SEEC FORM 20

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

Page 1 of 17

2		COVE	R PAGE					
I. NAME OF COMMITTEE				The second secon				
Maly Rosado for City Council				•				
2. TREASURER NAME		Spring State (1997) and the state of the sta		and the second s				
First		м	Last		Suffix			
James		E	Woulfe		Jr.			
3. TREASURER ADDRESS	The second secon							
Street Address		City	•	State	Zip Code			
2 Columbia St.		Har	rtford	CT	06106			
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete only	if Candidate Committee)	6. DISTRICT NUM				
(mm/dd/yyyy) 09/10/2019	City Council				(if applicable)			
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	Programme and the control of the con						
First		MI	Last		Suffix			
Maly			Rosado					
8. TYPE OF REPORT (Check One Box)	The second of th	And the second s		The second secon				
O January 10 filing	67th day preced	ding primary	7th day preceding referendum	Initial Cont	tribution or Disbursement			
April 10 filing	30 days follow	ving primary	45 days following referendum	Amendmen	it to			
July 10 filing	7th day preced	ding election	O Deficit	Type of Rep	port:			
October 10 filing	12th day prece		Termination					
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No	ving election ovember						
9. PERIOD COVERED								
	Beginning Da	ite	Ending Date					
•	07/01/2019		thru 09/01/19					
-			-					
10, CERTIFICATION		The second secon						
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. James Woulfe								

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT:	
Maly Rosado for City Council	7th Day Preceding Primar	y Filing
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	3416.63	
13. Contributions Received from Individuals (Sections A and B)	0	4245.00
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	50.00
16a. 'Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0 .	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	0	4295.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	3416.63	4295.00
19. Expenses Paid by Committee (Section P)	2487.38	3365.75
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	929.25	929.25
21. In-Kind Donations not Considered Contributions Received (Section L4)	О	100.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	46.28
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	О	0
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	150.00	150.00
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	o	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete N	Name as Registered with Filing Repository		TYPE OF REPORT	
Maly Posado for City Council			7th Day Preceding Pr	rimary Filing
A. Total Contributions from	Cmall Contributors Door	alvadethis Daviad ONEV	, and a grant of the same of t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(See instructions for definition of Sma	and the second s	SUBTOTAL SECTION A	\$0	
		And the second s		
	D. Bamilaat 6	Contributions from Indiv		
Last Name		First	THE TAIL STATE OF THE PROPERTY	MI
•				
Residential Street Address	<u>·</u>	City	Si	ate Zip Code
Principal Occupation		Name of Employer		-
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		400 to a candidate for a chief execution is associated with have a contract OYes No		Amount of Contribution
	Yes Is contributor a principal of If yes, indicate which be of government the cont		_ No	
Method of Contribution:		Date Received	Aggregate Contributions	
Cash Personal Check Credit/Debit	it Card OPayroll Deduction OMor	oney Order		
Last Name		First		МІ
Residential Street Address		City	So	ate Zip Code
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		100 to a candidate for a chief executive she is associated with have a contractive Yes No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #			ate contractor? Yes No	
Method of Contribution:	Y		Aggregate Contributions	
Ocash OPersonal Check Ocredit/Debit	it Card Payroll Deduction Mor	ney Order		
Last Name		First		MI
Residential Street Address		City	S	tate Zip Code
Principal Occupation		Name of Employer		
pur Goodphildi		Zamo or Employee		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		400 to a candidate for a chief executi /she is associated with have a contrac		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of	of a state contractor or prospective sta branch or branches	_ O _{No}	
Method of Contribution:		Date Received	Aggregate Contributions	
Cash Personal Check Credit/Debit	it Card OPayroll Deduction OMor	oney Order		
	SU	BTOTAL Section B — Thi	s Page O	
		AL of additional Section B	Comment of the Commen	
TOTALO	FALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sections	A + B)	
	(Enter total on Lii	ine 13, Column A of Summary Page	2 Lotals)	

