Page 1 of 17

SEEC FORM 20

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

TOWN & CITY CLERK

2019 JUL -9 PH 4: 11

Do Not Mark in This Space For Official Use Only

	COVE	R PAGE ∅′		
1. NAME OF COMMITTEE				
James Jimmy Sa	anchez for City Council			
2. TREASURER NAME				
First	МІ	Bilodeau		Suffix
3. TREASURER ADDRESS			The second secon	
Street Address 97 Roslyn Street	City	tar-Hard	State	Zip Code 06/06
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11/05/2019	City Council			(if applicable)
7. CANDIDATE NAME (Complete only if		T	7. N. (Paris N. Americano) (1972) (19	Suffix
James Jimmy	MI B	Sánchez	,	Julix
8. TYPE OF REPORT (Check One Box)	Control of the Contro			
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Cont	ribution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	☐ Amendmen	
July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Rep	
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination		
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November		e e	
9. PERIOD COVERED				
	Beginning Date	Ending Date		
	April 1, 2019	thru <u>June 30, 20</u>	019	
10. CERTIFICATION				
I hereby certify and state, under policional periods and states and states are periods.	penalties of false statement, that priod covered is true, accurate	all of the information set forth on the and complete.	is Itemized Ca	mpaign Finance
Kelly Bilo	er (SIGNATURE) PRI	Kelly Bilodeau nt name of signer		07/07/2019 DATE (mm/dd/yyyy)
			And the second s	
A person who is	found to have knowingly and w faces a civil p	villfully violated any provisions of th enalty or imprisonment or both.	e campaign fin	ance statutes

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) James Jimmy Sanchez for City Council	TYPE OF REPORT	
James Jimmy Sanghez for Gry Council	COLUMN A	COLIBAIA
	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 		
12. Balance on hand at the beginning of Reporting Period	\$2370,00	
13. Contributions Received from Individuals (Sections A and B)	#3270.00	# 3515,00
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		# 125,00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	#3270.00	#5640.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$5640.00	\$5640.00 \$5640.00
19. Expenses Paid by Committee (Section P)	# 586.15	# 586.15
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	# 5053.85	\$5053.85
21. In-Kind Donations not Considered Contributions Received (Section L4)	#94.65	\$ 94.65
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		
	<u> </u>	And the second s

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
James Jimmy Sanchez for City Council	July 10
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 860.00
B. Itemized Contributions from Indivi	duals
Alam Pirsi Nurul	Mi
Residential Street Address 5 Liberty Hill Wether Stiel	d State Zip Code O6109
Principal Occupation Duner Name of Employer Citro Nur	al Enterprises LLC
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	with said municipality
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective statement reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective statement reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective statement reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective statement reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective statement reported in Section L1?	e contractor? Yes \\ \text{\text{\$\sigma}\ No}\\ \text{\$\text{\$\sigma}\ So, \text{\$\}\$}}}\$}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tinct{\$\text{\$\text{\$\
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order ○ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Aggregate Contributions
Last Name First Jason	MI N
Residential Street Address City Manchester 107 Wellman Rd Manchester	State Zip Code O6040
Principal Occupation Name of Employer State of	OCT
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	
Is this contribution associated with an event reported in Section L1? No If yes, list Event # COOO A In No If yes, list Event # COOO A Executive	tte contractor?
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 06/20/19	Aggregate Contributions #60,00
Di Bella Donna	MI
Residential Street Address 11 OHerbrook Drive Old Saybro	ook State Zip Code OG 475
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract yalued at more than \$5,000?	t with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06201914 Is contributor a principal of a state contractor or prospective state of government the contract is with: Is contributor a principal of a state contractor or prospective state of government the contract is with:	te contractor?
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Ob/20/19	Aggregate Contributions #200.00
SUBTOTAL Section B — This	Page # 410.00
TOTAL of additional Section B	Pages \$ 2.000.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page	

NAME OF COMMITI	TEE <i>(Provide Complete Na</i> n s Jimmy Sanchez fo	ne as Registered wi It City Counc	ili Filing Reposito	לעמ			TYPE OF REPORT	(SUSERSS)SUSER	
Jaine		Ci. C	ontribution	s fr	om Otl	er Commi			
Name of Committee				t with the training		Name of Treasur			
Address		***************************************		Is the	nis contribution nt reported	ntion associated in Section L1? If yes, list	with an ☐ Yes ☐ No	Amount of	Contribution
City		State	Zip Code	<u>L</u>	Date Receive		Aggregate Contributions	4	
City		Biaco	Zip Code						
Name of Committee						Name of Treasur	er		
Address				T - 41		tion aggrafator	Luyth on 57 Vec 57 No	Amount of	Contribution
Audivas				eve	nt reported	in Section L17 If yes, its	lywith an □ Yes □ No tEvent#		
City		State	Zip Code]	Date Receiv	ed	Aggregate Contributions		
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City		State	Zip Code	7	Date Receiv	ed	Aggregate Contributions	1	
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Name of Committee						Name of Treasu	ICI		
Address		/			City			State	Zip Code
Date Received	Expenditure #	Payment Type			<u></u>			Amoun	of Receipt
Date Received	(if applicable)	Reimbursem	out for abord o		Te.	enlua Diotributi	on	Antoun	of Receipt
		Reinfoutsem	en ioi shareu e	kpeas	e	ipius Distributi			
Description									
Name of Committee		/ -	A.m. m.			Name of Treasu	rer	•	
	/								
Address					City			State	Zip Code
Date Received	Expenditure # / (if applicable)	Payment Type						Amoun	t of Receipt
	7	☐ Reimburse	ement for shared	expe	ense 🛚	Surplus Distrib	ution		
Description		<u> </u>				***************************************			
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Control of November 1997 (Control of November 1997) Control of Novembe					ed /dokvatila	Section C			
	TOTAL OF AI (Sections C	LL COMMIT 1 + C2) (Enter						. ———	· - ···
		_							

