SEEC FORM 20

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

Page 1 of 47-24

2023 OCT 10 AM 9: 19

| MEN' COUNTY | ý | L | | | Do Not Mark in This Space Fo | or Official Use | Only | |
|--|-----------------------------------|----------------|--------------------------|--------------|------------------------------|-------------------|--|--------------------------|
| | | CO | VE. | R PA | \GE | The second second | 50.00 200 200 200 200 200 200 200 200 200 | |
| 1. NAME OF COMMITTEE | | | | | | | | |
| Surgeon For Council | | | | | | | | |
| 2. TREASURER NAME | | | | | | | | |
| First | | MI | | Last | | | | Suffix |
| Devonshire (Tony) | | A | | Meln | | | | |
| 3. TREASURER ADDRESS | | | 100 0 for 207 0 for | | | | | |
| Street Address 38 Ashley St | | | City Har | tford | | | State CT | Zip Code 06105 |
| 4. ELECTION/REFERENDUM DATE | 5. OFFICE SOUG | HT (Complet | le only | if Candidat | 'e Committee) | | | 6. DISTRICT NUMBER |
| (mm/dd/yyyy) November 7, 2023 | Court of Comm | on Counci | il | | | | | (if applicable) |
| 7. CANDIDATE NAME (Complete only if | f Candidate or Explorato | ry Committee) | | | | | | |
| First | | MI | | Last | | | | Suffix |
| Shirley | | The street was | | Surge | on | | | |
| 8. TYPE OF REPORT (Check One Box) | | | | | | | | |
| O January 10 filing | 7th day preced | ding primar | у | O7th | n day preceding referendun | | Initial Cont (PACs ONLY) | ribution or Disbursement |
| OApril 10 filing | O30 days follow | ving primar | y | O45 | days following referendun | n O/ | Amendmen | at to |
| July 10 filing | O7th day preced | ling election | n | O De | ficit | Т | ype of Rep | oort: |
| October 10 filing | 12th day prece | | | O Ter | rmination | | | |
| O24 Hour Independent Expenditure OPrimary OElection | O45 days follow not held in No | | n | | | | | |
| 9. PERIOD COVERED | | | (125, VES) (125, VES) | | | | | |
| | Beginning Dat | te | | | Ending Date | | | |
| | July 01, 2023 | | | thru | September 30, 2023 | | | |
| | | | _ | | | | | |
| 10. CERTIFICATION | | | | | | | | |
| I hereby certify and state, under policious Statement for the po | | | | | | n this Iter | nized Can | npaign Finance |
| A land | We: | , | Devc | onshire / | A. (Tony) Mein | | | 10/09/2023 |
| TREASURER OR DEPUTY TREASURI | ER (SICNATURE) | - 1 | PRINT | F NAME (| OF SIGNER | | | DATE (mm/dd/yyyy) |
| | | | 3-35-05 37-05-0 | | | | | |

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

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

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Surgeon For Council | TYPE OF REPORT | |
|--|-------------------------|--|
| Surgeon For Codnici | COLUMN A This Period | COLUMN B Aggregate |
| 11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees | | 0 |
| 12. Balance on hand at the beginning of Reporting Period | 5,273 | |
| 13. Contributions Received from Individuals (Sections A and B) | 2,800 | 8,800 |
| 14. Receipts from Other Committees (Sections C1 and C2) | 0 | 0 |
| 15. Other Monetary Receipts (Sections D through K) | 0 | 0 |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) | 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) | 2,800 | 8,800 |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) | 8,073 | 8,800 |
| 19. Expenses Paid by Committee (Section P) | 4,433 | 5,710 |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) | 3,640 | 3,090 |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | 0 | 0 |
| 22. In-Kind Donations not Considered Contributions — House Party (Section L5) | 0 | 0 |
| 23. In-Kind Contributions Received (Section M) | 0 | 515 |
| 24. Refundable Deposit to Telephone Company (Section N) | 0 | 0 |
| 25. Loan Balance | О | |
| 25a. + Loans Received (Section D) | 0 | 500 |
| 25b. + Interest and Penalties on Loan | 0 | 0 |
| 25c Payments on Loan | 0 | 500 |
| 25d. Total Outstanding Loan Amount | 0 | |
| 26. Campaign Expenses Paid by Candidate (Section Q) | 0 | 518 |
| 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) | 0 | The second secon |