I. MONETARY RECEIPTS (Sections A-K)

	NTTEE (Provide Complet	e Name as Registered w	ith Filing Repos	itory)		TYPE OF REPORT	
Maly Rosado foi	r Oty Council					7th Day Preceding	g Primary Filing
		C1. C	ontributio	ons from Ot			
Name of Committee					Name of Tre	easurer	
Address				Is this contri event reporte	ed in Section	ated with an Yes No L1? ; list Event #	Amount of Contribution
City		State	Zip Code	Date Recei	ved	Aggregate Contributions	
Name of Committee	The state of the s				Name of Tro	easurer	manasak manananananananananan arawak a intika ka ka maka a manananan paga paga pa
Address				Is this contri event reporte	ed in Section	ated with an Yes No L1? ; list Event #	Amount of Contribution
City		State	Zip Code	Date Recei		Aggregate Contributions	
Name of Committee				I	Name of Tre	easurer	
Address	S			Is this contri-	ed in Section	ated with an Yes No L1? ; list Event #	Amount of Contribution
City		State	Zip Code	Date Recei		Aggregate Contributions	
	Cy p	eimhursemen	te or Surn	Inc Dietrika	itions fro	m other Committees	
Name of Committee				energy producer and annual first of the Artist Levi	Name of Tre		
Address			***************************************	City	<u> </u>		State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type OReimbursem	ent for shared	expense OS	urplus Distril	bution	Amount of Receipt
Description							
Name of Committee					Name of Tre	easuref	
Address				City			State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimburse	ement for share	ed expense	Surplus Dis	tribution	Amount of Receipt
Description							
			SUBTO	OTAL Sectio	n C = Tl	nis Page 0	
			The second secon	of additiona		and of the common and the Company was a filter of the Company of t	
		ALL COMMIT s C1 + C2) (Enter t					AND THE RESERVE OF THE PROPERTY OF THE PROPERT

I. MONETARY RECEIPTS (Sections A—K)

Me III	OI (II) EZ EZ EZ E		22	PLOTED 11			
NAME OF COMMITTEE (Provide Complete Name as Regist	ered with Filing Reposit	ory)			TYPE OF	REPORT	
Maly Posado for City Council		•			7th Day	Preceding Pri	mary Filing
	D. Loans	Receiv	ed this Period		of in the second of the second	And the state of t	
Name of Lender			Source of Loan:				Date of Receipt
			OBank OCan			Committee	
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)			:				Amount Received
Street Address	City	•			State	Zip Code	
Name of Lender			Source of Loan: Bank Cane	didate 🔘	Individua	Other Committee	Date of Receipt
Street Address	City	,	<u></u>		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)						<u></u>	Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: Bank Can	didate 🔘	Individua	Other Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	•	1111212					Amount Received
Street Address	City			<u>.</u>	State	Zip Code	
			TOTAL SECT	ION D	Fig. 9 was standing to the control of the control o	<u>.</u>	
	And the first of the control of the	•5			7. 10	and the second s	CONTRACTOR OF THE PROPERTY OF
E. Receipts from Entities of	ner than thaty	iouais	or Giner Com	mruees	(Kejeren	laum Commine	esone)
Street Address			·	Date R	eceived		Amount Received
City	·	State	Zip Code	Aggre	gate Contrib	outions	
Name of Entity		<u> </u>		1			
Street Address				Date R	eceived		Amount Received
City		State	Zip Code	Aggre	gate Contril	outions `	:
Name of Entity]	!				
Street Address			1.05000	Date R	eccived		Amount Received
City		State	Zip Code	Aggre	gate Contrib	outions	
		The second section of the sec	TOTAL SECT	ION E	per amendage i soft / period per a soft / period		

I. MONETARY RECEIPTS (Sections A—K)

Page 6 of 17

NAME OF COMMITTEE Pro		red with Filing Rep	pository)				FREPORT
Maly Posado for City Cou		red and from the Control of the Cont	on the second se	and the state of t	A Section of the Control of the Cont	and the state of t	y Preceding Primary Filing
	nount Transferred	from Affilia	27 (10 (10 (10 (10 (10 (10 (10 (10 (10 (10	iness Trea	sury (Busine	ess Entity	And the same of th
Date of Receipt	Is this transaction associate event reported in Section		OYes No	<i>If yes</i> , list Eve	nt #		Amount
Date of Receipt	Is this transaction associated in Section		SYes No	<i>If yes</i> , list Eve	nt#		Amount
Date of Receipt	Is this transaction associatevent reported in Section				nt #		. Amount
Date of Receipt	Is this transaction associatevent reported in Section		Yes No	<i>If yes</i> , list Eve	nt#		Amount
				тота	L SECTION	[F	
G. Amount Trans	ferred from Affilia	ted Labor U	Inion or	Other Or	ganization	Treasur	y (Organization Committees ONLY)
Date of Receipt		Date of Receipt			•	Date of Rec	ceipt
Amoui	nt	Amount					Amount
				TOTAL	SECTION	more real support and a support a support and a support a support and a support a	
							