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
James Jimmy Sanchez for City Council		July 10	
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) S	ed this Period ONLY UBTOTAL SECTION A	s 860.00	
B, Itemized Cor	tributions from Indivi	duals	VALUE OF COMMENTS
Last Name	First		MI
Vargas	Edwin		
Residential Street Address 141 Douglas Street	City Hartford	Š	Zip Code
Principal Occupation	Name of Employer	Connection	114
Is contributor a lobbyist, spouse,	o a candidate for a chief executiv		Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			\$100.00
event reported in Section L1? No If yes, indicate which bran		e contractor?	4P/ 00.00
Method of Contribution: Method of Contribution: Obau M14 of government the contract	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	1 / / -	#200.00	
Last Name Cri Stofaco	First Victor		MI
Residential Street Address	City 1. 11.11	S	ate Zip Code
87 Barry Mace	Rocky Hill	I(T 06067
Principal Occupation Principal	Name of Employer City of	- Hartford	4
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 t does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution \$\mathcal{B}/00.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062019A Is contributor a principal of a s If yes, indicate which brar of government the contraction.		te contractor?	77 700.00
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Date Received	Aggregate Contributions #350.00	
Last Name	Order 06/20/19	4P 430.00	М
Calafiore	Joseph		Ĩ"A
Residential Street Address 82 Sycamore Road	West Hart	od s	tate Zip Code 7 06/17
Principal Occupation	Name of Employer A/C & Ox	struction	Co. Inc.
Is contributor a lobbyist, spouse,	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	707 77	Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she yalued at more than \$5,000?			\$ 100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 0620194 Is contributor a principal of a s If yes, indicate which bran of government the contract		e contractor? ☐ Yes ☐ No ☐ Legislative	π / σ σ σ
Method of Contribution:	Date Received	Aggregate Contributions	
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order 06/20/19	\$100.00	
SUBT	OTAL Section B — This	Page #3	00.00
TOTAL	of additional Section B I	Pages # 2.	11-000
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	UNDIVIDUALS (Sections / 3, Column A of Summary Page	1+B) #32	70-00

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Section B ADDITIONAL PAGE 2 of 6

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposite	(עניי	TYPE OF REPORT	
James Jimmy Sanchez for City Council		July 10	
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	ceived this Period ONLY SUBTOTAL SECTION A	\$ 860.0	0
B. Itemized	Contributions from Indi	viduals	
Last Name	First		MI
Residential Sucet Address	City		State Zip Code
11 Farmingdale Road	Wolhersfield	\mathcal{L}	CT 06/09
Principal Occupation	Name of Employer	10101	
Manager	Costa D		aurant
	\$400 to a candidate for a chief execu e/she is associated with have a contro ☐ Yes ☑N	ect with said municipality	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal Is contributor a principal If yes, indicate which of government the contributor as principal Is contributo	of a state contractor or prospective s h branch or branches ontract is with:	tate contractor?	#200.00
Method of Contribution:	Date Received	Aggregate Contributions	_
☐ Cash		\$200.00	
Nadal Nadal	Jacqueli	ne	MI
Residential Street Address 370 Freeman Street	City		State Zip Code OG/06
Principal Occupation	Name of Employer		
Team Leader	bank of	America	
	\$400 to a candidate for a chief execu e/she is associated with have a coptra Yes	et with said municipality	#100.00
	l of a state contractor or prospective solution or branches contract is with:	ve Legislative	4700.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ M	Aloney Order Date Received 0 4 1 3 19	Aggregate Contributions	
Last Name	First		MI
Residential Street Address 3 Linden Place Unit A	City Hactford		State Zip Code O6/06
	Name of Employer		
Executive Director		• • • • • • • • • • • • • • • • • • • •	Hliance
· · · · · · · · · · · · · · · · · · ·	\$400 to a candidate for a chief execu- te/she is associated with have a control Yes Z/ N	act with said municipality	Amount of Contribution #, 150,00
l	of a state contractor or prospective sh branch or branches ontract is with:	state contractor?	77 / 2
Method of Contribution:	Money Order 04/30/19	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ N			
	UBTOTAL Section B — Th		0,00
TO	TAL of additional Section I	3 Pages # 19 (0,00
TOTAL OF ALL CONTRIBUTIONS F (Enter total on	ROM INDIVIDUALS (Section Line 13, Column A of Summary Pa		10.,00

