### **SEEC FORM 20**

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

TOWN & CITY CLERK

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### **COVER PAGE**

L.NAME OF COMMITTEE	7.0	COT	EKIAG	n e			
HARME CALCOMIZED							
Bronin for Mayor							
2. TREASURER NAME							
First		MI	Last			Suffix	
Calixto			Torres				
3. TREASURER ADDRESS							
Street Address		Cit	У			State	Zip Code
6 Harwich St		Hartf	ford			СТ	06114
4. ELECTION/REFERENDUM DATE	5.OFFICE SOU	ЯНТ (Со	noplete only if Cano	lulate Committee)	6 DETRICT NO	ABER	
(mm/dd/yyyy)					(if applicable)		
	Mayor			0			
7. CANDIDATE NAME (Complete only First							
Luke	1	MI	Last			Suffix	
8.TYPE OF REPORT CHEEK One IS			Bronin				
			tion of control of the Land State (1905)				1411
January 10 filing	7th day preceding pri	=		preceding referendum	Initial Contr (PACs ON)	ibution or Dis	bursement
April 10 filing	30 days following pri			following referendum			
July 10 filing	17th day preceding ele		Deficit		Amendment	to	
October 10 filing	12th day preceding el (State Central Comm	lection officer Only	Termina	ation	Type of Repo	ort:	
24 Hour Independent Expenditure	745 days following ele		,				
Primary Election	held in November	setton not				war.	
9, PERIOD COVERED						-	
Beg	ginning Date			Ending Date			
	02/2019		,4	-			
	12/2019		thru	09/30/2019			
16. CERTIFICATION			<b>全国企业</b> 企业	an established to the	ote and beautiful and		
I hereby certify and state, under per	nalties of false state	amant th	ent all of the infe	annotion got fouth	d.:. T4!		
Campaign Finance Disclosure Sta	atement for the ne	riod cove	ered is true, acc	orniation sci torin C urate and complete	on this Itemized		
- 0	P 2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	arato tala complete	•		
			Ama	nda Sands		10/10/2	2019
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)		PRINT NA	ME OF SIGNER		DATE (mm/c	id/yyyv)
					diament district		- F
A person who is found	l to have knowingly	and willfo	uller est a land a la accom		. ~		
zi person mno is jount	statutes faces a c	ana maigi	uuy vioiatea any <sub>j</sub>	provisions of the can	npaign finance		ļ

### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repository)	PYPE OF REPORT	
Bronin for Mayor	October 10 filing	
	COLUMN A This Period	COLUMN B
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	THIS PERIOD	Aggregate \$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. Per Public Act 11 48, effective January 1, 2012 Section L2 removed		
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	
18a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repu	(lary)			(TVPE) DEREBORE			
Bronin for Mayor					October 10 filing			
A. Total Contributions from Small Contributors - Received the	s Porterie	MIN	3					
(See instructions for definition of Small Contributor)			Subtota	l Section /				\$0.00
B. Icomized	(Christian)	one i	riin Ini	ing dinas			Contract of	
Last Name		First						M.I.
Addo		Gilt	pert					
Residential Street Address	City					State	Zip Code	1
255 Willimantic Tpke	Covent					CT	06238-	1578
Principal Occupation Owner			of Employ Associa					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess or municipality does contribute municipality valued at more	or or business	ndidate he/she i	s associate	for a chief of d with have Yes	executive officer of a a contract with said	Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a st  If yes, indicate which branch		or pros	pective stat	te contractor	? Yes			\$100.00
If yes, list Event # No ontract is with:		ecutive	e	Legisla	ative No			<b>•</b> 100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction [	Money Ord	er	Date Rec 09/04/2		Aggregate contributions \$100.00	)		
Last Name		First				1		M.I.
Ahmed		Irsh	ad					
Residential Street Address	City					State	Zip Code	
PO Box 146 Principal Occupation	Windso	•		<u>-</u>		СТ	06095-0	146
PHYSICIAN PHYSICIAN			of Employ EMPL					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess o municipality does contribute municipality valued at more	r or business l	ndidate o ne/she is	s associated	for a chief e I with have a Yes	executive officer of a a contract with said	Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a structure of the section L1?  Yes  If yes, indicate which branch branches of government the		or prosp	ective stat	e contractor	∐ i es			\$100.00
If yes, list Event # branches of government the contract is with:	Exe	ecutive	;	Legisla	dive ✓ No			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	ег	Date Rec 09/07/2	I	Aggregate contributions \$100.00			
Last Name		First	75-15-16-16-16-16-16-16-16-16-16-16-16-16-16-			·		M.I.
Alleyne		Rich	nard					
Residential Street Address	City					State	Zip Code	
156 S Main St	West Ha					СТ	06107-3	454
Principal Occupation Attorney			of Employe Hartford		l Services Group, In	ıc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contribute municipality valued at more	r or business h	didate o e/she is	associated	for a chief e with have a es	xecutive officer of a a contract with said	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a state of the section L1?  If yes, indicate which branch of the section L1?		or prosp	ective state	contractor?	L 1 es		;	\$250.00
If yes, list Event # 090419a No branches of government the contract is with:	☐ Exe	cutive	[	Legisla	tive No			
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	ar	Date Rece 09/04/2		Aggregate contributions \$250.00			
					· · · · · · · · · · · · · · · · · · ·			

SUBTOTAL Section B This Page	\$450.00
TOTAL of Section B Pages	\$76,013.00
(OTAL OF ALL GUNTRIBUTIONS FROM INDIVIDUALS (Sections A 4.5)  (Enter total on Line 13, Column A of Summery Page	\$76,013.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fil	ing Reposi	(lory)		PAYDE GERERORIE			
Bronin for Mayor				October 10 filing			
A. Total Contributions from Small Contributors - Received this I	terion O	NEY					•
(See instructions for definition of Small Contributor)			Subtotal Section /				\$0.00
B. Itemized Ci	ontributi	onsiti	rom Individuals				
Last Name		First					M.I.
Antar		Ali					
Residential Street Address	City				State	Zip Code	
265 Rambler St	Bristol	ı			СТ	06010-3	349
Principal Occupation		Name Retir	of Employer				
Retired		Reur	eu				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$municipality does contributor of municipality valued at more that the contribution is in excess of \$\text{municipality valued at more than the contribution is in excess of \$\text{municipality valued at more than the contribution is in excess of \$\text{municipality valued at more than the contribution is in excess of \$\text{municipality valued at more than the contribution is in excess of \$\text{municipality does contr	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which branch or		or pros	pective state contracto	r? Yes			\$150.00
If yes, list Event # No branches of government the contract is with:	-	ecutive	e Legisl	<b>✓</b> No ative			
Method of contribution:	Money Orde	er	Date Received 09/23/2019	Aggregate contributions \$150.00			
Last Name		First		<u> </u>	<b>.</b>		M.I.
Armond		Pau	ıl				
Residential Street Address	City	•			State	Zip Code	
PO Box 429	Hadlym	е			CT	06439-0	0429
Principal Occupation Retired		Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of smunicipality does contributor of municipality valued at more that	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state of the section L1?  If yes, indicate which branch or		or pros	pective state contracto	L i es			\$50.00
If yes, list Event #	Exe	ecutive	E Legisl	<b>√</b> No ative			
Method of contribution:       Cash     Personal Check       ✓ Credit/Debit Card     Payroll Deduction	Money Orde	ег	Date Received 09/10/2019	Aggregate contributions \$50.00			
Last Name		First			<u> </u>		M.I.
Azzam		Dea	an				
Residential Street Address	City	.l			State	Zip Code	
287 Laurel St	West Ha	artford	<u>t</u>		CT	06105-3	3429
Principal Occupation Engineer			of Employer ch Engineers, In	C.			
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$ dependent child of a lobbyist? No municipality does contributor of municipality valued at more than	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which branch or branches of government the			_	<b>V</b> Tes □No			\$250.00
If yes, list Event # contract is with:	∐ Ex	ecutive		ative			
Method of contribution:   Cash   Personal Check   Credit/Debit Card   Payroll Deduction	Money Orde	er	Date Received 09/02/2019	Aggregate contributions \$250.00			
					•		

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section BiPages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS PROMINIUNIDUALS (Sections A + B)  (Enter total on Line 15, Column A of Summary Page	\$76,013.00
With total on the W. Soldan and age	

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ME OF COMMITTEE (Provide Complete Name as Reg	Mered Jaille Could are bromen it		Cotober 10 filing			
- La Mayor						
Total Contributions from Small Contributors • R	actived this Period Value	Subtotal Section A				\$0.00
A Section of Condition Professional Control (CO)	. Itemized Contributions f					
	First					M.I.
ast Name	Ov					
aison		cia		State	Zip Code	
esidential Street Address	City Bloomfield			CT	06002-3	144
5 Cottage Grove Cir	Name	e of Employer				
rincipal Occupation	Hoo	ker and Holcombe				
Call center Rep	on is in excess of \$400 to a candidate	e committee for a chief of	executive officer of a	Amour	it of Conti	ribution
S CONTIDUIO A 1000 Jist, spouse,	does contributor of business neighbor	is associated with have	a contract with said No			
· induction	y valued at more than \$5,000?					ቀባድ በ(
S INIS CONTIDUCION ASSOCIATED	principal of a state contractor or pro	spective state continues	Yes			\$25.00
event reported in Section L1?  If yes, indicate No branches of a section L1?	te which branch or overnment the Executi	ve	✓ No ative			
If yes, list Event # contract is w	ith:	Date Received	Aggregate contributions			
Method of contribution: Cash Personal Check Credit/Debit Card Pa	yroll Deduction Money Order	09/08/2019	\$25.00			1 527
Cash Personal Check V Clean	Fi	rst				M.I.
Last Name	P	atricia				<u> </u>
Baker	City			State	Zip Code 06410-	
Residential Street Address	Cheshire			101	00410	
341 S Brooksvale Rd Principal Occupation	Nar	ne of Employer	an.			
CEO		Health Foundation				
	ition is in excess of \$400 to a candidately does contributor or business he/sl	ate committee for a chie	f executive officer of a e a contract with said	Amou	ınt of Con	tributio
dependent child of a lobbyist?	ity does contributor or business never ity valued at more than \$5,000?	Yes	✓ No	<u> </u>		
	a principal of a state contractor or p	rospective state contract	or? Yes			\$100.0
Is this contribution associated in Section L1?	cate which branch or		√ No			·
✓ No branches of	government the Execu	tive Legi	slative	_		
3),		Date Received	Aggregate contribution \$100.0			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card I	Payroll Deduction Money Order	09/03/2019	\$100.0			M.I.
Last Name	I	irst				1
Banever		Thomas		State	Zip Cox	ie
Residential Street Address	City			CT		3-2569
100 Retreat Ave, Ste 808	Hartford	ame of Employer				
Principal Occupation	T	homas C Banever	MD			
surgeon	1			Am	ount of Co	ntrihuti
	bution is in excess of \$400 to a candi ality does contributor or business he	she is associated with he	·· —	Ашк	յլու ա Ես	HEE HOUSE
dependent child of a loss flow	ality valued at more than \$3,000:			4		
Is this contribution associated with an Yes Is contribut	or a principal of a state contractor or	prospective state contra				\$25
event reported in Section L1? If yes, in	dicate which branch or	_	✓ No			
If yes, list Event # VNo branches contract i	of government the Exects with:		gislative Aggregate contribution	ons		
	<del></del>	Date Received	\$60.			
Method of contribution:  Cash Personal Check Credit/Debit Card	Payroll Deduction Money Order	09/30/2019	φου.			_

SUBTOTAL Section B This Page	\$150.00
TOTAL Of Section B Pages	\$76,013.00
TOVALOF ALLCONTRIBUTIONS REDUNDIVIDIALE (Sociola (824)).	\$76,013.00
(Enter tolation Line 19, Column A of Summary Factor)	

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rage	•		

FORM 20	I. MONETARY R	ECEIPT	S (Section					
	Salah Filim	Repository	)		PEOFREPORT			
E OF COMMITTEE (Provide Complete Nat	ne as Registerea a			0	ctober 10 filing			
nin for Mayor		red ONE	Y					\$0.00
To a Consultations from Small Contrib	MOLS - Received		Subtotal					
instructions for defluition of Small Contribute	n) B. Remized Cor	ntelbutions	from Indi	viduals	See Section 1			M.I.
	P. Indiana con	F	irst					A
st Name		E	3ruce			Certo	Zip Code	1
arrett		City				State	06516	
sidential Street Address		West Have		. <u></u>				
333 Town St	<u></u>	N	ame of Employ Barrett Outd	er oor Comm	unications			1
incipal Occupation		IB	arrett Outo		d - efficient of a	1	ınt of Con	tribution
FO	If contribution is in excess of \$	400 to a candi	idate committee	e for a chief ex	contract with said	Amou	Hit of Con	
contributor a lobbyist, spouse, or	municipality does culturated	an \$5,000?		Yes	<u>▼</u> 140	4		
ependent child of a lobbyist?	contributor a principal of a state	contractor or	r prospective str	ate contractor	Yes			\$1,000.00
- this contribution associated with the	contributor a principal of a sun If yes, indicate which branch or	1	•					
event reported in Section L11	branches of government the	Exe	cutive	Legisla	ntive			
If yes, list Event #	contract is with:			eceived	Aggregate contribution \$1,000.0	00	_	
Method of contribution: Cash Personal Check Credit/Debit Ca	ard Payroll Deduction	Money Orde		/2019				M.I.
Cash Personal Check Cediv Decit of			First					E
Last Name			John			State		ode
Barrett		City	- VOD			СТ	0651	6-3563
Residential Street Address		West H		lover				
381 Highland St			Name of Ellip	R COMMU	INICATIONS, INC			
Principal Occupation PARTNER			·		f avegutive officer of a	Am	ount of C	ontributio
1 157	If contribution is in excess of municipality does contribut	of \$400 to a ca	andidate comm he/she is assoc	iated with hav	e a contract with said			
La Landor a John VISL Spouso, or		or business			✓ No			
	municipality does contribute	than \$5,000?	? '			1		ቀድርር
dependent child of a lobbyist?	municipality does contribute	than \$5,000?	? '		tor? Yes			\$500.
dependent child of a lobbyist:   No  Leaching contribution associated with an Yes	municipality does contribute municipality valued at more indicate which branch	than \$5,000?	? '	state contrac	tor?			\$500.
Is this contribution associated with an event reported in Section L1?	municipality valued at more Is contributor a principal of a s  If yes, indicate which branch branches of government the	than \$5,000? tate contracto	or or prospective	state contrac	tor?	tions		\$500.
ls this contribution associated with an event reported in Section L1?  If yes, list Event #	municipality valued at more Is contributor a principal of a s  If yes, indicate which branch branches of government the contract is with:	than \$5,000?	er or prospective Executive	e state contrac	tor? Yes  No islative	tions 0.00		
ls this contribution associated with an event reported in Section L1?  If yes, list Event #	municipality valued at more Is contributor a principal of a s  If yes, indicate which branch branches of government the contract is with:	than \$5,000?	or or prospective  Executive  Date  Order  09	state contrac	tor? Yes  No islative	tions 0.00		\$500.
ls this contribution associated with an event reported in Section L1?  If yes, list Event #	municipality valued at more Is contributor a principal of a s  If yes, indicate which branch branches of government the contract is with:	than \$5,000?	or or prospective  Executive  Date Officer O9	Leg  Received  /06/2019	tor? Yes  No islative	tions 0.00		
ls this contribution associated with an event reported in Section L1?  If yes, list Event #	municipality valued at more Is contributor a principal of a s  If yes, indicate which branch branches of government the contract is with:	than \$5,000?	or or prospective  Executive  Date  Order  09	Leg  Received  /06/2019	tor? Yes  No islative	0.00  		M.I.
ls this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit  Last Name  Basilica	municipality valued at more Is contributor a principal of a s  If yes, indicate which branch branches of government the contract is with:	e than \$5,000?  tatale contracto h or  Money O	or or prospective  Executive  Date Officer O9  First  Anthon	Leg  Received  /06/2019	tor? Yes  No islative	0.00  	itate Zip	M.I.
dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit  Last Name  Basilica  Residential Street Address	municipality valued at more Is contributor a principal of a s  If yes, indicate which branch branches of government the contract is with:	e than \$5,000?  tatale contracto h or  Money O	or or prospective  Executive  Date	e state contrac  Leg e Received /06/2019	tor? Yes  No islative	0.00  		M.I.
dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit  Last Name  Basilica  Residential Street Address  54 Gardner Ave	municipality valued at more Is contributor a principal of a s  If yes, indicate which branch branches of government the contract is with:	e than \$5,000?  tatale contracto h or  Money O	or or prospective  Executive  Order	e state contrac  Leg e Received //06/2019	tor? Yes  No islative	0.00	CT 06	M.I. Code 320-4313
dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit  Last Name  Basilica  Residential Street Address  54 Gardner Ave  Principal Occupation	municipality valued at more municipality valued at more Is contributor a principal of a sif yes, indicate which branch branches of government the contract is with:  t Card Payroll Deduction	e than \$5,000?  tate contracto h or  Money O	or or prospective  Executive  Date	e state contrac  Leg e Received /06/2019  y  imployer uployed	of? Yes  ✓ No islative  Aggregate contribu  \$50	0.00 s	CT 06	M.I. Code 320-4313
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit  Last Name  Basilica  Residential Street Address  54 Gardner Ave  Principal Occupation  Attorney	municipality valued at more municipality valued at more Is contributor a principal of a sif yes, indicate which branch branches of government the contract is with:  t Card Payroll Deduction	e than \$5,000?  tate contracto h or  Money O	or or prospective  Executive  Date	e state contrac  Leg e Received /06/2019  y  imployer uployed	of? Yes  ✓ No islative  Aggregate contribu  \$50	0.00 s	CT 06	M.I.
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit  Last Name  Basilica  Residential Street Address  54 Gardner Ave  Principal Occupation  Attorney	municipality aces contribution a principal of a s  If yes, indicate which branch branches of government the contract is with:  The Card Payroll Deduction Payroll Deduction of the contribution is in excess municipality does contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution.	city New  Ss of \$400 to sinute of the state	or or prospective  Date Order O9  First Anthon  London  Name of E  Self Em  a candidate contess he/she is as	e state contract Leg e Received /06/2019  y  Imployer ployed emittee for a cosociated with Yes	islative  Aggregate contribu  \$50  Chief executive officer of have a contract with said	0.00 s	CT 06	M.I. Code 320-4313
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit  Last Name  Basilica  Residential Street Address  54 Gardner Ave  Principal Occupation  Attorney	municipality aces contribution a principal of a s  If yes, indicate which branch branches of government the contract is with:  The Card Payroll Deduction Payroll Deduction of the contribution is in excess municipality does contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution.	city New  Ss of \$400 to sinute of the state	or or prospective  Date Order O9  First Anthon  London  Name of E  Self Em  a candidate contess he/she is as	e state contract Leg e Received /06/2019  y  Imployer ployed emittee for a cosociated with Yes	islative  Aggregate contribu  \$50  Chief executive officer of have a contract with said	0.00 S	CT 06	M.I. Code 320-4313
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit  Last Name  Basilica  Residential Street Address  54 Gardner Ave  Principal Occupation  Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Ves	municipality aces columnicipality valued at more municipality valued at more is contributor a principal of a siff yes, indicate which branches of government the contract is with:  The contribution is in excentional principality does contributed at municipality valued at muni	citan \$5,000?  Intake contractor  Into Money O  City  New  See of \$400 to a buttor or busin more than \$5,000?  The a state contractor of the see of \$400 to a s	or or prospective  Date Order O9  First Anthon  London  Name of E  Self Em  a candidate contess he/she is as	Leg e Received //06/2019  y  imployer ployed  mmittee for a c sociated with Yes tive state contract	islative  Aggregate contribu \$50  chief executive officer of have a contract with said  No  ractor?  Yes  V No	0.00 S	CT 06	M.I. Code 320-4313
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit  Last Name  Basilica  Residential Street Address  54 Gardner Ave  Principal Occupation  Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an Yes	municipality valued at more is contributor a principal of a sif yes, indicate which branch branches of government the contract is with:  t Card Payroll Deduction  Fraches of government is in excemunicipality does contributor a principal of the contributor a principal of the contributor a principal of the princi	citan \$5,000?  Intake contractor  Into Money O  City  New  See of \$400 to a buttor or busin nore than \$5,0  a state contractor  Inch or	or or prospective  Date of Executive  Priest Anthon  London  Name of Executive  Self Em  a candidate concess he/she is as 1000?	Leg e Received //06/2019  y  imployer ployed  mmittee for a c sociated with Yes tive state contract	islative  Aggregate contribut \$50  Chief executive officer of have a contract with sain  No  ractor?  Yes  You  No  regislative	0.00 S	CT 06	M.I. Code 320-4313
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit  Last Name  Basilica  Residential Street Address  54 Gardner Ave  Principal Occupation  Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Ves	municipality aces columnicipality valued at more municipality valued at more is contributor a principal of a siff yes, indicate which branches of government the contract is with:  The contribution is in excentional principality does contributed at municipality valued at muni	citan \$5,000?  Intake contractor  Into or  City  New  So of \$400 to a butor or busin ore than \$5,0  a state contractor  Into or busin or the contractor  Into or the contracto	pr or prospective  Parentive  Date	Leg e Received //06/2019  y  imployer ployed  mmittee for a c sociated with Yes tive state contract	islative  Aggregate contribution \$50  Chief executive officer of have a contract with said action action?  Yes  No  ractor?  Yes  No  Aggregate contribution \$50	0.00 S	CT 06	M.I. Code 320-4313

SUBTOTAL Section B. This Rage	\$1,700.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A.4.B)  (Enter total on Line 13, Column A of Summary Page)	\$76,013.00
(Enter total on Line 13, Column A or Burning)	

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NAME OF COMMITTEE: (Provide Complete Name as Registered with E	Uling Reposi	(ary)		TYPE DE REFORM			
Bronin for Mayor				October 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NEW					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
	Contribut	one fi	om Individuals				
Last Name		First			Security (Add Straig Spines of the		M.I.
Bayer		Aar	on				
Residential Street Address	City				State	Zip Code	L
215 Mountain Rd	Glaston	ьигу			СТ	06033-1	512
Principal Occupation			of Employer				
Attorney		Wigg	jin and Dana, LLI	P			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business !	ndidate he/she i	committee for a chief of a sassociated with have Yes	executive officer of a a contract with said No	Amoun	t of Conti	ribution
Is this contribution associated with an Vyes Is contributor a principal of a st		or pros	pective state contractor	? ☐Yes			\$200.00
event reported in Section 1.1? If yes, indicate which branch				✓No			Ψ200.00
If yes, list Event # 090419a South Branches of government the contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution:  ☐ Cash	Money Ord	er	Date Received 09/04/2019	Aggregate contributions \$400.00			
Last Name		First					M.I.
Becker		Bru	ce				
Residential Street Address	City	1			State	Zip Code	<u>'</u>
3 Quentin Rd	Westpo	ort			CT	06880-6	8837
Principal Occupation Architect		į.	of Employer ker + Becker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of municipality does contribute municipality valued at more	or or business	he/she i	committee for a chief of a sassociated with have Yes	executive officer of a a contract with said  No	Amoun	ıt of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a st  If yes, indicate which branch		or pros	pective state contractor	<u>v</u> 103		\$	1,000.00
If yes, list Event # VNo branches of government the contract is with:		ecutiv	e []Legisla	ative No			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 09/24/2019	Aggregate contributions \$2,000.00			
		First		φ2,000.00			M.I.
Last Name  Bennett		1	athan				
Residential Street Address	City	1 301			State	Zip Code	1
130 Silver Creek Dr	Suffield	l			СТ	06078-1	1239
Principal Occupation		Name	of Employer		tu.,	•	
Executive			Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business	he/she	committee for a chief is associated with have Yes	executive officer of a a contract with said  No	Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a security of the securit		or pros	pective state contractor	r? Yes		\$	1,000.00
event reported in Section L1?  If yes, indicate which branch branches of government the contract is with:		cecutiv	eLegisl	ative No			-
Method of contribution:	Money Ord	ler	Date Received 09/03/2019	Aggregate contributions \$1,000.00			
Cash Personal Check ✓ Credit/Debit Card Payroll Deduction			U010312018	ψ1,000.00	I		

SUBTOTAL Section B This Page	\$2,200.00
ETOTAL 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

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Bennett    First   Scott   Scott   Scott   State   Sta	NAME OF COMMITTEE (Provide Cros	plete Name as Registered with E	iling Repos	dory)	e de la companya de	LYPE OF REPORT	e established		
Last Name   Bennett   Scott	Bronin for Mayor					October 10 filing			
Last Name Bennett    City   Cott   Co	A. Total Contributions from Small	Contributors - Received this	Period O	MLY	galacia de la composição		w.a.		
Bennett   Scott   Store   Address   City   Hartford   Scott   Sc	(See instructions for definition of Small C	ontribulor)	6 6 7 6 6 6		Subtotal Section	A			\$0.00
Bennett  Scott  Residential Street Address 7 (City		B. Itemized (	don(aybur	mish	om Individuals				
Residential Street Address	Last Name			First					M.I.
Principal Decupation   Payroll Define to the State   Payroll Def	Bennett			Sco	tt			4	
Principal Occupation   Lawyer   Lawye	Residential Street Address	- manufacture	City	. 1			State	Zip Code	
Le contribution a lobbysist, apontes, or dependent child of a lobbysist?  Is this contribution associated with an event sported in Section L1?  Yes, interest Address Coastlewood Rd  Frint James  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a contribution associated with an event reported in Section L1?  Yes, interest Address Coastlewood Rd  Frint James  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a contributor or brainses before the state contractor?  Yes   Vest Hartford  If contribution   Due Received   Due Receiv			Hartford	d			СТ	06105-	1115
If contribution is nexcess of \$400 to a candidate committee for a chief escentive officer of a municipality valued at more than \$5,000?				1	of Employer	-		, ,,	
Amount of Contribution associated with an event reported in Section L1?   Yes   State   Yes   Stat				AIG					
sevent reported in Section L17   flyss, list Event # 0804193	dependent child of a lobbuist?	municipality does contributor	or business l	he/she is	associated with have	e a contract with said	Amour	t of Cont	ribution
## State Event # 090419a		5		or prosp	ective state contracto	or? Yes	1		<b>\$150.00</b>
Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   09/04/2019   \$150.00		branches of government the	_	ecutive	Legis	Iative			φ150.00
Bergenn    Sames   State   Zip Code   CT   O6107-2903		ebit Card Payroll Deduction	Money Ord	ter		1			
Residential Street Address 50 Castlewood Rd    City   West Hartford   Shate   City   O6107-2903	Last Name			First					M,I,
So Castlewood Rd  West Hartford  Note that the second to t	Bergenn			Jam	es				W
Principal Occupation Lawyer    Same of Employer Shipman & Goodwin LLP			1				State	Zip Code	<u> </u>
Lawyer Shipman & Goodwin LLP  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			West H		-		СТ	06107-2	2903
municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Date Received   O9/04/2019   S750.00      Date Received   Aggregate contributions   O9/04/2019   S750.00      Last Name   Bergenn   James   First   James   West Hartford   West Hartford   West Hartford   West Hartford   CT   O6107-2903      Residential Street Address   O2/04/2019   S750.00      State   CT   O6107-2903   O6107-2903      State   CT   O6						LLP			
event reported in Section L1?	dependent child of a lobbuist?	municipality does contributor	or business l		associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution:  Cash Personal Check Contract is with:  Date Received O9/04/2019 \$750.00  Last Name  Bergenn  Residential Street Address 50 Castlewood Rd  Principal Occupation Lawyer  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?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 090419a  Method of contribution:  Contract is with:  Date Received O9/04/2019  Aggregate contributions  O9/04/2019  Aggregate contributions  O9/04/2019  Aggregate contributions  First  City  West Hartford  CT  O6107-2903  Mil.  Mil.  Will  West Hartford  CT  O6107-2903  Amount of Contribution  Amount of Contribution  Figes, indicate which branch or branches of government the contract or prospective state contractor?  Tyes  Figes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate contributions  Aggregate contributions  Mil.  Mil.  Mil.  Mil.  Mil.  Mil.  Will  Mil.  Will  West Hartford  CT  O6107-2903  Amount of Contribution  Figes, indicate which branch or branches of government the contract or prospective state contractor?  Tyes  Figes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate contributions	event reported in Section L1?	·		or prosp	ective state contracto	L I es	1		\$100.00
Cash	If yes, list Event # 090419a		Exc	ecutive	Legisl	ative No			
Bergenn  Residential Street Address  City West Hartford  State CT 06107-2903  Principal Occupation Lawyer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist?  In contribution associated with an event reported in Section L1?  If yes, list Event # 090419a  Method of contribution:  Date Received  Aggregate contributions  Wash  State CT 06107-2903  Amount of Contribution  Wash  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?  Yes Vo  State CT 06107-2903  Amount of Contribution  Amount of Contribution  Principal Occupation  Legislative  Date Received  Aggregate contributions		ebit Card Payroll Deduction	Money Orde	ег					
Residential Street Address  50 Castlewood Rd  West Hartford  Name of Employer 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?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 090419a  If contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate contributions	Last Name			First					M.I.
Since the process of	Bergenn			Jame	es	,			w
Principal Occupation 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?  Is this contribution associated with an event reported in Section L1?  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:  Date Received  Aggregate contributions			1				E		
Lawyer  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?  Is this contribution associated with an event reported in Section L1?  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:  Date Received  Amount of Contribution  Amount of Contribution  Date Received  Aggregate contributions							СТ	06107-2	903
municipality does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Voo  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 090419a  No  Is contributor a principal of a state contractor or prospective state contractor? Yes flyes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions  Amount of Contribution  Amount of Contribution				ľ		LLP			
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:    Yes   Yes   Yes   150.00	dependent shild of a labbuist?	municipality does contributor	or business h	ndidate o ne/she is	associated with have	a contract with said	Amoun	t of Conti	ibution
Method of contribution:    Contract is with:   Executive   Legislative	event reported in Section L1?	If yes, indicate which branch o	r		_	∐ Tes ☑No			\$150.00
Total De 101 1 Control of De 10 10 10 10 10 10 10 10 10 10 10 10 10	If yes, list Event # 0004102		∐Exe			ative			
		ebit Card Payroli Deduction	Money Orde						

SUBTOTAL Section B «This Page	\$400.00
TOTAL at Section B Pages	\$76,013.00
IOTAL OF ALL GONTRIBUTIONS FROM INDIVIDUALS (Sections A 4: 8)  (Enter total on Line 13, Column A of Summary Page)	\$76,013.00

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NAME OF COMMITTEE (Provide Comp.	lete Name as Registered with F	iling Repos	itory).		TYPE OF REPORT			
Bronin for Mayor					October 10 filing			
A. Total Contributions from Small Co	ontributors - Received this	Period C	NEY				•	
(See instructions for definition of <mark>Small C</mark> or	itributor)			Subtotal Section	A.			\$0.00
All the second sections of the second section of the section of the second section of the section of the second section of the section o	B. Itemized C	Iontribut	ons f	rom Individuals				
Last Name			Firs					M.I.
Blackford			Viv	ien				
Residential Street Address		City	<b>t</b> .			State	Zip Code	<u> </u>
204 Dromara Rd		Guilford	1			CT	06437-2	2301
Principal Occupation				of Employer				
Unemployed			Une	mployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta		or pros	pective state contracto	r? Yes	]		\$100.00
✓ No	If yes, indicate which branch of branches of government the			_	. No			φ (υυ.υυ
If yes, list Event #	contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution:  ☐ Cash ☐ Personal Check ☑ Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 09/08/2019	Aggregate contributions \$300.00			
Last Name			First		<u> </u>	1		M.I.
Boland			Mic	hael				
Residential Street Address		City				State	Zip Code	•
14 Linwold Dr		West H		-		СТ	06107-1	236
Principal Occupation Deployment Strategist			1	of Employer ntir Technologies	3			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat		or pros	pective state contracto	r? Yes			ቀንደላ ላላ
event reported in Section L1?  If yes, list Event #	If yes, indicate which branch of branches of government the		ecutiv	e []Legisl	 ✓ No			\$250.00
Method of contribution:	contract is with:		CCULIV	Date Received				
Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Orde	ег	09/05/2019	Aggregate contributions \$250.00			
Last Name			First					M.I.
Bourdeaux			Joh	ın				
Residential Street Address		City		1		State	Zip Code	
212 N Beacon St		Hartford				CT	06105-2	247
Principal Occupation Fundraiser				of Employer necticut Science	Center			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business i 1an \$5,000?	ne/she i	s associated with have Yes	a contract with said No	Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat  If yes, indicate which branch o		or pros	pective state contractor	∐ i es			\$500.00
If yes, list Event #	branches of government the contract is with:	Exc	ecutiv	e 🔲 Legisl	ative No			
Method of contribution:  Cash Personal Check Credit/Debi	it Card Payroll Deduction	Money Orde	er	Date Received 09/30/2019	Aggregate contributions \$1,000.00	••		

SUBTOTAL Section B + Title Page	\$850.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM (NDIVIDUALS (Sections A + 8)  (Enter total on Line 13, Golumn A of Summary Page	\$76,013.00

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of

112

Bronin for Mayor October 10 filing	
- Colober to limig	
A. Total Contributions from Small Contributors - Received this Period ONLY	
(See instructions for defluition of Small Contributor) Subtotal Section A	\$0.00
B. Itemized Contributions from Individuals	
Last Name First M	I.I.
Brennan Timothy	
Residential Street Address City State Zip Code	
111 Garfield Rd West Hartford CT 06107-2900	9
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?  Yes  Amount of Contributor or Dustiness he/she is associated with have a contract with said municipality valued at more than \$5,000?	ution
Is this contribution associated with an event reported in Section 1.12 Yes Is contributor a principal of a state contractor or prospective state contractor?	
If yes, indicate which branch or No branches of government the	00.00
contract is with: Executive Legislative	
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order 00/04/2019 \$1,000,000	
Lost Name	
Promote No.	
Bromage Kathleen M Residential Street Address	
Residential Street Address City State Zip Code  15 Simsbury Rd West Granby CT 06090-1210	n
Principal Occupation Name of Employer	
Insurance 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  Amount of Contribution	rtion
No infinitely all the said municipality valued at more than \$5,000? Yes V No	
Is this contribution associated with an Ves Is contributor a principal of a state contractor or prospective state contractor?	
If yes, indicate which branch or \$1,00	00.00
If yes, list Event # 090419a  branches of government the contract is with:  Executive  Legislative	
Method of contribution:  Cash  Personal Check  Credit/Debit Card  Payroll Deduction  Money Order  OQ/O4/2010  \$\frac{\text{Q10}}{\text{Q10}} \text{Q20} \text{Q20} \text{Q3}	
03/04/2019 \$1,000.00	
Last Name First M.	I.
Byrnes John	
Residential Street Address  City  State Zip Code	
20 Colony Rd West Hartford CT 06117-2214  Principal Occupation Name of Employer	<del>!</del>
Principal Occupation Name of Employer Insurance Peoples	
dependent child of a lobbyist?    Mo	tion
Is this contribution associated with an event reported in Section L1?  If yes indicate which branch or \$\$160	ስ ለሰ
If yes, indicate which branch or branches of government the	0.00
contract is with: Executive Legislative	
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date Received 09/04/2019  \$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 4 B)  (Enter total on Line 13, Column A of Summary Page	\$76,013.00

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NAME OF COMMITTEE (Provide Com	plete Name as Registered with E	iling Repo	itory)		TYPE OF REPORTS			
Bronin for Mayor					October 10 filing			
A. Total Contributions from Small C	ontributors - Received this	Period (	NIA					
(See instructions for definition of Small Co	ntributor)			Subtatal Section	A			\$0.00
	B. Itemized C	Contribut	ions	rom Individuals				
Last Name			Firs	t				M.I.
Camp			Ste	ephen				l w
Residential Street Address		City	<u>.                                    </u>			State	Zip Code	
57 Charter Oak Ave, Apt 200		Hartford	d			СТ	06106-	2885
Principal Occupation	•		!	of Employer				.,,,,,
Clergy			Fait	h church				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contribute	or business	ndidate he/she	committee for a chief is associated with have Ves	executive officer of a a contract with said No	Amoui	nt of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a sta	te contractor	or pro	spective state contracto	or? Yes	1		
event reported in Section L1?	If yes, indicate which branch of branches of government the	οr			No			\$10.00
If yes, list Event #	contract is with;	Ex	ecutiv	e Legis	lative VINO			
Method of contribution:  Cash Personal Check ✓ Credit/De	bit Card Payroll Deduction	Money Ord	ег	Date Received 09/30/2019	Aggregate contributions \$10.00			
Last Name			Firs	t		<u> </u>		M.I.
Cann			Imr	nacula				J
Residential Street Address		City				State	Zip Code	1
234 Klondike St		Stratfor				СТ	06614-	1654
Principal Occupation RN			l .	of Employer e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	mmalalaslitu dana	or business !	ndidate he/she i	committee for a chief is associated with have	executive officer of a a contract with said  No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat		or pros	pective state contracto	r? Yes			\$25.00
If yes, list Event #	If yes, indicate which branch o branches of government the contract is with:		ecutiv	eLegisl	ative No			φ20.00
Method of contribution:  Cash Personal Check ✓ Credit/Del	:	1.4 0.1		Date Received	Aggregate contributions			
	oit Card Payroll Deduction	Money Ord		09/29/2019	\$25.00			
Last Name			First					M.I.
Canno			Gal	orielle				
Residential Street Address 220 W Rittenhouse Sq, Apt 25		City Philade	inhin			State	Zip Code	707
Principal Occupation		Filliaue	·	of Employer		PA	19103-5	737
architect			arch					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	didate e/she i	committee for a chief s associated with have Yes	executive officer of a a contract with said  No	Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state		or pros	pective state contractor	r? Yes		œ.	1 000 00
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:		ecutive	eLegisl	_ ✓ No		Φ	1,000.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Orde	r .	Date Received 09/27/2019	Aggregate contributions \$2,000.00			

SUBTOTAL Section B - This Page	\$1,035.00
TOTAL of Section 6 Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A K.B)  (Enter total on Line 13, Column A of Summary Page	\$76,013.00