	Personal Funds of	the Candid	ate Rece	ived this l	eriod <i>(Can</i>	didate Co	nmittees ONLY)
Date of Receipt	Method of payment:	and defense, we may a construct the construction of the constructi	and the second s	A comment of months of management of the second of the second	A company of a com	All a bassing to 1 a series and	Amount
	Cash	O Po	ersonal Chec	k C	Credit/Debit (Card	
Date of Receipt	Method of payment:	<u></u>			····		Amount
	○ Cash	O Po	ersonal Chec	sk C	Credit/Debit (Card	
Date of Receipt	Method of payment:						Amount
	Cash	O Pe	ersonal Chec	ek 🤇	Credit/Debit (Card	
Date of Receipt	Method of payment:						Amount
	O Cash	O Po	ersonal Chec	sk C	Credit/Debit (Card	
				тот	AL-SECTIO)N H	0
The control of the co		and the second s	onymous	Contribu	tions	And the commence of the control of t	

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

SEEC FORM 20 Reitsed January 2015	I. MONETARY RECEIPTS (See	ctions A—K)		rage / Or I /
NAME OF COMMITTEE (Provide Com	iplete Name as Registered with Filing Repository)		FREPORT	
Maly Posado for City Council		7th Da	y Preceding Pri	mary Filing
A second	J. Interest from Deposits in Authorized	Accounts	A second	
Name of Institution		Date Rec	eived	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Rec	eived	Amount
Street Address	City	State	Zip Code	
	TOTALS	SECTION J		
K	., Miscellaneous Monetary Receipts not Consid	ered Contribu	tions	The state of the s
Name		***************************************	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description	· · · · · · · · · · · · · · · · · · ·			
Name		Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description		<u> </u>	J	
Name	,	Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
	TOTALSECT	TIONK		
SUM	IMARY OF OTHER MONETARY RECEIPTS	(Sections D tl	rrough K)	
Total Loans Received this Period			0	
	er than Individuals or Other Committees (Section E)	+	0	
	Affiliated Business Treasury (Section F)	+ (C-+1 C) +	0	
	Affiliated Labor Union or Other Organization Treasury (s of the Candidate Received this Period (Section H)	(Section G) +	0	
	Deposits in Authorized Accounts (Section J)		0	
	Receipts not Considered Contributions (Section K)	+	0	
	Total of Other N (Add Sections D through K) (Enter total on Line 15, Column A			

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	Transmin		
Maly Rosado for City C				7th Day Preced	ing P	rimary Fil	ing
	L1. Even	t Infor	mation		A Company of the Comp	The second secon	A control of the cont
Event # Date of Event Letter	Description	-			Wa	s this a fur	ndraising event?
Location: Street Address		City			_ <u> </u>	State	Zip Code
Subpart 1: (All Committee Was this event hosted at	•	OYes O No	(If yes, go to Section L5 Associated with a Hou purchases made by host	se Party and compl	ete req	uired infor	rmation for any
	e goods or services donated by a business entity nated by an individual of up to \$100?	,	(If yes, go to Section L4 and complete required i		s not C	Considered (Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes O No	(If yes, enter Total Rece	ipts here.)	\$		
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	nittees of OYes ONo	ther than Exploratory (If yes, go to Section L3 or on a Sign and comp	Purchases of Adve			Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes ONo	(If yes, enter Total Reco	eipts here.)	\$		
Event # Date of Event Letter	Description	Acceptance of the control of the con			Wa	s this a fur	ndraising event
Location: Street Address	<u> </u>	City				State	Zip Code
Subpart 1: (All Committee Was this event hosted at	•	O ^{Yes}	(If yes, go to Section L5 Associated with a Hou purchases made by host	se Party and compl	ete req	uired infor	rmation for any
	le goods or services donated by a business entity nated by an individual of up to \$100?	O Yes	s (If yes, go to Section L and complete required		s not C	Considered	Contributions
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	O Yes	(If yes, enter Total Rec	eipts here.)	\$		
Were there purchases of sign associated with this		mittees of OYes ONo	ther than Exploratory (If yes, go to Section L3 or on a Sign and comp	Purchases of Adve			ı Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes ONo	(If yes, enter Total Reco	eipts here.)	* \$		
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fr	om Sale	of Donated Items —	This Page 0			
			Subpart 3 <i>(Town Commit</i> n Food Purchases — '		•		
		TOTAI	of additional Section	Li Pages 0			1111
	TOTAL OF ALL RECF		ROM SMALL PUI				