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	E (Provide Complete Name as Registered with Filing Repositor	y)			TYP	E OF RE		200	
Ja	mes Jimmy Sanchez for City Council				1	July	10		
	T. Itemization of Reiml	ursen	ients and S	econda	iry Pay	ees 1		ilio (alconos)	
Last Name of Worker/Cons		First			<u> </u>		MI	Date of F Person o	Payment to Vendor, r Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					reported in	Section P:		Worker/Consultant as
						☐ Chec	k#		bit Card
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City				and the second		State	Zip Code
Purpose of Expenditure (by code)	Description	•		E	vent#				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed unless	"None of the b	elow" is o	(hecked)				
(g upprictions)	☐ None of the below ☐ Coordinated with reimbursement sought (joint expe ☐ Coordinated without reimbursement sought (in-kind	nditure)	I	Independe	ent	о В о	$\mathbf{C} \circ \mathbf{D}$		
Last Name of Worker/Cons	ultaut	First					MI	Date of I Person o	Payment to Vendor, r Entity
		L	/_						
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant						Section P:		Worker/Consultant as
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City	/		<u>_</u>			State	Zip Code
Purpose of Expenditure (by code)	Description	/		E	vent #	•			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expe	nditure)		Independ	ent	о В о	СОР		
Last Name of Worker/Cons	ultant	First					Mi	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					reported in	Section P:		Worker/Consultant as
g	, , , , , , , , , , , , , , , , , , ,	1				☐ Chec	:K #		bit Card
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City						State	Zip Code
Purpose of Expenditure (by code)	Description	•		E	vent#				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	nditure)		Independ	ent	ов о	СОВ		
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		тота	L of additiona	il Sectio	n T Page	2 S			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	vork	ERS AND C	ONSU	LTANI	S			
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Section B ADDITIONAL PAGE 3 of 6

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
James Jimmy Sanchez for City Council		July 10	
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$ 860.00	
B, Itemized Co	ntributions from Indivi	duals	
Last Name Wolfson	John		M
1 Constitution Plaza Ste 900	City Harford	C S	tate Zip Code T O6/03
Principal Occupation A Horney	Name of Employer Feiner	Wolfson	LLC
Is contributor a lobbyist, spouse, / Or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution #250,00
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which brain of government the contract.		e contractor?	\$050,00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 06/17/19	Aggregate Contributions	
Redd II	First		MI
264 Whitney Street	City Hartford	S	iate Zip Code 75 06/05
Transportation Professional	Name of Employer	New Lon	don
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra		te contractor?	#100.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 04/19/19	Aggregate Contributions \$\int 100.00	
Griffith - Dunn	Pirst Cherie	•	MI
Residential Street Address 185 Ridgefield Street	City Har-Hord	S	tate Zip Code T 06/12
Principal Occupation Manager	Name of Employer Bank o	f Americ	ia.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lifyes, indicate which bra of government the contract.		te contractor?	\$100,00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 04/21/19	Aggregate Contributions \$100.00	
SUBT	OTAL Section B — This	Page \$ 45	0,00
TOTA	of additional Section B I	Pages # 196	0,00
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections) 13, Column A of Summary Page	A+B) # 32	70,00

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Section B ADDITIONAL PAGE _____ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor))	TYPE OF REPORT
James Jimmy Sanchez for City Council		July 10
A. Total Contributions from Small Contributors-Reco	eived this Period ONLY SUBTOTAL SECTION A	\$ 860.00
B. Itemized (Contributions from Indivi	duals
Last Name Forfara	First John	™ W
Residential Street Address 99 Montowese Street	Hartford	State Zip Code CT 06/14
Principal Occupation	Name of Employer	Sign LLC
	00 to a candidate for a chief executive she is associated with have a contract	re officer of a municipality, Amount of Contribution with said municipality
	f a state contractor or prospective sta oranch or branches	te contractor?
Method of Contribution:	Date Received	Aggregate Contributions
☐ Cash	ney Order 06/20/19	#100.00
Last Name Call	First	MI
Residential Street Address	City 14 CHF of	State Zip Code
6 Cone Street Principal Occupation	Name of Employer	C7 06/05
Attorney	Se 1.f	
	00 to a candidate for a chief executive she is associated with have a contract \[\sum_{\text{Yes}} \] Yes	with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which of government the core		te contractor?
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	ney Order 06/30/19	Aggregate Contributions # 100.00
Last Name	First	MI
Habesch Residential Street Address	Najib	
101 Highland Greet	Weshersfield	State Zip Code O6/09
Principal Occupation Engineer	Name of Employer	roup
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	00 to a candidate for a chief executive she is associated with have a contract	ve officer of a municipality, Amount of Contribution t with said municipality
valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? No If yes, indicate which I of government the contributor aprincipal of government the government the government the government the gover	f a state contractor or prospective sta branch or branches	te contractor?
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mo	ney Order 06/2-0/19	Aggregate Contributions # 100.00
SU	BTOTAL Section B - This	Page # 300.00
ТОТ	AL of additional Section B	Casal Andrews Control
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on LI	OM INDIVIDUALS (Sections ne 13, Column A of Summary Page	