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Executive   Exec	NAME OF COMMITTEE (Prov	ide Compi	ate Name as Registered with F	iling Repo	itary)			TYPEOF REPORT			
State   Contribution is from Small C satisful (ors. Reached that)   Feet   State   S	Bronin for Mayor							October 10 filing			
Security	A. Total Contributions from	Small Ck	utributors - Received this	Remark 6	NA						
Last Name   State Address   Carly Residential Stock Address   State Contribution associated with an acceptance with and manufacturing plays at the contribution associated with an acceptance with and manufacturing plays at the contribution associated with an acceptance with and manufacturing plays at the contribution associated with an acceptance with and manufacturing plays at the contribution associated with an acceptance with and manufacturing plays at the contribution associated with an acceptance with and manufacturing plays at the contribution associated with an acceptance with and manufacturing plays at the contribution associated with an acceptance with and manufacturing plays and at more hanks \$50,000 " and acceptance with and manufacturing plays and at more hanks \$50,000 " and acceptance with and manufacturing plays and at more hanks \$50,000 " and acceptance with and manufacturing plays and at more hanks \$50,000 " and acceptance with and manufacturing plays and at more hanks \$50,000 " and acceptance of the contribution associated with an acceptance of the plays and acceptance and acceptance with an acceptance of the plays and acceptance and accep						Name of the	il Section				ቁስ ስበ
Last Name				Sontelbud	lovas			1			<b>Ф</b> О.ОО
Residential Street Address  20 W Riftlenhouse Sq, Apt 25  City Philadelphia  Name of Employer Iron Stone  It contributor a hobbyist, spouse, or dependent child of a lobbyist?  No  It contribution is in excess of \$900 to a carefidate committee for a chief executive efficer of a mutacipality does contributed or phisaless hobbit is associated with have a contract with salf personal Check   Yes    It contributes a photysist, spouse, or dependent child of a lobbyist?  No  It shis accentribution associated with an ever extra reported to Residential Storet Address  Lest Name  Carabetta  Executive   Legislative   No  No  It contribution is in excess of \$900 to a carefidate committee for a chief executive differer of a mutacipality valued at more than \$5,000 to    If contribution associated with an ever extra reported to labely int, spouse, or dependent child of a lobbyist?  No  It contributors a photy int, spouse, or dependent child of a lobbyist.	Last Name				XACONTO CO						Tari
Residential Sireet Address 220 W Rittenhouse Sq. Apt 25	Canno				1						WI.I.
200 W Rittenhouse Sq, Apt 25				City	IVIE	aunew			T _	1 .	
Principal Occupation	· ···	95			lnhia	1			ſ		5727
Is contributor a lobbysist, spouse, or dependent cells of a lobbysist. Spouse, or dependent cells of a lobbysist. Spouse, or dependent cells of a lobbysist. Spouse, or devel reported in Section L1?    Yes   Ist Event #   Yes   Ist Event #   Yes   Ist contribution associated with an event reported in Section L1?   Yes   Ist Event #   Yes   Ist E				1 111701010	<del>.</del>		ver		117	19103-	3131
dependent child of a lobbyist?		· · · · · · · · · · · · · · · · · · ·			Iron	Stone					
event reported in Section L1?			municipality does contributor	or business	ndidate he/she	is associate	ed with have	a contract with said	Amou	nt of Cont	ribution
State   Salvatore   Salvatore   State   Salvatore   State   Salvatore   State   Salvatore   State   Salvatore   Salvatore   State   Salvatore   State   Salvatore   State   Salvatore   Salvatore   State   Salvatore   Salv		Yes	Is contributor a principal of a sta	te contractor	or pro	spective sta	te contracto		†		
Method of contribution:    Cash   Personal Cheek   Credit/Debit Card   Payroll Deduction   Money Order   Date Received   S2,000.00				r					-	\$	1,000.00
Cash   Personal Check   Credit/Debit Card   Phyrotil Deduction   Money Order   Date Received   Sq.2012019   \$2,000.00	If yes, list Event #	<u>•</u>		☐ Ex	ecutiv	e e	Legisl	ative			
East Name   First   Salvatore   Carabetta   Salvatore   Salvatore   M.I.		Credit/Debi	t Card Payroll Deduction	Money Ord	er				1		
Residential Street Address 200 Pratt St Principal Occupation Developer    State   Zip Code   O6450-4220	Last Name				Firs			4-,000.00	1		мі
200 Pratt St Principal Occupation Developer    Secontributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   If contribution is in excess of \$400 to a candidate commiss he/she is associated with have a contract with said municipality valued at more than \$5,000?   Yes   No	Carabetta				1						171.1.
Principal Occupation   Daveloper   Security   Date   Principal Occupation   Daveloper   Security   Date   Security   Se	Residential Street Address			City	<del></del>			<del> </del>	State	Zin Code	<u> </u>
Developer    Carabetta Management			a	Merider	1				1		220
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes     If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?   Yes   No	•				Name	of Employ	er				-,,
dependent child of a lobbyist?    No	Developer				Cara	abetta M	anageme	ent			
### State		_	municipality does contributor	or business l	ndidate ne/she i	is associate	d with have	a contract with said	Amoun	it of Conti	ribution
If yes, list Event #	Is this contribution associated with an	Yes			or pros	pective stat	te contractor	? Dves			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order O9/23/2019  Last Name Cascudo  Residential Street Address 44 Kenyon St Principal Occupation Communications  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received O9/23/2019  Aggregate contributions  State Zip Code CT 06105-2505  M.I.  City Hartford  City Hartford  Name of Employer Cigna  Amount of Contribution  Amount of Contribution  State Cip Code CT 06105-2505  Amount of Contribution  Amount of Contribution  State Cip Code CT 06105-2505  Principal Occupation Communications  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions				г				_		\$	1,000.00
Cash  Personal Check  Credit/Debit Card  Payroll Deduction  Money Order  09/23/2019 \$1,000.00  Last Name  First	If yes, list Event #	<u> </u>		☐ Exc	ecutiv	e	Legisl	ative [V] 140			
Last Name  Cascudo  Residential Street Address  44 Kenyon St  Principal Occupation  Communications  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution associated with an event reported in Section L1?  If contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  M.I.  Amount of Code  CT  O6105-2505  M.I.  All Code  CT  O6105-2505  M.I.  Another  Code  CT  O6105-2505  Amount of Contribution  State  CT  O6105-2505  Amount of Contribution  Legislative  Method of contribution:  Date Received  Aggregate contributions		Credit/Debit	Card Payroll Deduction	Money Orde	er						
Residential Street Address  44 Kenyon St  Principal Occupation  Communications  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 valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:    Casturd   Casturd Part   Casturd	Last Name				First						M.I.
Hartford  Hartford  Hartford  Principal Occupation Communications  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?  If yes, list Event #  Method of contribution:    Amount of Contribution   Yes   If contribution a state contractor or prospective state contractor?   Yes   Ye	Cascudo				Lau	ıra					
Principal Occupation Communications  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?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Method of contribution:  Date Received Aggregate contributions									State	Zip Code	-
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?  Is this contribution associated with an large of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:    Date Received   Aggregate contributions   Date Received   Aggregate contributions   Date Received   Aggregate contributions   Date Received   Aggregate contributions   Date Received   Date Re				Hartford					CT	06105-2	505
dependent child of a lobbyist?    V   No	Principal Occupation Communications						ег				
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Wesheld of contribution:    Yes	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	_	municipality does contributor	or business h	didate e/she i	s associated	I with have	a contract with said	Amoun	t of Contr	ibution
If yes, list Event #	Is this contribution associated with an event reported in Section L1?	Yes			or pros	pective state	e contractor	? ☐Yes			\$150.00
Cash Perconal Charle Conditional Condition		✓No	branches of government the		cutive	e	Legisla	✓No		•	# 15U.UU
	Method of contribution:  ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Orde	г						

SUBTOYAL Section BThis Page	\$2,150.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL-CONTRIBUTIONS FROM INDIVIDUALS (Sections A L.B)  (Enter-total on Line 13, Column A of Summary Page	\$76,013.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	lling Repor	sitory)		TYPE OF REPORT			
Bronin for Mayor				October 10 filing	0		
A. Total Contributions from Small Contributors - Received this	Period C	NILY					
(See instructions for definition of Small Contributor)			Subtotal Section	A.			\$0.00
B. (combact	Walte bui	ions fi	rom Individuals				
Last Name		First				5	M.I.
Chavey		Vict	toria				w
Residential Street Address	City	<u> </u>			State	Zip Code	1
128 Steele Rd	West H	artford	d		СТ	06119-	1048
Principal Occupation Lawyer			of Employer	· <del>- · ·</del>			
			son Lewis				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of municipality does contribution municipality valued at more to	or business	he/she is	committee for a chief s associated with have Yes	executive officer of a e a contract with said  No	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?		or prosp	pective state contracto	r? Yes	1		<b>\$000.00</b>
If yes, list Event # 090419a No branches of government the	_			✓No			\$200.00
contract is with:	Ex	ecutive	eLegisl	ative			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Молеу Ord	lar	Date Received	Aggregate contributions	1		
Last Name	Juneary Ord	First	09/04/2019	\$275.00	<u> </u>		1
Clark		Joh					M.I.
Residential Street Address	City	John	11		State	Zip Code	С
30 Ashford St	Hartford	d			CT	06120-1	103
Principal Occupation	<u> </u>	Name	of Employer				
Architecture, Interior Design, and Urban Planning	į	John	C. Clark and As	sociates			
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of	\$400 to a car	ndidate o	committee for a chief	executive officer of a	Amour	t of Cont	
dependent child of a lobbyist? municipality does contributor municipality valued at more that	or business I han \$5,000?	he/she is	s associated with have	a contract with said No	Ащоп	it of Confi	HOULION
Is this contribution associated with an Vac Is contributor a principal of a state		or prosp	in-mail	r <sup>9</sup>	1		
event reported in Section L1?  If yes, indicate which branch o				∐ i es			\$150.00
If yes, list Event # branches of government the contract is with:	□Exe	ecutive	: Legisl	ative 🗸 No			
Method of contribution:			Date Received	Aggregate contributions			
Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	09/08/2019	\$150.00			
Last Name		First					M.I.
Collins		Sea	n				κ
Residential Street Address	City				State	Zip Code	
74 Whitelawn Ave	Milton	re-			MA	02186-3	515
Principal Occupation Attorney			of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution in the contribution is in excess of the contribution in the	or business h ıan \$5,000?	ne/she is	associated with have Yes	a contract with said  No	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a state of the section L1?  If yes, indicate which branch of the section L1.		or prosp	ective state contractor	Yes			\$500.00
If wes, list Event # V No branches of government the		ecutive	Legisla	✓ No		•	<b>4000.00</b>
Contract is with:	Пъхе	Cullyc	Date Received	Aggregate contributions			
	Money Orde	er	09/03/2019	Aggregate contributions \$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 C B)  (Enter total on Line 13, Column A of Summary Page	\$76,013.00

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NAME OF COMMITTEE (Provide Complete Name as Registe	ered with Filing Repos	Цory)	TYPE OF REPORT			
Bronin for Mayor			October 10 filing			
A. Total Contributions from Small Contributors - Rec	eived this Period O	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section 2				\$0.00
. The state of ${f R}_{ij}$	rembeat Conjulbut	ons from Individuals				
Last Name		First				M.I.
Colon		Melvyn				
Residential Street Address	City			State	Zip Code	
290 Grandview Ter	Hartford			CT	06114-2	212
Principal Occupation  Manager		Name of Employer SINA				
dependent child of a lobbyist?  municipality doe		ndidate committee for a chief he/she is associated with have Yes		Amoun	nt of Contr	ibution
attent reported in Continu I 19	=	or prospective state contracto	r? ∐Yes			\$25.00
If yes, list Event # If yes, indicate where the branches of govern contract is with:	nment the	ecutiveLegisl	ative No			420.00
Method of contribution:  ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll I	Deduction Money Ord	Date Received 09/30/2019	Aggregate contributions \$125.00			
Last Name		First				M.I.
Conetta		Kate				
Residential Street Address	City		:	State	Zip Code	
4 Topfield Rd	Danbur	у		CT	06811-4	416
Principal Occupation		Name of Employer	_			
Advertising Production Manager		LMT Communications	5			
dependent child of a lobbyist? municipality doe		ndidate committee for a chief he/she is associated with have Yes		Amoun	t of Contr	ibution
number of the Continue I 19 I I I I I I I I I I I I I I I I I	•	or prospective state contractor	r? Yes			\$25.00
If yes, indicate where the branches of govern contract is with:	oment the	ecutive Legisl	ative No			Ψ20.00
Method of contribution:	····	Date Received	Aggregate contributions			
Cash Personal Check  Credit/Debit Card Payroll I	Deduction Money Ord	er 09/03/2019	\$25.00			
Last Name		First		•		M.I,
Conway		Ellen				
Residential Street Address	City			State	Zip Code	
19 Plantation Dr	Suffield			СТ	06078-1	546
Principal Occupation Attorney		Name of Employer The Hartford				
dependent child of a lobbyist? municipality doe	•	indidate committee for a chief the she is associated with have Yes		Amoun	t of Contr	ibution
V I tes	•	or prospective state contractor	r? Yes			\$100.00
event reported in Section L1?  If yes, indicate where the branches of govern contract is with:	nment the		✓No		•	ψ100.00
Contract is with	∐Ех	ecutive Legisl				
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll I	Deduction Money Ord	Date Received 09/03/2019	Aggregate contributions \$100.00			
		•				

TOTAL Section 8 - This Page \$150.0	SUBT
TOTAL of Section & Pages \$76,013.0	
	TOTAL OF ALL CONTRIBUTIONS FROM IN: (Enter total on Line 13, (

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NAME OF COMMITTEE (Provide Com	ilete Name as Registered with Fil	ing Reposi	tary)		TYPE OF REPORT			
Bronin for Mayor					October 10 filing			
A. Total Contributions from Small C	ontributors - Received link	Period ()	MEX					
See instructions for definition of Small Co				Subtotal Section A				\$0.00
		ontributi	ons fi	om individuals				an Craire
Last Name	Maria Control		First		•			M.I.
Costello			Bet	n				Α
Residential Street Address		City				State	Zip Code	~~
11 Brownstone Turn		Weatog				CT	06089-96	0/8
Principal Occupation				of Employer				
CFO				Hartford			· · · · · · · · · · · · · · · · · · ·	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more th	or business l nan \$5,000?	he/she i	s associated with have:	a contract with said  No	Amoun	t of Contr	ibution
Is this contribution associated with an Yes	Is contributor a principal of a stat	e contractor	or pros	pective state contractor	? Yes		\$1	,000.00
event reported in Section L1?	If yes, indicate which branch of branches of government the			<b>п.</b>	. ✓No			
If yes, list Event # 090419a	contract is with:	∐Ех	ecutiv					
Method of contribution:  Cash ✓ Personal Check Credit/D	ebit Card Payroll Deduction	Money Ord	er	Date Received 09/04/2019	Aggregate contributions \$1,000.00	ļ		
	EDIT CALL TAYLOR Deduction	]	First		Ψ1,000.00			M.I.
Last Name								
Crane		City	Jor	lan		State	Zip Code	L
Residential Street Address		City Washin	aton			DC	20009-5	937
1310 Corcoran St NW, Apt A Principal Occupation		1		of Employer			1	
Consultant				t 4th Street Advis	sors			
	es If contribution is in excess of	\$400 to a ca	ndidate	committee for a chief	executive officer of a	Amour	nt of Contr	ibution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business	he/she	is associated with have Yes	a contract with said  No	Allioui	it of Conti	IDUUVA
Is this contribution associated with an Ye	Is contributor a principal of a sta	te contractor	or pro	spective state contractor	r? Yes			\$50.00
event reported in Section L1?	If yes, indicate which branch of				✓ No			•
If yes, list Event #	contract is with:		kecutiv			4		
Method of contribution:	Debit Card Payroll Deduction	Money Or	der	Date Received 09/29/2019	Aggregate contributions \$50.00			
Cash Personal Check Credit/I	Pepit Card Paylor Deduction	_ Intolicy On	Firs		Ψ00.00	1		M.I.
Last Name								J
Curry	- <u>-</u>	T over	1 10	nothy		State	Zip Code	
Residential Street Address		City West F	iartfo	rd		CT	06119-1	1748
25 Lexington Rd		***************************************		e of Employer				
Principal Occupation Attorney			N/A					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	1 7	r or business than \$5,000	he/she	is associated with have	No No	Amou	nt of Cont	ribution
Is this contribution associated with an	Is contributor a principal of a sta		r or pro	spective state contracto	ш			\$250.00
event reported in Section L17  If yes, list Event # 090419a	If yes, indicate which branch		xecuti	veLegis				
Method of contribution:	Debit Card Payroll Deduction	Money Or	rder	Date Received 09/04/2019	Aggregate contribution \$500.0	ı		

SUBTOTAL Section B. This Page	\$1,300.00
TOTAL of Section 6 Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A. S. B)	\$76,013.00
(Enter total on Line 13, Column A of Summary Page	\$70,013.00

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NAME OF COMMUTEE (Provide	Complete	Name as	Registered with t	Filing Repo	itory)		TYPE OF REPORT			
Bronin for Mayor							October 10 filing			
A. Total Contributions from Su	William Control	e linkos	A Paul VIII	s Period C	MY					
K. 1000 Cond toutions from 50 See instructions for definition of Sm						Subtotal Section A				\$0.00
sae insumentalis for definition of suc			D. Team local	Cantellar		om Individuals				
			107,10311112-0		First					M.I.
Last Name					Mor	nica				
Curtis				- Cit-	IVIOI	ilica		State	Zip Code	
Residential Street Address				City West I	lartford	1		CT	06119-1	347
47 W Hill Dr			<u></u>	******		of Employer	·			
Principal Occupation					1	Hartford				
Lawyer						6 11.6	witten of Great of G	T		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓No	municio	bution is in excess a ality does contribut ality valued at more	or or busines:	s he/she i:	s associated with have	executive officer of a a contract with said  No	Amoun	t of Conti	ribution
Is this contribution associated with an	dva	Is contribut	or a principal of a s	tate contracto	or or pros	pective state contracto	Yes			\$150.00
event reported in Section L1?	Yes	If yes, in	dicate which brancl	n <b>or</b>			✓No			<b>\$100.00</b>
If yes, list Event # 090419a	No	branches contract i	of government the		xecutive	e 🔲 Legisl	lative			
Method of contribution:		COMMI	a witti.			Date Received	Aggregate contributions	1		
Cash Personal Check C	redit/Debit	Card	Payroll Deduction	Мовеу О	rder	09/04/2019	\$150.00	)		
Last Name	· · · · · · · · · · · · · · · · · · ·	·····			First					M.I.
Cutter					Anı	ne				
				City		<del></del>		State	Zip Code	
Residential Street Address				South	bury			CT	06488-	1556
638 Heritage VIg, Unit B Principal Occupation					Name	of Employer				
Retired					Reti	red				
	Yes	If contr	ibution is in excess	of \$400 to a	candidate	committee for a chief	executive officer of a	Amou	nt of Cont	ribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☑ No	munici munici	pality does contribut pality valued at mos	tor or busine: re than \$5,000	ss he/she )? 	is associated with have	e a contract with said No		it or Cont	
Is this contribution associated with an	Yes	Is contribu	tor a principal of a	state contract	or or pro	spective state contractor	or? Yes			\$25.00
event reported in Section L1?	✓ No		ndicate which brand of government the			<b>□</b>	<b>✓</b> No			
If yes, list Event #	V INO	contract			Executiv	e Legis		_		
Method of contribution:						Date Received	Aggregate contribution			
Cash Personal Check	Credit/Debit	Card	Payroll Deduction	Мопсу (	)rder	09/07/2019	\$50.0	<u> </u>	<del></del> .	M.I.
Last Name					Firs	t				IVI.I.
Cutter					An	ne				
Residential Street Address				City				State	Zip Code 06488-	
638 Heritage Vlg, Unit B				South				СТ	00460	-1550
Principal Occupation		. "	-			e of Employer				
Retired					Ret	irea				<u></u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	munic munic	ipality does contrib ipality valued at mo	utor or busine ore than \$5,00	ess he/she 10?	is associated with hav	of executive officer of a seven a contract with said  No	Amou	nt of Con	tribution
Is this contribution associated with an	□v <sub>aa</sub>	Is contrib	utor a principal of a	state contrac	tor or pro	spective state contrac	tor? Yes	1		\$25.00
event reported in Section L1?	Yes	If yes,	indicate which bran	ch or			✓No			<b>420.0</b> 0
If yes, list Event #	<b>√</b> No		s of government the is with:		Executi	veLegi	slative			
Method of contribution:						Date Received	Aggregate contribution			
Cash Personal Check	Credit/Deb	it Card	Payroll Deduction	n Money	Order	09/30/2019	\$50.0	00		

SUBTOTAL Section B - Thits Page	\$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	

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IAME OF COMMITTEE (Provide Comple	te Name as Registered with Fil	ing Reposi	tory)		TYPE OF REPORT			
Bronin for Mayor					October 10 filing			
. Total Contributions from Small Con	aterian range Recovered this	Period ()	NY					
See instructions for definition of Small Cont				Subtotal Section A				\$0.00
see encimitations for department of entime social	R hemizel C	លេខទៅតាម	one la	om Individuals				
The state of the s			First					M.I.
Last Name			Dou	olas				С
Dalena	<u> </u>	City	1000	3		State	Zip Code	
Residential Street Address	•	Stamfor	rd			CT	06902-3	1771
35 W Broad St, Unit 323 Principal Occupation			Name	of Employer				
Attorney			State	of Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business han \$5,000?	he/she is	s associated with have	No No	Amoun	t of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat		or pros	pective state contractor	? Yes			\$25.00
event reported in Section L1?	If yes, indicate which branch o branches of government the			<b></b>	✓No			
If yes, list Event #	contract is with:	Ex	ecutive					
Method of contribution:	it Card Payroll Deduction	Money Or	der	Date Received 09/05/2019	Aggregate contributions \$25.00			
Cash Personal Check Credit/Deb	it Card Payroll Deduction	Intolley Or	أحسنين		Ψ20.00	1	· · · · · · · · · · · · · · · · · · ·	M.I.
Last Name	•		First					М
Dane			Ste	ven		State	Zip Code	1 141
Residential Street Address		City Longm	oadou	v.		MA	01106-	1357
85 Englewood Rd		Longin		of Employer		<u> </u>		
Principal Occupation				n Reznick, LLP				
Partner	-		1		utive officer of a	T .		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributo municipality valued at more	r or business than \$5,000	s he/she	is associated with have	No No	Amoui	nt of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a sta		r or pros	spective state contracto	or? ∐Yes			\$100.00
event reported in Section L1?	If yes, indicate which branch branches of government the			F-1	<b>✓</b> No			
If yes, list Event #	contract is with:	∐E	xecutiv	e Legis		_		
Method of contribution:			.4	Date Received	Aggregate contributions \$100.00			
Cash Personal Check Credit/Del	bit Card Payroll Deduction	Money Or		09/03/2019	Ψ100.00	7	<del></del>	M.I.
Last Name			Firs					
DAVIS			RA	NDAL		T 64-4-	Zin Code	
Residential Street Address		City				State	Zip Code 06095	
155 Windbrook Dr		Winds		CT		10.	1 00000	
Principal Occupation				e of Employer e of ct				
Executive			1			1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contribute municipality valued at more	or or busines than \$5,000	ss he/she )?	is associated with hav	e a contract with said  No	Amou	nt of Con	tribution
Is this contribution associated with an Yes	Is contributor a principal of a s		or or pro	spective state contract				\$20.0
event reported in Section L1?	If yes, indicate which branch branches of government the			<b>□</b> , .	√ No			
If yes, list Event #	contract is with:		Executi			_		
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/De	ebit Card Payroll Deduction	Money C	)rder	Date Received 09/29/2019	Aggregate contribution \$170.0			

SUBTOTAL Section B This Page	\$145.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B).	\$76,013.00
(Eriter total on Line 13, Column A of Summary Page	

Page 18 of 112

Tornic for Mayor  Tornic Contributions from Small Contributions Received tills (Virtual ONLY)  Last Name    B. Himmed Contributions From Dalf (Manus)   Recidential Street Address	NAME OF COMMITTEE (Provide Complete Name a	s Registered with Filing	Reposito	ry)		TYPE OF REPORT			
Supplies   Section   State   Supplies   Supplies   Section   State   Supplies   Supplies   Section   State   Supplies						October 10 filing			
Last Name Diaz  B. 16mil Nelson    First   Nelson   State   Zin Code   Octoperation   Octoperati	A Total Contributions from Small Contributor	n: Received this Per	iosi (O)N	LY					** **
State   Stat				_ Si	ibtotal Section A				\$0.00
Part   Color		B. Itemized Cont	ri britto	18 <b>(1</b> 70)	n Individuals				
Residential Street Address	Last Name			First		<del>.</del>			M.I.
City   Hartford   State   Andrew   State   S				Nelso	n				
Methors field   Methors fiel			•						2534
It contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   If contribution is in excess of \$400 to a candidate contributor or business before in secondary valued at more than \$5,000   Yes   No   No   No   No   No   No   No   N	119 Colonel Chester Dr	N					CI	00109-2	:034
Is contribution a lobbyist, spouse, or dependent child of a lobbyist?    Yes   Mo	Principal Occupation								
Is this contribution associated with an event reported in Section L1?   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?   Yes   No	VP			-					
## Amount of Contribution   First   Fi	dependent child of a lobbyist? No munic munic	sipality does contributor or b sipality valued at more than S	usiness he \$5,000?	/she is a	Yes	No No	Amoun	t of Cont	ribution
			ntractor o	r prospe	ctive state contractor	? Yes			\$500.00
Method of contribution:   Credit/Debit Card   Payroll Deduction   Money Order   Data Received   O9/06/2019   S500.00	event reported in Section L1? If yes.	indicate which branch or	_		r—, , , ,	✓ No			
Method of contribution   Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   09/08/2019   \$500.00			Exe						
Last Name   First	Method of contribution:	Payroll Deduction Mr	onev Order						
Last Name   Residential Street Address   City   Hartford   State   CT   O6103-1528		taylon Deduction			00/00/2010			<u></u>	M.I.
City Hartford   Name of Employer   The Hartford   Name of Employer   No   Name of Employer   Name	Last Name				011				В
Hartford   Mame of Employer   The Hartford   The Hartford   State   Cart   O6103-1528			Na	Anui			State	Zip Code	ــــــــــــــــــــــــــــــــــــــ
Principal Occupation   Attorney   Securitivator a lobbylist, spouse, or dependent child of a lobbylist?   Yes dependent child of a lobbylist?   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?   Yes   No    Is this contribution associated with an event reported in Section L1?   Yes   Yes   If contribution associated with an owner teported in Section L1?   Yes   Yes   If contribution associated with an owner teported in Section L1?   Yes   Yes   If contribution associated with an owner teported in Section L1?   Yes   Yes   If contribution associated with an owner teported in Section L1?   Yes   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of		l l	-				1	06103-	1528
Attorney    If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a dependent child of a lobbyist, spouse, or dependent child of a lobbyist?   Yes   Ye				Name of	f Employer		.!	•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes dependent child of a lobbyist?   Yes dependent child of a lobbyist?   Yes   Yos				The H	artford				
event reported in Section L1?  If yes, list Event # 090419a	dependent child of a lobbyist?  No muni	cipality does contributor or cipality valued at more than	business h \$5,000?	e/she is	associated with have	a contract with said  No	Amour	nt of Con	tribution
Method of contribution:			ontractor c	or prospe	ective state contracto				\$650.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 09/04/2019 \$1,000.00  Date Received 09/04/2019 \$1,000.00  First	1 137 - 1		□ Eve	cutive	□ Legisl	✓ No	1		
Method of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   09/04/2019   \$1,000.00		ct is with:	EAG				;		
Last Name  Diemand  Residential Street Address 234 Devonshire Ln  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Pirst  Timothy  City Madison  Name of Employer Wiggin and Dana  Name of Employer Wiggin and Dana  Amount of Contribution  First  Timothy  Air City Madison  Name of Employer Wiggin and Dana  Amount of Contribution  Figure 1 Pyes   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?  Figure 2 Pyes   No  Is contribution associated with an event of the pyes o	Method of contribution:    Cash   Personal Check   Credit/Debit Card	Payroll Deduction M	Ioney Orde						
Residential Street Address 234 Devonshire Ln  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Timothy  City Madison  Name of Employer Wiggin and Dana  Name of Employer Wiggin and Dana  Amount of Contribution  State CT 06443-8127  Amount of Contribution  State CT 06443-8127  Amount of Contribution  Executive officer of a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No  Is contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Date Received Aggregate contributions  \$100.00				First	· · · · · · · · · · · · · · · · · · ·				M.I.
Residential Street Address  234 Devonshire Ln  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  City Madison  Name of Employer Wiggin and Dana  Name of Employer Wiggin and Dana  Amount of Contribution				Timo	othy				
Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Madison  Name of Employer Wiggin and Dana  Name of Employer Wiggin and Dana  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?  Yes  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Method of contribution:  Date Received  Aggregate contributions  \$100.00			City	l			1		
Principal Occupation Attorney    Name of Employer   Wiggin and Dana			Madisor	า			СТ	06443	-8127
Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Wiggin and Dana  Wiggin and Dana  Wiggin and Dana  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?  Yes  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate contributions  \$100.00									
dependent child of a lobbyist?    Is this contribution associated with an event reported in Section L1?   Is contributor a principal of a state contractor or prospective state contractor?   Yes event reported in Section L1?   If yes, indicate which branch or branches of government the contract is with:   Executive   Date Received   Aggregate contributions	<u> </u>			Wigg	in and Dana				
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Method of contribution:    If yes, indicate which branch or branches of government the contract is with:   Executive   Legislative	dependent child of a lobbyist?	icipality does contributor or icipality valued at more than	business l n \$5,000?	he/she is	associated with hav	No No	Amou	nt of Con	tribution
If yes, indicate which branch of branches of government the contract is with:   Date Received   Aggregate contributions			contractor	or prosp	ective state contract	or? Yes			\$100.0
If yes, list Event # contract is with:    Date Received   Aggregate contributions	event reported in Section L1?		_		· .	<b>✓</b> No			
Method of contribution: S100 00 S100 00 S100 00	If yes, list Event # contra		Ex	ecutive	<del></del>		_		
		Payroll Deduction N	Money Ord	ler					

SUBTOTAL Section B - This Page	\$1,250.00
TOTAL of Section B Pages in	\$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
(Enter total on the 15, Goulin & Vi Submitty 1745)	

d January 2015			Doni	ellary)			YPE OF F	THANK			Section 1	- 1
ME OF COMMITTEE (Provide	A	ame as Registered with EU	12.0									
TE OF COMMITTEE (Provide	Compare					(	October 1	0 filing				
nin for Mayor	enerus instrumenti (III (III (III (III (III (III (III (I		n) min	ania'								40.00
nin for Mayor Total Contributions from Sn	all Contri	putors - Receiven tine	1 61 100	100	Subtotal Se	ection A			_			\$0.00
instructions for definition of Sm	al Contribu					CONTRACTOR CONTRACTOR						
		B. Itemized C	ontaries		om mmr.	(Access)						M.I.
4 North		And the second s		First								М
st Name				Rich	nard				State	Zin	Code	
ghello	<u> </u>	<u> </u>	City						CT	06	052-1	532
sidential Street Address			New	Britain								
Ten Acre Rd	<u> </u>			Name	of Employer	e Challs	icv.					ļ
incipal Occupation					ke, Kelly							
ttorney	1 120	If contribution is in excess of	f \$400 to a	a candidate	committee fo	or a chief e	xecutive offi	cer of a	Amou	nt of	Contr	ibution
contributor a lobbyist, spouse, or	Yes	limality does contribute	it of nasin	C33 HO OHO	s associated  Y		a contract wi	in said				
ependent child of a lobbyist?	✓No	lmunicipality valued at more	than anyo	UU:		_			1			<b>450.00</b>
this contribution associated with an		s contributor a principal of a st	ate contra	ctor or pros	spective state	COHITACIO	'' <u>L</u>	Yes	1			\$50.00
vent reported in Section L1?	L_169	H was indicate which branch	or	_	r			No	1			
	✓ No	branches of government the contract is with:		Executiv		Legisl		contributions	1			
f yes, list Event #					Date Rece		Aggregate	\$50.00	ol			
Method of contribution:  Cash Personal Check	Credit/Debit C	Card Payroll Deduction	Money	Order	09/23/2	2019		<b>4-</b>				M.I.
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ast Name												
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Donna			City		elson				State		Zip Code 16105-	
Residential Street Address					elson				State CT		16105-	
Residential Street Address 194 S Whitney St				tford	elson ne of Employ	ver			1 -			
Residential Street Address 194 S Whitney St Principal Occupation			Har	tford Nan	ne of Employ				СТ		06105-	3068
Residential Street Address 194 S Whitney St			Har	tford Nam I Ca	ne of Employ	- for a chie	f executive o	officer of a	СТ		06105-	3068
Residential Street Address 194 S Whitney St Principal Occupation Nurse	Yes	If contribution is in excess	Har	Nam   Ca   O a candida	ne of Employ are tte committee e is associate	e for a chie	f executive or a contract	officer of a	СТ		06105-	
Residential Street Address 194 S Whitney St Principal Occupation Nurse	∐Yes ☑No	municipality does contribu	Har of \$400 to stor or bus re than \$5	Nam I Ca o a candida siness he/sh	ne of Employ are te committee e is associate	e for a chie ed with hav Yes	✓ No		СТ		06105-	3068 tributio
Residential Street Address 194 S Whitney St Principal Occupation Nurse Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓No	municipality does contribu	Har of \$400 to stor or bus re than \$5	Nam I Ca o a candida siness he/sh	ne of Employ are te committee e is associate	e for a chie ed with hav Yes	✓ No	Yes	СТ		06105-	3068
Residential Street Address 194 S Whitney St Principal Occupation Nurse Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an	✓ No ☐ Yes	municipality does control municipality valued at mo  Is contributor a principal of a  If we, indicate which brane	Har of \$400 to ator or bus re than \$5 state conte	Nam I Ca o a candida siness he/sh	ne of Employ are te committee e is associate	e for a chie ed with hav Yes ate contrac	✓ No tor?		СТ		06105-	3068 tributio
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Residential Street Address 194 S Whitney St Principal Occupation Nurse Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #	✓ No ☐ Yes	municipality does control municipality valued at mo Is contributor a principal of a If yes, indicate which branches of government the contract is with:	Har of \$400 t itor or bus re than \$5 state cont ch or	Nan I CE o a candida siness he/sh 6,000?  Execut	ne of Employare  te committee e is associate  cospective sta	e for a chie ed with hav Yes ate contrac Legi	√ No tor? islative	Yes No	Amo		06105-	3068 tributio
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Residential Street Address 194 S Whitney St Principal Occupation Nurse Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #	✓ No  Yes ✓ No	municipality does control municipality valued at mo Is contributor a principal of a If yes, indicate which branches of government the contract is with:	Har of \$400 t itor or bus re than \$5 state cont ch or	Nan I ce o a candida iness he/sh 000?  Execut	ne of Employare  te committee e is associate  cospective sta	e for a chie ed with hav Yes ate contrac Legi	√ No tor? islative	Yes No	Amo		06105-	3068 tributio \$25.0
Residential Street Address 194 S Whitney St Principal Occupation Nurse Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1?  If yes, list Event # Method of contribution:	✓ No  Yes ✓ No	municipality does control municipality valued at mo Is contributor a principal of a If yes, indicate which branches of government the contract is with:	Har of \$400 t itor or bus re than \$5 state cont ch or	Nam I Ce o a candida siness he/sh ,000?  Tractor or pr  Execut	te of Employare te committee e is associate rospective sta tive Date Re 09/05	e for a chie ed with hav Yes ate contrac Legi	√ No tor? islative	Yes No	Amo	ount (	of Con	\$25.0
Residential Street Address  194 S Whitney St  Principal Occupation  Nurse  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check	✓ No  Yes ✓ No	municipality does control municipality valued at mo Is contributor a principal of a If yes, indicate which branches of government the contract is with:	Har so so so state control of the co	Nam l ca o a candida iness he/sh 6,000?  Execut	te of Employare te committee e is associate cospective sta tive Date Re 09/05	e for a chie ed with hav Yes ate contrac Legi	√ No tor? islative	Yes No	Amo	ount o	Zip Co	\$25.0 M.I.
Residential Street Address  194 S Whitney St  Principal Occupation  Nurse  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check	✓ No  Yes ✓ No	municipality does control municipality valued at mo Is contributor a principal of a If yes, indicate which branches of government the contract is with:	Har of \$400 to of \$400 to or businer or businer than \$5 state contich or the first of the first	Nan I cz o a candida inness he/sh i,000? Execut	te of Employare te committee e is associate to cospective stative Date Re 09/05	e for a chie ed with have Yes ate contract Legi	√ No tor? islative	Yes No	Amo	ount o	Zip Co	\$25.0
Residential Street Address  194 S Whitney St  Principal Occupation  Nurse  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Last Name  Donofrio  Residential Street Address	✓ No  Yes ✓ No	municipality does control municipality valued at mo Is contributor a principal of a If yes, indicate which branches of government the contract is with:	Har of \$400 to of \$400 to or businer or businer than \$5 state contich or the first of the first	Nan I ca o a candida siness he/sh (,000?  Executive Order  Ty  Idgefield	te of Employare te committee e is associate rospective sta tive Date Ro 09/05 First Anita	e for a chied with have yes at a contract Legion Contract Legi	islative	Yes No ate contribution \$25.0	Amo	ount o	Zip Co	\$25.0
Residential Street Address  194 S Whitney St  Principal Occupation  Nurse  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Last Name  Donofrio	✓ No  Yes ✓ No	municipality does control municipality valued at mo Is contributor a principal of a If yes, indicate which branches of government the contract is with:	Har of \$400 to of \$400 to or businer or businer than \$5 state contich or the first of the first	Nan I ca o a candida siness he/sh (,000?  Executive Order  Ty  Idgefield	te of Employare te committee e is associate to cospective stative Date Re 09/05	e for a chied with have yes at a contract Legion Contract Legi	islative	Yes No ate contribution \$25.0	Amo	ount o	Zip Co	\$25.0
Residential Street Address  194 S Whitney St  Principal Occupation  Nurse  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Last Name  Donofrio  Residential Street Address  55 High Ridge Ave	✓ No  Yes ✓ No	municipality does contribution in the municipality valued at mo  Is contributor a principal of a   If yes, indicate which branches of government the  contract is with:  t Card Payroll Deduction	Har of \$400 to of \$400 to of businers than \$5 state control of the first than \$5 state control of the first than \$5 state control of \$5 state cont	Nan 1 cz o a candida iness he/sh i,000?  Execut ney Order  F A ty idgefield	tive  Date Ro 09/05  Particular of Employers  Date Ro Date Ro Date Ro Date Ro Date Ro Date Ro Deligners  Date Ro Deligners  Employers  Deligners  Deligner	e for a chied with have Yes atte contract Legion contract Legi	No lor? islative Aggrege	Yes No ste contribution \$25.6	Amo  Stat C1	ount (	Zip Co 0687	\$25.0 M.I.
Residential Street Address  194 S Whitney St  Principal Occupation  Nurse  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check V  Last Name  Donofrio  Residential Street Address  55 High Ridge Ave  Principal Occupation  Developer	✓ No  Yes ✓ No	municipality does contribution in the municipality valued at mo  Is contributor a principal of a   If yes, indicate which branches of government the  contract is with:  t Card Payroll Deduction	Har of \$400 to of \$400 to of businers than \$5 state control of the first than \$5 state control of the first than \$5 state control of \$5 state cont	Nan 1 cz o a candida iness he/sh i,000?  Execut ney Order  F A ty idgefield	tive  Date Ro 09/05  Particular of Employers  Date Ro Date Ro Date Ro Date Ro Date Ro Date Ro Deligners  Date Ro Deligners  Employers  Deligners  Deligner	e for a chied with have Yes atte contract Legion contract Legi	D HOME:	Yes No ste contribution \$25.6	Amo  Stat C1	ount (	Zip Co 0687	\$25.0 M.I.
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section 2.2.) \$76  (Enter total on Line 13, Column A of Summary Page	