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMITTEE	Provide Complete Name as Registere	ed with Filing Reposito	(מר)		TYPE OF REPOR	RT		
Maly Posado for City Co					7th Day Prece	ding F	rimary Filir	ng
	L3. Purchases	s of Advertisin	ig in a Prograi	m Book or c	n a Sign			Office of the second se
Name of Purchaser						Purchase	e Made By:	
						OBus	siness Entity	Other
						OInd	ividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Sig	gn Purchase
Date Items in the second	2.7			,				
								······
Name of Purchaser							e Made By:	Other
ŧ						_	siness Entity ividual/Sole Pi	- 1
0			I c:			Oma	State	Zip Code
Street Address			City		•		Otato	Zip com
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise .	Amount of Sig	gn Purchase
			•					
Name of Purchaser				<u> </u>		Purchas	e Made By:	
						OBu	siness Entity	Other
ı						OInd	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
					•			
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise .	Amount of Sig	n Purchase
Date Received	Divin "			,	- 6			· .
					•			
Name of Purchaser							e Made By:	() Other
						-	siness Entity lividual/Sole P	•
0			City			One	State	Zip Code
Street Address			City				Blike	
							<u> </u>	<u> </u>
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purch	ase	Amount of Si	gn Purchase
Name of Purchaser		. ***		1		Purchas	se Made By:	
						OBu	siness Entity	Other
						Olno	tividual/Sole P	roprietorship
Street Address		2	City				State	Zip Code
į.								
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purch	ase	Amount of Si	gn Purchase
					_			
							· .	
	SUBTOTAL Section L3 T	otal Purchases of	Advertising in P	rogram Book	This Page C) ·		
	SUBTOTAL Secti	ion L3 Total Purc	hases of Advertis	sing on a Sign	— This Page 0)		
			TOTAL of a	dditional Sect	ion La Pages ()		
ТОТА	L OF ALL PURCHASES C	F ADVERTISIN	IG IN A PROGR Line 16c, Column	AM BOOK or	ON A SIGN)		
The second secon	the party of the second	LEGHEL TOTHE DR	with the committee					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	E (Provide Complete Name as	Registered with Filing Repo	sllory)	TYPE OF R	EPORT	An of the system	Service of the servic
Maly Rosado for City	Council			7th Day Pi	receding Pr	imary Fi	ling
	£4.	In-Kind Donatio	ns Not Consi	dered Contributions			
Vame of Donor				200			
Street Address	, , , , , , , , , , , , , , , , , , , ,		City			State	Zip Code
Donation Given By:	Description of Donation		· · · · · · · · · · · · · · · · · · ·		Fair	Market V	alue of Donation
Business Entity							
ndividual	Date Received	Event #		Aggregate Value for this Event			
Sole Proprietorship		,					· · · · · · · · · · · · · · · · · · ·
lame of Donor							
treet Address			City			State	Zip Code
Donation Given By:	Description of Donation			-	Fair	Market V	alue of Donation
Business Entity							
OIndividual	Date Received	Event #		Aggregate Value for this Event			
Sole Proprietorship					1		
Vame of Donor							
Street Address			City			State	Zip Code
			·				
Donation Given By:	Description of Donation				Fair	Market V	alue of Donation
Business Entity		•					
O Individual	Date Received	Event #		Aggregate Value for this Event	-		
Sole Proprietorship							
Vame of Donor							
Street Address			City		•	State	Zip Code
						1.	
Donation Given By:	Description of Donation				Fair	Market V	alue of Donation
Business Entity							
O Individual	Date Received	Event #		Aggregate value for this Event			
Sole Proprietorship							
				and a summer of the transport of the summer		***	
		The state of the s	OBTOTAL Sec	tion L4—This Page 0			
		ern (OTAL of additio	nal Section L4 Pages 0			
				A CONTROL OF THE CONT			
ro	TAL OF ALL IN-KIND	DONATIONS NOT	CONSIDERE	CONTRIBUTIONS			
		(Enter total on Line)	21, Column A of S	Summary Page Totals)			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (P	Provide Complete Name as Registered with Filing Rep	pository)			TYPE OF REI	PORT	
Maly Posado for City Co					7th Day Pre	eceding	Primary Filing
168	In-Kind Donations Not Conside	ered C	ontributions Associa	ted with a l	House Part	y	
Name of Host				Is this event committee?		ore than o	ne candidate or dendum L5
Street Address			City	1		State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this h	ost/candidate			
Name of Host				committee?	supporting mo OYes ON- omplete Itemize	o	ne candidate or
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this h	ost/candidate			
Name of Host		<u> </u>		committee?	supporting me OYes ON omplete Itemiza	0	ne candidate or ldendum L5
Street Address			City	<u> </u>		State	Zip Code
Description of Donation		!			Fair Mai	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events— <i>this h</i>	ost/candidate			<u>:</u>
Name of Host	- I	•		committee?	supporting m OYes ON omplete Itemiz	o	one candidate or Idendum L5
Street Address			City			State	Zip Code
Description of Donation					Fair Mai	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this I	nost/candidate •			
		- SUB'	TOTAL Section L5	This Page	0		
		Z-11	L of additional Section	A CONTROL OF THE PROPERTY OF T	0		·
TOTAL (ASSOCIATED WITH	OF ALL IN-KIND DONATIONS N A HOUSE PARTY (Enter total or		ONSIDERED CONTR. 2, Column A of Summary		0		