I. MONETARY RECEIPTS (Sections A—K)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | | |
|---|--------------------------|---|--|----------|----------------------|
| Surgeon For Council | | | | | |
| A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor) | | is Period ONLY OTAL SECTION A | \$ 0 | | |
| | | | | | |
| B. Itemized Co | ontrib | utions from Indivi | duals | | |
| Last Name SEE ATTACHMENTS FOR: "Itemiized Contributions from Indiviuals' | ." Fi | rst | | | MI |
| Residential Street Address | City | | | State | Zip Code |
| Principal Occupation | _1 | Name of Employer | | <u>I</u> | 1 |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000? | 0 to a car | Indidate for a chief executive ciated with have a contract OYes ONo | e officer of a municipality with said municipality | /, Amo | ount of Contribution |
| Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lf yes, indicate which brundly yes, list Event # | anch or l | branches | Contractor? Yes No | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | _ | |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone | ey Order | | | | |
| Last Name | Fit | st | | | MI |
| SEE ATTACHMENTS | | | | | |
| Residential Street Address | City | | | State | Zip Code |
| Principal Occupation | • | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sh valued at more than \$5,000? | | | | , Amo | unt of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which by of government the contributor a principal of a section L1? | anch or | branches | e contractor? Yes No Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone | ey Order | | | | |
| Last Name | Fir | est | | | MI |
| SEE ATTACHMENTS Residential Street Address | City | | | State | Zip Code |
| Action of the Action | City | | | G,a.c | 1 |
| Principal Occupation | | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/shy valued at more than \$5,000? | 0 to a can e is assoc | didate for a chief executive ciated with have a contract O Yes O No | officer of a municipality with said municipality | , Amo | unt of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If contributor a principal of a If yes, indicate which brace of government the contraction. | anch or t | oranches | Contractor? SYes No Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| Cash Personal Check Credit/Debit Card Payroll Deduction Mone | ey Order | | | | |
| SUB | ТОТА | L Section B — This | Page 0 | | |
| TOTA | L of ac | lditional Section B P | ages 2,800 (See A | tachme | ents) |
| TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line | | IVIDUALS (Sections A | | | |

| Section B - Itemized Contributions f | | | a Cop | m | bottom in Co | Ω | , \ | | |
|---|--------|-------------------------------|----------------|-------------|--|--------------|---------------------|----------------|---|
| Surgeon For Council 10/10 | 123 | Keport | +++ | 00 | Milmo 10 | 10 | als) | , | vil |
| Last Name) | | 1 | First Name | | | | 7 | ' | VII |
| Alexandre Residential Street Address | | | City. | Υv | ron | - 10 | teto | 71 | |
| | | | City | | | 2 | State | Zip Code | |
| 230 New Cheshire | e Roa | <u>d</u> | Walli | ngi | | | <u>CT</u> | L | 06492 |
| Principal Occupation | | | | | Name of Employer | | | | |
| Business Manager | | | | | 1 | | own FI | ava | LLC |
| ls contributor a lobbyist, spouse, or dependent child of a lobbyist? | No | chief executive | e officer of a | a m ed y | \$400 to a candidate come unicipality does contribut with have a contract with s than \$5000? | or or | e for a | N | lo |
| Is this contribution associated with an event reported in Section L1? | No | ls contributor contractor? | a principal | of s | tate contractor or prospe | ctive s | state | N | 0 |
| Method of Contribution | Date F | l Received | | Ag | gregate Contributions | Amo | ount of | - | |
| Credit Card | | 07/01 | /2023 | | | Con | tribution | , | \$250.00 |
| Oredit Card | | 07701 | 12023 | <u> </u> | | | | | Ψ200.00 |
| Last Name | | * | First Name | ; | ··· | | | I | AI . |
| Balfour | | | | No | nel . | | | | |
| Residential Street Address | | | City | | , | 5 | tate | Zip | |
| 399 Windsor Aver | NII A | | Wind | വേ | r | | СТ | Code | 06095 |
| Principal Occupation | iuc | <u>.</u> | VVIIIG | 301 | Name of Employer | | <u> </u> | | 00000 |
| Retired | | | | | Retir | ha. | | | |
| Is contributor a lobbyist, spouse, or dependent | | If contribution | Is in excess | s of | \$400 to a candidate comr | | for a | | |
| child of a lobbyist? | No | | ne associate | ed w | unicipality does contribute vith have a contract with s han \$5000? | | | Ν | 0 |
| Is this contribution associated with an event reported in Section L1? | No | Is contributor contractor? | a principal o | of st | tate contractor or prospec | ctive s | state | N | o |
| Method of Contribution | Date R | Received | | Ag | gregate Contributions | | ount of | | |
| Credit Card | | 07/16 | 12023 | | | Con | tribution | ç | 150.00 |
| Ologic Gala | 1 | 07710 | 72020 | <u> </u> | | - | | | , , , , , , , , , , , , , , , , , , , |
| Last Name | | | First Name | - | | | | A | /II |
| Best | | | | De | nise | | | | т |
| Residential Street Address | | · | City | | | S | tate | Zip | : |
| 12 Deerfield Ave. | | | Hartfo | ord | | | СТ | Code | 06112 |
| Principal Occupation | | · | | | Name of Employer | _ | | | |
| Organizer | | | | | Voice | ടെ വ | f Wome | en of | Color |
| is contributor a lobbyist, spouse, or dependent | | If contribution | is in excess | of | \$400 to a candidate comm | | | | |
| child of a lobbyist? | No | | ne associate | d w | unicipality does contribute with have a contract with s han \$5000? | | | N | 0 |
| ls this contribution associated with an event reported in Section L1? | No | ls contributor contractor? | a principal c | of st | ate contractor or prospec | tive s | tate | N | 0 |
| Method of Contribution | Date R | eceived | | Agg | gregate Contributions | 1 | unt of tribution | | |
| | | | | | | | | | |