Page 20 of 112

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ME OF COMMITTEE (Provide Complete Name as Registered w.	tion and some feeting			October 10 filing			
nin for Mayor	er from Varyan de N	II V			<u> </u>		
foral Contributions from Small Contributors - Received	Confidence of the same	Sul	ototal Section A				\$0.00
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ast Name		First					G
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IS COMMORAGE A 1000) last operation last does (	n excess of \$400 to a contributor or busined at more than \$5,000	35 116/5116 1	committee for a cni s associated with ha Yes	ef executive officer of a we a contract with said  No	Amo	unt of Co	IIII INUL
	pal of a state contract	tor or pros	pective state contrac	etor? Yes	1		\$50
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TOTAL of Section B Pages of	\$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
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						October 10 filing				
nin for Mayor			ensoniko):	ĹΥ						\$0.00
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tzpatrick			<del></del> _	Sean			State	٠ ١	Zip Code	. 505
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Fowler			City	1				ate	Zip Cod 10576	e ⊾9937
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SUBTOTAL Section 8 - This Page	\$2,500.00
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section 2) (Enter total on Line 13, Column A of Summary Page)	

Page	22	of	117
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ME OF COMMITTEE (Provide Complete Name as Registered	t with Filing	Reposito	ry)		TYPE OF REPORT			
-in for Mayor				(	October 10 filing			
Total Contributions from Small Contributors - Receiv	ed this Pe	riod ON	LY	经基础证券				\$0.00
r - 1 8 its - (Small Contributor)				ubtotal Section A				
B. Iter	mized Con	uributio		m Individuals				M.I.
ast Name			First					
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esidential Street Address		City	laataa	hum		CT	06073-2	2024
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rincipal Occupation				an & Goodwin				
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Last Name			First					
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46 Dora Dr		Sheltor		of Employer				
Principal Occupation				Hartford				
dependent child of a lobbyist?  WNo municipality doe municipality value.	s contributor of ued at more th	or business ian \$5,0007	nersile i	Yes	VINO	Amou	int of Con	tributio
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 090419a  Is contributor a print of the prin	cipal of a state	e contracto r	r or pros	e Legis	<b>✓</b> No	18		\$200.
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Gardner		City		<u>·                                      </u>		State	Zip Co	<sup>de</sup> 0-4204
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112 23 of Page

ed January 2015		n -ite			TYPE OF REPORT		
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SUBTOTAL Section 8 - This Page	\$625.00
TOTAL of Section B Pages	\$76,013.00
	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A * E).  (Enter total on Line 13, Column A of Summary Page	

Page	24	of	11
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MF OF COMMETTEE - (Provide Complete Name as Regist	ered with Filing Repository)		ctober 10 filing			
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Fotal Contributions from Small Contributors - Rec	gived this Period DNLL	Subjected Section A				\$0.00
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${f B}_{f r}$	Kernized Contaminations					M.I.
st Name	Elic					
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sidential Street Address	West Hartfor	rd		CT	06117	
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Last Name		Kathryn				
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SUBTOTAL Section B - This Page :	\$1,300.00
TOTAL of Section B Pages	\$76,013.00
	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A # IS)  (Enter total on Line 13, Column A of Summary Page	

Page	25	of	11

FORM 20		I. MONETARY	TI CLICATION OF THE PARTY OF TH	\				aless the second	
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				First					
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Gottesdiener			City				СТ	0611	D-1754
Residential Street Address			West H						
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SUBTOTAL Section B. This Page	\$143.00
TOTAL of Section B. Pages	\$76,013.00
Section A + B	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS 10-2007.  (Enter total on Line 13, Golumn A of Summary Page)	

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AME OF COMMITTEE (Provide Comp	lete Name as	Registered with File	ng Reposit	ny)			PE OF REPORT			
		4				0	ctober 10 filing			
ronin for Mayor . Total Contributions from Small C		Proported this	envini (OA	167						
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				First						M.I.
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Gourlie			City					State	Zip Code	2004
Residential Street Address		:	Woodsto	ock				CT	06281-2	.204
122 Joy Rd, PO Box 323 Principal Occupation	<u></u>	<u></u>			Employer	,				-
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	- L			First						M.I.
Last Name				Joel						
Grieco		<u> </u>	City					State	Zip Code	
Residential Street Address			West H	artford				СТ	06117-	1700
22 Ledyard Rd, Fl 25 Principal Occupation			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		of Employer	- 6 - 1-1				
sales					man & Wak			<u>,                                     </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	lo munic	tribution is in excess or cipality does contributed cipality valued at more	r or business than \$5,0007	he/she i	Yes	ii jiavc a	✓ No	Amou	nt of Con	tribution
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Griffin			City	IVIC	HOH			State	Zip Cod	
Residential Street Address	•		Hartfo	rd				CT	06106	3-3213
24 Vernon St					of Employer					
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SUBTOTAL Section B - This Page	\$600.00
To TAL of Section B Regus	\$76,013.00
The Australia Control of the Control	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections / (Enter total on Line 13, Column A of Summary Page	\$70,010.00

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FORM 20 January 2015			LIUIS A-X-				
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Serior VI	cess of \$400 to	a candidate c sess he/she is	associated with h	ief executive officer of a ave a contract with said No		-	
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T z z withstor a prominal	of a state contra	actor or prosp	ective state contra	ctor? Yes	1		\$250.
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SUBTOTAL Section B This Page	\$850.00
TOTAL of Section BIPAGES	\$76,013.00
SONNERS IT (ONS FROM INDIVIDUALS (Sections A.s. B)	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B).  (Enter total on Line 13, Column A of Summary Page)	

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I January 2015			YPE OF REPORT		
E OF COMMETTEE (Provide Complete Name as Register	ed with Filing Repositor		October 10 filing		
		The second secon		<del></del>	
in for Mayor ofal Contributions from Small Contributors - Rece	iyed this Period ON	1			\$0.00
instructions for definition of Small Contributor)	emized Contribution	is from Individuals			M.I.
Constitution of the State of th		First			ivi.i.
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ss		David		State	Zip Code
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ast Name		Raymond		00.00	Zip Code
liggins	City		_	State CT	06035-1222
esidential Street Address	Granby			01	00000
5 Harmony Hill Rd		Name of Employer			
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n/a	5 400 to a co	iu - S a abia	f executive officer of a	Amou	nt of Contributi
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SUBTOTAL Section But his Page	\$1,700.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B)	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS SECTION (Enter total on Line 13, Golumn A of Summary Page	

Page	29	of	112
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FORM 20		I. MONETARY I	CECEST -	- \						
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E OF COMMITTEE (Provide Co	omplete Na	ne as Registered with Film			0	ctober 10 filing				_
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il star a labbyist spouse, or	Yes	If contribution is in exces municipality does contrib	outor or busines	s he/she is	associated with ha	✓ No				
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SUBTOTAL Section 8 - This Page	\$450.00
TOTAL of Section 8 Pages	\$76,013.00
(COME OF STORY INDIVIDUALS (Sections A + B)	\$76,013.0
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page)	

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Vised January 2015					TYPE OF REPORT			
AME OF COMMITTEE (Provide Complete Nam	e as Registered with Fili	ng Repusili	ory)		October 10 filing			
ronin for Mayor			2-10-10-10-10-10-10-10-10-10-10-10-10-10-		October to ming			
. Total Contributions from Small Contribu	tors - Received this I	eriod ())	(LY					\$0.00
ee instructions for definition of Small Contributor				obtatal Section A				
(1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	B. Itemized Co	onteributio		m Individuais				M.I.
ast Name		į	First					
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dependent child of a lobbyist?	contribution is in excess of S unicipality does contributor unicipality valued at more th	or business h ian \$5,000?	ie/she is	Yes	✓ No	Amoun	t of Contr	IDHEIOH
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L Cuan			<del>.</del>					

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
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E OF COMMITTEE (Provide C	omplete N	ame as Registered	with Films	Керихи	ory)		A STATE OF THE PARTY OF THE PAR	October 10	10000			
in for Mayor otal Contributions from Sma	il Contri	butors - Receive	ed this Pe	ried Ol	NLY							\$0.00
otal Contributions from our instructions for definition of Sma	il Contribu					ablatat S						
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t Name					Salva	atore				State	Zip Cod	e
lomenico			(	City					1	CT	06109	-4023
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8 Highland St neipal Occupation					Name o	f Employer ecticut N	lason					
resident					1			weartive office	er of a	A 0.777	of Co	ntribution
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contributor a lobbyist, spouse, or pendent child of a lobbyist?		municipality does o	contributor of	n \$5,000?	Heronia I	Y	es	✓ No				
·		s contributor a princi	nal of a state	contracto	r or prosp	ective state	contractor	? []	Yes			\$500.0
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ent reported in Section L1?	<b>V</b> ]No	branches of governm	nent the	ΓЕ	xecutive	•	Legisl	ative	_			
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ast Name					Jef	f				Cinto	Zip C	 ode
lahnke				City						State	0610	5-3929
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is municipality doe municipality val				is associat	en wiin nav lYes	✓ No				
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Jarvis				City						Stat		Code 105-1125
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1060 Prospect Ave					Na	me of Emr	loyer					
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Is contributor a lobbyist, spouse, or	Yes					he is assoc		nave a contract	With Said			
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SUBTOTAL Section B of falls Page	\$1,200.00
TOTAL of Section & Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + E)  (Enter total on Line 13, Column A of Summary Fage	\$76,013.00
(Enter total on Line 13; Golumn A of Summary Page	

Page	32	of	11
6~			

Total Contribution is from Small Contributors (secured this Period ONLY Sublicial Section 3)  Amount for play of Glade and Small Contributors (secured this Period ONLY Sublicial Section 3)  Amount for play of Glade and Small Contributors (secured this Period ONLY Sublicial Section 3)  Amount of Contributor a Joshylat, sposso, or great for contributor of a lookylat of a slobylat (secured this contributor of a lookylat of a slobylat (secured this contributor) and subcontributor of a lookylat (secured this contributor) and subcontributor of subcontributor	ed with Filling Repository) October 10 filling	
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City   Hartford   City   City   Hartford   City		
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Name of Employer   State   S		-1500
Jackson Lewis, LLP   Contribution and polypist, spouse, or pendent child of a lobbysis?   No   No   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?   Yes		
sontributor a lobbyist, spouse, or ependent child of a lobbyist?    Yes   No	Jackson Lewis, LLP	
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sthis contribution associated with an went reported in Section L1?	s contributor or business he/she is associated with have a contract with said	
It contribution is in excess of \$400 to a candidate committee for a chief executive differer of a municipality valued at more than \$\$5,000?    Is this contribution associated with an event reported in Section L1?   Yes   If contribution   If yes, indicate which branch or principal Occupation   If yes, indicate which branch or principal Occupation   If yes, indicate which branch or principal Occupation   If yes, indicate which branch or than \$\$5,000?    Is this contribution associated with an event reported in Section L1?   Yes   If contribution   If yes, indicate which branch or dependent child of a lobbyist, spouse, or dependent of contributor or lobbyist.   If yes, indicate which branch or dependent or lobbyist.   If yes, indicate which branch or dependent or lobbyist.   If yes, indicate which branch or dependent or lobbyist.   If yes, indicate which branch or lobbyist.   If yes indicate which branch or lobbyist.   If yes indicate which branch or lobbyist.   If yes indicate which branch or lo	cipal of a state contractor or prospective state contractor?	\$1,000.0
Method of contribution:	hich branch or VNo	
Cash   Personal Check	Date Received Aggregate contributions	
Lynn   Lynn   State   Zip Code   City   Hartford   CT   O6105-4	Dodaco .	M.i.
Residential Street Address 31 Woodland St, Apt 10B Principal Occupation Retired  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an excess of \$400 to a candidate committee for a chief executive officer of a municipality yellar dat more than \$5,000?  Is this contribution associated with an excess of \$400 to a candidate committee for a chief executive officer of a municipality yellar dat more than \$5,000?  Is this contribution associated with an excess of \$400 to a candidate committee for a chief executive officer of a municipality yellar dat more than \$5,000?  Is this contribution associated with an excess of \$400 to a candidate committee for a chief executive officer of a municipality value dat more than \$5,000?  Is this contribution associated with an excess of \$400 to a candidate committee for a chief executive officer of a municipality value of the exceptive of the exceptiv		
Residential Street Address 31 Woodland St, Apt 10B    Retired	State Zip C	xde
Principal Occupation Retired    Name of Employer Retired   Retired		5-4303
Retired    Retired   Retired   Retired   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 with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:    Yes   If yes, indicate which branch or branches of government the contract is with:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Date Received   Aggregate contributions   Mentod of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Money Order   Sa5.00      First   Christopher   State   Zip Code   Card   Payroll Deduction   Money Order   City   West Hartford   CT   O6107      Residential Street Address   State   City   West Hartford   CT   O6107      State   City   Code   City		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contributor a bobyist, spouse, or dependent child of a lobbyist?  Is this contributor a principal of a state contractor or prospective state contractor?  Yes   Is contributor a principal of a state contractor or prospective state contractor?  Yes   Is contributor a principal of a state contractor or prospective state contractor?  Yes   Is contributor a principal of a state contractor or prospective state contractor?  Yes   If yes, indicate which branch or branches of government the contract is with:    Method of contribution:	Amount of	ontributi
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order O9/29/2019  Last Name  Jones  Residential Street Address 39 Cedar Ledge Rd  Principal Occupation  Executive  If contribution is in excess of \$400 to a candidate committee for a chief executive with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or practical and prospective state contractor?  If yes, list event #  Indicate which branch or prospective state contractor?  Yes  If contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or prospective state contractor?  Yes  If yes, indicate which branch or prospective state contractor?  Yes  If yes, indicate which branch or prospective state contractor?  Yes  If yes, indicate which branch or prospective state contractor?  Yes  If yes, indicate which branch or prospective state contractor?  Yes  If yes, indicate which branch or prospective state contractor?  Yes  If yes, indicate which branch or prospective state contractor?  Yes  If yes, indicate which branch or prospective state contractor?  Yes  If yes, indicate which branch or prospective state contractor?  Yes  If yes, indicate which branch or prospective state contractor?  Yes  Yes  Yes  If yes, indicate which branch or prospective state contractor?  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye	is in excess of \$400 to a contract with said	
If yes, indicate which branch or branches of government the contract is with:    Method of contribution:	alued at more than \$5,000:	
If yes, indicate which branch or branches of government the contract is with:    Method of contribution:	incipal of a state contractor or prospective state contractor?	\$10
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Method of contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 09/29/2019 \$35.00 ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 09/29/2019 \$35.00 ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 09/29/2019 \$35.00 ☐ City ☐ Christopher ☐ Christopher ☐ City ☐ West Hartford ☐ CT ☐ 06107 ☐ CT ☐ C		
Cash	\$35,00	_
Last Name  Jones  Christopher  City West Hartford  State Zip Cod CT 06107  State CT 06107  Name of Employer The Hartford  Executive  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a principal of a state contractor or prospective state contractor?  Is contribution associated with an event reported in Section L1?	It Deduction Money Order 09/29/2019	M.I.
State   Zip Code		
Residential Street Address 39 Cedar Ledge Rd  Principal Occupation  Executive  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  Is contribution associated with an event reported in Section L1?  City  West Hartford  CT 06107  Amount of Contributor of a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or	State Zi	
Principal Occupation  Executive  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Is this contribution associated with an event reported in Section L1?  Name of Employer  The Hartford  Amount of Contribution of 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?  Yes  Is contribution associated with an event flow a contractor or prospective state contractor?  Yes  If yes, indicate which branch or event reported in Section L1?	City CT 08	107-1007
Principal Occupation  Executive  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor 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?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or level to the property of t		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is 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?  Yes  Is contribution associated with an event reported in Section L1?  If yes, indicate which branch or large the event reported in Section L1?	Name of Employer  The Hartford	
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Is this contribution associated with an very set of the second se	does contributed of publicas norther	
event reported in Section L1?  If yes, indicate which branch or	reincipal of a state contractor or prospective state contractor?	\$50
event reported in action at	re which branch or	•
realist Fuert # 0904198 contract is with:	overnment the Recutive Legislative	
If yes, list Event # Contract is with Date Received Aggregate contributions	th: Date Received Aggregate contributions	
Method of contribution:    Method of contribution:		

SUBTOTAL Section 8 - This Page	\$1,510.00
TOTAL of Section E Pages	\$76,013.00
ICTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$76,013.00
(Enter fotal on Line 13, Column A of Summary respe	

	KA KECEH I	D (Dee.						
<sub>January</sub> 2015 E OF COMMUTEE - (Provide Complete Name as Registered will	i Filing Repositors	y)		YPE OF REPORT		<u> </u>		
EOF COMMITTEE (Provide Complete Nume as 10-8-12-3)			C	Ctoper 10 ming				
in for Mayor otal Contributions from Small Contributors - Received 1	Markotoki ONE	Y					\$0.0	00
otal Contributions from Small Contributors - Accessory	Company of the Company	Subt	ital Section A					
ntal Contributions of Small Contributor) instructions for definition of Small Contributor) B. Hemize	d Contribution	s from	Individuals				M.l.	
B. Rbiuns	I	First						
Name		Amy			State	Zip	Code	$\neg$
rkowitz	City				CT	068	30-3815	
sidential Street Address	Greenwic	ch					_	1
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ncipal Occupation	1			recutive officer of a	Amou	nt of (	_ Contributi	ion
ncipal Occupation Usiness Owner  Contributor a lobbyist, spouse, or Yes municipality does continuously desired at the spouse of	cess of \$400 to a cand	didate com	mittee for a chief of sociated with have	a contract with said	1111111			
contributor a lobbyist, spouse, or	than \$5,000?		Yes				<b>#</b> F0(	0.00
pendent child of a lobbyist?  No municipality valued at  Is contributor a principal	of a state contractor of	or prospect	tive state contractor	? Yes	1		\$500	0.00
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fuge list Event # contract is with:			Date Received	Aggregate contribute	0.00			
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Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Dedu		First					_	
Last Name		Irwin			State	z	ip Code	
Kallman	City				СТ	0	6830-713	1
Residential Street Address	Green	wich						
80 Oneida Dr		Name	f Employer Kallman					
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dependent child of a lobbyist?  V No municipality valued municipality valued is contributor a principality valued in the lobby is the lobby in the lobby is the lobby is the lobby is the lobby in the lobby is the l	l of a state contract	or or pros	pective state contra	ctor? Yes			\$2	250.0
T this contribution associated with all I Yes	pai of a state commen				1			
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contract is with:			Date Received	Aggregate contri	250.00			
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Method of contribution:		Firs	st				1	
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Kaplan	City					CT	06107-3	129
Residential Street Address	Wes	st Hartfo	ord					
162 Selden Hill Dr		Nan	ne of Employer					
		Sel	If Employed	FFigar	ofa		nt of Cont	ribut
	s in excess of \$400 to	o a candida	ate committee for a	chief executive officer h have a contract with s	said	3.IIIOUI	it of Cour	
Later a lobby St. Spouse, St. Later Commission of the	es contributor or busi	iness he/sh :000?	ne is associated with	h have a contract with s				
dependent child of a lobbyist? No municipality va	lued at more than \$5	motor or n	rospective state con	ntractor?	Yes			\$100
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Is this contribution associated with an Yes If yes, indicate w	which branch or	Execu	itive 🔲	Legislative	- 1			
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event reported in Section L1?  If yes, Indicates branches of gove contract is with:			Date Receive 09/08/201		\$100.00			

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

Page	34	of	112

od January 2015 ME OE COMMITTER — (Provide Complete Nam	e as pomistored with Fili	ng Repos	tory)			VPE OF REPORT			
	Lua INCANICA				С	ctober 10 filing			
nin for Mayor		A. Mille	NIX						20.00
nin for Mayor Fotal Contributions from Small Contribu	OL2 - Refelven may		s	untotal Sc	ction A				\$0.00
instructions for definition of Small Contributor	B. Remized C	. except to make	ione fro	ne Indivi	duals				
	P. Mainware.		First	<u> </u>					M.I.
st Name			Danie	al					
elly		City	Danie				State	Zip Code 06416-4	4507
esidential Street Address		Cromv	/ell				СТ	06416-4	4007
Brookview Rd	<u></u>			f Employer					
incipal Occupation				lartford					
xecutive	contribution is in excess of	\$400 to a c	andidate c	ommittee fo	or a chief ex	ecutive officer of a	Amou	nt of Cont	tribution
CONTRIBUTION A 1000 years, species, se	inality does contributor	Of Dustries	3 160 3110 10	associated		No No	Ì		
ependent child of a root) is in	unicinality valued at more t	Dan Painn	ni .			<u> </u>	4		ቀ400 በ
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C	Payroll Deduction	TMoney C	order	09/04/2		\$100.00	) _		
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609 S Lee St		7 110311		of Employ	ег				
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is contributor a topoyist, apound a	ioinglity does contribill	OLOL DASH	CSS HC/BHO	10 110000					
dependent child of a loboyist.	municipality valued at more	e man 42,0	001	لسا	1 05		-		+
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ovent reported in Section L1?	f yes, indicate which branch ranches of government the	hor			Legis	✓ No			
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A) J. C. — tibution:			Order	Date Re 09/26		\$2,000.	00		·
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Last Name			Fir						
	•		Li	llian			State	Zip C	ode
Kezerian  Residential Street Address		City					СТ		12-1347
156 Manchester St		Har	tford	ne of Emplo	wer				
Principal Occupation	<u> </u>			employe					
Retired/unemployed	_					f avecutive officer of a	1	ount of C	ontribut
Is contributor a lobbyist, spouse, or Yes	If contribution is in exces municipality does contrib	s of \$400 t	o a candida ingge he/st	ate committ le is associa	ee for a cme ted with ha	ve a contract with said	Am	<b>օրու Ծ</b>	wai milo.
dependent child of a lobbyist?	lounicipality valued at mo	OLG HERH DY	,000		J - V-				
I dependent cuita of a ross)	Immunitarial		ractor or p	rospective s	tate contrac	tor? Yes			\$10
	a contributor a principal of a	a state cont					(		
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Is this contribution associated with an Yes event reported in Section L1?	s contributor a principal of a  If yes, indicate which bran branches of government th	ich or				✓ No islative			
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SUBTOTAL Section B - This Page	\$1,110.00
TOTAL of Section B Pages	\$76,013.00
TO SERVING WELL STORY (NOT WELL STORY AND	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS CROWN A of Summary Page.	

Dama	35	of	11
Page	33	G.	

2015		I. MONETARY	KECESTE A	ib (be				245		
nd January 2015  ME OF COMMITTEE (Provide)	Complete Name	as Registered with Fili	ng Repositor	y)		TYPE OF REPORT	4			-
					in incoming the	October 10 filing				$\neg \uparrow$
nin for Mayor		Ass. Developed this	eriod ONL	χ					\$6	0.00
nin for Mayor Fotal Contributions from Sm	M.Contraca	W. S. W. W. T. F. T.		Sub	total Section A				Ψ	0.00
e instructions for definition of Smo	II Cantaman	B. Itemized C	ontribution	s from	Individuals				М.	
			I	First	X 2223/44-1-10-10-10-10-10-10-10-10-10-10-10-10-1				1	`
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esidential Street Address			Hartford				01			
3 Bloomfield Ave	<u></u>		N	lame of E	imployer 1 & DONOHU	FUC				
rincipal Occupation AWYER							г —			-tion
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s contributor a lobbyist, spouse, or ependent child of a lobbyist?		contribution is in excess of unicipality does contributor unicipality valued at more t	Of Official res	/she is as	Yes	✓ No				
ependent clind of a 1000/1000	✓ No m	unicipality varued at more on a principal of a sta	to contractor O	r prospec	tive state contracto	or? Yes			\$2	50.00
s this contribution associated with an	Yes Is con	ntributor a principal of a sia res, indicate which branch	us contractor o	- FF		✓ No				
want reported in Section L1?	No bra	nches of government the	Exe	cutive	Legis	lative	1			
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Residential Street Address			New Yo				1,41	1 /		
141 Barrow St, Apt 4A				Name of	Employer	honge				
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Is contributor a lobbyist, spouse, or		If contribution is in excess municipality does contribu	IGLO: Dustiness	ILLU DALL		ef executive officer of a we a contract with said  No	Amo	unt of	Contri	but10
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SUBTOTAL Section B - This Page	\$2,250.00
TOTAL of Section 8 Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  [Enter total on Line 15, Column A of Summary Page	\$76,013.00
TOTAL OF ALL COUNTY (Enter total on Line 13, Column A of Summary Page	

Page	36	of	112
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d January 2015		I. MONDIA				A STATE OF THE STA			
HEOF COMMITTEE. (Frovide Comp	lete Name	as Registered with Fill	ng Reposito	ry)		TYPE OF REPORT		<u> </u>	
						October 10 filing			
nin for Mayor	S. 760 V. 1975	NEW PARAGORAL HIST	ATTORIES	LY					\$0.00
nin for Mayor  Cotal Contributions from Small C	Mennin			Su	btotal Section A				ψ0.00
instructions for definition of Small Co.	ntributor)	B. Itemized Co		in direct	n Individuals				
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st Name	_		ŀ						<u> </u>
				John			State	Zip Code	
nney sidential Street Address			City West Ha	rtford			CT	06119-	1007
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incipal Occupation		_		The Ha					
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vent reported in Section L1?	hrar	ches of government the		ecutive	Legis	lative			
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Method of contribution:  Cash Personal Check Credit/I	Jenit Cald			First					141.11
ast Name				Matt	hew				
Kirk			T (2)	MICH			State	Zip Co	
Residential Street Address			City Glasto	nburv			СТ	0603	3-2747
57 Sturgeon River Rd			Glaste		of Employer				
n. : i - al Openion		_			Hartford				
Senior Vice President, Commercia	al Iviarke	f contribution is in excess of			committee for a chi	of executive officer of a	Amo	ant of Co	ntributio
Is contributor a lobbyist, spouse, or	Yes 1	f contribution is in excess on the contribution of the contributio	of \$400 to a correct or busines	s he/she i		ve a contract with said			
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19 Otter Trl Principal Occupation				Sel	f Employed				
19 Otter Trl			- of \$400 to	Sel		hief executive officer of a	Am	ount of (	Contribut
19 Otter Trl Principal Occupation Real Estate Is contributor a lobbyist, spouse, or	Yes	If contribution is in exces	HIEGE OF GREEN	Sel a candida ess he/sh	te committee for a c	hief executive officer of a have a contract with said	Am	ount of (	Contribut
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SUBTOTAL Section B . This Page	\$2,500.00
TOTAL of Section & 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
(Enter total on Line 13, Column A of Summary Page	

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PORT			

October  Total Contributions from Small Contributors - Received this Psried ONEY Subtial Section A  Total Contributions from Small Contributors - Received this Psried ONEY Instructions for definition of Small Contributors  B. Itemizet Contributions from Individuals  B. Itemizet Contributions from Individuals  B. Itemizet Contributions from Individuals  B. Itemizet Contributors  B	FREPORT			
Total Contributions from Small Contributors Seceived this Psried ONE Station A Substate Section A Substate Contributions for definition of Small Contributors Seceived this Psried ONE Station A Substate Section A Substate S	r 10 filing			
Subject Sections   Subject Sec				
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Secontributor a lobbyist, spouse, or lependent child of a lobbyist?   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive   Secontributor and solubly is spouse, or lependent child of a lobbyist?   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive   Secontributor and solubly is spouse, or lependent child of a lobbyist?   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive   Secontributor and solubly is spouse, or lependent child of a lobbyist, spouse, or lependent child of a lobbyist?   Yes lependent child of a lobbyist?   Yes lependent				141.1.
City   Philadelphia				1
seidential Street Address 911 Henley St trincipal Occupation xecutive scontributor a lobbyist, spouse, or lependent child of a lobbyist?   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive municipality valued at more than \$5,000?   Yes   If contribution associated with have a contract or prospective state contractor?   Yes   If yes, indicate which branch or branches of government the contract is with:   Gregory		State PA	Zip Code 19119-	3415
Name of Employer   Name of Emp	<u></u>	PA	10110	
Secontributor a lobbyist, spouse, or lependent child of a lobbyist?  Sometribution associated with an lepton of the secontribution is in excess of \$400 to a candidate committee for a chief executive municipality valued at more than \$5,000?  If yes, hist Event #  Method of contribution associated with an last Name  Koplik  Residential Street Address  Is contributor a principal of a state contractor or prospective state contractor?  If contributor a principal of a state contractor or prospective state contractor?  If contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:    Cash				
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Residential Street Address   City   West Hartford				IVI.I.
Residential Street Address  25 W Hill Dr, West Hartford  Principal Occupation Real Estate Management  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L.1?  If contributor a principal of a state contractor or prospective state contractor?  Is this contribution associated with an event reported in Section L.1?  If yes, indicate which branch or branches of government the contract is with:    Method of contribution:				
Residential Street Address  25 W Hill Dr, West Hartford  Principal Occupation  Real Estate Management  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Method of contribution:  Cash Personal Check V Credit/Debit Card Payroll Deduction Money Order  Koplik  Residential Street Address  251 Dogwood Ln  Principal Occupation  Concert Promoter  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 municipality valued at more than \$5,000?  If contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  First  James  Koplik  Residential Street Address  251 Dogwood Ln  Principal Occupation  Concert Promoter  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate committee for a chief executive municipality valued at more than \$5,000?  Yes  If contributor or business he/she is associated with have a committee for a chief executive municipality valued at more than \$5,000?  Yes  If contributor or business he/she is associated with have a committee for a chief executive municipality valued at more than \$5,000?  Yes  If contributor or business he/she is associated with have a committee for a chief executive municipality valued at more than \$5,000?  Yes  If contributor or business he/she is associated with have a committee for a chief executive municipality valued at more than \$5,000?  Yes		State	Zip Co	de 9-1347
Principal Occupation Real Estate Management  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Personal Check Credit/Debit Card Payroll Deduction Money Order  Last Name  Koplik  Residential Street Address  251 Dogwood Ln  Principal Occupation  Concert Promoter  If contribution is in excess of \$400 to a candidate committee for a chief executive municipality does contributor or business he/she is associated with have a contractor?  If yes, indicate which branch or branches of government the contract is with:  Date Received 19/30/2019  First James  City  Stamford  City  Stamford  If contributor is in excess of \$400 to a candidate committee for a chief executive contract is with:  City Nation  Concert Promoter  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate committee for a chief executive contract is with:  Stamford  If contribution is in excess of \$400 to a candidate committee for a chief executive contract is with:  City Nation  Concert Promoter  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate committee for a chief executive contractor or pospective state contractor?  If contribution is in excess of \$400 to a candidate committee for a chief executive contractor or pospective state contractor?		СТ	0611	3-1341
Principal Occupation Real Estate Management  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Koplik  Residential Street Address  251 Dogwood Ln  Principal Occupation  Concert Promoter  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 municipality valued at more than \$5,000?  Konover Residential Corporation for a candidate committee for a chief executive municipality valued at more than \$5,000?  Konover Residential Corporation for a candidate committee for a chief executive municipality valued at more than \$5,000?  First James  Stamford  If contribution is in excess of \$400 to a candidate committee for a chief executive municipality valued at more than \$5,000?  If contributor or business he/she is associated with have a contractor or prospective state contractor?				
Real Estate Management  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution is in excess of \$400 to a candidate committee for a chief executive municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received O9/30/2019  Last Name  Koplik  Residential Street Address 251 Dogwood Ln  Principal Occupation  Concert Promoter  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 municipality valued at more than \$5,000?  If contribution is in excess of \$400 to a candidate committee for a chief executive municipality valued at more than \$5,000?  If contributor or business he/she is associated with have a contractor?  If contribution is in excess of \$400 to a candidate committee for a chief executive municipality valued at more than \$5,000?  If contributor or business he/she is associated with have a contractor?	ration			
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If yes, indicate which branch or branches of government the contract is with:  If yes, list Event #  Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 09/30/2019  Last Name  Koplik  Residential Street Address 251 Dogwood Ln  Principal Occupation Concert Promoter  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  It is this contract is with:  If yes, indicate which branch or branch or branches of government the Contract is with:  Executive Legislative  Date Received 09/30/2019  First  James  City Stamford  Stamford  Live Nation  Name of Employer Live Nation  If contribution is in excess of \$400 to a candidate committee for a chief execution is in excess of the contract of the promoter of the prom	Yes			\$250.0
Stamford	<b>✓</b> ]No			
Method of contribution:  Cash Personal Check  Credit/Debit Card Payroll Deduction Money Order 09/30/2019  Last Name James  Koplik  Residential Street Address 251 Dogwood Ln  Principal Occupation  Concert Promoter  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 execution municipality does contributor or business he/she is associated with have a communicipality advantage of a state contractor or prospective state contractor?	regate contributio			
Last Name Koplik Residential Street Address 251 Dogwood Ln Principal Occupation Concert Promoter  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  In contributor a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief execution municipality valued at more than \$5,000?  If contributor or business he/she is associated with have a communicipality valued at more than \$5,000?  If contributor or prospective state contractor?	1,250,\$1	00		_
Last Name Koplik Residential Street Address 251 Dogwood Ln Principal Occupation Concert Promoter  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 execumunicipality does contributor or business he/she is associated with have a communicipality valued at more than \$5,000?  In this James  Name of Employer Live Nation  Name of Employer Live Nation    Name of Employer	<u> </u>			M.I.
Koplik  Residential Street Address  251 Dogwood Ln  Principal Occupation  Concert Promoter  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 execumunicipality does contributor or business he/she is associated with have a communicipality valued at more than \$5,000?    V   Yes				1
Residential Street Address  251 Dogwood Ln  Principal Occupation  Concert Promoter  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 exect municipality does contributor or business he/she is associated with have a conmunicipality valued at more than \$5,000?  No  No  No  No  No  No  No  No  No  N		Stat	te Zip (	Code
251 Dogwood Ln  Principal Occupation Concert Promoter  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 execumunicipality does contributor or business he/she is associated with have a confidence of a state contractor or prospective state contractor?		CT		03-4531
Principal Occupation Concert Promoter  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 dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive dependent child of a lobbyist?				
Concert Promoter  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 execution in the contributor of business he/she is associated with have a contributor of business he/she is associated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociate				
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Is contributor a loobyist, specially does contributed to contribute the dependent child of a lobbyist?    No   municipality does contributed to contribute the dependent child of a lobbyist?   No   municipality valued at more than \$5,000?   Ves   Leading the dependent child of a lobbyist?	utive officer of a	An	nount of (	Contributi
dependent child of a robbytet. INO municipality valued at more than \$5,000.	No	1		
Is contributor a principal of a state contractor of prospective state.	Yes			\$1,000
	☑ No			# ·1=3-
event reported in Section L17 Legislativ	re			
branches of government the contract is with:    Figure   Date Received   Agency   Date Received   Agency   Agen	geregate contribu	tions		
Method of contribution:    Method of contribution:   Payroll Deduction   Money Order   O9/26/2019	\$2,00	0.00		

SUBTOTAL Section B. This Page	\$1,750.00
TOTAL of Section B. Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + 8)  (Enter total on Line 19, Golumn A of Summary Page	\$76,013.00
(Enter total on Line 13, Column A of Sunmous 1995)	ď

Page	38	of	112
Lago			

FORM 20		I. MONETARY	KINCLII.	<b>L</b> C (						CONTRACTOR CONTRACTOR
d January 2015				_			OF REPORT			
TE OF COMMITTEE (Provide	Complete Na	ne as Registered with Pili	No. of Contract			Octob	er 10 filing			
			CAR FAIR							25.00
red Contributions from St	nall Contrib	utors - Received this I	CELLOR AND	Cai	dotal Section	A			- 11 minute / 10 minute	\$0.00
instructions for deflution of Sn	all Contribut	(n)				300				
		B, Remized C	Mitalionico.	First						M.I.
st Name										
				John				State	Zip Code	- 405
oster sidential Street Address			City Collinsvil	le				СТ	06019-	3425
Sweetheart Mountain Rd				Name of E	Employer					
incipal Occupation		<u></u> -	1,	Koster	Keunen, Inc					
anager			1			of executiv	e officer of a	Amoun	t of Con	tribution
contributor a lobbyist, spouse, or	Yes	If contribution is in excess of municipality does contributor	\$400 to a can	didate cor e/she is as	sociated with ha	ve a contr	act with said	, mou		
ependent child of a lobbyist?	✓No	1 In more walned at more	TESTI ADVOCA.				No	1		
		contributor a principal of a sta	te contractor o	or prospec	tive state contrac	ctor?	Yes			\$1,000.00
this contribution associated with an	LIES	tence indicate which branch	or				<b>✓</b> No			
vent reported in Section L1?	IZ No 1	branches of government the	Exe	ecutive		gislative	( !l-utlana	4		
f yes, list Event #		contract is with:		1 1	Date Received	Agg	regate contributions \$2,000.00			
Method of contribution:  Cash  Personal Check	Credit/Debit Ca	ard Payroll Deduction	Money Ord	ег (	09/29/2019		φ2,000,0			M.I.
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ast Name				John				State	Zip Co	de
Kronholm			City					CT	0637	8-2228
Residential Street Address		•	Stoning							
697 Pequot Trl					f Employer					
Principal Occupation Insurance Broker				B&B	) ( ) ( )					
INSTITATION DIVINGI				i i			. 057 E			tibutio
	1/1/20	If contribution is in excess	of \$400 to a c	andidate o	committee for a c	hief exect	ntive officer of a	Amoi	unt of Co	ntributio
In contributor a lobbyist, spouse, or	✓ Yes	If contribution is in excess municipality does contribu	INF IR DUSTINGS	3 Herbit		hief execu	ntive officer of a natract with said	Amo	unt of Co	ontributio
	[]No	municipality does contribu	tor or busines.	?	Yes	<u></u>	✓ No	Amoi	unt of Co	ontributio \$250.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a	□No	municipality does contributed at most municipality valued at most securification appropriate of a municipal of	re than \$5,000 state contracto	?	Yes	<u></u>	✓ No Yes	Amor	unt of Co	
In contributor a lobbyist, spouse, or	□No  No Yes	municipality does controu municipality valued at moi Is contributor a principal of a	te than \$5,000 state contracto	or prosp	Yes	tractor?	✓No ☐Yes ✓No	_	unt of Co	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a event reported in Section L1?	□No	municipality does contributed at most municipality valued at most securification appropriate of a municipal of	te than \$5,000 state contracto	?	Yes Dective state cont	tractor?	✓ No  Yes  ✓ No e  ggregate contribution	ms	unt of Co	
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SUBTOTAL Section 6- This Page	\$1,400.00
TOTAL of Section B Pages	\$76,013.00
	\$76,013.00
TOTAL OF ALL GON (BIBUTIONS FROM INDIVIDUALS) (Security Page (Enter total on Line 13, Column A of Summary Page	