III. NONMONETARY RECEIPTS (Sections M—O)

Resised January 2015							npper	Annual of the second of the second	A STATE OF THE PARTY OF THE PAR	per est de la constant de la constan
NAME OF COMMITTEE (Provide Complete	Name as Reg	gistered with	Filing Repository)	A Company of the Comp		TYPE OF 7th Day		'A	nan, Gli	na
Maly Posado for City Council						/tiribay	riecedi	ng riii	nayı iii	ng
		A STATE OF THE STATE OF T	M. In-Kind C	ontr	ibutions	Annual control of the second control of the	The state of the s	A STATE OF THE STATE OF T	The second secon	The state of the s
Name										
Samuel & J.E.				Ci	fsr				State	Zip Code
Street Address					ıy					
	Date Recei	und	Aggregate Contribution	ne	Description of In-Kind	Contribution			<u> </u>	
Type of contributor: Committee Ondividual / Sole Proprietorship Oother	Date Recei	Yeu	Aggregate Contribution		Dosenpilon of In 12mm					
	If contril	bution is in	evenes of \$400 to a co	andidate	e for a chief executive of	officer of a r	municipali	tv		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does con	tributor or l	business he/she is ass	ociated	with have a contract w	ith said mur	nicipality	J,		Aarket Value
	' 	t more than			OYes ONo	oto contract		Vac	of this	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No)No		
Name										
Street Address				Ci	itv				State	Zip Code
Pricet Vittiess					ry					
	Date Recei	uad	Aggregate Contribution		Description of In-Kind	Contribution			<u></u>	
Type of contributor: Committee Ondividual / Sole Proprietorship Other	Date Recei	veu	Aggregate Controllion	113	Beautiphon of in Time	Commonica				
	If contr	ikution is ir	avenes of \$400 to a	randida	te for a chief executive	officer of a	municipa	lity.	Fair i	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	oes contributor or business he/she is associated with have a contract with said municipality alued at more than \$5,000? O Yes O No								
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	itor a principal of a sta indicate which brance inment the contract is	h or br	tractor or prospective st anches Executive		tive	Yes No		
Name										
									1.	
Street Address				C	ity				State	Zip Code
Type of contributor: Committee	Date Recei	ved	Aggregate Contributio	ns	Description of In-Kind	Contribution				
OIndividual / Sole Proprietorship OOther									•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ribution is in ontributor of at more tha	r busiņess he/she is as	candida sociate	ate for a chief executive d with have a contract Yes No	officer of a with said m	municipa unicipality	ılity,		Market Value s Contribution
Is this contribution associated with an event reported listed in Section L1?		Is contribu	itor a principal of a st indicate which brane	ch or b	tractor or prospective s		(Yes No		
If yes, list Event #		of gove	ernment the contract i	s with:	© Executive	OLegisia	aive			
	Company of the compan	The second secon	SUBTOI	'AL S	ection M — This Pa	ge 0				
	The second secon	And the second s	TOTAL of	addit	ional Section M Pag	ges 0				
TOTAL OF ALL IN-KIND CON	TRIBU	TIONS (A	Enter total on Line 23,	Colum	n A of Summary Page I	otals) 0				
	N	. Refun	dable Deposit i	to Te	lephone Compa	1 y	The second secon		The second secon	
Last Name of Individual		And the second second second second	First				М		Date Depos	it Made
					•					
Residential Street Address		:	City			State	Zip Code	I		Amor-4-F
Residential birect Address		e								Amount of Deposit
Name of Telephone Company										
Street Address			City			State	Zip Code	;		
TARS COLUMN TO THE COLUMN TO T	Pour Salant of Control of Control	And the second s				Annual Company of the				
TOTAL S	ECTION	N (Enter	total on Line 24, Co	lumn A	1 of Summary Page To	tals) 0				