Section B - Itemized Contributions from Individuals
Syglom for Camcil 10/10/23 Report

| Syglon by Cameil 10/10/ | 23 | Lopert _ | First Name | <u> </u> | | | | | /II |
|---|----------|-------------------------------|--------------------------------|--------------|---|---------------|-------------------|-------------|----------|
| Button | | | | | wis | | | | Α |
| Residential Street Address | | | City | L.E | WIS | St | ate | Zip | |
| 1209 Glasgo Pd | | | Grisv | uola | ત | | СТ | Code | 06351 |
| 1398 Glasgo Rd. Principal Occupation | | | GIISV | VOIC | Name of Employer | | | L | 00331 |
| , , , , , , , , , , , , , , , , , , , | | | | | | | | | |
| ls contributor a lobbyist, spouse, or dependent | | If contribution | is in exces | s of | Attor \$400 to a candidate comm | | for a | | |
| child of a lobbyist? | No | chief executive | e officer of he associate | a mı ed w | unicipality does contribute with have a contract with s | or or | | N | 0 |
| is this contribution associated with an event reported in Section L1? | No | ls contributor contractor? | a principal | of st | tate contractor or prospec | ctive si | ate | · N | 0 |
| Method of Contribution | Date I | Received | | Ag | gregate Contributions | | unt of | | |
| Check | | 07/11 | /2023 | | | Cont | ribution | | \$200.00 |
| Onlock | <u> </u> | 01711 | ILULU | <u> </u> | | | | | <u> </u> |
| Last Name | | | First Name | 3 | | | | | AI |
| Button | | | | Mil | ldred | | | | |
| Residential Street Address | | ALL. | City | | | St | ate | Zip | |
| 1938 Glasgo Rd. | | | Grisv | vole | b | | СТ | Code | 06351 |
| Principal Occupation | | | | | Name of Employer | | | | |
| Retried | | | | | Retri | ed | | | |
| is contributor a lobbyist, spouse, or dependent child of a lobbyist? | No | chief executive | e officer of a | a mu ed w | \$400 to a candidate communicipality does contribute whicipality does contribute with have a contract with s han \$5000? | or or | for a | N | 0 |
| Is this contribution associated with an event reported in Section L1? | No | Is contributor contractor? | a principal | of st | ate contractor or prospec | tíve st | ate | N | 0 |
| Method of Contribution | Date F | Received | •• | Agg | gregate Contributions | | ınt of | | |
| Check | | 07/11 | /2023 |] | | Conti | ribution | | \$50.00 |
| | .l | 0.7.1.1 | 2020 | - | | 1 | | | 400.00 |
| Last Name | | | First Name | <u>;</u> | · · · · · · · · · · · · · · · · · · · | | | N | 11 |
| Chance | | | | Joy | ٧ | | | | E |
| Residential Street Address | | | City | | | St | ate | Zip Code | |
| 88 Elizabeth Ave. | | | Bloor | nfie | eld | | СТ | Code | 06002 |
| Principal Occupation | | | | | Name of Employer | I | | | |
| Parole Board Member | | | | | State | of C | T | | |
| ls contributor a lobbyist, spouse, or dependent child of a lobbyist? | No | chief executive | e officer of a ne associate | a mu ed w | \$400 to a candidate comn unicipality does contributo ith have a contract with so han \$5000? | or or | or a | No | 0 |
| Is this contribution associated with an event reported in Section L1? | No | Is contributor contractor? | a principal (| of st | ate contractor or prospec | tive st | ate | N | 0 |
| Method of Contribution Check | Date R | teceived 07/17 | /2023 | Agg | gregate Contributions | Amou Contr | int of ibution | 4 | 3100.00 |
| CHECK | <u> </u> | 01111 | 12023 | <u> </u> | | 1 | | | 100.00 |