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		вый пригод сербору на выдо салам продукти
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Section B ADDITIONAL PAGE _5 of _6_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
James Jimmy Sanchez for City Council		July 10	
A. Total Contributions from Small Contributors-Receive (See Instructions for definition of Small Contributor) S	ed this Period ONLY UBTOTAL SECTION A	\$ 860,00	
B. Itemized Con	tributions from Indivi	duals	
Last Name Ward	Pirst Devaugh	ın.	MI)_
Residential Street Address 400 Cold Spring Rd	Rocky Hill		State Zip Code 06067
Principal Occupation Altorney	Name of Employer Ward Le	aw LLC	1
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			
	tate contractor or prospective stat	e contractor?	- \$ 100.00
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Date Received	Aggregate Contributions	-
Last Name	First	,	MI,
Walker	Tyrone		I V
343 Fairfield Avenue	Har Hard		State Zip Code 06/14
Principal Occupation Quality Manager	Name of Employer Patt +	Whitney	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 00201919 Is contributor a principal of a s If yes, indicate which bran of government the contrac		te contractor? Yes No	7 00.00
Method of Contribution: ☐ Cash ☐ Payroll Deduction ☐ Money ☐ Cash ☐ Ca	Order 06/20/19	Aggregate Contributions	-
Last Name Verrengia	First Michael		MI
	Wethersheld)	State Zip Code CT 06109
Principal Decupation	Name of Employer Har Har	& Police	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 0620194 Is contributor a principal of a significant which bran of government the contract		e contractor? Yes	\$100,00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 06/20/19	Aggregate Contributions	
SUBT	OTAL Section B — This	Page # a	50,00
TOTAL	of additional Section B I	Pages # 21	60.00
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sections 4 3, Column A of Summary Page		70.00

			•
	3.4° .		

Section B ADDITIONAL PAGE 6 of 6

NAME OF COMMITTEE (Provide Complete Name of	as Registered with Filing Repository)			TYPE OF REPORT		
James Jimmy Sanchez fo	or City Council			July 10		
A. Total Contributions from Sm (See instructions for definition of Small Co		**************************************	IS Period ONLY OTAL SECTION A	\$ 860,00		
	B. Itemized Con	tribu	itions from Indivi	duals		
Hollander		Fire	"Ross			MI
Residential Street Address 7 Kenssington	Park	City	Bloomfiel.	d	State	2ip Code 06 002
Principal Occupation EXECUTIVE	,		Name of Employer Hartford	())istribu	fors	Inc.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she i		iated with have a contract	e officer of a municipality	, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?				e contractor?	#.	250.00
If yes, list Event#	of government the contract	is with		☐ Legislative	_	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Care	d □ Payroll Deduction □ Money	Order	Date Received 04/01/19	Aggregate Contributions #250.00		
Last Name	i de la companya de l	Firs	st			MI
Residential Street Address	i c	City		. App. Marke	State	Zip Code
Principal Occupation	1		Name of Employer			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to	0.0.000	didata for a chiaf avacutive	o officer of a municipality	/ A.m.s	unt of Contribution
or dependent child of a lobbyist?	does contributor or business he/she i valued at more than \$5,000?				Amo	unt of Contraduction
Is this contribution associated with an Yeevent reported in Section L1? No. If yes, list Event #		ich or t	oranches	te contractor? Yes No Legislative		
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Care	d □ Payroll Deduction □ Money	Order				
Last Name		Fir	st			MI
Residential Street Address		City			State	Zip Code
Principal Occupation	1		Name of Employer		<u> </u>	1
or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #		ich or t	oranches	te contractor?		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Car	d □ Payroll Deduction □ Money	Order	Date Received	Aggregate Contributions		
	SUBI	ŌТА	⊥ L Section B — This	Page \$2	50.	00
	TOTAL	ofac	lditional Section B I	Pages #2	160.	00
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections a num A of Summary Page		270	.00

			,

NAME OF COMMITTEE Provide Complete Name as Registered with F	iling Repository)		1	YPE OF	REPORT	
James Jimmy Sanchez for City Council					ely 10	
${f D}$. Loans Rec	eived this Period			vilvioski seliciške Niedinović	11 (1 Mars 1 mars 1 provided (1 mars 1 mars
Name of Lender	***************************************	Source of Loan:				Date of Receipt
		☐ Bank ☐ Car	ndidate 🔲 🛚	Individual	☐ Other 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 Car	ndidate 🔲 1	Individual	Other Committee	Date of Receipt
Street Address	City ,			State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)	<u> </u>		/		•	Amount Received
Street Address	City			State	Zip Code	
Name of Lender	.i	Source of Loan:	ndidate 🔲	Individua	Other	Date of Receipt
Street Address	City		1	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	
		TOTAL SECT	TION D			
E. Receipts from Entities other tha	n Individua	ils or Other Com	mittees	(Referen	dum Committe	es ONLY)
Street Address			Date Re	ceived		Amount Received
City	State	Zip Code	Aggreg	ate Contrib	outions	
Name of Entity						·
Street Address			Date Re	ceived	70	Amount Received
City	State	Zip Code	Aggreg	ate Contrib	outions	
Name of Entity	ı	L	l			
Street Address			Date Ro	cceived		Amount Received
City	State	Zip Code	Aggreg	ate Contrib	outions	
		TOTAL SEC	IION E	VIII		