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

Revised January 2015						
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository,	John Committee C	TYPE OF REPORT	And the second of the second o		
Maly Rosado for (City Council		7th Day Preceding Primary Filing			
	P. Expenses	Paid by Committee		Control of the Contro		
Name of Payee			Date of Payment	Method of Payment:		
Thomas Kenney			7/7/2019	© Check # 1004		
		City		O Debit Card OEFT State Zip Code		
Street Address		City				
55 Redding St.	·	Hartford		CT 06114		
Purpose of Expenditure	Description		Event #	Amount		
(by code) A-OTH	Graphic Design			200.00		
				_ 200.00		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required u	inless "None of the below" is	checked)			
	None of the below	ıre) 🔘 İndepen	dant			
	Coordinated with reimbursement sought (joint expenditu	ntionOAOBOCOD	,			
Name of Payee		Organiza	Date of Payment	Method of Payment:		
KTLN Web Design	ns.		7/24/2019	© Check # 1007		
-		Lean		O Debit Card O EFT State Zip Code		
Street Address		City		1 1		
P.O. Box 786		Plainville		CT 06062		
Purpose of Expenditure	Description		Event #	Amount		
(by code) W⊞B	Website Design	•		070.61		
				279.61		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below" is	checked)			
	None of the below					
	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	, —	tion OA OB OC OD			
Name of Payee		, Organia	Date of Payment	Method of Payment:		
Bank of America,	Inc		8/1/2019	Check #		
	mo.			O Debit Card O EFT State Zip Code		
Street Address		City	,			
100 North Tryon	Street	Charlotte		NC 28255		
Purpose of Expenditure	Description		Event #	Amount		
(by code) BNK	Monthly Fee		15.00			
				- 15.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required	unless "None of the below" i	s checked)			
	None of the below Coordinated with reimbursement sought (joint expending)					
	Coordinated with reimbursement sought (in-kind co		zationOAOBOCO 1	D		
Name of Payee			Date of Payment	Method of Payment:		
KTLN Web Desig	ns		8/20/19	© Check # 1006_		
	110	Ta:		O Debit Card O EFT State Zip Code		
Street Address	·	City				
P.O. Box 786		Plainville		CT 06062		
Purpose of Expenditure	Description		Event #	Amount		
(by code) W⊞	Website Design		312.94			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to	s checked)				
	None of the below Coordinated with reimbursement sought (joint expendit	ndent				
	Coordinated with reimbursement sought (joint expendit		ation OAOBOCOI			
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		SUBTOTAL Section P =	This Page 807.55			
			4070 00			
		OTAL of additional Sect	ion P Pages 1679.83			
	TOTAL OF ALL EXP	ENSES PAID RV COI	VIVI 94 N. P.			
The state of the s	(Enter total on Li	ne 19, Column A of Summar	VIIVII I E E 2487.38 v. Page Totals)			

Section P. ADDITIONAL PAGE 1 of 1

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	y)	TYPE OF REPORT				
Maly Rosado for 0	Oty Council	7th Day Preceding	Preceding Primary Filing				
	P. Expense	s Paid by Committe	e	N. S			
Name of Payee Art Feltman	Method of Payment: Check # 1005 Debit Card EFT						
Street Address		City		State Zip Code			
50 Beech Tree La	ne	West Hartford		CT 06107			
Purpose of Expenditure (by code)	Description		Event #	Amount			
PRNT	Palm Cards			361.72			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required as None of the below (does not involve another candidate or a Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continued)						
Name of Payee			Zation OA OB OC OD Date of Payment	Method of Payment: Check # 1008			
Thomas Kenney			8/21/19	O Debit Card OEFT			
Street Address		City		State Zip Code			
55 Redding St.		Hartford		CT 06114			
Purpose of Expenditure	Description		Event #	Amount			
(by code) A-SIGN	Graphic Design			125.00			
Expenditure # (if applicable)	Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						
Name of Payee		, Organi	Date of Payment	Method of Payment:			
James Woulfe		·	08/31/19	Check # 1009 Debit Card DEFT			
Street Address		City	· · · · · · · · · · · · · · · · · · ·	State Zip Code			
2 Columbia St.		Hartford		CT 06106			
Purpose of Expenditure (by code)	Description		Event #	Amount			
A-SIGN	Lawn Signs	1193.11					
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) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization A B C C D						
Name of Payee		,	Date of Payment	Method of Payment: O Check # O Debit Card O EFT			
Street Address	,	City		State Zip Code			
Purpose of Expenditure (by code)	Description		Event #	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 OA OB OC OD						
		SUBTOTAL Section P	—This Page 1679.83				
		SUBTOTAL Section P	This Page 1679.83				