| Section B - Itemized Contributions to | , | 0 . (| | | | | | | |
|--|----------|---------------------------------|--------------------------------|-------------|--|----------------|------------------------|-----------------|-------------------|
| Last Name 101 Carnel 10/1 | vices | xelon - | First Name | <u></u> | | | | V | /II |
| crumbie | | | | an | drew | | | | |
| Residential Street Address | | · | City | <u> </u> | <u> </u> | | State | Zip | |
| 650 Farmington A | ve | | Hartf | ord | 1 | | СТ | Code | 06105 |
| Principal Occupation | | | 1 .0,1.1. | | Name of Employer | | L | | |
| Lawyer | | | | | Crur | nbi | e Law G | roup | LLC |
| ls contributor a lobbyist, spouse, or dependent child of a lobbyist? | No | chief executiv | e officer of he associate | a m ed v | \$400 to a candidate com unicipality does contribut with have a contract with : | mitte or o | ee for a | N | · |
| ls this contribution associated with an event reported in Section L1? | No | Is contributor contractor? | a principal | of s | tate contractor or prospe | ctive | state | N | o |
| Method of Contribution Credit Card | Date F | Received 08/30 |)/2023 | Ag | gregate Contributions | | nount of ntribution | 9 | \$ <u>25</u> 0.00 |
| | | | 1 | | | | | | |
| Last Name | | | First Name | • | | | | l _M | 11 |
| Diaz | | | | Ja | son | | | | |
| Residential Street Address | | | City | | | | | Zip Code | |
| 203 Fairfield Ave Principal Occupation | | | hartfo | | Name of Employer | | CT | | 06114 |
| , , | | | | | , , , | | | | |
| Firefighter Is contributor a lobbyist, spouse, or dependent | | If contribution | le in evener | of | City \$400 to a candidate com | | lartford | | |
| child of a lobbyist? | No | chief executive | e officer of a he associate | ed w | unicipality does contribut with have a contract with s | or o | | N | 0 |
| ls this contribution associated with an event reported in Section L1? | No | Is contributor contractor? | a principal | of st | ate contractor or prospe | ctive | state | N | 0 |
| Method of Contribution | Date R | eceived | | Ag | gregate Contributions | | ount of | | |
| Credit Card | | 07/10 | /2023 | | | Col | ntribution | \$ | 100.00 |
| Last Name | | | First Name | | | | | IM | 11 |
| Fagan | | | J | 1: :. | dith | | | | |
| Residential Street Address | | | City | Ju | uitii | | State | L Zip | |
| 144 Warrenton Av | enue | | Hartfo | ard | | | СТ | Code | 06105 |
| Principal Occupation | Citac | · | <u> I IUI U</u> | | Name of Employer | | 91 | | 00100 |
| Education | | | | | Harti | ford | l Public | Scho | ools |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | No | chief executive | e officer of a ne associate | mı, d w | \$400 to a candidate comr inicipality does contribute ith have a contract with s | nitte or or | e for a | No | |
| ls this contribution associated with an event reported in Section L1? | No | is contributor a contractor? | a principal o | of st | ate contractor or prospec | tive | state | No |) |
| Method of Contribution | Date R | eceived | 10000 | Agg | regate Contributions | | ount of itribution | | фгр 00 |
| Credit Card | <u> </u> | 07/17 | /2023 | L | | <u>L</u> | | | <u>\$50.00</u> |

