		City Hartford		State CT	Zip Code 06106-3601
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$81.23
Name of Payee Ne'Jaughn Ware			Date of Payment 09/02/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1267 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 86 Wells St		City Manchester		State CT	Zip Code 06040-6125
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$180.00
Name of Payee Ne'Jaughn Ware			Date of Payment 09/13/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1312 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 86 Wells St		City Manchester		State CT	Zip Code 06040-6125
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$150.00

SUBTOTAL Section P - This Page	\$5,211.23
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			October 10 filing	
P. Expenses Paid by Committee				
Name of Payee Ne'Jaughn Ware		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1175 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 86 Wells St		City Manchester	State CT	Zip Code 06040-6125
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$645.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Kayla Waters		Date of Payment 09/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1316 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 277 Buckingham St		City Hartford	State CT	Zip Code 06106-1602
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #	Amount \$585.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Kayla Waters		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1181 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 277 Buckingham St		City Hartford	State CT	Zip Code 06106-1602
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$525.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Dwight Wilson		Date of Payment 09/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1152 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 887 Asylum Ave		City Hartford	State CT	Zip Code 06105-1976
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$285.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$2,040.00
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bronin for Mayor				October 10 filing	
P. Expenses Paid by Committee					
Name of Payee Michael Wright			Date of Payment 09/03/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1270 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 393 Granby St		City Hartford		State CT	Zip Code 06112-1315
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$450.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Titus Wright			Date of Payment 09/12/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1341 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 393 Granby St		City Hartford		State CT	Zip Code 06112-1315
Purpose of Expenditure (by code) WAGE	Description Canvasser	Event #		Amount \$60.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Titus Wright			Date of Payment 09/13/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1341 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 393 Granby St		City Hartford		State CT	Zip Code 06112-1315
Purpose of Expenditure (by code) WAGE	Description canvassing	Event #		Amount \$60.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Emily Zambrello			Date of Payment 09/11/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1296 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 85 Hillcrest Ave		City Wethersfield		State CT	Zip Code 06109-2103
Purpose of Expenditure (by code) WAGE	Description GOTV/Win Bonus	Event #		Amount \$1,250.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

SUBTOTAL Section P - This Page	\$1,820.00
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72