NAME OF COMMITTEE #	rovide Complete Name as Registered	with Filing Repository)		TYPE OF REPO	
J	ames Jimmy Sanchez for	City Council		July	10
F. A	mount Transferred fro	m Affiliated Bu	siness Treasury (Business Entity Comm	
Date of Receipt	Is this transaction associated event reported in Section L1		If yes, list Event#		Amoust
Date of Receipt	Is this transaction associated event reported in Section L1		If yes, list Event #		Amount
Date of Receipt	Is this transaction associated event reported in Section L1		If yes, list Event#		Amount
Date of Receipt	Is this transaction associated event reported in Section L1		If yes, list Event #		Amount
			TOTAL SEC	TION F	
					The Countries ONEV
		te of Receipt	ryOther Organiza	Date of Receipt	ganization Committees ONLY)
Date of Receipt	Dal	o or recorpt		2300	
Amo	ount	A	rmount		Amount
			TOTAL SECT	ION G	
	I. Personal Funds of th	e Candidate Rec	served this Period	(Canalaate Committ	Amount
Date of Receipt	Method of payment:	☐ Personal Ch	eck	/Debit Card	
Date of Receipt	Method of payment:	☐ Personal Ch	eck 🗆 Credit	/Debit Card	Amount
Date of Receipt	Method of payment:	☐ Personal Ch	neck	/Debit Card	Amount
Date of Receipt	Method of payment:	☐ Personal Ch	neck 🔲 Credit	/Debit Card	Amount
			TOTALS	ECTION H	
L	<u>/</u> 		Suprember 2 minutes (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986)		
		I. Anonymo	us Contributions		
amo	Per Public Act 11-48, And the committee remains the committee remains the committee of the commediately remit the comments and the comments are comments are comments and the comments are comments are comments are comments are comments are comments.	eceives an anony contribution to t	ymous contributi	on, the campaign as Enforcement C	treasurer shall

NAME OF COMMITTEE (Provide Complete i		1	TYPE OF	REPORT	
James Jimmy Sa	nchez for City Council		Ju	40	
	J. Interest from Deposits in Authorize	ed Accounts	S		
Name of Institution			Date Recei	ved	Amount
Street Address	City	Sta	ite	Zip Code	
Name of Institution]	Date Recei	ved	Amount
		$\sim 10^{-3}$			
Street Address	City	Sta	ate	Zip Cođe	
	ТОТА	LSECTION	j /	/	
	liscellaneous Monetary Receipts not Cons	sidered Con	y	of Transaction	
Name			Date	or transaction	Amount Received
Street Address	City		State	Zip Code	
Description	1	/	1		•••
Name			Date	of Transaction	Amount Received
A 11			State	Zip Code	
Street Address	City		Otate	Zip Code	
Description				<u>l</u>	
•					
Name			Date	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			<u></u>		
Description					
Name			Date	of Transaction	Amount Received
Street Address	City	***	State	Zip Code	
Description					
	TOTAL SE	CTIONK	(2) 200 200 200 200 200 200 200 200 200 2		
SUMMA	RY OF OTHER MONETARY RECEIP	TS (Section	s D thi	ough K)	
Total Loans Received this Period (Se		The second secon			
, , , , , , , , , , , , , , , , , , ,	/				
/	an Individuals or Other Committees (Section E)		+		Mr.
Total Amount Transferred from Affil	liated Business Treasury (Section F)		+		
Total Amount Transferred from Affil	liated Labor Union or Other Organization Treasur	ry (Section G)	+		
Total Amount of Personal Funds of the	he Candidate Received this Period (Section H)		+		
	sits in Authorized Accounts (Section J)		+		- 11
	pts not Considered Contributions (Section K)	h+12	+		
Total Princellancous Professing Receip		Massim		16	
(Add	Total of Other Sections D through K) (Enter total on Line 15, Cultum				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) James Jimmy Sanchez for City Council		TYPE OF REPORT	
	Information	JWY	
			Was this a fundraising event? ✓ Yes ☐ No
Event # Date of Event Letter O(2019 A Meet and Greet Furx Location: Street Address 161 Franklin Avenue	City Hartford		State Zip Code OG/14
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5	se Party and complete	required information for any
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 Land complete required in No		ot Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Reco	eipts here.)	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nittees other than Exploratory Yes (If yes, go to Section Lagrand or on a Sign and comp	3 Purchases of Advertis	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Rec	eipts here.)	\$
Event # Description Date of Event Letter			Was this a fundraising event? ☐ Yes ☐ No
Location: Street Address	City	•	State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	☐ Yes (If yes, go to Section L: Associated with a Hor purchases made by hos ☐ No	5 In-Kind Donations nuse Party and complete t(s) for food, beverage a	required information for any
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 L and complete required ☐ No		of Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Rec	ceipts here.)	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Community Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	☐ Yes (If yes, go to Section L	Committees) 3 Purchases of Advertiplete required informa	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Rec	reipts here.)	\$
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts for	rom Sale of Donated Items —	This Page	
	tion L1—Subpart3 <i>(Town Comm</i> eipts from Food Purchases —		
	TOTAL of additional Section	n Li Pages	
TOTAL OF ALL RECI	EIPTS FROM SMALL PU n Line 16n, Column A of Summar	RCHASES y Page Totals)	