| Section B - Itemized Continuations | | _ | 11 | | | | | | |
|---|----------|---------------------------------|-----------------------------|--------------|---|----------|----------------|-------------|-------------|
| Sergeon For Council | wolol | 23 KODST | | | · · · · · · · · · · · · · · · · · · · | | | | |
| Last Name (| . / / | ! | First Name | е | | | | Į, | Al |
| Heslin | | | | Jo | hn | | | l_ | W |
| Residential Street Address | | | City | | | | State | Zip Code | |
| 17 Gun Mill Rd | | <u>,</u> | Bloo | mfi | | | СТ | - | 06002 |
| Principal Occupation | | | | | Name of Employer | | | | |
| Insurance Agent | | | | | | | orth De/ | Angel | is, Inc |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | No | chief executiv | e officer of he associat | a m ed v | \$400 to a candidate comiunicipality does contribut with have a contract with shan \$5000? | or o | | N | 0 |
| is this contribution associated with an event reported in Section L1? | No | Is contributor contractor? | a principal | of s | tate contractor or prospe | ctive | state | N | o |
| Method of Contribution | Date F | Received | | Ag | gregate Contributions | | nount of | | |
| Credit Card | | 07/12 | /2023 | Ì | | Co | ntribution | | 3100.00 |
| | . I | | | | | | | | |
| Last Name | | | First Name | ? | - " | | | N | 11 |
| Horton | | | | Ва | rnaby | | | | ·- |
| Residential Street Address | | | City | | | | State | Zip Code | |
| 97 Westerly Terra | ice | | Hartf | | | | СТ | Code | 06105 |
| Principal Occupation | | | | | Name of Employer | | | | |
| Financial Advisor | | | | | Merr | ill L | .ynch | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | No | chief executive | officer of a | a mu ed w | \$400 to a candidate comr unicipality does contribut vith have a contract with s han \$5000? | or of | | N | 0 |
| ls this contribution associated with an event reported in Section L1? | No | Is contributor contractor? | a principal | of st | ate contractor or prospec | tive | state | N | <u> </u> |
| Method of Contribution | Date R | eceived | | Ag | gregate Contributions | | ount of | | |
| Credit Card | <u> </u> | 08/01 | /2023 | <u> </u> | | Coi | ntribution | \$ | 250.00 |
| Last Name | | | First Name | | | | | - IM | |
| | | | | | | | | 1,10 | |
| Lazowski | | | | Ala | <u> </u> | | State | 710 | <u>B</u> |
| Residential Street Address | | | City | | | | | Zip Code | ·- - |
| One Financial Pla Principal Occupation | za | | Hartfo | | Name of Employer | | CT | | 06105 |
| · | | | | | , , | _ | | | |
| Chairman and CEO | | If contribution | le in aveces | | LAZ \$400 to a candidate comr | _ | | | |
| ls contributor a lobbyist, spouse, or dependent child of a lobbyist? | No | chief executive | officer of a | mu ed w | inicipality does contribute ith have a contract with s | or or | | No |) |
| ls this contribution associated with an event reported in Section L1? | No | Is contributor a contractor? | a principal o | of st | ate contractor or prospec | tive | state | No |) |
| Method of Contribution | Date R | eceived | | Agg | regate Contributions | | ount of | | |
| Credit Card | | 09/11/ | 2023 | | | Cor | ntribution | \$ | 250.00 |
| J. Out Out | | 33, 11, | | | | <u> </u> | | | |