IV. EXPENDITURES (Sections P—T)

Resised Janusky 2015		MI ENVERY CIRED (SV		Control of the Contro		
NAME OF COMMIT	TYPE OF REPORT	7th Day Preceding Primary Filing				
Maly Rosado for C				ig Himaiy	niiig	
A STATE OF THE PROPERTY OF THE	Q. C	ampaign Expenses Paid by		And the state of t	A second of a seco	
Name of Payce (Name of)	endor, Person or Entity who candidate paid die	Date of Payment		bursement claimed? Yes No		
Travel Bees		8/5/2019	8/5/2019 O Yes			
Street Address			State	Zip Code		
228 Stafford Pd.	•	nter	СТ	06250		
	In the		Event #		Amount	
Purpose of Expenditure (by code)	Description			150.00		
` A-OTH	Window Wrap					
Name of Payee (Name of	Vendor, Person or Entity who candidate paid di	rectly)	Date of Payment	Is rein	nbursement claimed?	
					Yes O No	
Street Address		City		State	Zip Code	
	In the		Event #		Amount	
Purpose of Expenditure (by code)	Description		•			
Name of Payee (Name of	Vendor, Person or Entity who candidate paid d	irectly)	Date of Payment	Is reimbursement claimed?		
				O Yes O No		
Street Address		City		State	Zip Code	
D CF 14	Description		Event #	_	Amount	
Purpose of Expenditure (by code)	Description	•				
					mbursement claimed?	
Name of Payee (Name of	Vendor, Person or Entity who candidate paid d	Date of Payment				
					Yes No	
Street Address		City		State	Zip Code	
	•					
Purpose of Expenditure	Description		Event #		Amount	
(by code)	Description		•			
		No.	ID 4 CDent	Is reimbursement claimed?		
Name of Payce (Name of	Vendor, Person or Entity who candidate paid a	lirectly)	Date of Payment			
				C		
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description		Event #		Amount	
(by code)	- Delivery - Control of the Control					
			Date of Payment	Ic rei	mbursement claimed?	
Name of Payee (Name of	Vendor, Person or Entity who candidate paid (directly)	Date of Paymont		_	
		·		C	· ·	
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description		Event #		Amount	
(by code)						
			Control of the American Control of the Control of t			
And the second s		SUBTOTAL S	ection Q — This Page 150.00			
			The second of th			
The state of the s		TOTAL of additi	onal Section Q Pages 0			
		L OF ALL EXPENSES PAI	DRV CANDIDATE			
The state of the s	to the second se	(Enter total on Line 26, Column A	of Summary Page Totals) 150.00			
The state of the s		The second secon	and the commence of the commen			