	ublic Act 11-48, effect Il purchases from a con							
NAME OF COMMITTEE	(Provide Complete Name as Registere	ed with Filing Reposito	ry)		TYPE OF REPOR	RT		
	James Jimmy Sanchez fo		· · · · · · · · · · · · · · · · · · ·			10		
			ig in a Prograi	n Book or a				
Name of Purchaser						Purchas	se Made By:	garannanga dipanting bilang KAN
					//	☐ Bu	siness Entity	Other
						☐ Inc	lividual/Sole Pi	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	gn Purchase
Name of Purchaser				L		Purchas	se Made By:	W6
						□Bu	siness Entity	☐ Other
							lividual/Sole Pi	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	gn Purchase
Name of Purchaser		'				Purchas	se Made By:	
						□Bu	isiness Entity	☐ Other
						☐ Inc	dividual/Sole P	roprietorship
Street Address	/		City				State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ıse	Amount of Sig	gn Purchase
Name of Purchaser	' / / 		-	<u> </u>		Purcha	se Mađe By:	
	/					□Ви	isiness Entity	☐ Other
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/					☐ Inc	dividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ase	Amount of Sig	gn Purchase
Name of Purchaser	<u> </u>					Purcha	se Made By;	
THE OF THE OTHERS						l	isiness Entity	Other
/	/					I —	dividual/Sole P	
Street Address			City			L	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ase	Amount of Si	gn Purchase
,	The second secon			:				
	SUBTOTAL Section L3 T	otal Purchases of	Advertising in P	rogram Book	—This Page	<u>.</u>		
And Annual Called the Parties of the Called	SUBTOTAL Secti	ion L3 Total Purc	chases of Advertis	ing on a Sign	This Page			
			TOTAL of a	dditional Sect	ion La Pages			
TOTA	L OF ALL PURCHASES O		NG IN A PROGR. Line 16c, Column					

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTE	E. (Provide Complete Name as Register	ed with Filling Repository)	70	TY	PE OF REPORT		
Jan	nes Jimmy Sanchez for City	Council			July 10		
	L4. In-K	ind Donations N	ot Consider	ed Contributio	ns		
Name of Donor Har-Hore	d's Pizza anklin Avenu						
Street Address	1.15		City	, D 1		State	Zip Code
161 Fr	anklin Aveni	le	Har	ford		CF	06/14
Donation Given By:	Description of Donation	10	1.			Fair Market Val	ue of Donation
Business Entity	fizza a	na soa	- a-	******		\$94.6	5
☐ Individual ☐ Sole Proprietorship	Date Received OG/20/19	Event # 062019	BA	Aggregate Value for thi	s eveni i		
Name of Donor	,						
Street Address			City	*		State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair Market Val	ue of Donation
☐ Individual	Date Received	Event #		Aggregate Value for the	is Event		
☐ Sole Proprietorship							
Name of Donor							
Street Address		,	City			State	Zip Code
Donation Given By:	Description of Donation		L	120-11-		Fair Market Val	ue of Donation
☐ Business Entity							
☐ Individual	Date Received	Event #		Aggregate Value for th	is Event		:
☐ Sole Proprietorship							
Name of Donor	-			-			
Street Address			City			State	Zip Code
Street Address			City			State	Lip code
Donation Given By: Business Entity	Description of Donation					Fair Market Va	ue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value for the	is Event		
		SUBTO	TAL Section	L4—This Page	\$ 9	14.65	
		TOTAL	of additional	Section L4 Pages		04.65	
TO	TAL OF ALL IN-KIND DON	ATIONS NOT CON total on Line 21, Col			# 9	4.65	,
	(H) AS				<u> </u>		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Prov	ide Complete Name as Registered with Filing Reposito			TYPE OF REI	PORT	
	James Jimmy Sanchez for City Cou			July	<u> </u>	
L5. l	n-Kind Donations Not Considere	d Contributions Associa	ited with a H	louse Part	y	
Name of Host			committee? [)	e candidate or endum L5
Street Address		City	1		State	Zip Code
					-,-	
Description of Donation			/	Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate/			
Name of Host		/	committee?)	e candidate or endum L5
Street Address		City	1		State	Zip Code
						-
Description of Donation				Fair Mar	ket Value o	f Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			
Name of Host			committee?		o	e candidate or endum L5
Street Address		City	<u>i</u>		State	Zip Code
	/	′				
Description of Donation				Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this li	ost/candidate			
Name of Host			committee?		Ö	e candidate or
Street Address		City	1 37,00,00		State	Zip Code
Description of Donation				Fair Mar	ket Value (of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			
	S	UBTOTAL Section L5 —	This Page			
	То	TAL of additional Section	ı L5 Pages			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Lin	CONSIDERED CONTRI ne 22, Column A of Summary				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete I	Name as Registered with F	iling Repository)		TYPE OF REPO		ent and a property	75.77 (AND) 75.67 (AND) 75.67
James J	immy Sanchez fo			July	10		
		M. In-Kind Cont	ributions	7.1.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7			
Name							
Street Address			Sity			State	Zip Code
Street Address			···· <i>y</i>				
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind (Contribution			<u> </u>
☐ Individual / Sole Proprietorship ☐ Other							
Is contributor a lobbyist, spouse,	If contribution is in e	excess of \$400 to a candida	te for a chief executive o	fficer of a munic	ipality,		
or dependent child of a lobbyist?	does contributor or by valued at more than	ousiness he/she is associated \$5,000?	i with have a contract wi ☐Yes ☐No	th said municipal	lity		Iarket Value Contribution
Is this contribution associated with an	Yes Is contribu	tor a principal of a state cor	ntractor or prospective sta	ate contractor?	□Yes		
event reported in Section L1? If yes, list Event #		indicate which branch or b mment the contract is with:		∕ ☐Legislative	□No		
Name							
. Company							
Street Address		[0	City			State	Zip Code
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind	Contribution			
☐ Individual / Sole Proprietorship ☐ Other	1		1/		I		***************************************
Is contributor a lobbyist, spouse,	If contribution is in does contributor or	excess of \$400 to a candid business he/she is associate	late for a chief executive ed with have a contract v	officer of a mun vith said municip	icipality, ality		Market Value Contribution
or dependent child of a lobbyist? \(\square\) No	valued at more than	n \$5,000?	∕ □ Yes □ No				
Is this contribution associated with an event reported in Section L1?	☐ Yes Is contribu☐ No If yes.	tor a principal of a state coi indicate which branch or b	ntractor or prospective st pranches	ate contractor?	□Yes □No		
If yes, list Event #		rnment the contract is with		☐ Legislative			
Name							
		/	City	.#/-	2000	State	Zip Code
Street Address		/ [ÇIÇ Y				
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution			<u></u>
☐ Individual / Sole Proprietorship ☐Other		~ /					
Is contributor a lobbyist, spouse, Yes	If contribution is in	n excess of \$400 to a candid	late for a chief executive	officer of a mun	icipality,		Market Value
or dependent child of a lobbyist?	does contributor or valued at more tha	r business he/she is associat n \$5.000?	ted with have a contract v	with said municip	ality	of thi	s Contribution
Is this contribution associated with an	Yes Is contribu	tor a principal of a state co	ntractor or prospective st	ate contractor?	∐Yes		
event reported listed in Section L1? If yes, list Event #	☐ No If yes,	indicate which branch or i	branches	☐ Legislative	□ No		
y yes, hat byont #		<i></i>	Section M — This Pa				
The state of the s	//	TOTAL of addi	tional Section M Pag	es			
TOTAL OF ALL IN-KIND COM	NTRIBUTIONS (Enter total on Line 23, Colu	mn A of Summary Page T	otals)			<u>.</u>
	N Defun	dable Deposit to T	elephone Compa	n v			
Last Name of Individual	/ /	First		and the second s	МІ	Date Depos	sit Made
Past Manie of High Man	/	1					
Residential Street Address		City		State Zip	Code		
Trongolium Direct Function	/						Amount of Deposit
N. CT.L. C.	/				·	\dashv	
Name of Telephone Company	/						
		Lov		State Zip	Code	_	
Street Address		City		Diano Zip	Jugo		
				N. (100 to 100 t	1.P		
TOTALS	ECTION N (Enter	total on Line 24, Column	A of Summary Page To	tals)			