| Section B - Itemized Contributions I | | O 1 | | | | | | | |
|---|--------|-------------------------------|--------------------------------|--------------|---|---------------|-------------|-----------------|---------|
| Last Name Cancil White | 23 | Keport | First Name | | <u>,</u> | | | IN. | 11 |
| \ | • | • | FILSC IVALIA | - | ulatambau | | | " | " M |
| Mattei Residential Street Address | | | City | <u>UI</u> | ıristopher | | State Z | _ ip | IVI |
| 176 North Beaco | n St | | Hartf | ord | ŀ | | СТ | ode | 06105 |
| Principal Occupation | 100. | | - Harti | 010 | Name of Employer | | <u> </u> | | 00100 |
| Attorney | | | | | Kosł | off | , Koskoff | & E | Bieder |
| ls contributor a lobbyist, spouse, or dependent child of a lobbyist? | No | chief executive | e officer of he associat | a mi ed w | \$400 to a candidate communicipality does contribute with have a contract with s | nitti or o | ee for a | N | |
| is this contribution associated with an event reported in Section L1? | No | ls contributor contractor? | a principal | of si | tate contractor or prospe | ctive | state | N | 0 |
| Method of Contribution | Date I | Received | | Ag | gregate Contributions | | nount of | | |
| Credit Card | | 07/25 | 5/2023 | | | 100 | ARTISULION | | \$50.00 |
| | | | ler in i | | | | | | |
| Last Name | | | First Name | | | | | M | |
| PAC Residential Street Address | | <u></u> | City | <u>A</u> 8 | & R COPE PAC | | State Z | ip | Α |
| | | | | 1 | 1:11 | | | ode | 06067 |
| 805 Brook St Principal Occupation | | | Rock | | Name of Employer | | <u> </u> | | 00007 |
| | | | | | | | | | |
| ls contributor a lobbyist, spouse, or dependent child of a lobbyist? | No | chief executive | e officer of a he associate | a mu ed w | \$400 to a candidate comr unicipality does contribute ith have a contract with s han \$5000? | or o | | No |) |
| is this contribution associated with an event reported in Section L1? | No | Is contributor contractor? | a principal | of st | ate contractor or prospec | tive | state | No | o |
| Method of Contribution | Date F | Received | | Agg | gregate Contributions | | nount of | | |
| Check | | 09/24 | /2023 | | | Co | ntribution | \$ | 350.00 |
| | | · . | 1 | | · · · · · · · · · · · · · · · · · · · | | <u></u> | - 1. | |
| Last Name | | | First Name | | | | | М | 1 |
| Ritter PAC Residential Street Address | | | City | Ma | <u> </u> | | State Z | | |
| | | | | | | | l c | ode | 06740 |
| 9 Hickory Drive Principal Occupation | | | Pros | | Name of Employer | | CT | | 06712 |
| Attourney/Legislator | | | | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | No | chief executive | e officer of a | a mu ed w | \$400 to a candidate comm unicipality does contributo ith have a contract with s han \$5000? | or or | | No |) |
| ls this contribution associated with an event reported in Section L1? | No | ls contributor contractor? | a principal d | of st | ate contractor or prospec | tive | state | No |) |
| Method of Contribution | Date F | Received | | Agg | gregate Contributions | | ount of | | |
| Check | | 08/31 | /2023 | | | C01 | id ibddioff | \$ | 250.00 |

| Section B - Itemized Contributions in | וו וווטו לא הלא | naividuais 🗆 | | | | | | | |
|---|--------------------|------------------------------------|--------------------------------|--------------|--|---------------|----------------|-------------|-------------|
| Last Name (CM) (CM) (CM) | Alolis | 3 Kelon | First Name | 2 | | | ,, | Tr | <u>√1</u> |
| Sanchez | , | • | | | mes | | | | |
| Residential Street Address | | | City | Ja | HIICS | | State | L Zíp | ! |
| 370 Freeman St | | | Hartf | orc | ł | | СТ | Code | 06106 |
| Principal Occupation | | | 110111 | 0.0 | Name of | | | | |
| Utility systems monito | r tech | II | | | Employer Metro | poli | tan Dist | rict | |
| ls contributor a lobbyist, spouse, or dependent child of a lobbyist? | No | If contribution chief executive | e officer of a he associate | a m ed v | \$400 to a candidate (1911) unicipality does contribut vith have a contract with s | niss or or | infer a | | lo |
| ls this contribution associated with an event reported in Section L1? | No | <u> </u> | | | tate contractor or prospe | ctive | state | N | 0 |
| Method of Contribution | Data | Received | | ΙΔα | gregate Contributions | ΙΔm | ount of | | |
| Credit Card | Date | | /2023 | 75 | gregate Continuaçions | | ntribution | | \$50.00 |
| | | | | | | | | | |
| Last Name | | | First Name | 2 | | | | ľ | ∕îl |
| Stewart | | | | Tro | oy | . 1 | | | <u>C</u> |
| Residential Street Address | | | City | | | 1 | | Zip Code | |
| <u>182 Harold Street</u> Principal Occupation | | | Hartf | | Name of Employer | | СТ | | 06112 |
| | | | | | Retir | | | | |
| Retired Is contributor a lobbyist, spouse, or dependent | | If contribution | is in excess | s of | \$400 to a candidate com | | e for a | | |
| child of a lobbyist? | No | | ne associate | ed w | unicipality does contribut vith have a contract with s han \$5000? | | • | N | o |
| Is this contribution associated with an event reported in Section L1? | No | Is contributor contractor? | a principal | of st | tate contractor or prospe | ctive | state | N | 0 |
| Method of Contribution | Date R | teceived | | Ag | gregate Contributions | • | ount of | | |
| Credit Card | | 07/07 | /2023 | | | Cor | ntribution | | \$250.00 |
| Last Name | | | First Name | | | | | | Λl |
| Wrice | | | | Pa | tricia | | | | J |
| Residential Street | | | City | | | | | Zip | |
| Address 82 Brittany Farms | Road | J228, | New | Bri | tain | | СТ | Code | 06053 |
| Principal Occupation J228 | | | | | Name of Employer | | | | |
| Retired | | | | | Retir | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | No | chief executive | officer of a ne associate | a mu ed w | \$400 to a candidate comr unicipality does contribute vith have a contract with s han \$5000? | or or | | Ν | o |
| ls this contribution associated with an event reported in Section L1? | No | ls contributor contractor? | a principal o | of st | ate contractor or prospec | ctive | state | N | 0 |
| Method of Contribution | Date R | eceived | | Agg | gregate Contributions | | ount of | | |
| Credit Card | | 07/12 | /2023 | | | Cor | tribution | | \$50.00 |