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hief e have :	xecutive officer of a contract with said  No		Amout	ıt ·	of Cor	tri	bution	
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<del>.</del>		_	State		Zip Co		919	7

ame  Initial Street Address  Walsh Ave pal Occupation  ed  Stributor a lobbyist, spouse, or Yes If contribution is in excess	is Period Control City Nev	hutlon F F Wingtor	X Suling from First Pauline	dotal Section A Individuals	October 10 filing	State			\$0.00 M.I.
ame  Small Contributions for definition of Small Contributor)  B. Itemized  B. Itemized  Maish Ave pal Occupation  ed  Small Contributor a lobbyist, spouse, or Yes If contribution is in excess	City Nev	hution F F wingtor	is from First Pauline	Individuals		Ctate			
ame  Malsh Ave pal Occupation  ed  Strict Address  Walsh Ave pal Occupation  ed  Strict Address  Tyes  If contribution is in excess  Strict Address  Walsh Ave pal Occupation	City Nev	hution F F wingtor	is from First Pauline	Individuals		Ctata			
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whital Street Address  Walsh Ave pal Occupation ed  tributor a lobbyist, spouse, or Yes If contribution is in excess	City Nev	wingtor	First Pauline			Ctata		١,	****
Malsh Ave pal Occupation ed  tributor a lobbyist, spouse, or Yes If contribution is in excess	Nev	wingtor		<u> </u>		Ctato			
whital Street Address  Walsh Ave pal Occupation ed  tributor a lobbyist, spouse, or Yes If contribution is in excess	Nev	wingtor				Ctoto			
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dept child of a loopyist. L. ZINO	OLE MISTE AS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				7			\$25.00
s contribution associated with an Yes Is contributor a principal of	a state cont	tractor or	r prospec	thve state contracto	r? ☐Yes	-			ψ20.00
s contribution associated which bran	nch of			Legis	\ <b>V</b> No				
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s, list Dreak.		Ordo		Date Received	\$25.	00			
nod of contribution: Cash Personal Check CC Credit/Debit Card Payroll Deduction	on Mor	ney Order	نليب	0912912010					M.I.
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Marche		ity				СТ	(	06103-2	<u> 1</u> 919
idential Street Address	<u> </u>	lartford		ar Laure					
0 Wells St, Apt 515			Name o	of Employer					
ncipal Occupation					- March 2		4	of Cont	ributic
stired  Yes If contribution is in exception in the state of the state	cess of \$40	0 to a car	andidate o	committee for a chi	ef executive officer of a	Amo	unt	OI Com	I libiter
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nuncipality valued at  No municipality valued at  I s contributor a principal of	more than	t-vator	r or prost	pective state contrac	etor? Yes				<b>\$</b> 5.
the confillinion associated	ot a state co	Omacion	r or bro-l		☑ ✓ No	1			
this contribution associated with an Yes ent reported in Section L1?    Yes   If yes, indicate which be branches of government of the property	t the		xecutive	e 🗀 Leg	islative				
yes, list Event # contract is with:			Acculi	Date Received	Aggregate contribu	itions			
	otion 🗀 N	Money Or	rder	09/07/2019	\$2	0.00			M.I.
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ast Name			1	nald					
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00 Wells St, Apt 515		Hartfo		e of Employer					
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s contributor a loopyist, spoule, or municipality does co	ontributor c Lat more th	an \$5,00	00?	Yes	✓ No				
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to this contribution associated from 1 1 to 5	an or a siaw h branch or	r T	F.	-	☑ ☑No				
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SUBTOTAL Section 8 - This Page	\$35.00
TOTAL of Section is Pages.	\$76,013.00
OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13; Column A of Summary Page	

Page	40	of	11
rage	70		

ad January 2015							
2,000	alsolin Filing Revosi	itory)		YPE OF REPORT			
ME OF COMMITTEE (Provide Complete Name as Register			(	October 10 filing			
nin for Mayor		NEV		<u> </u>			** **
Cotal Contributions from Small Contributors - Rece	ived this Lerior co	٠.	ibtotal Section A				\$0.00
B.16	emized Contribut	ions iro	D HIGH HIGH		-		M.I.
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st Name		Lin			State	Zip Code	<u>                                     </u>
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contributor a touvyist, spouds at	es contribilitor of presure	3 HOLDER TO	associated with have:	No No	•		
enendem cand of a lood fire.	ined at more man 45,000	••		_=	1		\$200.00
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went reported in Section L1?	which branch or		Legisl	✓ No	•		
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7, 500, 100		) Verder	Date Received 09/06/2019	\$200.00	ol .		
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9.4.	mil Deduction Money	ν Order	09/04/2019	\$500.	00		
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V 140 Dialiches of	50.011111111111	Exect		Aggregate contribu	tions		
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SUBTOTAL Section B - This Page.	\$1,700.00
YOTAL 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
(Enter total on Line 13, Column A of Summary respe-	

Page	41	of	117
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Is contribution associated with an wear reported in Section L1?   No			I. MONETARY		(			To an included with the control of t		
Subject   The Contribution   The Contribution   Subject   The Contribution   Subject   The Contribution   The	January 2015		9. 1716	io Renositor	<b>7)</b>				i i	
Supplemental   Supp	E OF COMMITTEE (Provide (	Somplete Nai	ne as Registeres water on				October 10 filing			
Name   Print	The state of the s									90.00
## Name ## Actional Street Address ## Address ## Actional Street Address ##	otal Contributions from Smi	all Contrib	ntota - Receiven and r		Subt	tal Section A				\$0.00
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City West Hartford   West Hartford   State   City   One (195-1103)	Name				Clifford				1 - 2 1	
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Same			i i alter done contributor	OI DUBINOSS VE	e/she is asso	_	No No	1		
If yes, indicate which branch or banches of government the contract is with:    First	pendent child of a lobbyist?	1 1000 1	inality valued at mole !	1971 47,000.				7		\$850.00
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Regidential Street Address  Allerton Rd  Principal Occupation  Principal, Executive Vice President  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an wind president principal of a state contractor or prospective state contractor?  Milton  Name of Employer Trinity Financial  Name to financial with said admunicipality valued at more than \$5,000?  Is this contribution associated with an wind president of a state contractor or prospective state contractor?  Name of Employer Trinity Financial  Name to financial with said admunicipality valued at more than \$5,000?  Name of Employer Trinity Financial  Name to financial with said admunicipality valued at more than \$5,000?  Name of Employer Trinity Financial  Name of Employer Trinity Financial  Name to financial with said admunicipality adments or principal of a state contractor?  Name of Employer Trinity Financial  Name to financial with said admunicipality does contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality adment of the principal of a state contractor or prospective state contractor?  Name of Employer Trinity Financial  Name to financial value at more than social with have a contract with said admunicipality valued at more than \$5,000?  No municipality valued at more than second or prospective state contractor?  Yes Yes Trinity Financial  Name to financial value at more than second or prospective state contractor?  Yes Yes Trinity Financial  Name to financial value at more than second or prospective state contractor?  Yes Yes Trinity Financial  Name to financial value at more than second or prospective state contractor?  Yes Yes Trinity Financial  Name to financial value at more than second or prospect	Cash Personal Check C	redivideon Car	Id							
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Milton   Name of Employer   Principal   Secutive Vice   President	ee			City				1	0218	36-2102
Principal Occupation Principal, Executive Vice President  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 valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Og/09/2019  State Craig  Craig  Craig  Craig  Amount of Contribution associated with an event reported in Section L1?  Principal Occupation  Government relations  If contribution a spincipal of a state contractor or prospective state contractor?  Payroll Deduction Money Order Date Received Og/09/2019  State Craig  Craig  Craig  Craig  State Zip Code CT Bloomfield  State CT Decompanion  Government relations  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?  Name of Employer  Roy & Leroy  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contractor or prospective state contractor?  Yes of the contribution associated with an event of government the contract or prospective state contractor?  Yes of the contribution associated with an event of prospective state contractor?  Yes of the contributor or prospective state contractor?  Yes of the contributi	esidential Street Address			1				IVIZ	102.	
Principal, Executive Vice President  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 valued at more than \$5,000?  Is this contribution associated with an ununicipality valued at more than \$5,000?  If yes, instered in Section L1?  I	7 Allerton Rd				Name of	Employer				
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Is contributor a totobyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order O9/09/2019  Residential Street Address  2 Carnoustie Cir  Principal Occupation  Government relations  Is contribution is in excess of \$400 to a candidate committee for a chief executive financially valued at more than \$5,000?  If contribution associated with an event reported in Section L1?  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 of a state contractor?  If contribution associated with an event of branch or branches of government the contract is with:  Is contribution associated with an event of branch or branches of government the contract is with:  Is contribution associated with an event of the principal of a state contractor or prospective state contractor?  If contribution associated with an event of the principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contribution associated with an event of the principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contribution associated with an event of the principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contribution associated with an event of the principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contribution associated with an event of the principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  If contribution associated with an event han \$5,000?  If yes, list Event #  If yes, lis	Principal, Executive vice Fie.		Tro	C \$ 400 to 0.00		mittee for a chi	ef executive officer of a	Amo	unt of C	ontribution
Is this contribution associated with an event reported in Section L1?    Second   Section   Sect	e contributor a lobbyist, spouse, or	l iYes		กาษแบบเบลจ	andidate col	IIIIIIIICE IOI a om	entroot with SSIG	1		
Is this contribution Section L1?  If yes, indicate which branch or branches of government the contract is with:  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Craig  First Craig  Craig  Craig  State Zip Code CT 06002-238C  Carnoustie Cir  Principal Occupation Government relations  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received Q9/09/2019  S500.00  MI  Craig  Name of Employer Roy & Leroy  Roy & Leroy  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions  Place Very Carlos Aggregate contributions  Amount of Contributions  State CT 06002-238C  CT 06002-238C  Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?  Yes Volume Carlos Valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract or prospective state contractor?  Date Received Aggregate contributions approaches of government the contract is with:  Date Received Aggregate contributions approaches of government the contract is with:	C-1-blaniet9	ш-	i i i i i i i i i i i i i i i i i i i	(If Of Onstroad			we a contract with said No			
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Leroy  Residential Street Address 2 Carnoustie Cir Principal Occupation Government relations  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  In City Bloomfield  City Bloomfield  Name of Employer Roy & Leroy  Roy & Leroy  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?  Is this contribution associated with an event reported in Section L1?  If yes, lidicate which branch or branches of government the contract or prospective state contractor?  If yes, lidicate which branch or branches of government the contract or plate Received Aggregate contributions  State CT  Zip Code CT  Amount of Contribution a chief executive officer of a chief executive officer of a subject of a chief executive officer of a chief executive officer of a chief executive sale contract with said municipality valued at more than \$5,000?  Yes  Is contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions  \$700.00	Is this contribution associated with an event reported in Section L1?	✓No  Yes	municipality does contribute municipality valued at more its contributor a principal of a self yes, indicate which branches of government the	e than \$5,000 state contractor	? Or or prospec	Yes tive state contra	ctor? Yes  gislative  Aggregate contribut	ions		\$500.
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Residential Street Address  2 Carnoustie Cir  Principal Occupation Government relations  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?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Bloomfield  Name of Employer Roy & Leroy  Amount of Contributor of a chief executive officer of a municipality valued at more than \$5,000?  Yes  If contribution associated with have a contract with said municipality valued at more than \$5,000?  Yes  Is contribution associated with an event reported in Section L1?  Yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate contributions \$700.00	Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check	✓No  Yes  No	municipality does contribut municipality valued at mor is contributor a principal of a If yes, indicate which branc branches of government the contract is with:	e than \$5,000° state contractor	?  Executive  Order  First	Yes Stive state contra	ctor? Yes  gislative  Aggregate contribut	ions 0.00		M.I. C
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Principal Occupation Government relations  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Roy & Leroy  Amount of 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?  Yes  Is contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate contributions  \$700.00	Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check  Last Name  Leroy	✓No  Yes  No	municipality does contribut municipality valued at mor is contributor a principal of a If yes, indicate which branc branches of government the contract is with:	e than \$5,000' state contracto h or  Money C	executive  Order  First  Craig	Yes Stive state contra	ctor? Yes  gislative  Aggregate contribut	ions 0.00	1	M.I. C
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dependent child of a nonymer.  In this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  Yes  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate contributions  700.00	Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check  Last Name  Leroy  Residential Street Address  2 Carnoustie Cir  Principal Occupation  Government relations	Yes I No Credit/Debit O	municipality does contribut municipality valued at mor Is contributor a principal of a  If yes, indicate which branc branches of government the contract is with:  Card Payroll Deduction	e than \$5,000° state contractor h or  Money C  City Bloor	Executive Order First Craig	Tes  Stive state contra  Les  Date Received 09/09/2019	Yes  Vi No gislative  Aggregate contribut \$500	ions 0.00 Stat CT	06	M.I. C Code 002-2380
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SUBTOTAL Section Bill This Page.	\$1,550.00
TOTAL of Section Bipages.	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 15, Column A of Summary Page	\$76,013.00
(Enter total on Line 19, Column A or Summa Frage	

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FORM 20		I. MONETARY	RECEIPT	rs (Sec	ctions A-K)	. 6		100 Mar 100 Ma	
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7 Capitol Ave	<u></u>		I N	Name of E	mployer	<del></del>			
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SUBTOTAL Section B *This Fage :	\$2,250.00
TOTAL of Section B Pages	\$76,013.00
Continue A.B.	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUAL STREET AND A OF Summary Page (Enter total on Line 13, Column A of Summary Page)	

Page	43	of	112
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i January 2015				TYPE OF REPORT		
TE OF COMMITTEE: (Provide Complete Name as Registered with	Filing Reposit	ory)				
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in for Mayor otal Contributions from Small Contributors - Received th	fisi kavariko	VLY				\$0.00
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SUBTOTAL Section B . This Page	\$1,750.00
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B).  (Enter total on Line 13, Column A of Summary Page	\$76,013.00
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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)  (Enter total on Line 13, Column A of Summary Page	\$76,013.00
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SUBTOTAL Section 8 - This Page	\$375.00
TOTAL of Section & Pages	\$76,013.00
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A 1-B).  (Enter total on Line 13, Golumn A of Summar) Page	

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SUBTOTAL Section B. This Page	\$1,200.00
TOTAL of Section B Pages	\$76,013.00
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SUBTOTAL Section B - This Page	\$2,050.00
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112 of 48 Page

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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$76,0  (Enter total on Line 19, Column A of Summary Page)	

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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
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95 Stony Corners Cir			Avon	Nome	of Employer				
Principal Occupation	O'' £11=	dop			inson & Cole				
Attorney / Bond Counsel to the	City of Ha	maen		1		Cutive officer of a	<del>-,</del>	4 80	4 -5145-0
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	_Yes ✓No	if contribution is in excess municipality does contribut municipality valued at more	or or busine e than \$5,00	ss he/she 07	Yes	No No	Amo	unt of Co	
event reported in Section L1?	No	contributor a principal of a s  If yes, indicate which branch  branches of government the  contract is with:	ı or	tor or pros Executiv		islative No			\$250.
Method of contribution:		ard Payroll Deduction	Money (		Date Received 09/06/2019	Aggregate contribution \$750			
Cash Personal Check Cre									

SUBTOTAL Section 8 - 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
(Enter total on Line 13, Column A of Summary rage	

Page	53	of	112

MROFCOMMUTEE (Provide		Vame as Repidered with Fill	ng Keposili	ory)		TYPE OF REPORT			
	Compacte :					October 10 filing			
nin for Mayor		THE PROPERTY OF THE PARTY OF TH	Permit (I)	H.Y					
Potal Contributions from Sm	all Conu	IDHOLA Becerved this .	and the	S	ibtotal Section A				\$0.00
instructions for definition of Smo	III Coninio	B. Remized Co	and Charles	me fro	m Individuals				
		PARMINAGES	•	First					M.I.
st Name			!	Rima	and Falguni				
atel			City	Dirito	and one		State	Zip Code	200
esidential Street Address			Avon				СТ	06001-2	803
95 Cider Brook Rd					Employer				Į.
rincipal Occupation resident Hartford Hospital					rd Healthcare				
contributor a lobbyist, spouse, or	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the second contributor municipality valued at more the second contributors.	or business han \$5,000?	HEASHE IS	Yes	<b>✓</b> No	Amoun	t of Contr	ibution
vent reported in Section L17	✓Yes No	is contributor a principal of a state If yes, indicate which branch of branches of government the	te contractor	or prospe	ective state contractor	✓ No ative			\$500.00
f yes, list Event # 090419a  Method of contribution:  Cash Personal Check	radit/Debit (	contract is with:			Date Received 09/10/2019	Aggregate contributions \$500.00			1 377
	Joseph	, , , , , , , , , , , , , , , , , , ,		First					M.I.
ast Name				Sus	an			T	
Pease			City				State	Zip Code 06103-	1312
Residential Street Address			Hartfor				<u> </u>	00100	
21 Temple St, Apt 406 Principal Occupation			<u> </u>	1 -	of Employer				
Retired		-		Retir				<u>,</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributed municipality valued at more	or of dusines:	s nersne i	committee for a chief s associated with have Yes	f executive officer of a e a contract with said  No	Amou	nt of Con	tribution
Is this contribution associated with an		Is contributor a principal of a st	tate contracto	or or pros	pective state contract	or? Yes			\$5.00
event reported in Section L1?	∐Yes ✓ No	If yes, indicate which branch branches of government the	ОГ	Executiv	<b>□3</b> - •	<b>✓</b> No			
If yes, list Event #		contract is with:			Date Received	Aggregate contribution	s		
Method of contribution: Cash Personal Check	Credit/Debi	Card Payroll Deduction	Money C	rder	09/30/2019	\$5.0	0		1 3/1
<u> </u>	Citain			Firs	t				M.I.
Last Name				Ag	nes				
Peelle			City				State	Zip Cod 06117	
Residential Street Address			West	Hartfo			СТ	00117	-2012
32 Orchard Rd					e of Employer				
Principal Occupation Unemployed		If contribution is in excess	of \$400 to a		employed	ef executive officer of a	Amo	unt of Co	ntributio
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	municipality does contribution	nor or ousile re than \$5,00	90?	Yes	<b>✓</b> No			
Is this contribution associated with an event reported in Section L1?	¹ ∐Yes <b>√</b> No	Is contributor a principal of a  If yes, indicate which branches of government the	ch or	Executi	<b>—</b> -	gislative No			\$1,000.0
If yes, list Event #		contract is with:			Date Received	Aggregate contribution \$2,000.	ons		

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

Page	54	of	112
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ME OF COMMITTEE (Provide Complete Name as Registered v	and a mark to have	· · · · · · ·		October 10 filing			
1 C Marian							
nin for Mayor Cotal Contributions from Small Contributors - Receive	d this Period O	PALET.	ubtotal Section A				\$0.00
Control of the contro							
B. Item	land Contribut		M. Hittiyitadas				M.I.
st Name		First				İ	
endergast		Paul			State	Zip Code	
esidential Street Address	City Avon				CT	06001-3	961
Thistle Holw	Avon	Name o	of Employer				
incipal Occupation		1	mployed				
elf Employed	C # 404 to 0	andidate (	committee for a chief	executive officer of a	Amout	nt of Cont	- ribution
CORTIDUO a 1000 Jist, apouss, or	ntribitor or dusines	2 110,2110,12	acoustine.		1111011		
spendent cand of a loboylari     No	at more than \$3,000	•					
this contribution associated with an Yes Is contributor a principal	l of a state contracto	or prosp	ective state contractor	T? Yes			\$100.00
vent reported in Section L1? If yes, indicate which	branch or			<b>√</b> No			
branches of government of yes, list Event #	In the	Executive		Aggregate contributions	1		
and the constitutions	luction Money C	nder	Date Received 09/08/2019	\$375.00			
Action of contribution.  Cash Personal Check ✓ Credit/Debit Card Payroll Dec	IdentionInfoncy c	First			<u></u>		M.I.
ast Name							
Perez		Flo	ra		State	Zip Code	
Residential Street Address	City	nester			CT	06415	-2440
15 Skyview Dr			of Employer				
Principal Occupation			Hurst				
Office Manager	- 6 4400 to 4	candidate	e committee for a chie	f executive officer of a	Amo	unt of Cor	tributio
Is contributor a tobbytat, spouse, se	CONTRIBUTOR OF DUSING	222 HC12HC	19 000001	ve a contract with said			
dependent cand of a 1000y. IVINO municipality value	d at more man 33,00	101	<u> ▼</u>   1 03	<u> </u>	-		* * * * * * * * *
Is this contribution associated with an Yes Is contributor a princi	pal of a state contra	ctor or pro	spective state contrac	tor? Yes			\$1,000.0
event reported in Section L1?  Yes  If yes, indicate which branches of governments of governments of the section L1?		1	ve Legi	✓ No islative			
If yes, list Event # contract is with:	L	Executi	Date Received	Aggregate contribution	ns		
	eduction Money	Order	09/04/2019	\$1,000.0	00		
Method of contribution.  Credit/Debit Card Payroll D  Payroll D		Fir	rst			_	M.I.
Last Name		C	olleen				
Pernerewski	City				State	Zip Co	
Residential Street Address		ham			CT	0642	2-1919
76 Green Ln		Nar	me of Employer				
Principal Occupation			e Hartford				
Attorney	in excess of \$400 to	a candid	ate committee for a cl	nief executive officer of a save a contract with said	Am	ount of Co	ontributi
is contributor a topoyist, operation in the investment does	e contributor or ous	ほうき いきゅう	he is associated with h	ave a contract with said  No	-		
	ued at more than 33.	,uuv i	□1.62		_		6400
		ractor or p	rospective state conti-	actor? Yes			\$100
Is this contribution associated with an Ves Is contributor a print	cipal of a state cont						
Is this contribution associated with an Yes event reported in Section L1?  Is this contributor a print	hich branch or			✓ No gislative			
Is this contribution associated with an Ves Is contributor a print	hich branch or	Execu		egislative  Aggregate contributi \$100	ions		

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
(Enter total on Line 13, Column A of Summary rage	

Page	55	of	113
rage	JJ	O.	

			inn Renosti	arv)		TYPE OF REPORT			
ME OF COMMITTEE (Provide	Complete Nat	не из кеушена жин гы				October 10 filing			
nin for Mayor		100	Description.	πУ					1
Potal Contributions from Sm	iali Contribi	HOL2 - Receiven one		Si	ibiotal Section A		_		\$0.00
instructions for definition of Smo	all Contribute	B. Itemized C	on to divertible						
		B. Reditization		First					M.I.
st Name			1	Sally					
eis Renzulli		<u></u>	City	Ouny			State	Zip Code	400
esidential Street Address			Mansfiel	ld Cent	er _		CT	06250-1	128
22 Warrenville Rd			1	Name of	Employer				
incipal Occupation			ļ	UConr					
	T Von	f contribution is in excess of	\$400 to a can	ididate co	mmittee for a chief e	executive officer of a	Amour	it of Cont	ribution
contributor a lobbyist, spouse, or ependent child of a lobbyist?	<del></del> 1.	municipality does contributor	or business i	ne/she is a	ssociated with have a	No No			
pendent emid of a 1994)	√ No I	nunicipality valued at more t	: 000,c¢ nan	or process	<u> </u>				\$100.0
s this contribution associated with an	Yes ls c	ontributor a principal of a sta	nte contractor	oi piospo	Cityo diato Comment	✓ No			\$100.0
vent reported in Section L1?	✓ No br	anches of government the		ecutive	Legisla	ative VINO			
f yes, list Event #	cc	ontract is with:			Date Received	Aggregate contributions			
Method of contribution:  Cash Personal Check	Credit/Debit Car	I Payroll Deduction	Money Ord	ler	09/02/2019	\$100.00			M.I.
				First					WI.I.
ast Name				Belle	_			1 - 0 1	
Ribicoff			City			<del></del>	State	Zip Code 06105	
Residential Street Address B1 Bloomfield Ave			Hartfor	_					
Principal Occupation				1	of Employer				
Retired				Retire			Τ		
Is contributor a lobbyist, spouse, or	Yes	If contribution is in excess of municipality does contribut	of \$400 to a c	andidate	committee for a chief	e a contract with said	Amou	int of Cor	tributio
dependent child of a lobbyist?	✓No	municipality does contribut municipality valued at more	or or business e than \$5,000;	?	Yes	✓ No			
t to I with on	Is	contributor a principal of a s	tate contracto	or or prosp	ective state contracte	or? Yes			\$500.
Is this contribution associated with an event reported in Section L1?	Lies	If ves. indicate which branch	1 ог			<b>✓</b> No			
If yes, list Event #	✓ No	branches of government the contract is with:	E	ecutive			4		
15 d. 1 - Countribution:				1	Date Received	Aggregate contribution \$1,000.0			
Cash Personal Check	Credit/Debit Ca	ard Payroll Deduction	Money U		09/04/2019	Ψήσσοιο			M.I.
Last Name		<u> </u>		First					
Rider				Су	nthia and Stuart		State	Zip Co	de
Residential Street Address			City Hartfo	ord			CT	0610	6-1745_
1 Linden Pl, Apt 501			Haitic		of Employer				
Principal Occupation				1	ford Stage				
Executive		If contribution is in excess	5 d 100 tm c	anndidate	committee for a chi	ef executive officer of a	Amo	unt of Co	ntribut
Is contributor a lobbyist, spouse, or	Yes	Imministrative does contrib	utor or busine	SS Hersite	15 associated William		1		
dependent child of a lobbyist?	<b>✓</b> No	municipality valued at mo	ne man 35,00	iO t					
Is this contribution associated with ar	n Yes	Is contributor a principal of a	state contrac	tor or pro	spective state contra	ctor? Yes			\$100
event reported in Section L1?	✓ No	If yes, indicate which bran branches of government the		Executi	vo l'Ileo	☑No gislative			
event reported in Section		DIGITALIAN OF POTENTIALIAN IN	ι 1	xeculi	γc <u> </u> լ_cξ				
If yes, list Event #		contract is with:			Date Received	Aggregate contribution	ns		

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
(Enter total on Line 13, Column A of Sulmina ) 1 age 1	

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ME OF COMMITTEE (Provide Complete Name as Regist	ared with Filing Repos	ttory)		PYPE OF REPORT			
-i- f Moyor				October 10 filing			
nin for Mayor Potal Contributions from Small Contributors - Rec	eived this Period 0	NLY					\$0.00
r i a se sa se Small Contributor)			ubtotal Section A				<del>- 40</del> .50
B. B.	comized Contribut	ions <b>f</b> er	on Individuals				M.I.
Name	Access of the second of the se	First					
ast Name		Davi	d		Ct-to	Zip Code	
obinson	City				State CT	06117-	1712
sidential Street Address 1 Ledyard Rd	West I	lartford					
incipal Occupation	<del></del>		f Employer lartford				
11 mm mass		1		enting officer of a	Γ	4 of Con	tribution
ependent child of a lobbyist? No municipality to municipality v	is in excess of \$400 to a copes contributor or busines alued at more than \$5,000 incipal of a state contractor.	?	Yes	✓ No	Amour	ii oi Con	\$700.0
s this contribution associated with an weet reported in Section L1?  If yes, indicate branches of government # 090419a	which branch or ernment the	Executive	: Legisl	<b>√</b> No			φ100.0
and the continues	II Deduction Money C	order	Date Received 09/04/2019	\$1,850.00			
Method of contribution.  Cash  ✓ Personal Check Credit/Debit Card Payro	III DeductionIntono) C	First	<del></del>				M.I.
ast Name							
Robinson	Late	Dav	7RU		State	Zip Coo	
Residential Street Address	City	Hartfor	d		СТ	06117	7-1712
21 Ledyard Rd			of Employer		_		
Principal Occupation		The	Hartford				
18 CONTIDUROR & 1000 y 101, 5 p and 1 1	on is in excess of \$400 to a does contributor or busing valued at more than \$5,00	ess nersne	committee for a chie is associated with hav Yes	f executive officer of a e a contract with said	Amou	int of Co	ntributio
Is contributor a	principal of a state contra	ctor or pro	spective state contract	or? Yes	-		\$1,000.
event reported in Section L1? If yes, indicat	e which branch or		<del></del>	<b>✓</b> No			
Who is a section of the section of t	h:	Executi		Aggregate contribution	ns		
Total Continue	roll Deduction Money	Order	Date Received 09/30/2019	\$1,850.0	00		
Method of contribution.  Cash Personal Check ✓ Credit/Debit Card Pay	roll DeductionIwolicy	Fir					M.I.
Last Name							1
Robinson	1 60	Je	imes		State	Zip C	
Residential Street Address	City	t Hartfo	rd		CT	0610	3906
11 Nelson St	Las		ne of Employer				
Principal Occupation			n Hurst			<u></u>	
Warehouse Manager	ion is in excess of \$400 to	s a candida	ate committee for a ch	ief executive officer of a	Amo	ount of C	ontribut
dependent child of a lobbyist?    V No   municipality   municipali	ty does contributor or busi ty valued at more than \$5,	,000?	✓ Yes	No			
Is this contribution associated with an Yes Is contributor	a principal of a state contr	ractor or p		ctor?			\$1,00
event reported in Section L1?    V No   branches of	ate which branch or government the	Execu	tive Le				
event reported in Section L1?  If yes, indice branches of contract is we describe the section L1?	government the	<u></u>	Date Received 09/03/2019	Aggregate contributi	ions 0.00		

\$2,700.00	SUBTOTAL Section B - This Page
\$76,013.00	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
	(Enter total on Line 13, Column A of Summary Page

Page	57	of	112

NAME OF COMMITTEE - (Provide Compi	ete Name as Registered with Fl	ling Reposi	tory)		TYPE OF REPORT			
Bronin for Mayor					October 10 filing			
A. Total Contributions from Small Co	nicibillos ed kerakysi eliis	Period ()	Y					
(See instructions for definition of Small Con			100	Subtotal Section A				\$0.00
		ont divit	ans f	rom Individuals			10 m	
Last Name			First					M.I.
Robinson	•		Ste	ven				
Residential Street Address		City	1 010			State	Zip Code	
588 Main St		South V	Vinds	ог		CT	06074-3	902
Principal Occupation			Name	of Employer			l	
sales			Wat	tsaver Lighting Pr	oducts, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	ndidate ne/she	committee for a chief e is associated with have Yes	executive officer of a a contract with said	Amoun	t of Conti	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat	e contractor	or pros	spective state contractor	? Yes			\$100.00
event reported in Section L1?	If yes, indicate which branch o branches of government the	r			. ✓No			\$100.00
If yes, list Event #	contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution:  Cash Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	ег	Date Received 09/05/2019	Aggregate contributions \$100.00			:
Last Name			Firs	t		<u> </u>	···	M.I.
Rotondo			Jar	nes				
Residential Street Address		City				State	Zip Code	
26 Fulton Pl		West H	artfor	ď		CT	06107-1	128
Principal Occupation Attorney		:		of Employer Pitney				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business l	ndidate he/she	e committee for a chief of is associated with have Yes	executive officer of a a contract with said  No	Amoun	t of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a sta		or pros	spective state contractor	Yes Yes			\$150.00
event reported in Section L1?	If yes, indicate which branch of branches of government the		ecutiv	e Legisl	✓ No			*
If yes, list Event #	contract is with:		CCUIIV	Date Received	Aggregate contributions			
Method of contribution:  Cash ✓ Personal Check Credit/Del	oit Card Payroll Deduction	Money Ord	er	09/04/2019	\$150.00			
Last Name			Firs					M.I.
	•			bert				1
Rutstein Residential Street Address		City	110	DOIL		State	Zip Code	
100 Ferncliff Dr		West H	artfo	rd		CT	06117-	1026
Principal Occupation		<u> </u>	Name	e of Employer		<u> </u>		
Podiatrist				tford Podiatry Gro				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   ✓ No	If contribution is in excess of municipality does contributed municipality valued at more t	or business	ndidate he/she	e committee for a chief is associated with have	executive officer of a a contract with said  No	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta		or pro	spective state contracto	103			\$200.00
If yes, list Event #	branches of government the contract is with:		ecutiv	∕e ∐Legisl				
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Del	oit Card Payroll Deduction	Money Ord	ler	Date Received 09/09/2019	Aggregate contributions \$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

of 112 Page

ed January 2015			The second second second second			TT 100 100 100 100 100 100 100 100 100 1				
ME OF COMMITTEE (Provide Complete Name as Reg	stered with Fil	ng Reposit	ory)		200	DEOFREPORT				
					Oci	doci to ming				
nin for Mayor Fotal Contributions from Small Contributors • R	eceived this I	eriod ()	VLY-							\$0.00
Total Contributions from Small Contributors			S	ubtotal Section	A					
instructions for definition of Small Contributor)	Tempred C	ontelbuti	ons fro	m Individual	8	1000				MI
			First						1	M.I.
st Name		!	Thor	nae						
aadi			THOI	1103			State		ip Code	
esidential Street Address		City Danbur	v.				CT	(	6810-7	090
4 Tobins Ct		Danbui		f Employer						
rincipal Occupation				of CT						
			1		of avan	utive officer of a	1		of Cont	ribution
contributor a lobbyist, spouse, or Yes If contribution	on is in excess of	\$400 to a ca	ndidate o	committee for a chi associated with h	er exec	ntract with said	Amou	HEL (	n Conc	Libution
contributor a tobayist, speases,	y does contributor y valued at more t	Of Dustiness	IIO arro re	Yes	[	✓ No	_			
Tro municipality	in tirel of a eta	te contractor	or prost	ective state contra	ctor?	Yes	-			\$50.00
	ate which branch o	nr nr	1			✓No				•
No branches of t	government the	 □E:	xecutive	Le	gislativ	e				
f yes, list Event # contract is w	ith:			Date Received	A	ggregate contributio	as			
4.11.45.44	yroll Deduction	Money Or	der	09/30/2019		\$150.0	)0		<u></u>	7:4
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Pa	ylon Deduction [		First							M.I.
Last Name			1	_						
Sachs			Ho	ward			State		Zip Code	
		City						- 1	06405	5620
Pacidontial Street Address			ard				CT	1	00403	-JUZU
Residential Street Address		Branfo	-	-f Employer			01		00403	-5025
57 Island View Ave			Name	of Employer	uction		CI	1	00403	-3020
57 Island View Ave Principal Occupation		Branfo	Name Che	rry Hill Const						
57 Island View Ave Principal Occupation Treasurer	ution is in excess o	Branfo	Name	rry Hill Constr	shief ex	ecutive officer of a		oun		
57 Island View Ave Principal Occupation Treasurer Is contributor a lobbyist, spouse, or Yes iff contributor and incomplete in the spouse of the spouse in the spouse of the spouse in the spouse of the spouse in th	lity does contribut	Branfo	Name Che candidate	rry Hill Const	shief ex	ecutive officer of a		ount		
57 Island View Ave  Principal Occupation  Treasurer  Is contributor a lobbyist, spouse, or Yes iff contributor a lobbyist?	lity does contribut lity valued at more	Branfo	Name Che candidate ss he/she	e committee for a committee fo	chief ex have a	ecutive officer of a contract with said  No		oun		ntributio
57 Island View Ave  Principal Occupation  Treasurer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an Ves Is contributor	lity does contribut lity valued at more r a principal of a s	Branfo of \$400 to a or or busines e than \$5,000	Name Che candidate ss he/she	e committee for a cis associated with	chief ex have a	ecutive officer of a contract with said  No  Yes		oun		ntributio
57 Island View Ave  Principal Occupation  Treasurer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an went reported in Section L.1?  If yes, ind	lity does contribut lity valued at more r a principal of a s licate which brand	Branfo of \$400 to a for or busines e than \$5,000 state contract	Name Che candidate ss he/she 0?	e committee for a c is associated with Yes	chief ex have a	ecutive officer of a contract with said  No  Yes		oun		ntributio
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A.F.B)  (Enter total on Line 19, Column A of Summary Page	
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SUBTOTAL Section B. This Page	\$750.00
TOTAL of Section & Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Golumn A of Summary Page	\$76,013.00
(Enter total on Line 13, Golumn A of Summary Page	

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112

AME OF COMMITTEE (Provide	Complete	Name as	Registered with F	iling Repost	(ory)		TAKE OF KEROKIE			
Bronin for Mayor							October 10 filing			
Total Contributions from Su	nail Con	iribator:	: Received this	Period ()	VLX	1 L				
See instructions for defluition of Sm	all Contr	(bator)			S	ubtotal Section A				\$0.00
See han actions for asponion of an			R frombædd	eomeileme.	ons fro	m Individuals				
I D			NAME OF TAXABLE PARTY.		First					M.I.
Last Name					Robe	ert				
Simpson				City				State	Zip Code	
Residential Street Address				Farming	ton		İ	CT	06032-1	232
7 Taskers Pond Rd		······		1	Name of	f Employer				
Principal Occupation  Lawyer					Carlto	n Fields				
•	1 1			5 \$ 400 to 5 400	ndidata c	ommittee for a chief e	executive officer of a	1	t of Cont	cibution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	munici <sub>)</sub> munici	pality does contribute pality valued at more	or or business than \$5,000?	he/she is	Yes Yes	No No	Amoun	t of Cont	
Is this contribution associated with an	✓ Yes	Is contribu	tor a principal of a st	tate contractor	ог ргозр	ective state contractor	<sup>?</sup> ☐Yes			\$500.00
event reported in Section L1?			dicate which branch	or			<b>✓</b> No			
If yes, list Event # 090419a	No	branches contract	of government the is with:	☐ Ex	ecutive	Legisla	ative	1		
Method of contribution:	1	Continuo				Date Received	Aggregate contributions			İ
Cash Personal Check	redit/Debit	Card	Payroll Deduction	Money Ord	ler	09/04/2019	\$500.00	"		M.I.
Last Name					First					
Smith					Cath	nerine			<del> </del>	H
Residential Street Address				City	_ L <sub>ii</sub>			State	Zip Code 06472-	
90 Foote Hill Rd				Northfo	ord			СТ	00472-	1301
Principal Occupation Commissioner					Name of	of Employer D				
Is contributor a lobbyist, spouse, or	Yes	If cont	ribution is in excess	of \$400 to a ca	andidate o	committee for a chief	executive officer of a	Amou	nt of Con	tribution
dependent child of a lobbyist?	✓ No	munic munic	ipality does contribut ipality valued at mor	tor or business e than \$5,000?	he/she is	Yes	No No			
Is this contribution associated with an	Yes	i e			r or pros	pective state contracto	Yes Yes			\$500.00
event reported in Section L1?	✓ No		indicate which branc is of government the				✓ No			
If yes, list Event #	<b>▼</b> [140		is with:	∐E	xecutive			4		
Method of contribution:			7			Date Received	Aggregate contribution: \$500.0			
Cash Personal Check	Credit/Deb	it Card _	Payroll Deduction	Money Or		09/06/2019	\$300.0	<u> </u>		M.I.
Last Name					First					
Stark					Ada	am	<u>.</u>	-1	Let e 1	<u> </u>
Residential Street Address		-		City				State NY	Zip Cod 10576	
55 Pound Ridge Rd				Pound	l Ridge			141	10370	-1000
Principal Occupation				·		of Employer k Business Solu	tions Inc			
President					ı					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	muni muni	cipality does contribi cipality valued at mo	utor or busines are than \$5,000	s he/she )?	Yes	f executive officer of a e a contract with said  No	Amou	nt of Cor	itribution
Is this contribution associated with an	□v <sub>ac</sub>	Is contri	butor a principal of a	state contract	or or pros	spective state contract	or? Yes			\$1,000.00
event reported in Section L1?	Yes	If yes,	indicate which brane	ch or			✓ No			. ,
If yes, list Event #	<b>✓</b> No	branch	es of government the ct is with:	, <u> </u>	Executiv	e Legi	slative			
Mathad of contribution:						Date Received	Aggregate contribution			
Cash Personal Check	Credit/Del	oit Card	Payroll Deduction	п Молеу С	Order	09/27/2019	\$2,000.0	JU		· <del>_</del>

SUBTOTAL Section B. This Page	\$2,000.00
TOTAL of Section B Pages	\$76,013.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A : S)  (Enter total on Line 13, Column A of Summary Page	\$76,013.00
(Cities total of the 16 Continue of Contin	

event reported in Section L1?