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

	TE (Provide Complete Name as Registered with Filing Repository) Nes Jimmy Sanchez for City Council	TYPE OF REPORT		
Jai	P. Expenses Paid by Committee	LJWYID		
Name of Payee	. Exponses rate vy Committee	Date of Payment	Method of Payment:	
Budget Street Address ()	Printers & Embroiderers	04/19/19	☐ Check # ☐ Debit Card ☐ EFT State Zip Code	
~	Park Street Hartford		CT 06106	
Purpose of Expenditure (by code)	Description Black Tok Stamp - Campaign	#	Amount \$ 31.85	
	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checke	ed)	A 21.00	
() .21	☑ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: O	AOBOCOD		
Name of Payee LAZES	Graphic LLC	Date of Payment 05/24/19	Method of Payment 99 Check # 99 Debit Card DEFT	
Street Address	nden Avenue Hamden		CT Zip Code CT 06518	
Purpose of Expenditure (by code) A - Web	Online Contribution Link Design Events	#	Amount \$50.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checke None of the below	ad) А о В о С о D	4/30/00	
Name of Payee Wutshe		04/05/19	Method of Payment: ☐ Check.# ☐ Debit Card ☐ EFT	
	ite Street Hartford		State Zip Code CT 06114	
Purpose of Expenditure (by code) FOOL)	Description FOOD Catering - Fundraiser Description Type of Expenditure (Itemization in Addendum P. Required unless "Name of the below" is check	# 32819A	Amount \$477,50	
Expenditure # (if applicable)	Type of Experiment (Atenualism to Atenualism 1 Acquires which 1 Tome by the octors to encoun	red)	1 4911,00	
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: organization: organization: organization.	од ов ос ор		
Name of Payee Anedo	4	Date of Payment OHJAHI19	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT	
Street Address P. D. Bo			LA Zip Code LA 70884	
Purpose of Expenditure (by code) WEB	Credit Card Processing Fees	#	Amount #4,30	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked. None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: o	ed)		
SUBTOTAL Section P — This Page # 563.65 TOTAL of additional Section P Pages # 22.50 TOTAL OF ALL EXPENSES PAID BY COMMITTEE # 586.15				
	TOTAL of additional Section P.J.	Pages # 2	2,50	
	TOTAL OF ALL EXPENSES PAID BY COMMIT	TOTALS # 5	86.15	