Showing 1 to 18 of 18 entries

I. MONETARY RECEIPTS (Sections A—K)

| NAME OF COM Surgeon For (| MMITTBE (Provide Comp Council | lete Name as Registered | with Filing Repos | ritory) | | TYPE OF REPORT | |
|------------------------------|---|-----------------------------------|-------------------|--------------------------|------------------------|--|--|
| | | C1. (| Contributio | ons from (| ther Con | nmittees | |
| Name of Committee | | | | | Name of Ti | reasurer | |
| NONE | | | | | | | |
| Address | | | | Is this cont | rted in Section | siated with an OYes ONo 1.1.? s, list Event # | Amount of Contribution |
| City | | State | Zip Code | Date Rec | | Aggregate Contributions | |
| Name of Committee | | 1 | | 1 | Name of Tr | easurer | <u>,</u> |
| Address | - | | | Is this cont event repor | ted in Section | iated with an Yes No L1? s, list Event # | Amount of Contribution |
| City | | State | Zip Code | Date Rec | | Aggregate Contributions | |
| Name of Committee | | | | | Name of Tra | easurer | |
| Address | 7000 | | | Is this contrevent repor | ted in Section | iated with an Yes No L1? s, list Event # | Amount of Contribution |
| City | | State | Zip Code | Date Rec | | Aggregate Contributions | |
| | C 2. | Reimbursemen | ts or Surpl | <u> </u> | ntions fro | om other Committees | |
| Name of Committee | भी भाग राज्य विशेषात् । अस्य विशेषात् व ्य | COMMON MEDICAL TO | , vi vu P | UD APAUVA AN | Name of Tre | | Tarting a parameters and a state of the state of the first of the state of the stat |
| NONE | | | | | | | |
| Address | | | | City | | | State Zip Code |
| Date Received | Expenditure # | Payment Type | | | | | Amount of Receipt |
| | (if applicable) | OReimbursem | ent for shared o | эхренse О Я | Surplus Distrib | oution | 0 |
| Description | , I | | | | | | |
| Name of Committee | | | | | Name of Tre | asurer | |
| Address | | | | City | | | State Zip Code |
| Date Received | Expenditure # (if applicable) | Payment Type | | <u></u> | | | Amount of Receipt |
| | | O Reimburse | ement for shared | d expense 🕻 |) Surplus Distr | ribution | 0 |
| Description | | | | | | | |
| | | | SUBTO | TAL Section | n C — Th | is Page 0 | |
| | | | TOTAL | of additiona | l Section C | Pages 0 | |
| | | ALL COMMIT is C1 + C2) (Enter to | | | | | |
| | | | | | | | · |