If yes, list Event # 090419a

Method of contribution:

Cash

Is this contribution associated with an

✓ Yes

∏No

Personal Check Credit/Debit Card

T NA	ONETARY RECEI	IPTS (Sec	tions A-K)	Pag	e 61	of	112
· · · · · · · · · · · · · · · · · · ·			Try	PE OF REPORT			
sed January 2015  MF. OF COMMITTEE. (Provide Complete Name as Reg	istered with Filing Repos	nory)		ctober 10 filing			
WE OF COMMITTEE GLOSS							\$0.00
onin for Mayor  Total Contributions from Small Contributors - I	ceceived this Period C	)NL1	otal Section A				\$0.00
Total Contributions from Signal Contributor)		оши				100	
rotal Contributors se instructions for definition of Small Contributor)	B. Remized Contribu	tions from	Illatanan			_	M.l.
		First					
ast Name		Barry			State	Zip C	ode 17-2756
Stein	City				СТ	1001	17-2130
Residential Street Address	West	Hartford Name of E	mployer				1
2 Trumbull Ln		Hartford	Healthcare				
Principal Occupation		l		ecutive officer of a	Ame	ount of C	Contribution
Chief Clinical Innovation Officer	ution is in excess of \$400 to a	a candidate con	mittee for a ciner or sociated with have a	contract with said			
Is contributor a lobbylst, spouse, or municipal	mly does continue than \$5.00	007	]Yes				2000
dependent child of a lobbyist?	or a principal of a state contrac	ctor or prospec	tive state contractor?	Yes			\$300.00
Is this contribution associated with an Yes Is contributed If yes, ind	r a principal of a state control						
event reported in Section L1?  If yes, ind  VNo branches of	licate which branch or of government the	Executive	Legisla	tive			1
If yes, list Event # contract is	with:		Date Received	Aggregate contributi	000		
	Payroll Deduction Money	y Order	09/10/2019	φυσο			M,I.
Method of contribution:  Cash  Personal Check  Credit/Debit Card	Payton Document	First					E
		Rayr	nond			10 7	ip Code
Last Name	City			_ <del></del>	C		6424-2001
Stratoti	City	st Hamptor	ı			<u>`</u> l_	
Residential Street Address		Name	of Employer				
2 Aarons Way Principal Occupation		Cara	betta Brothers				
Accountant	tribution is in excess of \$400	didate	committee for a chie	f executive officer of	a A	mount (	of Contribution
Accountant	tribution is in excess of \$400 cipality does contributor or bu	to a candidate isiness he/she i	s associated with hav	re a contract with said	1		
Is contributor a lobbyist, spouse, or munic	ipality does contribute than \$1	5.000?	✓ Yes				\$100.0
	outor a principal of a state cor	ntractor or pros	pective state contract	tor? Yes	١		Ψ100
to this contribution associated with 1 es	indicate which branch or		F-7- 4		1		
event reported in Section Di	es of government the	Executiv	·	Aggregate contri	butions		
If yes, list Event # contract	ct is with:		Date Received	\$1	00.00		
Method of contribution:	Payroll Deduction Mo	oney Order	09/23/2019				M.I.
Method of contribution: Cash Personal Check Credit/Debit Card		Fir	st				G
Last Name		R	chard			State	Zip Code
Stys		City			ļ	CT	06001-3937
Residential Street Address	17	Avon					<del>-</del>
9 Boxwood Cir		Nai	ne of Employer	re			
		Ha	rtford Healthca	· · · · · · · · · · · · · · · · · · ·	of a	A	nt of Contributi
SVP- Finance & Treasurer	contribution is in excess of \$4	400 to a candid	ate committee for a c	thief executive officer	aid	Amout	II OI COMMING
- 1 - tor a labbylst, suduse, or	contribution is in excess of security does contributor or	or business he/s	he is associated with	□No		1	
dependent child of a lobbyist?	unicipality does controuch of unicipality valued at more tha	an \$5,000;	prospective state con	tractor?	Yes	1	\$250
<u> </u>		contractor or l	MOSPACITY CHILL 2-11	L1		1	

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

Is contributor a principal of a state contractor or prospective state contractor?

Executive

If yes, indicate which branch or

Payroll Deduction Money Order

branches of government the

contract is with:

**✓** No

Aggregate contributions

\$250.00

Legislative

Date Received

09/04/2019

Page	62	of	112
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T \$4.6	ONETARY RECEIPTS	9 (Section					
FORM 20	J1(D1:		11 11	THOU REPORT			
B OF COMMITTEE (Provide Complete Name as Regi	istered with Filling Repositors		Oc	tober 10 filing			7
FOR COMMITTEE (France Co.)		v				\$0.0	00
nin for Mayor  otal Contributions from Small Contributors - R	tectived this Period U.V.	. I Sahinta	l Section A			,	
otal Centributions from Sman Contributor)		Server Inc	lividuals			M.I.	
otal Contributions from Contributors (instructions for definition of Small Contributor).		First					1
	į	James			Crote	Zip Code	-
st Name		Janico			State	06107-1544	
ullivan	City West Har	tford					-
esidential Street Address		Name of Emp	oyer				
1 High Farms Rd rincipal Occupation	1	Howard Ko	onn 	in officer of a	Amoun	t of Contribu	tion
incipal Occupation	ution is in excess of \$400 to a cand	didate commi	tee for a chief ex	contract with said	Amoun	• • •	1
	1117 0000 00 222		1 00		<b>\</b>	***	-0.00
s contributor a touch by the second of a lobby set?  No municipal	lity does contribute of does the lity valued at more than \$5,000?	or prospective	state contractor?	Yes		\$2	50.00
ls contribute	lity valued at more than \$5,000?  or a principal of a state contractor of the borneth of	OI pr- 1		<b>☑</b> No	1		
Is this contribution associated with the second of the sec	licate Which blanch of	ecutive	Legisla	Aggregate contribution	1		
	s with:	Dat	Received	\$550.0	이		A.I.
Method of contribution:  Method of contribution:  Descond Check Credit/Debit Card	Payroll Deduction Money Ord	der 09	/04/2019				VI.I.
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐		First					
Last Name		Christo	pher		State	Zip Code 06840-34	39
Swift	City				CT	00040 0	
Residential Street Address	New C	Canaan Name of I	Smolover				
49 Winfield Ln		The Ha	rftord				
- 1 Occupation	ntribution is in excess of \$400 to a	1		f executive officer of a	Ame	ount of Contr	ibuuc
CEO and chairman	ntribution is in excess of \$400 to a cipality does contributor or business.	candidate con ess he/she is a	ssociated with ha	ve a contract with salo	1		
- Inhibited States of Landing	PINALLY GOOD COLLEGE AC AC	ากว	1 1100		7	\$	1,000
ucpenter	butor a principal of a state contrac	ctor or prospe	ctive state contra	✓ No	1		
	- Logie which thater		Leg	rislative			
a want renorded ill decitor This has branch	hes of government the act is with:	Executive	Date Received	A coregate contribu	tions		
If yes, list Even #	Money		09/04/2019	\$1,00	0.00		M.I
Method of contribution:   Credit/Debit Card	Payroll Deduction Money	First					
		Lov	elie		10	ate Zip Code	_ <del></del>
Last Name						Y 11226	-2998
Tejada	City	ooklyn					
Residential Street Address		Name	of Employer				
310 Clarkson Ave, 816		199	2	Singr C	£ 9	mount of Co	ntrib
Principal Occupation Manager	f contribution is in excess of \$400	to a candidat	committee for a	chief executive officer charge a contract with sa	d A	VINOUNC OF CO.	
table ground, ut	amicinality does come.	<u>ክሮ ስለብን</u>	1 1100				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	nunicipality does contributor of the municipality valued at more than \$	-tractor or Dr	ospective state co	ntractor?	es		9
Isc	nunicipality valued at more than 3	mtacioi oi br		<b>⊘</b> N	0		
Is this contribution associated with the life of the l	fyes, indicate which branch or ranches of government the	Execut		T egislative	1		
event reported in Section 5	ontract is with:		Date Receiv	ed Aggregate con	\$60.00		
10			100/20/20	19 I _			
If yes, list Event #	Deposit Deduction M	Ioney Order	09/29/20				
If yes, list Event # Comment    Method of contribution: Cash Personal Check Credit/Debit Can	rd Payroll Deduction M	Ioney Order	09/29/20				

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NAME OF COMMITTEE (Pro	vide Comp	lete Name as Registered with j	illing Repo	sitory)		TYPE OF REPORT			
Bronin for Mayor						October 10 filing			
A. Total Contributions from	Small Co	entributors - Received thi	e Person (	MIN					,
(See instructions for definition of			4, 171		Subtotal Section				\$0.00
		B. Itemized	Contribu	ions:	from Individuals	070			φυ.υι
Last Name				Firs					M.I.
Thompson Suisman				Mo	NA				141.1.
Residential Street Address			City	1410	,,,,		Charles	P. G.	
201 Mabery Rd			Santa I	Monic	a		State CA	2ip Cod 90402	
Principal Occupation				Name	of Employer			00.02	-1400
Ceramist				Self	Employed				-
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributo municipality valued at more	r or business	he/she	committee for a chief is associated with have Yes	executive officer of a contract with said	Amou	at of Con	tribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a sta		or pros	pective state contracto	T? ☐Yes	1		
If yes, list Event#	<b>✓</b> No	If yes, indicate which branch of branches of government the contract is with:		ecutiv	eLegisl	☑ ☑No			\$400.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 09/04/2019	Aggregate contributions \$1,000.00	1		
Last Name				First		\$1,000.00	1		M,I,
Tittmann				Sal	lv				143,1.
Residential Street Address			City	- Oui		<del></del>	State	7: C - 1-	
21 Kingswood Rd			West H	artfor	d		CT	Zip Code 06119-	
Principal Occupation homemaker				Name Mrs.	of Employer		<u> </u>	L	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more to	or business h	ididate ie/she i	committee for a chief of a sassociated with have Yes	executive officer of a a contract with said	Amoun	t of Con	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state  If yes, indicate which branch o		or pros	ective state contractor				\$20.00
If yes, list Event #	✓ No	branches of government the contract is with:		cutive	Legisla	utive No			420.00
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 09/05/2019	Aggregate contributions \$45.00			
Last Name				First					M.I.
Torrey				Meg	an				
Residential Street Address		-	City				State	Zip Code	
60 Harvest Ct Principal Occupation			Newingt				CT	06111-4	4653
Executive				Name o Ctwa	of Employer C	-			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of s municipality does contributor municipality valued at more th	or business h	didate d e/she is	committee for a chief exassociated with have a	xecutive officer of a contract with said	Amount	of Cont	ribution
s this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state	contractor o	r prosp	ective state contractor?				
	<b>✓</b> No	If yes, indicate which branch or branches of government the contract is with:		cutive	Legisla	√ No			\$50.00
Method of contribution:	L					Aggregate contributions			
Cash Personal Check 🗸	Credit/Debit (	Card Payroll Deduction	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)  (Enter total on Line 19, Column A of Summary Page	\$76,013.00

Page 64 of II	Page	64	of	11
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ed January 2015		I, MONETAKI							
ME OF COMMETTEE (Provide	Complete M	rme us Registered with Fili	ng Reposito	ry)		TYPE OF REPORT			
						October 10 filing			
nin for Mayor				ΤY					
nin for Mayor Fotal Contributions from Sm	iall Contril	MIOLE - Wardthan one .	V. 10.	Subto	tal Section A				\$0.00
instructions for definition of Smo	all Contribu	OF I	4						
		B. Itemized C	ontarouse.		terra recorner				M.I.
st Name				First					
			1	Sarah			State	Zip Code	
ownswick	<u></u>		City	_			CT	06119-1	102
esidential Street Address			West Ha						
1 Bainbridge Rd		<u></u>		Name of Em					ļ
incipal Occupation esigned			1	Townswic					
	1 137	If contribution is in excess of	\$400 to a can	didate comm	ittee for a chief	executive officer of a	Amoun	t of Cont	ribution
contributor a lobbyist, spouse, or		linglity does contributor	Of Ousiness n	e/she is assoc		No No			
ependent child of a lobbyist?	<b>√</b> No	Imunicipality valued at more t	nan as,ooo				4		
this contribution associated with an	Is	contributor a principal of a sta	te contractor	or prospective	e state contracto	r! Yes			\$200.00
vent reported in Section L1?	A Les	If yes, indicate which branch of	or			<b>✓</b> No			
f yes, list Event # 090419a	□No	branches of government the contract is with:	Ex	ecutive	Legisl		4		
		-			e Received	Aggregate contributions \$200.0			
Method of contribution:  Cash Personal Check	Credit/Debit C	ard Payroll Deduction	Money Ord	ler 09/	/04/2019	φ200.0	<u> </u>		M.I.
				First					
ast Name				Edward					_ l
Tufte			City	<u>.                                    </u>			State	Zip Code 06410	
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1161 Sperry Rd				Name of E	mployer				
Principal Occupation				SELFE	MPLOYED				
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ARTIST				11.1	mittee for a chie	f executive officer of a	Amou	nt of Cor	ntributio
Le contributor a lobbyist, spouse, or	Yes	If contribution is in excess of	of \$400 to a co	11.1	mittee for a chie		Amou	nt of Cor	ntributio
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SUBTOTAL Section B. This Page:	\$1,700.00
TOTAL of Section B Pages	\$76,013.00
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TOTAL OF ALL CONTRIBUTIONS PROMINGUES.  (Enter total on Line 13, Column & of Summary Page.	

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Walkovich			Cit									
Residential Street Address				anbury Na	ne of Em	ployer						
PO Box 63				لمدا	alkovic	h Associat	es 				of Contri	hutio
1 Occupation		If contribution is in exc		dic	ate CONN	nittee for a chi	ef executiv	e officer of a	Am	ount (	n Contr	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Govt Relations Consulting	✓ Yes	If contribution is in exc municipality does contr	ess of \$40	to a candid business he/s	he is asso	ciated with he	ave a control	No				
Is contributor a lobbyist, spouse, or								Yes				\$50.
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Last Name					Caro	y.,				State CT	06105	-2506
				City Hartford	1						.1	
\ \Vest		_		Harnor	Name o	f Employer						
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SUPTOTAL Section B - This Page	\$575
SUBTOTAL SECURITY PAGES	\$76,013
TOTAL of Section B Pages	\$76,01:
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	
Company of the Compan	

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	lling Repos	itery)	100	TYPE OF REPORT			
Bronin for Mayor				October 10 filing			
A. Total Contributions from Small Contributors - Received this	Period 0	MLY					
(See instructions for definition of Small Contributor)			Subtotal Section				\$0.00
B. Itemized C	ontribut		rom Individuals				
Williams		First					M.I.
Residential Street Address	T	Pau	ال				D
4 Manor Ln	City West H	artfor	d		State CT	Zip Code 06107-	
Principal Occupation			of Employer		<u> </u>	1 00101	1010
Lawyer			Pitney				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more the specific contribution.	or business I han \$5,000?	he/she i	s associated with have	a contract with said No	Amoui	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state of the section L1?  If yes, indicate which branch of		or pros	pective state contracto	Yes			\$100.00
If yes, list Event # 090419a No branches of government the contract is with:		ecutive	eLegisl	lative No			
	Money Orde	ег	Date Received 09/04/2019	Aggregate contributions \$100.00			
Last Name		First					M.I.
Wood Forand		San	ıdy				
Residential Street Address	City				State	Zip Code	
99 N Beacon St Principal Occupation	Hartford				СТ	06105-	2512
Retired		Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of smunicipality does contributor of municipality valued at more the	or business h	didate ( e/she is	committee for a chief associated with have Yes	executive officer of a a contract with said	Amoun	t of Cont	ribution
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If yes, list Event #  If yes, indicate which branch or branches of government the contract is with:		cutive	Legisla	ative No			\$25.00
Method of contribution:	Money Orde	a l	Date Received 09/06/2019	Aggregate contributions \$25.00			
Last Name		First					M.I.
Zak		Dan	iel				J
Residential Street Address	City				State	Zip Code	
1420 Main St Principal Occupation	Glaston		CE 1		CT	06033-3	3110
Property Manager			of Employer Property Manag	ger			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$ municipality does contributor o municipality valued at more that	or business he	didate c e/she is	committee for a chief eassociated with have	executive officer of a a contract with said	Amoun	t of Cont	ribution
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If yes, list Event # If yes, indicate which branch or branches of government the contract is with:	□ Exe	cutive	Legisla	 ✓ No			\$500.00
Method of contribution:	Money Order	·Ţ	Date Received 09/09/2019	Aggregate contributions \$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

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SEEC FORM 20 Revised January 2015  NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Dronin for Mayor  C1. Contributions from Other Committees  Name of Committee  Name of Committee  Name of Committee  Ves V No Amount of Contributions  Amount of Contributions  Amount of Contributions	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  October 10 filing  Bronin for Mayor  C1. Contributions from Other Committees  Name of Treasurer Juan R Hernandez  I IVes V No Amount of Contribut	
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To this contribution associated with the contribution associated win the contribution associated with the contribution associated wi	ion
Address 25 W 18th St  State Zip Code O9/06/2019  State Apgregate Contributions \$1,500.00 \$1,500	).00
City New York  Name of Treasurer Noel Hanf  Noel Hanf  Wiggin & Dana Political A  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 090419a	ition
	00.00

I. MONETARY RECEIPTS (Sections A-F	<b>(</b> )	Page	68	of	112
NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repastiony).	TYPEOER	EPORT			
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)	+				\$0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+				\$0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	- 1,1-2			\$0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+				\$0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+				\$0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+				\$0.00

Page

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state?

Revised January 2015			Film Renovious TYPE OF REPORT					
NAME OF COM	MITTEE	(Provide Complete Name as Registered with F	HH8 IXE/Cake-/					
Bronin for May	or		October 10 filing					
		Li. Event info						
Event # Date of Event	Letter	Description	Was this a event?  ✓ Yes	fundraising				
09/04/2019	a	Dinner Event	City State Zip Code					
Location: Street	Address		West Hartford CT 06117					
21 Ledyard F	≀d		The state of Consideration of Considerat	loned				
Subpart 1: (All Committees) Was this event hosted at a personal residence?			Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)					
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?			☐ Yes (If yes, go to Section L4 In-Kind Donations not Considered  ✓ No Contributions and complete required information.)					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?			☐Yes (If yes, enter Total Receipts here.)  ✓No					
g 7 12	/D _ / /	Samittees Municipal Candidates an	nd Political Committees other than Exploratory Committees)					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			Yes (If yes, go to Section L3 Purchases of Advertising Spa  V No Program Book or on a Sign and complete required information.)	ce in a				

**✓** No

Yes (If yes, enter Total Receipts here.)

SUBTOTAL Section L1-Support 1 (All Committees) Total Receipts from Sale of Donated Items - This Rage	\$0.00
SUFFOFAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
COTAL 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)

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ed January 2015	Dontopped with Fline R	epository)	TYPE OF REPORT		The second second	
	(Provide Complete Name as Registered with Elling R		October 10 filing			
nin for Mayor	P Expenses	Paid by Committe	0			
me of Payee 33 Main St LLC			Date of Payment 09/04/2019	Method of Check	# 1280	
reet Address		City		State CT	Zip Code 06106-1886	
		Hartford			Amount	
33 Main St  rpose of Expenditure y code) OVHD	Description Rent		Event #		Amount \$575.00	
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind control	e) Independ	ent tion: A B C D	Method o	f Payment	
lame of Payee Daniel Adams			Date of Payment 09/02/2019	Chec		
treet Address		City East Haven		State CT	Zip Code 06512-4519	
160 Morgan Ave	Description		Event #	Amount		
Expenditure # (if applicable)	Contribution Refund  Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	ure) Indeper	ident	Method	\$1,000.00	
Name of Payee ADP			09/12/2019		it Card 🗸 EFT	
Street Address		City Windsor		CT State	Zip Code 06095-2119	
100 Corporate Dr Purpose of Expenditure (by code) WAGE	Description Payroll and taxes	(O) »Etha halo»	Event #		Amount \$8,496.5	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind o	iture) Indep		Metho	od of Payment	
Name of Payee ADP			09/13/2019	D	ebit Card VEFT Zip Code	
Street Address		City Windsor		State CT	06095-2119	
100 Corporate Dr Purpose of Expenditure (by code) WAGE	Pavroli and laxes	Junion "Wowa of the hal	Event #		Amount \$4,079.	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requir  None of the below (does not involve another candida  Coordinated with reimbursement sought (joint exper	Indenditure)	pendent anization: A B C			

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

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NAME OF COMMITTE	i. (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		er et en en en en en en en en en en en en en
Bronin for Mayor				October 10 filing		
	P. Expense	s Paid by Comm	ittee			
Name of Payee ADP				Date of Payment	Method of Check	
ADI				09/26/2019	Debit (	
Street Address		City		1	State	Zip Code
100 Corporate Dr		Windsor			СТ	06095-2119
Purpose of Expenditure	Description		Even	nt#		Amount
(by code) WAGE	Payroll and taxes					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un Vone of the below (does not involve another candidate or		v" is che	cked)		\$3,877.20
(g approacts)	Coordinated with reimbursement sought (joint expenditure	Inden	endent		!	
	Coordinated without reimbursement sought (in-kind cont	□ Orann	ization:			
Name of Payee				Date of Payment	Method of	
ADP				09/26/2019	Check	
0		a.			Debit (	
Street Address		City Windsor			State CT	Zip Code 06095-2119
100 Corporate Dr Purpose of Expenditure	Description		Even	nt #		
(by code) WAGE	Payroll and taxes			<del></del>		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required w	nless "None of the below	o" is che	cked)		\$8,501.16
(if applicable)	None of the below (does not involve another candidate or	Tudon	endent			
	Coordinated with reimbursement sought (joint expenditure	re)	ization:			
	Coordinated without reimbursement sought (in-kind cont	ribution) 🗀 🖂				
Name of Payee Reinaldo Albarran				Date of Payment	Method of ✓ Check	
				09/14/2019	Debit (	
Street Address		City			State	Zip Code
461 Washington St, A	Apt 312	Hartford			CT	06106-3356
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	nt#		Amount
	•		<u> </u>			***
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required will None of the below (does not involve another candidate or	-	" is che	cked)		\$60.00
	Coordinated with reimbursement sought (joint expenditure	Inden	endent			
	Coordinated without reimbursement sought (in-kind cont	ribution) Organ	ization:			
Name of Payee				Date of Payment	Method of	
Amazon, Inc				09/03/2019	☐ Check ☐ Debit (	
Street Address		City			State	Zip Code
		Seattle			WA	98109-5210
410 Terry Ave N Purpose of Expenditure	Description		Ever	nt#		A
(by code) OFFICE	Office Supplies					Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un		" is che	cked)		\$29.96
(if applicable)						
	Coordinated with reimbursement sought (joint expenditur	(e)	ization:	$\Box$ A $\Box$ B $\Box$ C $\Box$ D		
	Coordinated without reimbursement sought (in-kind cont	iroution) 🗀 "				

<u> </u>	
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 Totale).	\$139,009.72

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

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ed January 2015	25 See Strait Film R	(epository)		TYPE OF REPORT		
	(Provide Complete Name as Registered with Filing R			October 10 filing		
nin for Mayor	P. Expenses	Paid by Committe	e.			
				Date of Payment	Method of I	
<sub>me of Payee</sub> nazon, Inc			0	9/03/2019	Debit C	
t A disease		City			State WA	Zip Code 98109-5210
reet Address		Seattle				
10 Terry Ave N rpose of Expenditure	Description		Event #			Amount
y code) OFFICE	Office Supplies		ia abaahad	n		\$9.34
xpenditure # f applicable)	Type of Expenditure (*Itemization in Addendum P Required under the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the below (does not involve another candidate or Coordinated without reimbursement sought (in-kind control of the below (does not involve another candidate).	re) Independ	dent ation:		Method of	Payment
ame of Payee			1	Date of Payment	Check	:#
Amazon, Inc				09/03/2019	<b>✓</b> Debit	Card EFT
		City			State	Zip Code 98109-5210
Street Address		Seattle			WA	98 109-32 10
110 Terry Ave N	Description	<u> </u>	Event #			Amount
Purpose of Expenditure by code) OFFICE	Office Supplies  Type of Expenditure (Itemization in Addendum P Required 1)				4	\$96.96
Expenditure # (if applicable)  Name of Payee	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind con	ure) Independent	ndent	Date of Payment		of Payment
Amazon, Inc				09/13/2019	Debi	t Card EFT Zip Code
Street Address		City Seattle			State	98109-5210
410 Terry Ave N			Event	#		Amount
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	· · · · · · · · · · · · · · · · · · ·	o" is chec	ked)	_	\$12.9
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind or	iture) Indep	endent	_A _B _C _1		
Name of Payee				Date of Payment	Che	i of Payment eck #
Bank of America				09/03/2019		bit Card FFT
Street Address		City Hartford			State CT	Zip Code 06103-3401
185 Asylum St			Even	nt #		Amount
Purpose of Expenditure (by code) BNK	Description Bank Fee	(A) (A) (A) (A)	oui" is cha	ocked)	_	\$61.
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Require None of the below (does not involve another candida Coordinated with reimbursement sought (joint expen Coordinated without reimbursement sought (in-kind	diture)	pendent	A B C	]D	

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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
TOTAL OF ALL EXPENSES FAID BY COMMITTEE ALL TOTAL OF ALL EXPENSES FAID BY COMMITTEE ALL TOTAL OF ALL EXPENSES FAID BY COMMITTEE ALL TOTAL OF ALL EXPENSES FAID BY COMMITTEE ALL TOTAL OF ALL EXPENSES FAID BY COMMITTEE ALL TOTAL OF ALL EXPENSES FAID BY COMMITTEE ALL TOTAL OF ALL EXPENSES FAID BY COMMITTEE ALL TOTAL OF ALL EXPENSES FAID BY COMMITTEE ALL TOTAL OF ALL EXPENSES FAID BY COMMITTEE ALL TOTAL OF ALL	

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NAME OF COMMITTEE	: (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor				October 10 filing		
	P. Expense	s Paid by Commit	tee			
Name of Payee				Date of Payment	Method of Check	
Bobby Berriault	-			09/13/2019	Debit (	
Ct A dd		City			State	Zip Code
Street Address		New Britain			CT	
195 Hartford Rd, C2	Description		Even	f #		
Purpose of Expenditure (by code) WAGE	canvassing		Even	C II		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un		is chec	cked)		\$225.00
(if applicable)	None of the below (does not involve another candidate or	Indeper	ndent			
	Coordinated with reimbursement sought (joint expenditur	e)Oreanis				
	Coordinated without reimbursement sought (in-kind conti	ibution) —			3.5-13.4	· P
Name of Payee Bobby Berriault				Date of Payment	Method of ✓ Check	
Dobby Bernault				09/14/2019	Debit (	
Street Address		City			State	Zip Code
Ottobi Madioss						
Purpose of Expenditure	Description		Even	ıt#		Amount
(by code) WAGE	Canvassing					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un		" is che	cked)		\$105.00
(if applicable)	None of the below (does not involve another candidate or	IIndepe	ndent			
	Coordinated with reimbursement sought (joint expenditure	re)				
	Coordinated without reimbursement sought (in-kind cont	ribution)			26.0	P.T.
Name of Payee Brenda Brewer				Date of Payment	Method of Check	
Dielida Diewei				09/13/2019	Debit	
Street Address		City			State	Zip Code
98 Cleveland Ave		Hartford			CT	06120-1302
Purpose of Expenditure	Description		Ever	nt#		Amount
(ph code) MAGE	canvassing					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below	" is che	cked)		\$540.00
(if applicable)	None of the below (does not involve another candidate or	Indone	ndent			
	Coordinated with reimbursement sought (joint expenditu	re)		A B C D		
	Coordinated without reimbursement sought (in-kind cont	noution) — - s			Mathad	f Payment
Name of Payee Brenda Brewer				Date of Payment 09/14/2019	✓ Check	
Dielida Diewei				09/14/2019	Debit	Card EFT
Street Address		City	•••		State	Zip Code
98 Cleveland Ave		Hartford			СТ	06120-1302
Purpose of Expenditure	Description		Ever	nt #		Amount
(by code) WAGE	Canvassing					
Expenditure #	Type of Expenditure (Hemization in Addendum P Required u		" is che	cked)	1	\$585.00
(if applicable)	None of the below (does not involve another candidate o	Indene	ndent			
	Coordinated with reimbursement sought (joint expenditu	re)		ПА ПВ ПС ПВ		
	Coordinated without reimbursement sought (în-kind con	ribution)		——————————————————————————————————————		

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 Rege Totals)	\$139,009.72

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CODM 10	IV. EXPENDITOR	CES (pertions = -			
FORM 20 d January 2015	invention Ran	astrory)	TYPEOFREPORT		
COLCOMMTTEE	Provide Complete Name as Registered with Filing Rep		October 10 filing	_	
nin for Mayor		Sales Committee		Carlos Company	
III IOI Maye.	P. Exposes 1	aid by Committee	Date of Payment	Method of Payment  ✓ Check # 1325	
0.00			09/13/2019		EFT
ne of Payee von Brunson					
VOII Brancon		City		State Zip Co	2-1701
eet Address		-lartford		C1   001.1	
			yent#	Amou	nt
Burlington St	Description				
Those of Twhen	1		abacked)	1	\$150.00
i i	Canvassing  Type of Expenditure (Hemization in Addendum P Required unle	ess "None of the below is t	рисской		
xpenditure# fapplicable)	-f the helow (does not involve means	1 Hadebeliaci	iat.		
(пррисавне)		/ Crominati	on: A B C D		
	Coordinated with reimbursement sought (in-kind contri	Buttost)	Date of Payment	Method of Payme Check # 130	ent 1
CD-110			09/13/2019	Debit Card	EFT
Name of Payee Marvin Byrd				1 T = -	Code
VICITATION -		City			040-5304
Street Address		Manchester		0, 00	
			Event #	Amo	unt
88 Bissell St Purpose of Expenditure	Description				
(by code) WAGE	canvassing	Sala halow"	is checked)	7	\$435.00
	Canvassing  Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below"	,		
Expenditure # (if applicable)	Talas and the below those multimore was a	1 1111160611		n	
(g approxi	The with reimbursement sought (joint expenditu	Compir	ation: A B C	<u> </u>	
	Coordinated with Christment Sought (in-kind con	ar backers,	Date of Payment	Method of Pay ✓ Check # 1	165
Name of Payee			09/14/2019	Debit Card	
Marvin Byrd				1	Lip Code
		City		CT 0	6040-5304
Street Address		Manchester			
88 Bissell St			Event #	Aı	nount
Purpose of Expenditure	Description				\$420.0
(by code) WAGE	Canvassing	dunless "None of the below	v" is checked)		ψ420.0
Expenditure #	Type of Expenditure (Itemization in Addendum P Required	or committee)	danet		
(if applicable)	Type of Expenditure (Itemization in Addention 1 Required V) None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expenditure)		nization: A B C	٦p	
	Coordinated with reimbursement sought (in-kind c	ontribution) Organ		Method of P	avment
	Coordinated without reimbulsement sought (		Date of Payment	Check #	1370
Name of Payee	<del></del>		09/28/2019	Debit Ca	ard EFT
Capitol Report	_			State	Zip Code
		City		CT	06423-1428
Street Address	-	East Haddam			
314 Town St			Event #		Amount
	e Description				\$6,000
Purpose of Expenditur					ψυ,υσυ
Purpose of Expenditur (by code) A-WEB	Advertising	red unless "None of the bei	low" is checked)	l l	
Purpose of Expenditur (by code) A-WEB	Advertising	red unless "None of the bel late or committee)	over is checked)		
Purpose of Expenditur	Type of Expenditure (Itemization in Addendum P Requi			Пр	
Purpose of Expenditur (by code) A-WEB	Advertising	aditure)	ependent ganization: A B C	Пр	

Page	75	of	112
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AME OF COMMITTEE	(Provide Complete Name as Registered with Filing I	(epository) -		TYPE OF REPORT		15 no
ronin for Mayor				October 10 filing		
Name of Payee	P. Expense	Paid by Commit	tee	Date of Payment	Method of Check	
John Carmon			}	09/03/2019	Debit (	Card EFT
Street Address		City Anna Maria			State FL	Zip Code 34216-1099
PO Box 1099, Fl 342	Description		Event	#		Amount
Purpose of Expenditure (by code) REF						\$250.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditus  Coordinated without reimbursement sought (in-kind cont	e) Indepe	ndent	□A □B □C □D		
Name of Payee CICD Puerto Rican F				Date of Payment 09/16/2019	Method of Check	# 1365
Street Address		City Hartford			State CT	Zip Code 06106-1622
80 Cedar St Purpose of Expenditure (by code) MISC	Description Travel Expenses		Even			Amount \$502.40
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus).  Coordinated without reimbursement sought (in-kind continued).	r committee) Indep		Cked)		<b>\$352.40</b>
Name of Payee Raquel Cintron				Date of Payment 09/13/2019	Chec	of Payment k # 1299 t Card EFT
Street Address		City New Britain			State CT	Zip Code 06053-1320
169 Malikowski Cir Purpose of Expenditure (by code) WAGE	Description canvassing		Evei			Amount \$795.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expendit	or committee) Indep	w" is che pendent nization:	A B C D		
Name of Payee Raquel Cintron				Date of Payment 09/14/2019	✓ Che	of Payment ck # 1157 it Card EFT
Street Address		City New Britain			State CT	Zip Code 06053-1320
169 Malikowski Cir Purpose of Expenditure (by code) WAGE	Description Canvassing		Eve	ent#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expend  Coordinated without reimbursement sought (in-kind co	or committee) Inde	ow" is charged anization		0	\$465.00 

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
IVIAL ALL TALES TO THE STATE OF	

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor				October 10 filing		
The state of the s	P, Expens	es Paid by Commi	ttee			
Name of Payee Alnisa Clark	,			Date of Payment 09/14/2019	Method o  ✓ Check  ☐ Debit	
Street Address 68 Deerfield Ave		City Hartford			State CT	Zip Code 06112-2201
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee)	nđent	cked)		\$120.00
Name of Payee Amber Cochran				Date of Payment 09/13/2019	Method of Check	# <u>1327</u>
Street Address  94 Love Ln		City Hartford			State CT	Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description canvassing		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee)	ıdent	ked)		\$1,005.00
Name of Payee Trudy Collier				Date of Payment 09/14/2019	Method of  ✓ Check  Debit (	# <u>1150</u>
Street Address  86 Webster St, Apt B	8	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 un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure  Coordinated without reimbursement sought (in-kind contri	committee) Indepen	dent	ked)		\$300.00
Name of Payee Javony Collins				Date of Payment 09/13/2019	Method of Check	<sup>#</sup> <u>130</u> 7
Street Address		City			State	Zip Code
32 Elm St		Hartford			CT	06106-1760
Purpose of Expenditure (by code) WAGE	Description canvassing		Event			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit  None of the below (does not involve another candidate or of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contri	committee) Independ	dent .	ed)		\$180.00

SUBTOTAL Section P. This Page	\$1,605.00
TOYAL of Section 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

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C FORM 20	IV. EXPENDIT	JRES (Sections 1	(-1)		TOTAL STREET
- 1 Z 2015	A Shine P	eposttorV)	TYPE OF REPORT		
ME OF COMMITTEE	(Provide Complete Name as Registered with Filing R		October 10 filing		
nin for Mayor	D Experises	Paid by Committe	ee and the second second		
	The state of the s		Date of Payment	Method of Payment Check #	
ame of Payee onnecticut Democra	tic Party		09/23/2019	Debit Card EFT	
Onnecticut Democra	and any			State Zip Code	$\dashv$
reet Address		City		CT 06106-1215	5
		Hartford			$\dashv$
O Arbor St, # 404 urpose of Expenditure	Description		Event #	Amount	
oy code) MISC	Event tickets			\$65.	.00
expenditure #  if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur	e) Indepen	dent		
	Coordinated without reimbursement sought (in-kind cont		Date of Payment	Method of Payment	
Name of Payee			09/14/2019	Check # 1156  Debit Card EFT	-
Eddie Crespo					
Street Address		City Hartford		State Zip Code 06103-230	)8
777 Main St, <u>Unit 3</u>	2		Event #	Amount	
Purpose of Expenditure (by code) WAGE	Description Canvassing Type of Expenditure (Itemization in Addendum P Required and Itemization in Item	Cit I day	" in checked)	\$180	00.0
Name of Payee D'aprile Package S	Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	ntribution) Organ	Date of Payment 09/06/2019	Method of Payment ☐ Check # ☑ Debit Card ☐ EFT	<u>-</u> -
Street Address		City Hartford		State Zip Code CT 06114-18	348
288 Franklin Ave			Event #	Amount	
Purpose of Expenditure (by code) FOOD	Description Event Supplies				36.99
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expending to the limit of the	iture)	pendent inization: A B C [		
	Coordinated without reimbursement sought (in-kind o	onarous	Date of Payment	Method of Payment  Check # 1284	
Name of Payee Alex Dahlem			09/04/2019	Debit Card EF	rT
Street Address		City Hebron		State Zip Code CT 06248-1	434
14 Jeremy Way			Event #	Amount	
Purpose of Expenditure (by code) WAGE	Canvassing		In a backed)		\$18.0
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requir  None of the below (does not involve another candida  Coordinated with reimbursement sought (joint exper	diture)	rependent ganization: A B C	D	