NAME OF COMMITT	EE (Provide Complete Name as Registered with Films Repository James Jimmy Sanchez for City Council		TYPE OF REPORT		
Q. Campaign Expenses Paid by Candidate					
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment				Is reimbursement claimed?	
				י ם	Yes ☐ No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	1	Event #		Amount
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	ursement claimed?
					Yes 🗌 No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Name of Payee (Name of V	i Yendor, Person or Entity who candidate paid directly)		Date of Payment		oursement claimed?
					Yes No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?	
	/	/			Yes 🗌 No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	1	Event #		Amount
Name of Payce (Name of V	/endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?	
					Yes 🗌 No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	,	Event #		Amount
Name of Payee (Name of V	Vendor, Person or Entity who capdidate paid directly)		Date of Payment	Is reim	bursement claimed?
	/		1		Yes □ No
Street Address		City	. <u></u>	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
SUBTOTAL Section Q — This Page					
	To	OTAL of additional Section	on Q Pages		
	TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals)				

Section P. ADDITIONAL PAGE 1 of 2

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
	James Jimmy Sanchez for City Council	July10			
P. Expenses Paid by Committee					
Name of Payee Anedo+		Date of Payment 04/25/19	Method of Payment: OCheck # ODebit Card OEFT		
P. D. Bo	X 84314 Boton Roug	e	State Zip Code		
Purpose of Expenditure (by code) WEB	Credit Card Processing Fees	: #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check 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	ed))A OB OC OD			
Name of Payee Anedo+		Date of Payment	Method of Payment: Check # Debit Card EFT		
<u> </u>	0x 84314 Baton Roug		LA 70884		
Purpose of Expenditure (by code) Expenditure #	Description Credit Card Processing Fees Breat		Amount \$6,30		
(if opplicable)	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 O B O C O D			
Aned of Payer		Date of Payment 06/16/19	Method of Payment: Check # Debit Card EFT		
Street Address	DOX 84314 Baton Roug	<u>e</u>	Zip Code		
Purpose of Expenditure (by code) WEG	Credit Card Processing Fees Event	#	Amount \$2.30		
Expenditure # (ff 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	ded) Da Ob Oc Od	H &		
Name of Payee Amedot		Date of Payment	Method of Payment: O Check # O Debit Card		
Street Address	OX 84314 Baton Roug	l	State		
Purpose of Expenditure (by code)	Credit Card Processing Fees Breat	' #	Amount \$ 10.30		
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				
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[1] John M. W. Wang, Phys. Rev. B 1997, 1997, Applications of the Conference of t

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SEEC FORM 20 Revised January 2015

Section P. ADDITIONAL PAGE

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
James Jimmy Sanchez for City Council July 10					
P. Expenses Paid by Committee					
Name of Payee Anedot Date of Payment 06/29/19			Date of Payment	Method of Payment: Check #_ Debit Card	
P. D. Box 84314 Baton Rouge			State		
Purpose of Expenditure (by code) WEB	Purpose of Expenditure Description Event#			#2.30	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	mmittee)	,	71 0. 9	
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card 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 A B C D					
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card DEFT	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (if applicable)					
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card DEFT	
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) Independent Organization A OB OC OD				
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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		And the second s	
	James Jimmy Sanchez for City Council		July 19)		
	S. Expenses Incurred by Comm	nittee but Not Paid I	During this Period	7.000 Maria		
Name of Creditor			7	Date Incurre	ed	
Street Address	A STANLAND CO.	City		State	Zip Code	
Purpose of Expenditure (by code)	Description	Description Event#			Amount Incurred (Estimate or Actual)	
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind continued)	☐ Indepe				
Name of Creditor				Date Incurre	ed	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		ount Incurred mate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cylindrical)	☐ Indepe				
Name of Creditor				Date Incurre	ed	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		ount Incurred mate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required in None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement)	☐ Indepe		***************************************		
		SUBTOTAL Section	S-This Page			
	1	'OTAL: of additional Sec	tion S Pages			
TOTAL OF ALL P	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	NG THIS PERIOD BUI ine 28, Column A of Summa				
	Previously reported Exp	enses Unpaid and still O	utstanding			
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lit	BY COMMITTEE BU ne 28a, Column A of Summa		<u> </u>		

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository,		TYPE OF REPORT			
James Jimmy Sanchez for City Council			ALCONOMICS CONTROL STATE OF THE	July 10		
	R. Expenses Incurre	d on Committee Cro	edit Card			
Name of Issuing Institution Type of Credit Card:						
		☐ Visa ☐ Master (Card ☐ Discover ☐ Am	erican Express	Other:	
Name of Vendor, Person or Entity				Date of T	Date of Transaction	
Street Address	1100	Cîty	7	State	Zip Code	
		1				
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	liture) 🔲 Indep		D		
Name of Vendor, Person of	or Entity			Date of T	ransaction	
Street Address	/	City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement)	liture) 🔲 Indep		D D		
Name of Vendor, Person of	or Entity			Date of T	ransaction	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required ☐ None of the below	d unless "None of the below'	' is checked)			
	Coordinated with reimbursement sought (joint expend		nendent	р		
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	ТО	TAL of additional Sectio	n R Pages			
To	TAL OF ALL EXPENSES INCURRED ON (Enter total on Li)	COMMITTEE CREI ie 27, Column A of Summar				
			-			