IV. EXPENDITURES (Sections P—T)

IAME OF COMMITT	TYPE OF REPORT	BPORT receding Primary Filing		
Valy Posado for C		ncurred on Committe	and the second s	
lame of Issuing Instit		Type of Credit Care		
······································		O Visa O M	Master Card Discover OA	American Express Other:
Name of Vendor, Person o	r Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure by code)	Description .		Event #	Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum R None of the below Coordinated with reimbursement sought (i) Coordinated without reimbursement sough	pint expenditure)	below" is checked) Independent Organization: OA OB OC	(D
Name of Vendor, Person	or Eatity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum I None of the below Coordinated with reimbursement sought Coordinated without reimbursement sough	joint expenditure)	Independent Organization	
Name of Vendor, Person	or Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
		(2)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum) None of the below Coordinated with reimbursement sought Coordinated without reimbursement sough	joint expenditure)	Independent Organization:OA OB O	c Op
		SUBTOTAL Section	Total points a final distance of the second	
		TOTAL of additiona	Section R Pages 0	
n.	OTAL OF ALL EXPENSES INCURI (Enter 1	RED ON COMMITTEE otal on Line 27, Column A of S	CREDIT CARD Summary Page Totals)	
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NAME OF COMMIT	TEE Provide Complete Name as Registered will	h Filing Repository)	a pro-th comment of the second state of the se	TYPE	OF REPORT	The state of the s		
Maly Posado for					ay Preceding	ı Primarı	/ Filina	
	S. Expenses Incur	red by Committee but Not	Paid Dui			The second section of the section o	The second secon	
Name of Creditor							Date Incurred	
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adden None of the below Coordinated with reimbursement sou Coordinated without reimbursement	ught (joint expenditure)	Independen	r. nt	в Ос Ор			
Name of Creditor						Date Incur	red	
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description		Ever	nt#			iount Incurred timate or Actual)	
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Name of Creditor						Date Incum	red	
Street Address		City				State	Zip Code	
Ourpose of Expenditure (by code)	Description		Even	t #	Amount Incu (Estimate or Ac			
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendary None of the below Coordinated with reimbursement sout Coordinated without reimbursement s	ght (joint expenditure)	below" is ched Independent Organization	i .	в Ос Ор			
		SUBTOTALS	ection S-Th	is Page	0.			
		TOTAL of addition	ial Section S	S Pages	0			
POTAL OF ALL E	XPENSES INCURRED BY COMM (I	ITTEE DURING THIS PERIO Enter total on Line 28, Column A of	D BUT NO Summary Pag	T PAID ge Totals)	0			
	Previously	reported Expenses Unpaid and	still Outsta	nding	0			
		S INCURRED BY COMMITTE inter total on Line 28a, Column A of A			0		****	

	EE (Provide Complete Name as Registered with Filing Reposito	(עיו		ТҮ	PE OF RE	PORT	American Company of the Company of t	The state of the s	
Maly Rosado for C	ity Council	7th			h Day Preceding Primary Filing				
T. Itemization of Reimbursements and Secondary Payees									
Last Name of Worker/Consultant			rst		MI			Payment to Vendor,	
Feltman			Art			1 1		Person or Entity 07/06/2019	
	r Entity Paid by Committee Worker/Consultant					n Reimburse Section P:	Committee V	Vorker/Consultant as	
Acidflyers					1 —	k # <u>1005</u>	_ () Del	bit Card OEFT	
	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
P.O. Box 1099		Safety Harbor					FL.	34695	
Purpose of Expenditure (by code)	Description		Event #				Amount		
PRNT	Palm cards						361.72) -	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir	ed i	unless "None of the below"	is checked)					
	None of the below								
	Coordinated with reimbursement sought (joint expe	ndit	· · · · · · · · · · · · · · · · · · ·	ndent O	\circ	0_0			
Last Name of Worker/Con-		_	○ Organi	zation: o A	ово		Detecto	ayment to Vendor.	
Woulfe	RUKAJR	Fin				MI	Person or	Entity	
		Jue	ames				08/31	/2019	
	Entity Paid by Committee Worker/Consultant				Payment to reported in		Committee V	Vorker/Consultant as	
Signs.com				ŕ		k# <u>1009</u>	() Deb	oit Card OEFT	
1	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code	
1550 South Gladio	laSt.	Salt Lake City					υT	84104	
Purpose of Expenditure (by code)	Description			Event #				Amount	
(a) COULCY A-SIGN	Lawn signs						1193.1	1	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed u	inless "None of the below" i	is checked)	•••			`	
(g approximate)	None of the below		_						
	Coordinated with reimbursement sought (joint expension Coordinated without reimbursement sought (in-kind	ndita con		ndent O	\bigcirc \bigcirc \bigcirc	C o D			
Last Name of Worker/Cons	vultant	Fir	st			MI		ayment to Vendor,	
							Person or	Entity	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u> </u>			Payment to	Reimburse	Committee W	/orker/Consultant as	
					reported in	Section P:	_		
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	_	City	<u> </u>	C Chec	к#	_ O Deb	it Card CEFT Zip Code	
Purpose of Expenditure	Description		· · · · · · · · · · · · · · · · · · ·	Event #					
(by code)	- Description		,	Even #				Amount	
F 31									
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed u	nless "None of the below" is	s checked) -					
	None of the below Coordinated with reimbursement sought (joint exper	ditu	re) 🔘 Indeper	ndent 🙃					
	Coordinated without reimbursement sought (in-kind		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	ration: o A	ов о	СОР			
		S	UBTOTAL Section T -	- This Pag	e 1554	1.83			
		TO	TAL of additional Secti	on T Page	0				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VΟ	RKERS AND CONS	ULTANT	S 1554	l.83			
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