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

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NAME OF COMMITTE	H. (Provide Complete Name as Registered with Piling	Repository)		TYPE OF REPORT		
Bronin for Mayor				October 10 filing		
	P. Expens	es Paid by Commi	ltee			
Name of Payee Alex Dahlem				Date of Payment 09/14/2019	Method o	# 1166
Street Address		City			State	Zip Code
14 Jeremy Way		Hebron			СТ	06248-1434
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee)	ident	cked)		\$540.00
Name of Payee Alex Dahlem				Date of Payment 09/16/2019	Method of Check	# <u>1347</u>
Street Address  14 Jeremy Way		City Hebron			State CT	Zip Code 06248-1434
Purpose of Expenditure (by code) WAGE	Description GOTV Payment		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) [Independent committee]	dent	ked)		\$1,250.00
Name of Payee Edward Dailey				Date of Payment 09/13/2019	Method of  ✓ Check  ☐ Debit (	# <u>1322</u>
Street Address 65 Sumner St, Apt 10	01	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 un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contract)	committee)  [Independent committee]	dent	ked)		\$930.00
Name of Payee Wilfredo Davila				Date of Payment 09/14/2019	Method of Check	# <u>1173</u>
Street Address	-1.477	City Hartford	•		State CT	Zip Code 06120-1718
177 Kensington St, A Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) Independ	lent	ced)		\$150.00

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

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FORM 20 d January 2015	IV.EXPENDIT			TYPE OF REPORT		
ME OF COMMUTEE	(Provide Complete Name as Registered with Filing R	ероѕиоту)		October 10 filing		
nin for Mayor			0.0			
ne of Payce sh Davino	P. Expenses	Paid by Committ		Date of Payment 09/13/2019	Method of I  ✓ Check #  Debit C	1318
cet Address		City Watertown			State CT	Zip Code 06795-2502
			Event #			Amount
2 Atwood St rpose of Expenditure y code) WAGE	Description canvassing					\$810.00
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind continuous)	re) Indepe	ident	A B C D	Method o	f Payment
lame of Payee losh Davino				09/14/2019	Debit	Card EFT
Street Address		City Watertown			State	Zip Code 06795-2502
22 Atwood St Purpose of Expenditure	Description		Even	t#		Amount
(by code) WAGE  Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required  ✓ None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expendi	iture)Inde	endent	cked)	D	\$120.00 
Name of Payee Vantaja Davis	Coordinated without reimbursement sought (in-kind co	onimo(utoti)		Date of Payment 09/03/2019	Method Che	of Payment eck # 1278 bit Card EFT Zip Code
Street Address		City Hartford			СТ	06106-4632
605 Broad St, Apt	Κ		Eve	ent #		Amount
Purpose of Expenditure (by code) WAGE	Description Canvassing  (Toolington in Addendum P Require	ed unless "None of the be	low" is c	hecked)		\$75.0
Expenditure # (if applicable)	Type of Expenditure (nemzation in Automatical VI)  None of the below (does not involve another candidated vith reimbursement sought (joint expertition)  Coordinated without reimbursement sought (in-kind)	Inditure)	erenden	Date of Payment	Meth	od of Payment
Name of Payee Vantaja Davis	_1			09/14/2019		Check # 1176 Debit Card EFT Zip Code
Street Address		City Hartford			State CT	06106-463
605 Broad St, Ap	t K		I	Event #	1	Amount
Purpose of Expenditure (by code) WAGE	Canvassing	uired unless "None of the	below" is	s checked)		\$450
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement Sought (Joint expenditure)  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-king)	penditure)	ndepende	ent tion: A B C	_p	

BUBTOTAL Section P This Page	\$1,455.00
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES FAID BY COMMITTEE. (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (E. 14)	<u> </u>

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VAME OF COMMITTEE	(Provide Complete Name as Registered with Fifing)	Repository)		TYPE OF REPORT		
Bronin for Mayor				October 10 filing		
According to the second second second	P. Expense	s Paid by Commit	ree	Date of Payment	Method of	Payment
Name of Payee Ron Deb				09/13/2019	Check	
					Debit (	
Street Address		City Glastonbury			State CT	Zip Code 06033-1455
309 E Opal Dr		Clastoribary	Event	t #		
Purpose of Expenditure (by code) WAGE	Description canvassing	1	DACII	. "		Amount
Expenditure #	Type of Expenditure (Hemization in Addendum P Required to	nless "None of the below'	is chec	ked)		\$495.00
(if applicable)	None of the below (does not involve another candidate or	committee)				
	Coordinated with reimbursement sought (joint expenditu	re)		A B C D		
N. C.	Coordinated without reimbursement sought (in-kind cont	noutton) —		Date of Payment	Method of	
Name of Payee Omrys Delgado				09/13/2019	Check	
, ,					Debit (	
Street Address		City Windsor			State CT	Zip Code 06095-2923
55 Maple Ave			Even	st#		<u> </u>
Purpose of Expenditure (by code) WAGE	Description Canvassing			•••		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below	" is che	cked)		\$270.00
(if applicable)	None of the below (does not involve another candidate o		ndent			
	Coordinated with reimbursement sought (joint expenditution Coordinated without reimbursement sought (in-kind con	I∩reani	zation:	$\square A \square B \square C \square D$		
Name of Payee	Coordinated without termination that a sugar (			Date of Payment		f Payment
Omrys Delgado				09/13/2019	Check	# 1302 Card EFT
		T c:s:			State	Zip Code
Street Address		City Windsor			CT	06095-2923
55 Maple Ave Purpose of Expenditure	Description		Eve	nt#		Amount
(by code) WAGE	canvassing					7411.00.11
Expenditure#	Type of Expenditure (Itemization in Addendum P Required to	unless "None of the below	" is che	ecked)	]	\$330.00
(if applicable)	✓ None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu		endent			
	Coordinated with reimbursement sought (in-kind con	1 10	ization:	A B C D		
Name of Payee	L_essistance			Date of Payment		of Payment
Omrys Delgado				09/14/2019		k# 1161 Card EFT
		. City			State	Zip Code
Street Address		Windsor			CT	06095-2923
55 Maple Ave Purpose of Expenditure	Description		Eve	ent#		Amount
(by code) WAGE	Canvassing					* ***
Expenditure #	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate	unless "None of the belov	v" is ch	ecked)		\$480,00
(if applicable)	None of the below (does not involve another canadate.  Coordinated with reimbursement sought (joint expendit		endent			
	Coordinated without reimbursement sought (in-kind co	i  Ωeanr	nization	E A B C D		
	1					

SUBTOTAL Section P • This Page	\$1,575.00
TOTAL o Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES RAID BY COMMITTEE (Entertatal on Line 19, Golumn & of Summary Page Totals)	\$139,009.72

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d January 2015		Semantic Property		TYPE OF REPORT		
E OF COMMITTEE	(Provide Complete Name as Registered with Filing I	epospory,		October 10 filing		
nin for Mayor		s Paid by Commit	lee			
	P. Expense	Saale in Conners		Date of Payment	Method of	
ne of Payee				09/03/2019	Check	
liver Strategies					Debit (	
		City			State VA	Zip Code 22203-1627
et Address		Arlington			V/.	
01 Fairfax Dr			Event	#		Amount
rpose of Expenditure code) A-DM	Description Mail Advertising					#40 004 00
	GE litrus (Hemization in Addendum P Required u	nless "None of the below	" is chec	ked)		\$13,034.28
penditure # applicable)	None of the below (does not involve another candidate of	Indepe	ndent		1	
арунсион ј	Coordinated with reimbursement sought (joint expenditu	re) — Orozni		$\square A \square B \square C \square D$		
	Coordinated without reimbursement sought (in-kind con	tribution)			Method o	of Payment
ame of Payee				Date of Payment		k#_1285
eliver Strategies				09/06/2019	Debit	t Card EFT
-		Tay			State	Zip Code
reet Address		City Arlington			VA	22203-1627
301 Fairfax Dr		,,,,,,,	Eve	et #	<del> </del>	Amount
urpose of Expenditure	Description		BYC	it ii		Milotaio
y code) A-DM	Mail Advertising		# /a ab	entrad)	-	\$3,190.50
Expenditure #	Type of Expenditure (Hemization in Addendum P Required	unless "None of the beto	W IZ CH	eckeu)	1	
if applicable)	None of the below (does not involve another candidate	Inder	endent			
	Coordinated with reimbursement sought (joint expendi	ontribution) Orga	nization	:		
	Coordinated without reimbursement sought (in-kind co			Date of Payment		of Payment
Name of Payee				09/28/2019		bit Card
Deliver Strategies						
		City			State VA	Zip Code 22203-1627
Street Address		Arlington				
4301 Fairfax Dr			Ev	ent#	- 1	Amount
Purpose of Expenditure	Description				l l	Amount
(by code) MICC	Photo Shoot					
(by code) MISC	Photo Shoot	ed unless "None of the be	low" is c	hecked)	_	
Expenditure #	Type of Expenditure (Hemization in Addendum P Require	Ind.				
	Type of Expenditure (Itemization in Addendum P Require    None of the below (does not involve another candidat   Coordinated with reimbursement sought (joint expending)	diture)	ependen	t .	D	
Expenditure #	Type of Expenditure (Itemization in Addendum P Require    None of the below (does not involve another candidat   Coordinated with reimbursement sought (joint expending)	diture)	ependen	t on: \begin{array}{c c c c c c c c c c c c c c c c c c c	D Metho	\$2,200.0
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Require	diture)	ependen	Date of Payment	Metho C	\$2,200.0 od of Payment heck #
Expenditure # (if applicable)  Name of Payee	Type of Expenditure (Itemization in Addendum P Require    None of the below (does not involve another candidat   Coordinated with reimbursement sought (joint expending)	diture)	ependen	t on: \begin{array}{c c c c c c c c c c c c c c c c c c c	Metho C	\$2,200.0
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Require    None of the below (does not involve another candidat   Coordinated with reimbursement sought (joint expending)	diture) Ind	ependen	Date of Payment	Metho C	\$2,200.0  od of Payment heck #  ebit CardEFT  Zip Code
Expenditure # (if applicable)  Name of Payee	Type of Expenditure (Itemization in Addendum P Require    None of the below (does not involve another candidat   Coordinated with reimbursement sought (joint expending)	diture) Ind contribution) Org	ependen	Date of Payment	Metho □ Ci ✔ D	\$2,200.0  od of Payment heck #  ebit CardEFT  Zip Code
Expenditure # (if applicable)  Name of Payee dollar General  Street Address	Type of Expenditure (Remization in Addendum P Require  None of the below (does not involve another candidat  Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind of Coordinated without reimbursement sought)	diture) Ind	ependen ganizatio	Date of Payment 09/03/2019	Metho	\$2,200.0  and of Payment theck #  rebit Card  EFT  Zip Code 06114-1928
Expenditure # (if applicable)  Name of Payee dollar General  Street Address 649 Wethersfield	Type of Expenditure (**Remization in Addendum P Require**  None of the below (does not involve another candidat**  Coordinated with reimbursement sought (joint expending the coordinated without reimbursement sought (in-kind the coordinated without reimbursement so	diture) Ind contribution) Org	ependen ganizatio	Date of Payment	Metho	\$2,200.0  od of Payment heck #  ebit CardEFT  Zip Code
Expenditure # (if applicable)  Name of Payee dollar General  Street Address	Type of Expenditure (Itemization in Addendum P Require    None of the below (does not involve another candidat   Coordinated with reimbursement sought (joint expending the coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought)	diture) Ind contribution) Org	ependen ganizatio	Date of Payment 09/03/2019	Metho	\$2,200.0  od of Payment heck #  rebit CardEFT  Zip Code 06114-1928  Amount
Expenditure # (if applicable)  Name of Payee dollar General  Street Address 649 Wethersfield .  Purpose of Expenditure (by code) OFFICE	Type of Expenditure (**Remization in Addendum P Require**  None of the below (does not involve another candidate**  Coordinated with reimbursement sought (joint expense)  Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought (in-kind o	diture) Ind contribution) Org City Hartford	ependen ganizatio	Date of Payment 09/03/2019  Event #	Metho	\$2,200.00  and of Payment heck #  rebit Card  EFT  Zip Code 06114-1928
Expenditure # (if applicable)  Name of Payee dollar General  Street Address 649 Wethersfield Purpose of Expenditure	Type of Expenditure (**Remization in Addendum P Require**  None of the below (does not involve another candidate**  Coordinated with reimbursement sought (joint expense)  Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought (in-kind o	City Hartford  red unless "None of the bate or committee)	ependen ganization	Date of Payment 09/03/2019  Event #	Metho	\$2,200.00  and of Payment theck #  white CardEFT  Zip Code 06114-1928
Expenditure # (if applicable)  Name of Payee dollar General  Street Address 649 Wethersfield Purpose of Expenditure (by code) OFFICE  Expenditure #	Type of Expenditure (**Remization in Addendum P Require**  None of the below (does not involve another candidate**  Coordinated with reimbursement sought (joint expense)  Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought (in-kind o	City Hartford  red unless "None of the bate or committee)	ependen ganization	Date of Payment 09/03/2019  Event #	Metho	\$2,200.00  and of Payment heck #  rebit Card  EFT  Zip Code 06114-1928

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
TOTAL OF ALL EXPENSES PAID BY COMMITTEE. (Emolitoral on line 15, const.)	

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of 112	of	112
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NAME OF COMMITTEE	2 - (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor				October 10 filing		
	P. Expense	es Paid by Com	mittee			
Name of Payee				Date of Payment	Method of	
Alia Forbes				09/14/2019	✓ Check	# <u>1179</u>
					Debit (	Card EFT
Street Address		City			State	Zip Code
82 Bushnell St, Apt 2		Hartford			CT	06114-1827
Purpose of Expenditure	Description		Eve	nt#		A
(by code) WAGE	Canvassing					Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the be	law" is ch	ecked)	-	\$90.00
(if applicable)	✓ None of the below (does not involve another candidate or	-				Ψ00.00
	Coordinated with reimbursement sought (joint expenditure	re) Ind	ependent			
	Coordinated without reimbursement sought (in-kind cont	ribution) Or	anization	A B C D		
Name of Payee	l based	,		Date of Payment	Method of	Payment
Jasmin Ford				09/13/2019	✓ Check	
				09/13/2019	Debit (	Card EFT
Street Address		City			State	Zip Code
52 Ruby Dr. Apt L		Manchester			СТ	06040-8124
Purpose of Expenditure	Description		Eve	nt #		
(by code) WAGE	canvassing			11. 11		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.	ulana (QVana afilia ka			4	<b>#040.00</b>
(if applicable)	✓ None of the below (does not involve another candidate or	-	ow - is cn	ескеај		\$240.00
	Coordinated with reimbursement sought (joint expenditure	Ind	ependent			
	Coordinated without reimbursement sought (in-kind cont		anization	A B C D		
Name of Payee				Date of Payment	Method of	Payment
Jasmine Ford				09/02/2019	Check	# 1261
				09/02/2019	Debit (	
Street Address		City		.,,,,,,	State	Zip Code
5 Winslow Ct		Naugatuck			СТ	06770-4007
Purpose of Expenditure	Description		Eve	nt #		
(by code) WAGE	Canvassing		1	iit #		Amount
						****
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us  None of the below (does not involve another candidate or		ow" is ch	ecked)		\$120.00
19 44	Coordinated with reimbursement sought (joint expenditur	Ind	ependent			
	Coordinated with reimbursement sought (in-kind cont		anization:	$\Box$ A $\Box$ B $\Box$ C $\Box$ D		
N£ D	Cooldinated without fermionisement sought (in-kind conti	indution) —			25.2	
Name of Payee MARIA GALBIER-BR	RIGER			Date of Payment	Method of Check	
				09/03/2019	Debit (	
Street Address		City			State	Zip Code
		Greenwich			CT	06830-7072
25 Field Point Cir	Description		I E	. 17		
Purpose of Expenditure (by code) REF	Description		Eve	nt#		Amount
					]	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un		ow" is ch	ecked)		\$1,000.00
(il abbucane)	None of the below (does not involve another candidate or	Ind	pendent			
	Coordinated with reimbursement sought (joint expenditur		· anization:	ПА ПВ ПС ПВ		
	Coordinated without reimbursement sought (in-kind control	aeution) 🗀 🤼			<u> </u>	

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

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C FORM 20 sed January 2015	IV. EXPENDITO			TYPE OF REPORT		
ME OF CONMITTIES	(Provide Complete Name as Registered with Filing Re	pository.		October 10 filing		
onin for Mayor		Paid by Committe	e.			
ame of Payee Gail Geronemus	режения под под под на пред на пред на пред на под на под на под на под на под на под на под на под на под на На под на под на под на под на под на под на под на под на под на под на под на под на под на под на под на под	3 8000	l Da	ate of Payment 9/03/2019	Method of Check	# 1274
		City New York			State NY	Zip Code 10028-7581
reet Address			Event #			Amount
0 E End Ave, 15B urpose of Expenditure by code) REF	Description					\$1,000.00
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind cont	re) Independent	dent ation:	A B C D	Method	of Payment sk# 1244
Name of Payee Gloria Goodwin			1	09/02/2019	,	it Card EFT
Street Address		City Hartford			State CT	Zip Code 06112-1407
198 Branford St	Description	Tidital	Event #			Amount
Purpose of Expenditure (by code) WAGE	Canvassing Paguired	unless "None of the below	" is check	ed)		\$225.00
Expenditure # (if applicable)	None of the below (does not involve another contents of the below (does not in	ture) Indep	endent	ABC		
Name of Payee	Coordinated without reimbursement sought (in-kind co			Date of Payment 09/13/2019	<b>√</b> Cl	d of Payment neck # 1308 bit Card EFT
Gloria Goodwin		City			State CT	Zip Code 06112-1407
Street Address 198 Branford St		Hartford	Even	t#		Amount
Purpose of Expenditure (by code) WAGE	Description canvassing  Type of Expenditure (Itemization in Addendum P Require and Idal)	ed unless "None of the bel	ow" is che	cked)	_	\$510.0
Expenditure # (if applicable)	Type of Expenditure (Hemization in Audentification)  None of the below (does not involve another candidated)  Coordinated with reimbursement sought (joint expension)  Coordinated without reimbursement sought (in-kind-	diture) Inde	enendeni.	□A □B □C □	]D	hod of Payment
Name of Payee	Coordinated without reimoursement sought (a			Date of Payment 09/14/2019	V	Check # 1170  Debit Card EFT
Gloria Goodwin		City			Sta C7	1 440
Street Address 198 Branford St		Hartford	Ev	ent#		Amount
Purpose of Expenditure (by code) WAGE	Canvassing	tired unless "None of the L	pelow" is c	hecked)		\$300
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Negative None of the below (does not involve another candical Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kin	enditure)	adenenden	t on: \begin{array}{c c c c c c c c c c c c c c c c c c c	□D	

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

of 112 Page

sed January 2015				TYPE OF REPORT		
ME OF COMMITTEE	(Provide Complete Name as Registered with Filing l	<i>серовногу</i> )		October 10 filing		
nin for Mayor		s Paid by Commit	100			
	P. Expense	e Estan Secondario		Date of Payment	Method of	
ame of Payee			1	09/03/2019	Check	
oogle, Inc.			1		Debit (	ard 🗸 EFT
reet Address		City			State	Zip Code 94043-1351
	inay	Mountain View				
600 Amphitheatre P	Description		Event i	#		Amount
by code) OVHD	Email Hosting	Les Wlong of the helow	' is check	ked)		\$296.42
openditure#	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or			,		
f applicable)	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)	re) Indepe	ndent			
	Coordinated with reinforcement sought (in-kind cont	tribution) Organi	zation:	□A □B □C □D		
	Coordinated Without Felhioursement sought (in 2011)			Date of Payment	Method o	f Payment
lame of Payee			1	09/06/2019		Card VEFT
Boogle, Inc.					<del> </del>	
		City		· · · · · · · · · · · · · · · · · · ·	State CA	Zip Code 94043-1351
treet Address		Mountain View			J	
1600 Amphitheatre	Pkwy Description		Even	t #		Amount
Purpose of Expenditure (by code) OVHD	Email Hosting					
OVID	Type of Expenditure (Hemization in Addendum P Required	unless "None of the belov	v" is che	cked)		\$23.60
Expenditure #	Type of Expenditure (nemigation in Place and the Value of the below (does not involve another candidate of the value of the below (does not involve another candidate of the value of the	OL COURTHINGS)			1	
(if applicable)	Coordinated with reimbursement sought (joint expendit	ure)		$\Box A \Box B \Box C \Box D$		
	Coordinated without reimbursement sought (in-kind con	ntribution) Crgai	nization:			of Payment
Name of Payee		<u> </u>		Date of Payment	Che	
Grassroots Analytic	es es			09/13/2019	Deb	it Card 🗸 EFT
					State	Zip Code
Street Address		City Washington			DC	20001-3723
777 6th St NW		VVasimigion	Т.		+	
Purpose of Expenditure	Description		Eve	nt #	•	Amount
(by code) OVHD	Data Targeting					\$1,000.0
Expenditure #	Type of Expenditure (Itemization in Addendum P Required	d unless "None of the belo	ow" is ch	ecked)		<b>V</b> 1,000
(if applicable)	None of the below (does not involve another candidate	Inde	pendent			
	Coordinated with reimbursement sought (joint expend	entribution) Org	anization	:	D	
	Coordinated without reimbursement sought (in-kind o	Onuroanony		Date of Payment		d of Payment
Name of Payee				09/03/2019		eck#
Hartford Pizza	-				<b>✓</b> De	bit Card EFT
		City			State	Zip Code 06114-1335
Co		Hartford				
Street Address		Tiarnord				
161 Franklin Ave	Duralation	Tattore	Ev	rent#		Amount
	Food for event				_	
161 Franklin Ave Purpose of Expenditure (by code) FOOD	Food for event	ed unless "None of the be				
161 Franklin Ave Purpose of Expenditure	Food for event  Type of Expenditure (Itemization in Addendum P Requir.  None of the below (does not involve another candida	ed unless "None of the be		hecked)		
161 Franklin Ave Purpose of Expenditure (by code) FOOD  Expenditure #	Food for event	ed unless "None of the bette or committee)	low" is c	thecked)	]p	Amount \$136.8

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

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AME OF COMMITTEE	; (Provide Complete Name as Registered with Filing	Repository)	<u>* = 1</u>	TYPE OF REPORT		
Bronin for Mayor	October 10 filing					
	P. Expense	s Paid by Commit	tee			
Name of Payee				Date of Payment	Method of Check	
Hartford Pizza				09/09/2019	Debit (	
		City			State	Zip Code
Street Address		City Hartford			CT	06114-1335
161 Franklin Ave			Even	: #		<u> </u>
Purpose of Expenditure (by code) FOOD	Description Food for event		Liven	ιπ		Amount
<u> </u>		ulan "None of the helow"	' is chec	-ked)		\$79.10
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate or	committee)	is circ	, now,		• • •
(д иррисионе)	Coordinated with reimbursement sought (joint expenditu	re) Indeper				
	Coordinated without reimbursement sought (in-kind cont		zation:			
Name of Payee		<u>, , , , , , , , , , , , , , , , , , , </u>		Date of Payment	Method of	
Hartford Pizza				09/12/2019	Check	
					✓ Debit	
Street Address		City Hartford			State CT	Zip Code 06114-1335
161 Franklin Ave		Haitioiu			<u> </u>	
Purpose of Expenditure	Description		Ever	ut#		Amount
(by code) FOOD	Food for event					<b>600.46</b>
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	inless "None of the below	" is che	cked)		\$29.46
(if applicable)	✓ None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus		ndent			
	Coordinated with reimoursement sought (in-kind con	I lO-coni	ization:			
	Cooldinated without reinfoursement sedgit (in title sed		<del></del>	Date of Payment	Method o	f Payment
Name of Payee Merice J Henriques-	-Bryan			09/04/2019		r# <u>1281</u>
Michiga C 170 May 1					Debit	Card EFT
Street Address		City			State	Zip Code 06117-1408
208 King Philip Dr	-	West Hartford			C	08117-1400
Purpose of Expenditure	Description		Eve	nt#		Amount
(by code) OVHD	Rent				_	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required.	unless "None of the below	y" is ch	ecked)		\$1,100.00
(if applicable)	None of the below (does not involve another candidate		endent			
	Coordinated with reimbursement sought (joint expendit	ure)		A B C D		
	Coordinated without reimbursement sought (in-kind cor	itribution) —		Date of Payment	Method	of Payment
Name of Payee	Pryon			09/20/2019		k#_1368
Merice J Henriques	-ы уан			03/20/2019	Debi	t Card EFT
Street Address		City	-		State	Zip Code
		West Hartford			CT	06117-1408
208 King Philip Dr Purpose of Expenditure	Description		Eve	ent#		Amount
(by code) OVHD	Utilities					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required	unless "None of the below	w" is ch	ecked)	7	\$441.96
(if applicable)	None of the below (does not involve another candidate	or committee)	endent			
	Coordinated with reimbursement sought (joint expendit	ture)	nization		. ]	
	Coordinated without reimbursement sought (in-kind co	ntribution) Li Organ	essiUli			··
I						

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

Page	86	of	112
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	(Provide Complete Name as Registered with Filing R		October 10 filing			
nin for Mayor	P. Fyrenses	Paid by Committee		A Company of the Comp		
10.00	S. Making		Date of Payment	Method of Payment Check # 1262		
ne of Payee			09/02/2019	Debit Card EFT		
chael Hicks						
A A Identity		City		State Zip Code		
eet Address						
rpose of Expenditure	Description	E	vent#	Amount		
y code) WAGE	Canvassing			\$120.00		
penditure#	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)			
applicable)	None of the below (does not involve another candidate of	Independer	nt			
	Coordinated with reimbursement sought (joint expenditur	ibution) Organizati	ON: A B C D			
	Coordinated without reimbursement sought (in-kind cont	Tourion,	Date of Payment	Method of Payment		
ame of Payee	<del>-</del>		09/09/2019	Check # 1287  Debit Card EFT		
lichael Hicks						
		City		State Zip Code		
treet Address						
f Europediture	Description		Event #	Amount		
Purpose of Expenditure by code) WAGE	Canvassing			\$180.00		
	Type of Expenditure (Itemization in Addendum P Required	ınless "None of the below" i	s checked)	φ100.00		
Expenditure # if applicable)	None of the below (does not involve another candidate of	Independ	ent			
	Coordinated with reimbursement sought (joint expenditu	ire) Organiza	ition: 🔲 A 🔲 B 🔲 C 🔲 I	D		
	Coordinated without reimbursement sought (in-kind cor	itribution)	0.D	Method of Payment		
			Date of Payment			
Name of Payee			Date of Payment 09/13/2019	✓ Check # 1331		
Name of Payee Michael Hicks				Check # 1331 Debit Card EFT		
Michael Hicks		City		Check # 1331 Debit Card EFT  State Zip Code		
Name of Payee Michael Hicks Street Address		City Hartford		Check # 1331 Debit Card EFT		
Michael Hicks Street Address 169 Center St				Check # 1331 Debit Card EFT  State Zip Code		
Michael Hicks Street Address 169 Center St Purpose of Expenditure	Description canvassing	Hartford	09/13/2019 Event #	Check # 1331 Debit Card EFT  State Zip Code CT 06109-2307  Amount		
Michael Hicks Street Address 169 Center St Purpose of Expenditure (by code) WAGE	Description canvassing  The Characteristic (Hemization in Addendum P Required	Hartford  I unless "None of the below"	09/13/2019 Event #	Check # 1331 Debit Card EFT  State Zip Code CT 06109-2307  Amount		
Michael Hicks  Street Address  169 Center St  Purpose of Expenditure (by code) WAGE  Expenditure #	Description Canvassing  Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate	Hartford  i unless "None of the below" cor committee)	09/13/2019  Event #  'is checked)	Check # 1331 Debit Card EFT  State Zip Code CT 06109-2307  Amount		
Michael Hicks Street Address 169 Center St Purpose of Expenditure (by code) WAGE	Description canvassing  Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate)	Hartford  I unless "None of the below" or committee) Indeper	O9/13/2019  Event #  'is checked)	Check # 1331 Debit Card EFT  State Zip Code CT 06109-2307  Amount  \$120.0		
Michael Hicks  Street Address  169 Center St  Purpose of Expenditure (by code) WAGE  Expenditure #	Description Canvassing  Type of Expenditure (Itemization in Addendum P Required Notes of the below (does not involve another candidate	Hartford  I unless "None of the below" or committee) Indeper	O9/13/2019  Event #  'is checked)  adent zation: A B C C	Check # 1331		
Michael Hicks  Street Address  169 Center St  Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)	Description canvassing  Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate)	Hartford  I unless "None of the below" or committee) Indeper	O9/13/2019  Event #  'is checked)  Indent  Zation: A B C Date of Payment	Debit Card DEFT  State Zip Code CT 06109-2307  Amount  Method of Payment Cleeck # 1298		
Michael Hicks  Street Address  169 Center St  Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)	Description canvassing  Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate)	Hartford  I unless "None of the below" or committee) Indeper	O9/13/2019  Event #  'is checked)  adent zation: A B C C	Check # 1331 Debit Card DEFT  State Zip Code CT 06109-2307  Amount  \$120.0  Method of Payment Check # 1298 Debit Card DEFT		
Michael Hicks  Street Address  169 Center St  Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)	Description canvassing  Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate)	Hartford  I unless "None of the below" or committee) Indeper	O9/13/2019  Event #  'is checked)  Indent  Zation: A B C Date of Payment	Check # 1331 Debit Card DEFT  State Zip Code CT 06109-2307  Amount  \$120.00  Method of Payment Check # 1298 Debit Card DEFT  State Zip Code		
Michael Hicks  Street Address  169 Center St  Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)	Description canvassing  Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate)	Hartford  I unless "None of the below" or committee)	O9/13/2019  Event #  'is checked)  Indent  Zation: A B C Date of Payment	Check # 1331 Debit Card EFT  State Zip Code CT 06109-2307  Amount  \$120.0  Method of Payment Check # 1298 Debit Card EFT  State Zip Code		
Michael Hicks  Street Address  169 Center St  Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Andrea Hill  Street Address  45 Tower Ave	Description Canvassing  Type of Expenditure (Itemization in Addendum P Required  ✓ None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expend)  Coordinated without reimbursement sought (in-kind or	Hartford  I unless "None of the below" or committee) Indeper iture) Organiz	O9/13/2019  Event #  'is checked)  Indent  Zation: A B C Date of Payment	Check # 1331 Debit Card EFT  State Zip Code CT 06109-2307  Amount  \$120.0  Method of Payment Check # 1298 Debit Card EFT  State Zip Code		
Michael Hicks  Street Address  169 Center St  Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Andrea Hill  Street Address  45 Tower Ave  Purpose of Expenditure	Description  Canvassing  Type of Expenditure (Itemization in Addendum P Required V None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind or Description	Hartford  I unless "None of the below" or committee) Indeper iture) Organiz	Event #  'is checked)  Indent	Check # 1331 Debit Card EFT  State CT 06109-2307  Amount  Method of Payment Check # 1298 Debit Card EFT  State Zip Code CT 06120-1056  Amount		
Michael Hicks  Street Address  169 Center St  Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Andrea Hill  Street Address  45 Tower Ave  Purpose of Expenditure (by code) WAGE	Description Canvassing  Type of Expenditure (Itemization in Addendum P Required V None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind of Coo	Hartford  I unless "None of the below" or committee) Indeper iture) Organiz Organiz  City Hartford	Event #  "Is checked)  Indent Exation: A B C Date of Payment 09/13/2019  Event #	Check # 1331 Debit Card EFT  State CT 06109-2307  Amount  Method of Payment Check # 1298 Debit Card EFT  State Zip Code CT 06120-1056  Amount		
Michael Hicks  Street Address  169 Center St  Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Andrea Hill  Street Address  45 Tower Ave  Purpose of Expenditure (by code) WAGE  Expenditure #	Description  Canvassing  Type of Expenditure (Itemization in Addendum P Required V None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind or Co	Hartford  i unless "None of the below" for committee) Independent	Event #  "is checked)  Indent Exation: A B C Date of Payment 09/13/2019  Event #	Check # 1331 Debit Card EFT  State CT 06109-2307  Amount  Method of Payment Check # 1298 Debit Card EFT  State Zip Code CT 06120-1056  Amount		
Michael Hicks  Street Address  169 Center St  Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Andrea Hill  Street Address  45 Tower Ave  Purpose of Expenditure (by code) WAGE	Description Canvassing  Type of Expenditure (Itemization in Addendum P Required V None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind of Coo	Hartford  i unless "None of the below" for committee) Indeper iture) Organiz  City Hartford  ed unless "None of the below te or committee) Indeper	Event #  "is checked)  Indent Exation: A B C Date of Payment 09/13/2019  Event #	Check # 1331		

SUBTOTAL Section P - This Pege	\$750.00
TOTALo Section P Pages	\$139,009.72
22-14 OF ALL EXPENSES PAID BY COMMITTEE. (Entertotation Line 19, Column A of Summary Page Totals)	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE. (Entex total on Line 19, Column A of Summary Page 10 lists)	

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NAME OF COMMITTEE	: (Provide Complete Name as Registered with Piling	Repository)		TYPE OF REPORT		
Bronin for Mayor				October 10 filing		
	P. Expense	s Paid by Commit	tee			
Name of Payee Andrea Hill				Date of Payment 09/14/2019	Method of Check	# 1155
Street Address 45 Tower Ave		City Hartford			State CT	Zip Code 06120-1056
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	ut#		Amount
Expenditure # (if applicable)	Type of Expenditure (*Itemization in Addendum P Required in V*) None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the c	re) Indeper	ndent	cked)		\$240.00
Name of Payee Lovesky Jean				Date of Payment 09/13/2019	Method of Check	# 1337
Street Address 117 Bushnell St		City Hartford			State CT	Zip Code 06114-1879
Purpose of Expenditure (by code) WAGE	Description canvassing		Even	rt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind cont	re) Indeper	ndent	cked)		\$285.00
Name of Payee Javon Joiner				Date of Payment 09/02/2019	Method of Check	#_1263
Street Address		City Hartford			State CT	Zip Code 06112-1701
60 Burlington St Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	at #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  V None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind cont	re) Indepen	ndent	cked)		\$120.00
Name of Payee Javon Joiner				Date of Payment 09/13/2019	Method of Check	# 1332
Street Address 149 Kensington St		City Hartford			State CT	Zip Code 06120-1718
Purpose of Expenditure (by code) WAGE	Description canvassing		Ever	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee)	ndent			\$990.00

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

AME OF COMMITTEE	(Provide Complete Name as Registered with Filing)	Repository)			TYPE OF REPORT		
ronin for Mayor					October 10 filing		
	P. Expense	s Paid by	Committ	ee	Date of Payment	Method of	Payment
Name of Payee Javon Joiner					09/16/2019	Check	# 1358
Savon some						Debit (	
Street Address		City Hartford				State CT	Zip Code 06112-1701
60 Burlington St				Event	:#		Amount
Purpose of Expenditure (by code) WAGE	Description Canvassing						
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or	nless "None o committee)	f the below" .	is chec	ked)		\$60.00
(if applicable)	Coordinated with reimbursement sought (joint expenditure)		Independ	lent			
	Coordinated without reimbursement sought (in-kind cont		Organiza	tion:	A B C D		
Name of Payee					Date of Payment	Method of Check	•
Pamela Joiner					09/13/2019	Debit	Card EFT
Street Address		City Hartford				State CT	Zip Code 06120-1718
149 Kensington St		Паппон		E	. A		
Purpose of Expenditure (by code) WAGE	Description canvassing			Even	ıt #		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	mless "None o	of the below"	is che	cked)		\$810.00
(if applicable)	None of the below (does not involve another candidate o		Indepen	dent			
	Coordinated with reimbursement sought (joint expenditu		Organiz	ation:	$\square A \square B \square C \square D$		
Name of Payee					Date of Payment		f Payment 4 1359
Pamela Joiner					09/16/2019	Debit	
		City				State	Zip Code
Street Address		Hartford	ł			СТ	06120-1718
149 Kensington St Purpose of Expenditure	Description	I		Eve	nt#		Amount
(by code) WAGE	Canvassing						<b>645.00</b>
Expenditure #	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of	unless "None	of the below'	' is che	ecked)		\$15.00
(if applicable)	Coordinated with reimbursement sought (joint expenditu		Indeper				
	Coordinated without reimbursement sought (in-kind cor		Organiz	ration:	A B C D	ļ	
Name of Payee					Date of Payment		of Payment k # 1359
Pamela Joiner					09/16/2019	Debi	
Street Address		City Hartfor	d			State CT	Zip Code 06120-1718
149 Kensington St	Description			Eve	ent#		Amount
Purpose of Expenditure (by code) WAGE	Canvassing						IMMOUNT
Expenditure #	Type of Expenditure (Hemization in Addendum P Required	unless "None	of the below	" is ch	ecked)		\$60.00
(if applicable)	None of the below (does not involve another candidate		)Indepe	ndent			
	Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co		Organi	zation	E A B C D		
	Coolunated without felliparsement sough, (in thine of		<u></u>				<u> </u>

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

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FORM 20 I January 2015				TYPE OF REPOR		
E OF COMMITTEE	(Provide Complete Name as Registered with Filing R	eposuory)	<u> </u>	October 10 filing		
in for Mayor						
III IOI Mayor	P, Expenses	Paid by Comm	tuet	Date of Payment		f Payment
(Parane				09/06/2019	Checl	
ne of Payee nes Mandel			1	09/00/2010	Debit	Card FFT
100 1714-1		City.			State	Zip Code 22314-2927
eet Address		City Alexandria			VA	22314-2321
			Event			Amount
16 King St, Ste 300	Description			-		
code) CNSLT	Research Consulting	cit halo	u" is check	red)		\$8,375.20
penditure#	Type of Expenditure (Itemization in Addendum P Required us	uless "None of the bett committee)	h to cucci	,,,,,		
applicable)	None of the below (does not involve another contract	Inde	endent		٦, ١	
	Coordinated with reimbursement sought (joint expenditu	ribution) Orga	nization.	A B C	_J <sup>D</sup>	
	Coordinated without reimbursement sought (in-kind con	Hourion		Date of Payment	Method	of Payment ck # 1135
ame of Payee			•	09/03/2019	, —	bit Card EFT
Veronika Kaplon						Zip Code
		City			State	06447-1205
treet Address		Marlborough			- 01	
27 Hebron Rd			Ever	nt#		Amount
Purpose of Expenditure	Description		1			*****
by code) WAGE	Canvassing		1			\$270.00
	Canvaconing	unless "None of the be	low" is che	ecked)	1	
Expenditure #	The store in Addendum P Required	unless "None of the be	low" is che	ecked)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required	l lin	lependent			
	Type of Expenditure (Hemization in Addendum P Required  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expendi	ture)	lependent	: A B C	□р	) C Decement
	Type of Expenditure (Itemization in Addendum P Required	ture)	lependent	Date of Payment	Meth	od of Payment Check # 1306
(if applicable)  Name of Payee	Type of Expenditure (Hemization in Addendum P Required  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expendi	ture)	lependent	: <u>A</u> B C	Meth	
(if applicable)	Type of Expenditure (Hemization in Addendum P Required  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expendi	ture)	lependent	Date of Payment	Meth	Check # 1306 Debit Card EFT Zip Code
(if applicable)  Name of Payee  Weronika Kaplon	Type of Expenditure (Hemization in Addendum P Required  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expendi	ture)	ependent ganization	Date of Payment	Meth	Check # 1306 Debit Card EFT
(if applicable)  Name of Payee	Type of Expenditure (Hemization in Addendum P Required  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expendi	ture) Inc	ependent ganization	Date of Payment 09/13/2019	Meth Z C	Check # 1306 Debit CardEFT  Zip Code 06447-1205
Name of Payee Weronika Kaplon Street Address 127 Hebron Rd	Type of Expenditure (Hemization in Addendum P Required  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expendi  Coordinated without reimbursement sought (in-kind or	ture)	ependent ganization	Date of Payment	Meth Z C	Check # 1306 Debit Card EFT Zip Code
Name of Payee Weronika Kaplon Street Address 127 Hebron Rd Purpose of Expenditure	Type of Expenditure (Hemization in Addendum P Required  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expendi  Coordinated without reimbursement sought (in-kind or	ture) []In- ontribution) []Or City Marlborough	ganization	Date of Payment 09/13/2019	Meth Z C	Check # 1306 Debit Card EFT  Zip Code 06447-1205  Amount
Name of Payee Weronika Kaplon Street Address 127 Hebron Rd	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendi Coordinated without reimbursement sought (in-kind or Description Canvassing	city Marlborough	ganization	Date of Payment 09/13/2019	Meth Z C	Check # 1306 Debit Card EFT  Zip Code 06447-1205  Amount
Name of Payee Weronika Kaplon Street Address 127 Hebron Rd Purpose of Expenditure (by code) WAGE Expenditure #	Type of Expenditure (Hemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendi Coordinated without reimbursement sought (in-kind or Coordinated without reimburse	City Marlborough  ed unless "None of the te or committee)	Eventent Eventent is enderender	Date of Payment 09/13/2019  rent #	Meth	Check # 1306 Debit Card EFT  Zip Code 06447-1205  Amount
Name of Payee Weronika Kaplon Street Address 127 Hebron Rd Purpose of Expenditure (by code) WAGE	Type of Expenditure (*Itemization in Addendum P Required** None of the below (does not involve another candidate** Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind on the candidate**  Description Canvassing  Type of Expenditure (*Itemization in Addendum P Required**) None of the below (does not involve another candidate**) Coordinated with reimbursement sought (joint expenditure)	City Marlborough  det unless "None of the te or committee)  diture)	Eventent Eventent is enderender	Date of Payment 09/13/2019  rent #	Meth	Check # 1306 Debit Card EFT  Zip Code 06447-1205  Amount
Name of Payee Weronika Kaplon Street Address 127 Hebron Rd Purpose of Expenditure (by code) WAGE Expenditure #	Type of Expenditure (*Itemization in Addendum P Required** None of the below (does not involve another candidate** Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind on the candidate**  Description Canvassing  Type of Expenditure (*Itemization in Addendum P Required**) None of the below (does not involve another candidate**) Coordinated with reimbursement sought (joint expenditure)	City Marlborough  det unless "None of the te or committee)  diture)	Eventent Eventent is enderender	Date of Payment 09/13/2019  rent #  shecked)  nt on: \( \begin{array}{c c} A & \begin{array}{c c} B & \begin{array}{c c} C & & & & \\ \hline  Date of Payment  09/13/2019	Meth V C	Check # 1306 Debit Card EFT  Zip Code 06447-1205  Amount  \$545.0
Name of Payee Weronika Kaplon Street Address 127 Hebron Rd Purpose of Expenditure (by code) WAGE Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendi Coordinated without reimbursement sought (in-kind or Coordinated without reimburse	City Marlborough  det unless "None of the te or committee)  diture)	Eventent Eventent is enderender	Date of Payment  O9/13/2019  rent #  checked)  on:	Meth V C	Check # 1306  Debit Card FFT  Zip Code 06447-1205  Amount  \$545.0
Name of Payee Weronika Kaplon Street Address 127 Hebron Rd Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)	Type of Expenditure (*Itemization in Addendum P Required** None of the below (does not involve another candidate** Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind on the candidate**  Description Canvassing  Type of Expenditure (*Itemization in Addendum P Required**) None of the below (does not involve another candidate**) Coordinated with reimbursement sought (joint expenditure)	City Marlborough  det unless "None of the te or committee)  diture)	Eventent Eventent is enderender	Date of Payment 09/13/2019  rent #  shecked)  nt on: \( \begin{array}{c c} A & \begin{array}{c c} B & \begin{array}{c c} C & & & & \\ \hline  Date of Payment  09/13/2019	Meth V C	Check # 1306  Debit Card FFT  Zip Code 06447-1205  Amount  \$545.0
Name of Payee Weronika Kaplon Street Address 127 Hebron Rd Purpose of Expenditure (by code) WAGE Expenditure # (if applicable)	Type of Expenditure (*Itemization in Addendum P Required** None of the below (does not involve another candidate** Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind on the candidate**  Description Canvassing  Type of Expenditure (*Itemization in Addendum P Required**) None of the below (does not involve another candidate**) Coordinated with reimbursement sought (joint expenditure)	contribution) Intribution Intribution Intribution Intribution Intribution Intribution Intribution Intribution Intribution Interibution	Eventent Eventent is enderender	Date of Payment  O9/13/2019  rent #  checked)  on:	Meth VC	Check # 1306 Debit Card FFT  Zip Code 06447-1205  Amount  \$545.0  Sthool of Payment Check # 1168  Debit Card FFT  ate Zip Code
Name of Payee Weronika Kaplon Street Address 127 Hebron Rd Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Weronika Kaplon	Type of Expenditure (*Itemization in Addendum P Required** None of the below (does not involve another candidate** Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind on the candidate**  Description Canvassing  Type of Expenditure (*Itemization in Addendum P Required**) None of the below (does not involve another candidate**) Coordinated with reimbursement sought (joint expenditure)	contribution) Intribution On Intribution On Intribution On Intribution On Intribution Interior Intribution Intribu	Evaluation Evaluation	Date of Payment  O9/13/2019  rent #  checked)  on:	Meth V C	Check # 1306 Debit Card FFT  Zip Code 06447-1205  Amount  \$545.0  Sthool of Payment Check # 1168  Debit Card FFT  ate Zip Code
Name of Payee Weronika Kaplon Street Address 127 Hebron Rd Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Weronika Kaplon  Street Address	Type of Expenditure (*Itemization in Addendum P Required** None of the below (does not involve another candidate** Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind on the candidate**  Description Canvassing  Type of Expenditure (*Itemization in Addendum P Required**) None of the below (does not involve another candidate**) Coordinated with reimbursement sought (joint expenditure)	contribution) Intribution Intribution Intribution Intribution Intribution Intribution Intribution Intribution Intribution Interibution	below" is and an incident the second	Date of Payment 09/13/2019  rent #  checked)  Date of Payment O9/14/2019	Meth VC	Check # 1306 Debit Card FFT  Zip Code 06447-1205  Amount  \$545.0  Sthool of Payment Check # 1168  Debit Card FFT  ate Zip Code
Name of Payee Weronika Kaplon Street Address 127 Hebron Rd Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Weronika Kaplon  Street Address 127 Hebron Rd	Type of Expenditure (*Itemization in Addendum P Required** None of the below (does not involve another candidate**   Coordinated with reimbursement sought (joint expenditure)   Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated with reimbursement sought (joint expenditure)   Coordinated without reimbursement sought (in-kind coordinat	contribution) Intribution On Intribution On Intribution On Intribution On Intribution Interior Intribution Intribu	below" is and an incident the second	Date of Payment  O9/13/2019  rent #  checked)  on:	Meth VC	Check # 1306 Debit Card FFT  Zip Code 06447-1205  Amount  \$545.6  Sthool of Payment Check # 1168 Debit Card FFT  ate Zip Code 06447-120
Name of Payee Weronika Kaplon Street Address 127 Hebron Rd Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Weronika Kaplon  Street Address	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind or Canvassing)  Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidated Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind	city Marlborough  diture)  City Marlborough  contribution)  City Marlborough  City Marlborough	below is condependent	Date of Payment 09/13/2019  rent #  checked)  Date of Payment 09/14/2019  Event #	Meth VC	Check # 1306 Debit Card FFT  Zip Code 06447-1205  Amount  \$545.6  Sthool of Payment Check # 1168 Debit Card FFT  ate Zip Code 06447-120  Amount
Name of Payee Weronika Kaplon Street Address 127 Hebron Rd Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Weronika Kaplon  Street Address 127 Hebron Rd Purpose of Expenditure (by code) WAGE	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind or canvassing)  Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidated Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind Coordinated without reimbursement sought)	contribution)  City Marlborough  diture) contribution)  City Marlborough  City Marlborough	below is condependent	Date of Payment 09/13/2019  rent #  checked)  Date of Payment 09/14/2019  Event #	Meth VC	Check # 1306 Debit Card FFT  Zip Code 06447-1205  Amount  \$545.0  Sthool of Payment Check # 1168 Debit Card FFT  ate Zip Code 06447-120  Amount
Name of Payee Weronika Kaplon Street Address 127 Hebron Rd Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Weronika Kaplon  Street Address 127 Hebron Rd Purpose of Expenditure (by code) WAGE	Type of Expenditure (*Itemization in Addendum P Required** None of the below (does not involve another candidate**   Coordinated with reimbursement sought (joint expenditure)	City Marlborough  diture)  City Marlborough  City Marlborough  City Marlborough  City Marlborough	below" is and the below	Date of Payment 09/13/2019  rent #  checked)  Date of Payment 09/14/2019  Event #  s checked)	Meth V C	Check # 1306 Debit Card EFT  Zip Code 06447-1205  Amount  \$545.0  Sthool of Payment Check # 1168 Debit Card EFT  ate Zip Code 06447-120
Name of Payee Weronika Kaplon Street Address 127 Hebron Rd Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Weronika Kaplon  Street Address 127 Hebron Rd Purpose of Expenditure (by code) WAGE	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind or Canvassing)  Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidated Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind	City Marlborough  diture)  City Marlborough  City Marlborough  City Marlborough  City Marlborough  City Marlborough	below" is and the below	Date of Payment 09/13/2019  rent #  checked)  Date of Payment 09/14/2019  Event #  S checked)	Meth V C	Check # 1306 Debit Card EFT  Zip Code 06447-1205  Amount  \$545.0  Sthool of Payment Check # 1168 Debit Card EFT  ate Zip Code 06447-120  Amount

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

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NAME OF COMMITTEE	. (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor				October 10 filing		
er er er er er er er er er er er er er e	P. Expense	s Paid by Commi	tee		Method of	Daymont
Name of Payee				Date of Payment		# 1339
Allie Kazlauskas				09/12/2019	Debit C	Card EFT
Street Address		City			State	Zip Code
2 Park Pl, # 23A	·	Hartford			СТ	06106-5007
Purpose of Expenditure	Description		Event	t#		Amount
(by code) WAGE	Reimbursement					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below	" is chec	ked)		\$19.15
(if applicable)	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)	i Indepe	ndent			
	Coordinated with reimbursement sought (in-kind cont	Organi	zation:	$\square A \square B \square C \square D$		
Name of Payee	Coolemater introductions			Date of Payment	Method of	
Michael D Klett (REC	<del>;</del> )			09/03/2019	Check	
					Debit (	
Street Address		City Long Island City		•	State NY	Zip Code 11101-2942
2728 Thomson Ave,	Unit 629	Long Island Oity	I =			
Purpose of Expenditure (by code) REF	Description		Even	it #		Amount
	Type of Expenditure (Itemization in Addendum P Required u	miars "None of the helow	" is cher	cked)	ł	\$450.00
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addenaum P Required in None of the below (does not involve another candidate o	r committee)	is the	Likeu)		<b>\$</b> 100.00
(3 4)	Coordinated with reimbursement sought (joint expenditu	re) Indepe				
	Coordinated without reimbursement sought (in-kind con	Organi	zation:			- :-
Name of Payee				Date of Payment	Method of Check	
Janemary Laboy				09/12/2019	Debit	<del></del>
		City			State	Zip Code
Street Address		Hartford			CT	06106-1957
121 Wyllys St			Ever	nt #		1
Purpose of Expenditure (by code) WAGE	Description Poll Stander					Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	unless "None of the below	" is che	cked)	1	\$210.00
(if applicable)	None of the below (does not involve another candidate of	or committee)				
	Coordinated with reimbursement sought (joint expenditu	ire)	ization:	Па Пв Пс Пр		
	Coordinated without reimbursement sought (in-kind con	tribution) L Organ	ization.			A.D.
Name of Payee				Date of Payment		f Payment ×# 1288
Jean Lovesky				09/07/2019	Debit	
Street Address		City			State	Zip Code
		Hartford			СТ	06114-1879
117 Bushnell St Purpose of Expenditure	Description		Eve	nt#		Amount
(by code) WAGE	Canvassing					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required	unless "None of the below	v" is che	ecked)		\$120.00
(if applicable)	None of the below (does not involve another candidate		endent			
	Coordinated with reimbursement sought (joint expendit	ure)	nization:	:ABCD		
	Coordinated without reimbursement sought (in-kind con	шношов) — .				

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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

of 112 Page

FORM 20 d January 2015	The state of the s	enository)	TYPE OF REPORT	
NE OF COMMITTEE	(Provide Complete Name as Registered with Filing R		October 10 filing	
nin for Mayor		Paid by Committe		7.5
me of Payee ctor Luna	P. E. AKUSA	7 All 1/1	Date of Payment 09/12/2019	Method of Payment  ✓ Check # 1345  Debit Card EFT
reet Address		City Hartford		State Zip Code CT 06114-1901
			Event #	Amount
7 Chapin Pl prose of Expenditure y code) WAGE	Description Reimbursement	"None of the helaw"	·	\$126.56
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required in Value of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control of the contr	re) Independent	dent	Method of Payment Check # 1361
lame of Payee Marconi Enterprises			09/16/2019	Debit Card EFT
Street Address		City Hartford		State   Zip Code   O6114-1846
239 Franklin Ave		<u> </u>	Event #	Amount
Purpose of Expenditure (by code) OVHD	Description Rent and Utilities  Type of Expenditure (Itemization in Addendum P Required	unless "None of the below	" is checked)	\$1,648.4
Expenditure # (if applicable)  Name of Payee	Type of Expenditure (Hemizmon in Newscare)  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	Indepe	endent	Method of Payment  ✓ Check # 1264
Kalliyah May		City		Debit CardEFT  State Zip Code
Street Address		GNI	Event #	Amount
Purpose of Expenditure (by code) WAGE	Description Canvassing Type of Expenditure (Hemization in Addendum P Require	ed unless "None of the bek	nv" is checked)	\$45.
Expenditure # (if applicable)	Type of Expenditure (nemation in National Property of the below (does not involve another candidated and Coordinated with reimbursement sought (joint expensional Coordinated without reimbursement sought (in-kind)	diture) Inde	pendent anization: A B C  Date of Payment	Method of Payment
Name of Payee Kalliyah May			09/13/2019	Check # 1333  Debit Card EFT  State Zip Code
Street Address		City Hartford		CT 06120-282
33 Liberty St Purpose of Expenditure (by code) WAGE	1 000//266100	Whoma of the h	Event #	Amount \$330
Expenditure#	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate)	ired unless "None of the bo late or committee)	dependent	

SUBTOTAL Section P - This Page	\$2,150.03
TCTAL of Section P. Pages	\$139,009.72
The Market Land I me 19. Column: A of Summary Page Totels)	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals).	

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	IB (Provide Complete Name as Registered with Elling	Repository)		TYPE OF REPORT.		
Bronin for Mayor				October 10 filing	· · ·	
	P. Expens	es Paid by Commi	tee			
Name of Payee Malcolm McAvity				Date of Payment	Method o	
Walcoll WCAVILY				09/03/2019	Check	
Street Address		l d'e			Debit	<del> </del>
		City Greenwich			State CT	Zip Code 06830-3811
37 Pheasant Ln Purpose of Expenditure	Description		1 5		01	00000-0011
(by code) REF	Description		Eve	nt #		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u		4	71	1	****
(if applicable)	✓ None of the below (does not involve another candidate o		" is che	cked)		\$100.00
	Coordinated with reimbursement sought (joint expenditu	7.1	ndent			
	Coordinated without reimbursement sought (in-kind cont	ribution) Organi	zation:	$\square A \square B \square C \square D$		
Name of Payee				Date of Payment	Method of	Payment
Teesa McElroy				09/13/2019	✓ Check	# <u>1324</u>
					Debit	Card EFT
Street Address		City			State	Zip Code
108 Governor St, Ap		New Britain			CT	06053-5903
Purpose of Expenditure (by code) WAGE	Description		Even	at#		Amount
	canvassing					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u		" is che	cked)		\$45.00
(g wpproducty	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)	1 lr 1	ndent			
	Coordinated without reimbursement sought (in-kind cont	ГП.,	zation:	$\Box$ A $\Box$ B $\Box$ C $\Box$ D		
Name of Payee		Tourion)		Date of Payment	Method of	Doviment
Kyle McFarlin				09/13/2019	✓ Check	
				00/10/2010	Debit (	Card EFT
Street Address	100	City			State	Zip Code
85 Van Block Ave		Hartford			CT	06106-2852
Purpose of Expenditure (by code) WAGE	Description		Even	t#		Amount
(b) COME WAGE	canvassing					zimouit
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un		' is chec	cked)		\$1,005.00
(if applicable)	None of the below (does not involve another candidate or	Indone	ident			
	Coordinated with reimbursement sought (joint expenditur	e)		ПА ПВ ПС ПВ		
Name of Payce	Coordinated without reimbursement sought (in-kind control	припол) — 2				
Raynette McKnight				Date of Payment	Method of ✓ Check	
			ł	09/13/2019	Debit (	
Street Address		City			State	Zip Code
2 Hillside Farm Drive		East Windsor			CT	06002
Purpose of Expenditure	Description		Even	t#	···	
(by code) WAGE	canvassing					Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below"	is chec	ked)		\$870.00
(if applicable)	None of the below (does not involve another candidate or	committee)				40.0.00
	Coordinated with reimbursement sought (joint expenditure	´ 🗀 .				
	Coordinated without reimbursement sought (in-kind contr	ibution) Organiz	ation:			
				<del>- " · · · -</del>		

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

Bronin for Mayor

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

NAME OF COMMITTEE. (Provide Complete Name as Registered with Filing Repository).

	IV. EXPENDIT	TURES (Sections	P-T	) Pag	e 93	of 112
or Or				October 10 filing		
	P. Expense	es Paid by Commit	tee			A. A.
ight				Date of Payment 09/02/2019	Method of Check	# <u>1268</u>
ad Ave		City Hartford			State CT	Zip Code 06112-2342
liture	Description Canvassing		Even	t#		Amount
	Type of Expenditure (Itemization in Addendum P Required in V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control of the cont	r committee) re) Indepen	dent	cked)		\$375.00
ight				Date of Payment 09/13/2019	Method of Check	# <u>1311</u>
ad Ave		City Hartford			State CT	Zip Code 06112-2342
liture	Description canvassing		Even	t#		Amount
	Type of Expenditure (Itemization in Addendum P Required in V None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the cont	r committee) Indepen	dent	(ked)		\$1,050.00
ight				Date of Payment 09/14/2019	Method of Check	# <u>1174</u>
ad Ave		City Hartford			State CT	Zip Code 06112-2342
iture	Description		Even	:#		Amount

Name of Payee		·		Date of Payment	Method of	•
Rodney McKnight				09/02/2019	✓ Check	
				No. 118	Debit	
Street Address		City Hartford			State CT	Zip Code 06112-2342
167 Homestead Ave		Tiarnoid	,		, , , , , , , , , , , , , , , , , , ,	00112-2342
Purpose of Expenditure (by code) WAGE	Description		Event	t#		Amount
(b) code) WAGE	Canvassing					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required us		" is chec	ked)		\$375.00
(if applicable)	✓ None of the below (does not involve another candidate or	Indana	ndent			
•	Coordinated with reimbursement sought (joint expenditur	e) — Orași		ПА ПВ ПС ПВ		
N CD	Coordinated without reimbursement sought (in-kind control	noution) 🗀 "	1		34 2 3 4	
Name of Payee Rodney McKnight				Date of Payment	Method of ✓ Check	
reduitoy indivingin				09/13/2019	Debit	
Street Address		City			State	Zip Code
		Hartford			CT	06112-2342
167 Homestead Ave Purpose of Expenditure	Description		Event	• #		
(by code) WAGE	canvassing		Lion	ι π		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the helow"	' is choo	rkad)		\$1,050.00
(if applicable)	✓ None of the below (does not involve another candidate or		13 CHEC	, ,		φ1,050.00
	Coordinated with reimbursement sought (joint expenditur	e) Indeper	ndent			
	Coordinated without reimbursement sought (in-kind conti	ribution) Drganiz	zation:			
Name of Payee	l —			Date of Payment	Method of	
Rodney McKnight			1	09/14/2019	Check	
					Debit	Card EFT
Street Address		City			State	Zip Code
167 Homestead Ave		Hartford			СТ	06112-2342
Purpose of Expenditure	Description		Event	t.#		Amount
(by code) WAGE	Canvassing					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	•	' is chec	ked)		\$735.00
(if applicable)	✓ None of the below (does not involve another candidate or	Indeper	ndent			
	Coordinated with reimbursement sought (joint expenditur	e)		A B C D		
	Coordinated without reimbursement sought (in-kind contr	ribition) 🗀			15.1.1.1	
Name of Payee Maria Medina				Date of Payment	Method of ✓ Check	
Maria Modifia				09/02/2019	Debit	
Street Address		City			State	Zip Code
		,				
Purpose of Expenditure	Description		Event	÷#		
(by code) WAGE	Canvassing					Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below"	' is chec	ked)		\$45.00
(if applicable)	None of the below (does not involve another candidate or	committee)		•		Ψ.0.00
	Coordinated with reimbursement sought (joint expenditur					
	Coordinated without reimbursement sought (in-kind contra	ribution)	zation:	A B C D		
	lean, ,					

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SUBTOTAL Section P.: This Page	\$2,205.00
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 Totale)	\$139,009.72

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		Section 1		TYPE OF REPORT		
ME OF COMMITTEE	(Provide Complete Name as Registered with Kiling K	egasaron -		October 10 filing		
nin for Mayor		Paid by Commi	tee	<u> </u>		
	<b>P. Expense</b>			Date of Payment	Method of	
ame of Payee			1	09/13/2019	Check	
aria Medina					Debit (	
		City			State CT	Zip Code 06120-2825
reet Address		Hartford			<u> </u>	00120 2000
3 Liberty St			Event	#	ļ	Amount
urpose of Expenditure by code) WAGE	Description canvassing					400F 00
	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below	" is chec	ked)	ļ	\$285.00
xpenditure #	Type of Expenditure (nemation in relationship)  None of the below (does not involve another candidate or	committee)				
f applicable)	Coordinated with reimbursement sought (joint expenditure	re) Indepo		<b>□</b> A <b>□</b> B <b>□</b> C <b>□</b> D	1	
	Coordinated without reimbursement sought (in-kind cont	ribution)	zation.		Mashada	of Payment
- C Device				Date of Payment		k # 1360
Name of Payee Maria Medina				09/16/2019	Debit	
VICING THE SAME					State	Zip Code
Street Address		City				
3(100) 1140.						
Purpose of Expenditure	Description		Ever	ıt#		Amount
(by code) WAGE	Canvassing	<u></u>			4	\$60.0
	Type of Expenditure (Hemization in Addendum P Required	unless "None of the belo	w" is che	cked)	ļ	φυσ.σ.
Expenditure # (if applicable)	None of the below (does not involve another candidate of	Inde	endent			
	Coordinated with reimbursement sought (joint expendit	ure) — Orga	nization:	$\square A \square B \square C \square I$	)	
	Coordinated without reimbursement sought (in-kind cor	ntribution)		Date of Payment	Method	of Payment
Name of Payce				09/12/2019	✓ Che	xk# 1342
Luciana Miller Willia				1 09/12/2019		
LUCISITA MINICI ANING	ms			00	Det	oit Card EFT
Encigua Muici Amilia	ms	City			State	Zip Code
Street Address	ms	City Hartford				
Street Address	ms		Evo	ent#	State	Zip Code 06112-1822
Street Address 66 Canterbury St Purpose of Expenditure	Description		Evo		State	Zip Code
Street Address 66 Canterbury St	Description Canvasser	Hartford		ent #	State	Zip Code 06112-1822 Amount
Street Address 66 Canterbury St Purpose of Expenditure	Description Canvasser  The of Expanditure (Itemization in Addendum P Required	Hartford	ow" is cl	ent#	State	Zip Code 06112-1822 Amount
Street Address 66 Canterbury St Purpose of Expenditure (by code) WAGE	Description Canvasser  Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate)	Hartford  dunless "None of the beat or committee)	ow" is cl	ent# secked)	State CT	Zip Code 06112-1822 Amount
Street Address 66 Canterbury St Purpose of Expenditure (by code) WAGE Expenditure #	Description  Canvasser  Type of Expenditure (Itemization in Addendum P Required V)  None of the below (does not involve another candidate V)  Coordinated with reimbursement sought (joint expending to the coordinate V)	Hartford  dunless "None of the beat or committee)  Inditure)	ow" is cl	ent#	State CT	Zip Code 06112-1822 Amount \$45.0
Street Address 66 Canterbury St Purpose of Expenditure (by code) WAGE Expenditure #	Description Canvasser  Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate)	Hartford  dunless "None of the beat or committee)  Inditure)	ow" is cl	ent# secked)	State CT  D	Zip Code 06112-1822 Amount \$45.0
Street Address 66 Canterbury St Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee	Description  Canvasser  Type of Expenditure (Itemization in Addendum P Required V)  None of the below (does not involve another candidate V)  Coordinated with reimbursement sought (joint expending to the coordinate V)	Hartford  dunless "None of the beat or committee)  Inditure)	ow" is cl	ent# necked) n:	State CT  Method  CC  CC  CC  CC  CC  CC  CC  CC  CC	Zip Code 06112-1822 Amount \$45.0 ad of Payment teck # 1342
Street Address 66 Canterbury St Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)	Description  Canvasser  Type of Expenditure (Itemization in Addendum P Required V)  None of the below (does not involve another candidate V)  Coordinated with reimbursement sought (joint expending to the coordinate V)	Hartford  dunless "None of the beat or committee)  Inditure)	ow" is cl	ent #  necked)  n:	State CT  D  Metho	Zip Code 06112-1822  Amount \$45.0  ad of Payment 1eck # 1342 ebit Card
Street Address 66 Canterbury St Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Luciana Miller	Description  Canvasser  Type of Expenditure (Itemization in Addendum P Required V)  None of the below (does not involve another candidate V)  Coordinated with reimbursement sought (joint expending to the coordinate V)	Hartford  i unless "None of the beat or committee) iture) Ontribution)  City	ow" is cl	ent #  necked)  n:	State CT  Method CI Do State	Zip Code 06112-1822  Amount \$45.0  sid of Payment neck # 1342 ebit Card
Street Address 66 Canterbury St Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Luciana Miller  Street Address	Description Canvasser  Type of Expenditure (Itemization in Addendum P Required V) None of the below (does not involve another candidate V) Coordinated with reimbursement sought (joint expending to the coordinate V)	Hartford  I unless "None of the beat or committee) iture) Ind Ontribution	ow" is cl	ent #  necked)  n:	State CT  D  Metho	Zip Code 06112-1822  Amount \$45.0  sid of Payment neck # 1342 ebit Card  EFT  Zip Code
Street Address 66 Canterbury St Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Luciana Miller  Street Address 66 Canterbury St	Description Canvasser  Type of Expenditure (Itemization in Addendum P Required V None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind of Coordinated Vithout reimbursement sought)	Hartford  i unless "None of the beat or committee) iture) Ontribution)  City	ow" is cl ependent ganization	ent #  necked)  n:	State CT  Method CI Do State	Zip Code 06112-1822  Amount \$45.0  sid of Payment neck # 1342 ebit Card  EFT  Zip Code
Street Address 66 Canterbury St Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Luciana Miller  Street Address 66 Canterbury St Purpose of Expenditure	Description Canvasser  Type of Expenditure (Itemization in Addendum P Required V None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind of Coordinated Vithout reimbursement vithout reimbursement vithout reimbursement vithout vithout reimbursement vithou	Hartford  i unless "None of the beat or committee) iture) Ontribution)  City	ow" is cl ependent ganization	ent #  necked)  n: A B C  Date of Payment  09/13/2019	State CT  Method CI Do State	Zip Code 06112-1822  Amount \$45.0  ad of Payment neck # 1342 ebit Card
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Street Address 66 Canterbury St Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Luciana Miller  Street Address 66 Canterbury St Purpose of Expenditure (by code) WAGE  Expenditure #	Description Canvasser  Type of Expenditure (Itemization in Addendum P Required V None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind of Coordinated Vithout reimbursement vithout reimbursement vithout reimbursement vithout reimbursement vithout vi	Hartford  dunless "None of the beat or committee) Indicate Indicat	elow" is ch	ent #  iecked)  n: A B C  Date of Payment  09/13/2019  vent #  checked)	State CT  Method CI Do State	Zip Code 06112-1822  Amount \$45.0  ad of Payment neck # 1342 ebit Card EFT  Zip Code 06112-1822  Amount
Street Address 66 Canterbury St Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Luciana Miller  Street Address 66 Canterbury St Purpose of Expenditure (by code) WAGE	Description Canvasser  Type of Expenditure (Itemization in Addendum P Required V None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind of Coordinated V	Hartford  dunless "None of the beater or committee) iture) Ortification  City Hartford  ed unless "None of the beater or committee) iditure)	ependent	ent #  iecked)  iii A B C D  Date of Payment  09/13/2019  vent #  checked)  int	State CT  Method CI Do State CT	Zip Code 06112-1822  Amount \$45.0  In the digital of Payment and the payment a

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SUBTOTAL Section Parnis Page	\$435.00
TOTAL of Section P. Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enteryotal on Line 19, Column A of Summary Page Totals)	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (EMELTON) OF LUID 13, 22	

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FORM 20	IV. EXPENDIT	URES (Sections )	P-T)			
				TYPE OF REPORT	es es en este este	
IE OF COMMITTEE	(Provide Complete Name as Registered with Filing I		<u> </u>	October 10 filing		
nin for Mayor		a Paid by Committ	ee			
er en en en en en en en en en en en en en	C. Expense	W. 412.02		Date of Payment	Method of P  ✓ Check #	ayment
ne of Payee			1	09/13/2019	Debit Ca	
chael Morris						Zip Code
		City			State CT	06002-2501
eet Address		Bloomfield				
Banbury Ln	Description		Event #	ŧ		Amount
rpose of Expenditure code) WAGE	canvassing					\$1,110.00
	Type of Expenditure (Itemization in Addendum P Required u	mless "None of the below"	is check	ed)		ψ1,110.50
penditure # applicable)	None of the below (does not involve another calculate of	Indeper	ndent			
цррисшин	Coordinated with reimbursement sought (joint expenditu	ire)	zation:	□A □B □C □D	1	
	Coordinated without reimbursement sought (in-kind con	tribution)	<u> </u>	Date of Payment	Method of	Payment
ame of Payee				09/03/2019	Check	
Turphy Vogel Aske	w Riley		1	09/03/2013	Debit	
		City			State	Zip Code 22314-1437
treet Address		Alexandria			VA	22314-1437
199 N Fairfax St, S	Ste 220		Even	1#		Amount
urpose of Expenditure	Description					
by code) CNSLT	Travel and Consulting	tuntage "None of the below	y" is che	cked)	7	\$890.5
Expenditure #	Type of Expenditure (Itemization in Addendum P Required    V   None of the below (does not involve another candidate	or committee)				
if applicable)	None of the below (does not ravolve into the conditional of the conditional of the conditional of the conditional of the c	ture)				
	Coordinated with reinfoursement sought (in-kind co	ontribution) Organ	nization:	A B C I		
	Coordinated without remountations			Date of Payment		of Payment k # 1184
Name of Payee				09/14/2019	Debi	
Robert Murphy					State	Zip Code
a		City			CT	06114-2507
Street Address		Hartford				
356 Franklin Ave	Description		Eve	nt#		Amount
Purpose of Expenditure (by code) WAGE	Canvassing				_	\$180.0
	Type of Expenditure (Itemization in Addendum P Require	ed unless "None of the bel	ow" is ch	ecked)	1	Ψ,00.
Expenditure # (if applicable)	None of the below (does not involve another candidate	Inde	pendent			
(9.267	Coordinated with reimbursement sought (joint expen	diture)	anization	1:	]D	
	Coordinated without reimbursement sought (in-kind	contribution)		Date of Payment	Method	l of Payment
Name of Payee				09/11/2019		eck # 1293
Dan Nickelson				00/11/2015	De	bit Card EFT
		City			State	Zip Code 63069-466
Street Address		Pacific			МО	05000 100
2277 S Mangan I	Rd		E	vent #		Amount
Purpose of Expenditure	e Description					
(by code) WAGE	Reimbursement  Type of Expenditure (Hemization in Addendum P Requirement)	ired unless "None of the b	elow" is	checked)	_	\$71
Expenditure #	Type of Expenditure (Itemization in Addendum P Requi	late or committee)				
(if applicable)	None of the below (does not involve another expense)  Coordinated with reimbursement sought (joint expense)	enditure)In	depende		$\neg_{\mathbf{D}}$	
					1 1	
	Coordinated without reimbursement sought (in-kin-	d contribution)	rganizati	on: A B C		

SUBTOTAL Section P. This Page.	\$2,252.42
TOTAL of Section P Pages	\$139,009.72
The Mark on Line 19 Column A of Summary Page Totals)	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 18, Column A of Summary Page Totals)	

Page	96	of	112

ed January 2015	10.3NI) - 0	and the second second		TYPE OF REPORT		
WE OF COMMITTEE	(Provide Complete Name as Registered with Filing Re	(Justin)		October 10 filing		
nin for Mayor	•	Paid by Commit	toe			
me of Payee anny Nickelson	В. Ехраныя	Saltery Camus		Date of Payment 09/06/2019	Method of  ✓ Check  ☐ Debit	# <u>1286</u>
reet Address		City Pacific			State MO	Zip Code 63069-4666
277 S Mangan Rd			Event	#		Amount
rpose of Expenditure y code) OFFICE	Description Office Supplies Reimbursement	1 ((Mana of the below	" is checi	(ed)		\$80.58
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control	Indepe	ndent	□A □B □C □D	Method	of Payment
lame of Payee Niguel Nieves				Date of Payment 09/16/2019	<b>✓</b> Chec	k# 1349 t CardEFT
treet Address		City Hartford			State CT	Zip Code 06106-3363
Brownell Ave, Apt	B6 Description		Even	t #		Amount
Purpose of Expenditure by code) WAGE	Poll Standing  Type of Expenditure (Itemization in Addendum P Required u	nless "None of the belo	w" is che	cked)	1	\$210.00
Expenditure # (if applicable)	None of the below (ideas not involve another candidate o  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind con	re) Indep	endent nization:			
Name of Payee Tynece Oliver	Coordinated			Date of Payment 09/04/2019	Che	of Payment ock # 1282 oit Card EFT
Street Address		City Hartford			State CT	Zip Code 06106-1425
45 Hungerford St, A			Eve	ent#		Amount
Purpose of Expenditure (by code) WAGE	Description Canvassing	less "Nove of the hel	ow" is ch	ecked)		\$195.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required    None of the below (does not involve another candidate   Coordinated with reimbursement sought (joint expenditure)   Coordinated without reimbursement sought (in-kind coordinated)	or communee) Inde	pendent			
Name of Payee Tynece Oliver	Coordinated			Date of Payment 09/13/2019	<b> ☑</b> cı	d of Payment neck # 1313 ebit CardEFT
Street Address		City Hartford			State CT	Zip Code 06106-1425
45 Hungerford St, Purpose of Expenditure	Description		E	vent#		Amount
(by code) WAGE  Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Require  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	iture)	lepender		D	\$345,0

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

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NAME OF COMMITTEE	e. (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor				October 10 filing	7	
	P. Expense	es Paid by Commi	ttee		1	
Name of Payee Tynece Oliver				Date of Payment 09/14/2019	Method of Check	# <u>1177</u>
Street Address		City			State	Zip Code
45 Hungerford St, Ap		Hartford			CT	06106-1425
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	ıt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	ndent	cked)		\$150.00
Name of Payee Abner Ortiz				Date of Payment 09/12/2019	Method of Check	#_1355
Street Address  18 Essex St, # E		City Hartford			State CT	Zip Code 06114-4041
Purpose of Expenditure (by code) WAGE	Description Poll Stander		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee)  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization:  A B C D					\$210.00
Name of Payee Betsy Ortiz				Date of Payment 09/17/2019	Method of Check	# <u>1366</u>
Street Address 314 Barbour St		City Hartford			State CT	Zip Code 06120-1002
Purpose of Expenditure (by code) WAGE	Description Poll Stander		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Indepen	dent	ked)		\$210.00
Name of Payee Sunshine Ortiz				Date of Payment 09/12/2019	Method of  ✓ Check  □ Debit C	# <u>1348</u>
Street Address		City Hartford			State CT	Zip Code 06114-4041
18 Essex St, # 4E	Description	Tiartioid			C <sub>1</sub>	06114-4041
Purpose of Expenditure (by code) WAGE	Poll Stander		Event			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	dent	ked)		\$210.00

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SUBTOTAL Section P - This Page	\$780.00
TOTAL of Section P Pages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE: (Emertgial on Line 19, Column A of Summary Regio Totals)	\$139,009.72

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NAME OF COMMITTE	E. (Provide Complete Name as Registered with Filing	Repository)		· TYPE OF REPORT		
Bronin for Mayor				October 10 filing		
	P. Expens	es Paid by Coma	ittee			ene e e
Name of Payee				Date of Payment	Method of	
Daisy Pagan				09/13/2019	Check	
					Debit 0	Card LEFT
Street Address		City			State	Zip Code
26 Pliny St, Fl 1		Hartford			СТ	06120-2337
Purpose of Expenditure	Description		Eve	nt#		Amount
(by code) WAGE	canvassing					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	**	w' is che	ecked)		\$795.00
(if applicable)	None of the below (does not involve another candidate or	Inder	endent			
	Coordinated with reimbursement sought (joint expenditu	re) $=$ ·	ization:			
	Coordinated without reimbursement sought (in-kind cont	ribution) LIOrga	пzаноп:			
Name of Payee				Date of Payment	Method of	
Daisy Pagan				09/14/2019	✓ Check	
					Debit (	
Street Address		City Hartford			State	Zip Code 06120-2337
26 Pliny St, Fl 1		Панного			СТ	06120-2337
Purpose of Expenditure (by code) WAGE	Description		Ever	nt#		Amount
(b) code/WAGE	Canvassing					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	_	v" is che	cked)	1	\$525.00
(if applicable)	None of the below (does not involve another candidate or	Inden	endent			
	Coordinated with reimbursement sought (joint expenditu	re)	nization:	ПА ПВ ПС ПВ		
	Coordinated without reimbursement sought (in-kind cont	ribution)	uzzeni,			
Name of Payee Polish National Home				Date of Payment	Method of ✓ Check	
FORSII Nauonai mone	<del>3</del>			09/11/2019	Debit (	
0					<u> </u>	
Street Address		City Hartford			State CT	Zip Code 06106-1909
60 Charter Oak Ave		Tiditioid	_		ļ.,	00100-1005
Purpose of Expenditure (by code) MISC	Description Floation Night Event		Ever	at#		Amount
(a) care/MISC	Election Night Event					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.		v" is che	cked)		\$2,303.10
(if applicable)	None of the below (does not involve another candidate or		endent			
	Coordinated with reimbursement sought (joint expenditure)	'e) 🔚 '	ization:	ПА ПВ ПС ПВ		
37 85	Coordinated without reimbursement sought (in-kind cont	ribution)				
Name of Payee Confesor Principe				Date of Payment	Method of Check	
Comecon i interpe				09/13/2019	Debit (	
Street Address		City			State	Zip Code
		Hartford			CT	06105-3510
235 Farmington Ave,						
Purpose of Expenditure (by code) WAGE	Description canvassing		Even	at#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	-	v" is che	cked)		\$315.00
(a approximal)	None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)	Indan	endent			
	Coordinated with reimbursement sought (in-kind cont		ization:	ПА ПВ ПС ПВ		
		TOURION) - 0				

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

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Page	99	01	112

rised January 2015				TRYPE OF REPORT		
ME OF COMMITTEE	(Provide Complete Name as Registered with Filing I	еровноту)		October 10 filing		
onin for Mayor			A 6 2 E	Cotoper to iming		
	P. Expense	Paid by Commit		Date of Payment	Method of	Payment
lame of Payee			1	09/14/2019	✓ Check	
Confesor Principe			1	30/1 1120 12	Debit (	Card EFT
Service A delegan		City			State CT	Zip Code 06105-3510
Street Address	A 1.00	Hartford			CI	00103-3310
235 Farmington Ave, A	Description		Event	#		Amount
by code) WAGE	Canvassing					****
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below"	is checi	ked)		\$240.00
if applicable)	None of the below (does not involve another candidate or	Committee)				
	Coordinated with reimbursement sought (joint expenditur		ation:	□A □B □C □D		
	Coordinated without reimbursement sought (in-kind contra	nbution) —		Date of Payment	Method of	f Payment
Name of Payee				09/04/2019	<b>✓</b> Check	# 1279
Aisha Reese				09/04/2010	Debit	Card EFT
		City			State	Zip Code
Street Address		Hartford			CT	06120-2337
52 Pliny St, Apt 1			Even	t#		Amount
Purpose of Expenditure (by code) WAGE	Description Canvassing					
	Type of Expenditure (Itemization in Addendum P Required to	ınless "None of the below	" is che	cked)		\$105.00
Expenditure # (if applicable)	None of the below (does not involve another candidate of	or committee)				
(3-66)	Coordinated with reimbursement sought (joint expenditu	ire)	ization:	$\Box A \Box B \Box C \Box D$		
	Coordinated without reimbursement sought (in-kind con	tribution)	Zaron		Mathodia	of Payment
Name of Payee				Date of Payment		k# 1323
Aisha Reese				09/13/2019	Debi	t Card EFT
		City			State	Zip Code
Street Address		Hartford			СТ	06120-2337
52 Pliny St, Apt 1			Eve	nt#	1	Amount
Purpose of Expenditure (by code) WAGE	Description canvassing				1	
(b) seasy WAGE	Type of Expenditure (Itemization in Addendum P Required	unless "None of the below	v" is ch	ecked)	1	\$420.00
Expenditure # (if applicable)	Type of Expenditure (nemization in Automatic).  None of the below (does not involve another candidate	or committee)				
(п аррисава)	Coordinated with reimbursement sought (joint expendit	hiro)	endent	:ABCD	,	
	Coordinated without reimbursement sought (in-kind co	ntribution) Grgan	IIZZUGU			of Payment
Name of Payee				Date of Payment	Che	ck # 1352
Hector Rivera				09/16/2019	Det	it Card EFT
		City			State	Zip Code
Street Address		Hartford			СТ	06106-3848
105 Sherbrooke Av			Ev	ent#		Amount
Purpose of Expenditure	Description Poll Standing					Milduit
(by code) WAGE	Type of Expenditure (Itemization in Addendum P Required	d unless "None of the hele	ow" is c	hecked)	_	\$210.00
Expenditure #	Type of Expenditure (Itemization in Addenaum P Required None of the below (does not involve another candidate	e or committee)				
(if applicable)	Coordinated with reimbursement sought (joint expend	iture)	pendent		n	
	Coordinated without reimbursement sought (in-kind o	ontribution) UOrg	anizatio	и: Пу Пр Пс П,		

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
(VINC 4) A-MALL	

SEEC FORM 20 IV. EXPENDITURES (Sections P-T) Page 100 112 Revised January 2015 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 Pavee Date of Payment Method of Payment Valerie Rockefeller ✓ Check # 1272 09/03/2019 Debit Card EFT Street Address City Zip Code Old Greenwich CT 06870-1704 38 Highview Ave Purpose of Expenditure Description Event # (by code) REF Amount Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) \$150.00 (if applicable) None of the below (does not involve another candidate or committee) Independent Coordinated with reimbursement sought (joint expenditure) Organization: A B C D Coordinated without reimbursement sought (in-kind contribution) Name of Payee Date of Payment Method of Payment Rockwell Communications Inc Check # 09/23/2019 Debit Card 🗸 EFT Street Address City State Zip Code East Hartford CT 06108-1183 321 Burnham St Purpose of Expenditure Description Event # (by code) OVHD Amount **AV Services** Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) \$69.13 (if applicable) None of the below (does not involve another candidate or committee) Independent Coordinated with reimbursement sought (joint expenditure) Organization: \_А □В □С □р Coordinated without reimbursement sought (in-kind contribution) Name of Payce Method of Payment Check # 1353 Date of Payment Evelyn Rodriguez 09/12/2019 Debit Card EFT Street Address City State Zip Code Hartford CT 06114-1871 700 Maple Ave, Apt 309 Purpose of Expenditure Description Event # (by code) WAGE Amount Poll Stander Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) \$210.00 (if applicable) ✓ None of the below (does not involve another candidate or committee) Independent Coordinated with reimbursement sought (joint expenditure) Organization: A B C D Coordinated without reimbursement sought (in-kind contribution) Name of Payee Date of Payment Method of Payment Run the World Check # 09/03/2019 Debit Card FET Street Address City Zip Code Prairie Du Sac

SUBTOTAL Section P - Trils Page	\$2,929.13
	<del></del>
TOTAL of Section P Pages	\$139,009.72
	7.00,000.12
TOTAL OF ALL EXPENSES PAID BY COMMITTEE. (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)

None of the below (does not involve another candidate or committee)

Coordinated with reimbursement sought (joint expenditure)

Coordinated without reimbursement sought (in-kind contribution)

Event #

Organization: A B C D

Independent

Wi

53578-0111

\$2,500.00

Amount

PO Box 111

Expenditure #

(if applicable)

Purpose of Expenditure

(by code) CNSLT

Description

**Digital Consulting** 

Page 101

112

TE OF COMMITTEE.	(Provide Complete Name as Registered with Elling)			October 10 filing		
nin for Mayor		s Paid by Commit	lee			
me of Payee age! Sanchez	P. Expense			Date of Payment 09/13/2019	Method of Check	# 1303
cet Address		City Hartford			State CT	Zip Code 06106-3826
		Haitioid	T =	н	<del> </del>	Amount
1 Hillside Ave	Description		Event	#		Millount
y code) WAGE	canvassing	1 (Niewa of the below	" is chec	ked)	1	\$825.00
spenditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude of Coordinated without reimbursement sought (in-kind control of Coordinated without sought (in-kind control of Coordinated without sought (in-kind control of Coordin	re) Indepe	ndent	Date of Payment		of Payment
iame of Payee Engel Sanchez				09/14/2019	✓ Ch∞l	k# 1163 t CardEFT
treet Address		City Hartford			State CT	Zip Code 06106-3826
361 Hillside Ave		1	Ever	nt #	-	Amount
Purpose of Expenditure by code) WAGE	Description Canvassing	Col. Italia	u" is che	cked)	-	\$540.0
	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expenditure)	ture) Inde	oendent		D	
Expenditure # (if applicable)  Name of Payee  Amanda Sands	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	ture) Inde	pendent mization		Method Che	of Payment eck # 1346 bit Card  EFT
(if applicable)  Name of Payee	None of the below (does not involve another candidate)  Coordinated with reimbursement sought (joint expendi	ture) Inde	oendent	Date of Payment	Method Che	bit Card EFT Zip Code
(if applicable)  Name of Payee  Amanda Sands  Street Address	None of the below (does not involve another candidate)  Coordinated with reimbursement sought (joint expendi	ture) Inde	oendent mization:	Date of Payment	Method Che Del	bit Card EFT Zip Code
(if applicable) Name of Payee Amanda Sands	✓ None of the below (does not involve another candidate)  Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursemen	ture) Independent	pendent mization:	Date of Payment 09/12/2019	Method Che Del	eck # 1346 bit Card
Name of Payee Amanda Sands Street Address 111 Pearl St Purpose of Expenditure	✓ None of the below (does not involve another candidate)  Coordinated with reimbursement sought (ioint expending coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated with reimbursement sought (ioint expending coordinated with reimbursement sought)	City Hartford  ed unless "None of the bete or committee) diture)	pendent mization:	Date of Payment 09/12/2019  ent # hecked)  t n: \[ A \] B \] C \[ \]	Method Che	Zip Code 06103-2408  Amount \$1,096.
Name of Payee Amanda Sands Street Address 111 Pearl St Purpose of Expenditure (by code) WAGE Expenditure #	None of the below (does not involve another candidate)  Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement s	City Hartford  ed unless "None of the bete or committee) diture)	Ev	Date of Payment 09/12/2019  ent #	Method Che CT  State CT  Method Che CT	Amount   Standard
Name of Payee Amanda Sands  Street Address 111 Pearl St Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  Name of Payee Freda Seritella  Street Address	✓ None of the below (does not involve another candidate)  Coordinated with reimbursement sought (ioint expending coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated with reimbursement sought (ioint expending coordinated with reimbursement sought)	City Hartford  ed unless "None of the bete or committee) diture)	Ev low" is c	Date of Payment 09/12/2019  ent # hecked)  t Date of Payment 09/02/2019	Method  ☑ Che  ☐ Del  State  CT   Method  ☑ Che	Zip Code
Name of Payee Amanda Sands Street Address 111 Pearl St Purpose of Expenditure (by code) WAGE Expenditure # (if applicable)  Name of Payee Freda Seritella	✓ None of the below (does not involve another candidated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind expending Coordinated without reimbursement sought (in-kind expending Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind Coordinate	City Hartford  City City City Hartford  Contribution  City City Contribution  City Contribution  City Contribution  City Contribution	Ev low" is c ependen ganizatio	Date of Payment 09/12/2019  ent # hecked)  t Date of Payment 09/02/2019	Method  Che  Che  Del  State  CT  Method  Dol  State  CT   Method  State  CT  State  CT	Zip Code

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 Totale)	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total of Line 13, 200-11)	

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor				October 10 filing		
	P. Expens	es Paid by Commi	ttee			
Name of Payee Freda Seritella				Date of Payment 09/13/2019	Method of Check	# 1297
Street Address 57 Woodland Dr		City Hartford			State CT	Zip Code 06105-1202
Purpose of Expenditure (by code) WAGE	Description canvassing		Even	ıt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind cont	r committee) Independent	ndent	cked)		\$1,050.00
Name of Payee Freda Seritella				Date of Payment 09/14/2019	Method of Check	# <u>1149</u>
Street Address 57 Woodland Dr		City Hartford			State CT	Zip Code 06105-1202
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required ut  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	cked)		\$690.00
Name of Payee Freda Seritella				Date of Payment 09/16/2019	Method of  ✓ Check  Debit 0	# 1357
Street Address 57 Woodland Dr		City Hartford	1		State CT	Zip Code 06105-1202
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required in Value of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	dent	ked)		\$105.00
Name of Payee Sharon Sherpa				Date of Payment 09/13/2019	Method of  ✓ Check  ☐ Debit C	<sup>#</sup> _1315
Street Address		City			State	Zip Code
134 School House Ro		Newington			СТ	06111-4036
Purpose of Expenditure (by code) WAGE	Description canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	dent	Ma MB MC MD	***	\$345.00

SUPTOTAL 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 19, Column A of Summary Page Totals).	\$139,009.72

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ed January 2015	(Provide Complete Name as Registered with Filing R	epository)	TYPE OF REPORT		
TO THE PARTY OF TH	11-10 die compensation	_	October 10 filing		
nin for Mayor	P. Expenses	Paid by Committe	C T	Method of P	avment
ime of Payee haron Sherpa			Date of Payment 09/14/2019	Check #	1180
reet Address		City Newington		State CT	Zip Code 06111-4036
34 School House Rd			Event #		Amount
urpose of Expenditure by code) WAGE	Description Canvassing			•	\$585.00
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required in    None of the below (does not involve another candidate or   Coordinated with reimbursement sought (joint expenditur   Coordinated without reimbursement sought (in-kind cont	re) Independ	ent tion: A B C D	Method of	Payment
Name of Payce Forre Shorter			Date of Payment 09/11/2019	Check	# <u>1338</u>
Street Address		City Hartford		State CT	Zip Code 06106-3239
569 Zion St, Apt A Purpose of Expenditure (by code) WAGE	Description Poll Stander	1	Event #	Amount \$142.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude)  Coordinated without reimbursement sought (in-kind continue)	ure) Indeper	ident	Method o	of Payment
Name of Payee Antonette Smith			09/20/2019	Debi	k# 1367 t Card EFT
Street Address		City Waterbury		State CT	06704-1516
14 Yale St Purpose of Expenditure (by code) WAGE	Description Canvasser		Event #		Amount \$285.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate  Coordinated with reimbursement sought (joint expend	iture)	endent ization: A B C		of Payment
Name of Payee Antonnette Smith	1		Date of Payment 09/04/2019	<b>✓</b> Che	oit Card EFT
Street Address		City Hartford		State CT	Zip Code 06105-1565
20 May St, Apt 202 Purpose of Expenditure (by code) WAGE	Description Canyassing		Event#		Amount \$150.0
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requir  None of the below (does not involve another candida  Coordinated with reimbursement sought (joint expen	Inde	pendent  anization: A B C	]p	

SUBTOTAL Section P - This Page	\$1,162.50
TOTAL of Section P Pages	\$139,009.72
是一种种的一种,但是一种的一种,但是一种的一种的一种,但是一种的一种的一种的一种的一种,但是一种的一种的一种的一种的一种。	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	

Page

NAME OF COMMITTE	E (Provide Complete Name as Registered with Elling	g Repository)		TYPE OF REPORT		
Bronin for Mayor				October 10 filing		
	P. Expens	es Paid by Commi	ttee			
Name of Payee Antonnette Smith				Date of Payment 09/14/2019	Method o	f Payment # 1178 Card EFT
Street Address 20 May St, Apt 202		City Hartford	. <u> </u>		State CT	Zip Code 06105-1565
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee)	ndent	[A ]B ]C ]D		\$450.00
Name of Payee Olivia St. Remy				Date of Payment 09/14/2019	Method of Check	# <u>1172</u>
Street Address 69 Johnson St		City Newington			State CT	Zip Code 06111-3714
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event #	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure).  Coordinated without reimbursement sought (in-kind control of the contr	committee)	dent	ed)		\$420.00
Name of Payce Staples, Inc.				Date of Payment 09/09/2019	Method of Check: ✓ Debit (	#
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
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure  Coordinated without reimbursement sought (in-kind contri	committee)	lent	d)		\$105.80
Name of Payee Staples, Inc.		·	- 1	Date of Payment 09/11/2019	Method of I Check #	·
Street Address 2550 Albany Ave	,	City West Hartford			State CT	Zip Code 06117-2335
Purpose of Expenditure by code) OFFICE	Description Office Supplies		Event #			Mount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required unt  None of the below (does not involve another candidate or of  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)	committee)	ent	d)  A		\$264.77

SUBTOTAL Section P. This Page	\$1,240.57
	T.]= 10.01
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).	£420 000 70
The state of the s	\$139,009.72

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NAME OF COMMITTE	EE. (Provide Complete Name as Registered with Filing	(Repository)		TYPE OF REPORT		and the second
Bronin for Mayor				October 10 filing		
	P. Expens	es Paid by Commi	ttee			The second second
Name of Payee Aaron Supple				Date of Payment 09/14/2019	Method of Check	# <u>1164</u>
Street Address 300 Summit St		City Hartford			State CT	Zip Code 06106-3100
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute)  Coordinated without reimbursement sought (in-kind continue)	r committee)	ndent	cked)		\$60.00
Name of Payee Taylor Rental Center	r			Date of Payment 09/11/2019	Method of Check Debit	# 1295
Street Address 600 Oakwood Ave		City West Hartford			State CT	Zip Code 06110-1520
Purpose of Expenditure (by coxde) OVHD	Description Event Rentals		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control of the contr	r committee)	ndent	cked)		\$1,039.51
Name of Payee The Latino Way	-			Date of Payment 09/09/2019	Method of  ✓ Check  Debit C	# 1292
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 (Hemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind contra	committee) Indepen	dent	ked)		\$12,000.00
Name of Payee The Latino Way		****		Date of Payment 09/16/2019	Method of Check	1354
Street Address		City Hartford			State	Zip Code
330 Main St Purpose of Expenditure	Description	Hartiolu			СТ	06106-1860
(by code) CNSLT	Consulting		Event		1	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure  Coordinated without reimbursement sought (in-kind contra	committee) Independ	dent	ked)  □A □B □C □D		\$1,670.00

SUBTOTAL Section P. This Page	\$14,769.51
	<del></del>
TOTAL of Section P Fages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

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NAME OF COMMITTEE	: (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor	The state of the s		V000004310004	October 10 filing		
1.00	P. Expense	s Paid by Commi	tee			
Name of Payee				Date of Payment	Method of Check	
Ellis Thomas				09/13/2019	Debit (	
Street Address		City			State	Zip Code
5,100t Fluiroso						•
Purpose of Expenditure	Description		Even	t#		Amount
(by code) WAGE	canvassing					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un		" is che	cked)		\$180.00
(if applicable)	None of the below (does not involve another candidate or	Indepe	ndent			
	Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control of the co	Organ	zation:	$\square A \square B \square C \square D$		
Name of Payee	Coordinated without formed sentent cought (in this con-			Date of Payment	Method of	
Hineoa Thomson				09/13/2019	✓ Check	
					Debit (	
Street Address		City		<del></del>	State CT	Zip Code 06106-2325
53 Madison St		Hartford			0.	00100-2020
Purpose of Expenditure (by code) WAGE	Description		Ever	nt#		Amount
	canvassing	1 (0) (a) b b b		A	-	\$60.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate or		··· is cne	скеа)		φου.υυ
(1)	Coordinated with reimbursement sought (joint expenditu	re)Indepe				
	Coordinated without reimbursement sought (in-kind cont	ribution) Organ	ization:	A B C D		
Name of Payee				Date of Payment	Method of Check	Payment
Timoi Thomson				09/09/2019	Debit	
		City			State	Zip Code
Street Address		East Hartford			CT	06108-4028
49 Linden St Purpose of Expenditure	Description		Eve	nt #		At
(by code) WAGE	Canvassing					Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below	v" is che	ecked)	1	\$90.00
(if applicable)	None of the below (does not involve another candidate o	r committee)	endent			
	Coordinated with reimbursement sought (joint expenditu	re)	ization:	Па Пв Пс Пр		
	Coordinated without reimbursement sought (in-kind con	tribution)		Date of Payment	Mathod o	f Payment
Name of Payee Timoi Thomson				09/13/2019		* # 1309
Tillor Frionison	•			09/13/2019	Debit	Card EFT
Street Address		City			State	Zip Code
49 Linden St		East Hartford			СТ	06108-4028
Purpose of Expenditure	Description		Eve	nt #		Amount
(by code) WAGE	canvassing				1	***
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to		v" is ch	ecked)		\$60.00
(if applicable)	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expendituse)	Hindor	endent			
	Coordinated without reimbursement sought (in-kind con	Organ	nization	:		
		,			_1	

SUBTOTAL Section Partille Page	\$390.00
TOTAL of Section Picages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

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d January 2015				TYPE OF REPORT		
NE OF COMMITTEE.	(Provide Complete Name as Registered with Filiag.	K (II) W (Y)		October 10 filing		
nin for Mayor	# <b>.</b>	s Paid by Commit	too			gylan i rojeni.
	LA EXPONE		T	Date of Payment	Method of	
ne of Payee			1	09/13/2019	Check	
obyn Tompson					Debit (	
		City			State CT	Zip Code 06112-2073
eet Address		Hartford			01	00112 2010
Rockville St, Apt C2			Event #	#		Amount
rpose of Expenditure code) WAGE	Description canvassing					****
	Type of Expenditure (Itemization in Addendum P Required to	mless "None of the below	" is check	ed)		\$630.00
penditure # applicable)	None of the below (does not involve another candidate of	or committee)				
иррисавко)	Coordinated with reimbursement sought (joint expenditu	ire)		∏A ∏B ∏C ∏D		
	Coordinated without reimbursement sought (in-kind con	tribution)	(ZERIOII)		Method o	of Payment
ame of Payee				Date of Payment	Chec	k# 1363
otal Graphic Solution	ons			09/16/2019	Debit	Card EFT
		City	i		State	Zip Code
reet Address		City New Britain			СТ	06052-1833
74 Lincoln St			Event	1#		Amount
urpose of Expenditure	Description					
oy code) PRNT	Printing	"None of the helo	w" is chec	:ked)	7	\$285.02
xpenditure#	Type of Expenditure (Hemization in Addendum P Required  None of the below (does not involve another candidate	or committee)	,, 15 6.1.4	····,	•	
if applicable)	None of the below (does not involve another carefully Coordinated with reimbursement sought (joint expendi	ture)	pendent			
	Coordinated with termoinsoness sugar d	ontribution) Orga	nization:	A B C D		
	Coordinated without fermioacters			Date of Payment		of Payment ck # 1162
Name of Payee Colin Townsend				09/14/2019	1 —	oit Card EFT
JOHN TOWNSONG					State	Zip Code
Street Address		City			CT	06615-5637
	_	Stratford				
29 Winfield Dr Purpose of Expenditure	Description		Eve	nt#	į	Amount
(by code) WAGE	Canvassing				_	\$300.0
Expenditure #	Type of Expenditure (Itemization in Addendum P Require	ed unless "None of the be	low" is ch	ecked)	1	<b>43</b> 3333
(if applicable)	None of the below (does not involve another candidate	Ind	ependent			
	Coordinated with reimbursement sought (joint expens	ontribution) Or	ganization	:	D	
_	Coordinated without reimbursement sought (in-kind	COMPTOURORY		Date of Payment	Metho	d of Payment
Name of Payee	- L Comien			09/17/2019	Į <u>—</u>	ebit Card EFT
United States Pos	(a) Service					
		City			State	Zip Code 06103-9992
Street Address		Hartford				
80 State House S			Ev	ent#		Amount
Purpose of Expenditure (by code) OVHD	Description Postage					*105
(a) and At ID	Type of Expenditure. (Itemization in Addendum P Requi	red unless "None of the b	elow" is c	hecked)		\$165.
	L'Espe of Expenditure (118/10/00/00/00/00/00/00/00/00/00/00/00/00/					
Expenditure #	None of the below (does not involve another candid			ıf	i	
Expenditure # (if applicable)	None of the below (does not involve another candid  Coordinated with reimbursement sought (joint expe	nditure)	dependen rganizatio		7p	

SUBTOTAL Section P. This Page	\$1,380.02
TOTA o Section P Pages	\$139,009.72
Configuration of the second of	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE. (Enter total on Line 19, Column A of Summary Page Totals)	

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NAME OF COMMETT	EE: (Provide Complete Name as Registered with Filing	(Repository)		TYPE OF REPORT		(V)
Bronin for Mayor				October 10 filing		edit (4)
	P. Expens	es Paid by Comm	ittee			
Name of Payee V4Ink				Date of Payment 09/03/2019	Method of Check	
Street Address		City			State	Zip Code
15765 Montana Ave		La Puente			CA	91744-4030
Purpose of Expenditure (by code) OFFICE	Description Office Supplies		Even	at#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate o  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind cont	r committee) re)Indepe	ndent	Cked)		\$1.08
Name of Payee V4Ink				Date of Payment 09/03/2019	Method of Check	#
Street Address 15765 Montana Ave		City La Puente			State CA	Zip Code 91744-4030
Purpose of Expenditure (by code) OFFICE	Description Office Supplies		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee)	ndent	ked)		\$35.98
Name of Payee Ollie Vail				Date of Payment 09/13/2019	Method of  ✓ Check  Debit 0	# <u>1343</u>
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 und None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	committee) Indepen	dent	ked)		\$1,050.00
Name of Payee Ollie Vail				Date of Payment 09/14/2019	Method of Check	<sup>#</sup> 1153
Street Address		City			State	Zip Code
94 Love Ln		Hartford			СТ	06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit  None of the below (does not involve another candidate or of  Coordinated with reimbursement sought (joint expenditure  Coordinated without reimbursement sought (in-kind contri	committee) Independ	dent	ed)		\$585.00

SUBTOTAL Section P - This Page	\$1,672.06
	* - /
TOTAL of Section P. Rages	\$139,009,72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

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NAMEOFCOMMITTE	E. (Provide Complete Name as Registered with Filing	Repository)			TYPE OF REPORT		
Bronin for Mayor					October 10 filing		
	P. Expense	es Paid by Co	ommit	tee			New York
Name of Payee					Date of Payment	Method of	
Shanice Vail					09/13/2019	✓ Check	
						Debit (	Card EFT
Street Address		City				State	Zip Code
94 Love Ln, Apt 2		Hartford				СТ	06112-1616
Purpose of Expenditure	Description			Even	t#		Amount
(by code) WAGE	canvassing						zimodni
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the	e below"	is chec	ked)	1	\$780.00
(if applicable)	None of the below (does not involve another candidate of		J <sub>T</sub> J <sub></sub>	J			
	Coordinated with reimbursement sought (joint expenditu	re) $=$	Independ		m. <b>m</b> . m. m.		
	Coordinated without reimbursement sought (in-kind cont	ribution) $\square$	Organiza	ation:	ABCD		
Name of Payee					Date of Payment	Method of	
Shanice Vail					09/14/2019	Check	
						Debit (	Card EFT
Street Address		City Hartford				State CT	Zip Code
94 Love Ln, Apt 2		Haitioiu				01	06112-1616
Purpose of Expenditure (by code) WAGE	Description			Even	t #		Amount
(o) osas, WAGE	Canvassing						
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	=	e below"	is chec	ked)	1	\$585.00
(if applicable)	None of the below (does not involve another candidate or	1 1	Independ	dent			
	Coordinated with reimbursement sought (joint expenditur	re)	Organiza		ПА ПВ ПС ПВ		
	Coordinated without reimbursement sought (in-kind cont	ribution) 🗀	Organia				
Name of Payee Ricardo Vargas					Date of Payment	Method of Check	Payment # 1250
Triodido Valgas					09/12/2019	Debit (	
Street Address		City				State	Zip Code
		Hartford				CT	06105-2621
69 Gillett St, Apt 405 Purpose of Expenditure	Description			Event	. <i>I</i> I		
(by code) WAGE	Poll Stander			Even			Amount
F 14 0		1 (0)			T 10	ļ	40.40.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or		e below"	is chec	ked)		\$210.00
,, ,	Coordinated with reimbursement sought (joint expenditur	·	Independ	lent			
	Coordinated without reimbursement sought (in-kind control	·	Organiza	ation:	$\square A  \square B  \square C  \square D$		
Name of Payee		•			Date of Payment	Method of	Payment
Jeffery Verney					09/03/2019	Check	
					00/00/2010	Debit (	Card EFT
Street Address		City				State	Zip Code
266 Westledge Rd		West Simst	bury			СТ	06092-2017
Purpose of Expenditure	Description			Event	#	-	Amount
(by code) REF							Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the	e below" i	is chec	ked)		\$750.00
(if applicable)	None of the below (does not involve another candidate or		٠ ال - ا	ł ·			
	Coordinated with reimbursement sought (joint expenditure	e) $=$	Independ		m, m		
	Coordinated without reimbursement sought (in-kind control	ribution) 🗀'	Organiza	tion:	A B C D		

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

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NAME OF COMMITTEE	Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor				October 10 filing		
	P. Expense	s Paid by Com	mittee			
Name of Payee				Date of Payment	Method of	
Voices of Men of Col	or			09/09/2019	✓ Check	
					Debit (	
Street Address		City			State	Zip Code
69 Gillette St, # 410		Hartford			СТ	06119-2107
Purpose of Expenditure	Description		Eve	ent #		Amount
(by code) CNSLT	Field Consulting					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the be	low" is ch	hecked)		\$4,800.00
(if applicable)	✓ None of the below (does not involve another candidate or					
	Coordinated with reimbursement sought (joint expenditur	*) <u> </u>	ependent			
	Coordinated without reimbursement sought (in-kind conti	ribution)	anization	::		
Name of Payee	7-11			Date of Payment	Method of	
Walmart				09/09/2019	Check	
					✓ Debit (	Card EFT
Street Address		City			State	Zip Code
495 Flatbush Ave		Hartford			СТ	06106-3601
Purpose of Expenditure	Description		Eve	ent#		Amount
(by code) OFFICE	Office Supplies					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required up	nless "None of the be	low" is ch	hecked)		\$81.23
(if applicable)	None of the below (does not involve another candidate or		onandant			
	Coordinated with reimbursement sought (joint expenditure	e)	ependent			
	Coordinated without reimbursement sought (in-kind conti	ribution) LIOT	ganization	ı: A B C D		
Name of Payee				Date of Payment	Method of	
Ne'Jaughn Ware				09/02/2019	Check	
					Debit (	, <u> </u>
Street Address		City <b>Mancheste</b> r			State CT	Zip Code 06040-6125
86 Wells St		MailChestei			01	00040-0125
Purpose of Expenditure	Description		Eve	ent #		Amount
(by code) WAGE	Canvassing					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un		low" is ch	necked)		\$180.00
(if applicable)	None of the below (does not involve another candidate or	Ind	ependent			
	Coordinated with reimbursement sought (joint expenditure	e)	ganization			
	Coordinated without reimbursement sought (in-kind conti	ribution)	gamzanon			
Name of Payee				Date of Payment	Method of ✓ Check	
Ne'Jaughn Ware				09/13/2019	Debit	
Street Address		City Manchester			State CT	Zip Code 06040-6125
86 Wells St		Wallonesel			ļ <del>,</del>	00040-0123
Purpose of Expenditure	Description		Eve	ent#		Amount
(by code) WAGE	canvassing					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un		low" is ch	hecked)		\$150.00
(if applicable)	None of the below (does not involve another candidate or	Ind	ependent			
	Coordinated with reimbursement sought (joint expenditur	e)	ganization			
	Coordinated without reimbursement sought (in-kind conti	ribution) LION	;amzanon	1:		

SUBTOTAL Section P. This Page.	\$5,211.23
TOTAL of Section P Rages	\$139,009.72
TOTAL OF ALL EXPENSES PAID BY COMMITTEE. (Enter total on Line 19, Column A of Summary Page Totals)	\$139,009.72

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AME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor				October 10 filing	71	
11.7 Earl 14.5 To 11.5 Earl 15.5 Ear	P. Expense	s Paid by Commi	tee	Date of Payment	Method of	Payment
Name of Payee				09/14/2019	Check	
Ne'Jaughn Ware				09/14/2019	Debit C	Card EFT
Street Address		City			State CT	Zip Code 06040-6125
86 Wells St		Manchester				00010 0120
Purpose of Expenditure	Description		Even	t #		Amount
(by code) WAGE	Canvassing		<u> </u>			\$645.00
Expenditure #	Type of Expenditure ( <i>Itemization in Addendum P Required u</i> ) None of the below (does not involve another candidate or	nless "None of the below committee)	" is che	cked)		ψ0-0.00
(if applicable)	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)		ndent			
	Coordinated without reimbursement sought (in-kind cont	1 1Orgon	ization:	A B C D		
Name of Payee				Date of Payment	Method of Check	
Kayla Waters				09/13/2019	Debit	
					State	Zip Code
Street Address		City Hartford			CT	06106-1602
277 Buckingham St	I Desirate		Ever	nt#		Amount
Purpose of Expenditure (by code) WAGE	Description canvassing					Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	mless "None of the belov	v" is che	ecked)		\$585.00
(if applicable)	None of the below (does not involve another candidate of	r committee)	endent			
	Coordinated with reimbursement sought (joint expenditu	ire)	ization:			
	Coordinated without reimbursement sought (in-kind con	tribution)			Mathod o	f Payment
Name of Payee	·			Date of Payment 09/14/2019	Check	
Kayla Waters	<b>,</b>			09/14/2019	Debit	Card EFT
Street Address		City			State CT	Zip Code 06106-1602
277 Buckingham St		Hartford			<del>     </del>	00100 1002
Purpose of Expenditure	Description		Eve	ent#		Amount
(by code) WAGE	Canvassing				-	\$525.00
Expenditure #	Type of Expenditure (Itemization in Addendum P Required    None of the below (does not involve another candidate	unless "None of the belo or committee)	w" is ch	ecked)		ψ323.00
(if applicable)	Coordinated with reimbursement sought (joint expendit		endent		1	
	Coordinated without reimbursement sought (in-kind co		nization	E A B C D		
Name of Payee				Date of Payment		of Payment k # 1152
Dwight Wilson				09/14/2019		t Card EFT
			-		State	Zip Code
Street Address		City Hartford			СТ	06105-1976
887 Asylum Ave			Ev	ent #		<u> </u>
Purpose of Expenditure (by code) WAGE	Description Canvassing			on "		Amount
	Type of Expenditure (Itemization in Addendum P Required	unless "None of the bel	ow" is ci	hecked)	-	\$285.00
Expenditure # (if applicable)	Type of Expenditure ( <i>Itemization in Addendation Prequired</i> None of the below (does not involve another candidate	or committee)				
	Coordinated with reimbursement sought (joint expendi	ture)	pendent			
	Coordinated without reimbursement sought (in-kind co	ontribution) LOrg	anizatio	□ <sub>v</sub> □ <sub>v</sub> □ c □ r		
	. 1					

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

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NAME OF COMMITTEE	October 10 filing						
Bronin for Mayor	IIII toi wayor						
	P, Expenses Paid by Committee  Date of Payment			Method of Payment			
Name of Payee Michael Wright				09/03/2019	✓ Check # 1270		
THIS TALL I THIS THE					Debit C		
treet Address		City			State CT	Zip Code 06112-1315	
393 Granby St	Hartford		<u> </u>				
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	t #	Amount		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					\$450.00	
(if applicable)	None of the below (does not involve another candidate or						
	Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization:  A B C II						
Name of Payee				1 -	Method of Payment  ✓ Check # 1341  Debit Card EFT		
Titus Wright				09/12/2019			
Street Address		City			State	Zip Code	
393 Granby St		Hartford		CT	06112-1315		
Purpose of Expenditure	Description		Event #			Amount	
(by code) WAGE	Canvasser	er				***	
Expenditure #	iture # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				\$60.00		
(if applicable)	None of the below (does not involve another candidate or committee)  Independent						
	Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization: A B C D						
Name of Payee Date of Payment				Method of Payment			
Titus Wright	09/13/2019		✓ Check # 1341  Debit Card EFT				
						Zip Code	
Street Address		City Hartford			State CT	06112-1315	
393 Granby St		Tiditio	Fue	nt #			
Purpose of Expenditure (by code) WAGE	Description canvassing		Event #		Amount		
	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					\$60.00	
Expenditure # (if applicable)	Able)  None of the below (does not involve another candidate or committee)  Coordinated with reimbursement sought (joint expenditure)						
	Coordinated without reimbursement sought (in-kind con	tribution) Liongan	ization.		353-1-	Pharmate	
Name of Payee		Date of Payment	Method of Payment  ✓ Check # 1296				
Emily Zambrello 09/11/2019				09/11/2019	Debit Card EFT		
Street Address		City			State	Zip Code	
85 Hillcrest Ave		Wethersfield			СТ	06109-2103	
Purpose of Expenditure	Description Event #		Amount				
(by code) WAGE	GOTV/Win Bonus					*********	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee)					\$1,250.00	
(if applicable)	Coordinated with reimbursement sought (joint expenditure)						
					<u> </u>		

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