I. MONETARY RECEIPTS (Sections A—K)

Page 5-0f-17 A

| NAME OF COMMITTEE (Provide Complete Name as Registered with I | Filing Repository) | | TYPE OF | REPORT | |
|--|--------------------|---|---------------------|--------------------|---|
| Surgeon For Council | | | | | |
| and the state of t | . Loans Rec | eived this Period | | | |
| Name of Lender | | Source of Loan: | | · Oar | Date of Receipt |
| NONE | | OBank O Can | ndidate 🔘 Individua | Committee | |
| Street Address | City | | State | Zip Code | Is there a Cosigner or Guarantor of this loan? Yes No |
| Name of Cosigner/Guarantor (if applicable) | • | | <u>i.</u> | | Amount Received |
| Street Address | City | . , | State | Zip Code | 0 |
| VIII I I I I I I I I I I I I I I I I I | Chy | | State | Zip Code | |
| Name of Lender | | Source of Loan: OBank Can | didate () Individua | Other Committee | Date of Receipt |
| Street Address | City | | State | Zip Code | Is there a Cosigner or Guarantor of this loan? |
| Name of Cosigner/Guarantor (if applicable) | <u>[</u> | | , I | <u> </u> | O Yes O No Amount Received |
| | 1 | | | | 0 |
| Street Address | City | | State | Zip Code | |
| Name of Lender | <u></u> | Source of Loan: | | | Date of Receipt |
| | | OBank OCan | didate 🔘 Individual | Other Committee | |
| Street Address | City | | State | Zip Code | Is there a Cosigner or Guaranter of this loan? Yes No |
| Name of Cosigner/Guarantor (if applicable) | | | | | Amount Received |
| | | | | | |
| Street Address | City | *************************************** | State | Zip Code | 0 |
| | | TOTAL SECT | ION D 0 | | |
| E. Receipts from Entities other tha | ın Individual | ls or Other Comi | mittees (Referenc | dum Committee | es ONLY) |
| Name of Entity N/A | | | | | |
| Street Address | | | Date Received | | Amount Received |
| Sity | State | Zip Code | Aggregate Contriba | itions | 0 |
| | | | 1.55.05 | | |
| Same of Entity | | , | \\ | | |
| Street Address | | | Date Received | | Amount Received |
| City | State | Zip Code | Aggregate Contribu | itions | 0 |
| Name of Entity | | | | | |
| · | | | | | |
| treet Address | | | Date Received | | Amount Received |
| ity | State | Zip Code | Aggregate Contribu | tions | 0 |
| | | TOTAL SECT | IONE 0 | | |

I. MONETARY RECEIPTS (Sections A-K)



| | EE (Provide Complete Name as Regis | tered with Filing Repository) | | TYPE OF REPORT | |
|-------------------|--|---|--|---|--|
| Surgeon For Counc | cil | | | - Marketin and Committee and the second | ekonomia ili ili ili ili ili ili ili ili ili i |
| | 7. Amount Transferred | from Affiliated Busines | s Treasury (Busines. | s Entity Committees | ONLY) |
| Date of Receipt | Is this transaction assoc event reported in Section | | , list Event # | 0 | Amount |
| Date of Receipt | Is this transaction assoc event reported in Sectio | C 200 27 720 | , list Event # | 0 | Amount |
| Date of Receipt | Is this transaction assoc event reported in Sectio | 2 2 00 2) 9 00; | , list Event # | 0 | Amount |
| Date of Receipt | Is this transaction assoc event reported in Sectio | | , list Event # | 0 | Amount |
| | | | TOTAL SECTION 1 | 0 | |
| G. Amount T | ransferred from Affilia | ted Labor Union or Oth | er Organization T | reasury (Organizat | ion Committees ONLY) |
| Date of Receipt | <u>entra crasa</u> escribis escapa | Date of Receipt | (1000 (100) - 100 (100 (100 (100 (100 (100 (100 (10 | Date of Receipt | |
| N/A | | | | | |
| | Amount | Amount | | A | mount |
| | | | OTAL SECTION G | 0 | |
| | H. Personal Funds of | the Candidate Received | this Period (Candid | date Committees ONI | (A) |
| Date of Receipt | Method of payment: | | | | Amount |
| NONE | O Cash | Personal Check | Credit/Debit Car | d O | |
| Date of Receipt | Method of payment: | Personal Check | Credit/Debit Car | d 0 | Amount |
| Date of Receipt | Method of payment: | | | | Amount |
| | O Cash | Personal Check | Credit/Debit Care | d O | |
| Date of Receipt | Method of payment: | | | | Amount |
| | ○ Cash | O Personal Check | Credit/Debit Care | d 0 | |
| | | | TOTAL SECTION | Н 0 | |
| | | I. Anonymous Con | tributions | | |
| an | | Anonymous Contributireceives an anonymous | | | |

immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

I. MONETARY RECEIPTS (Sections A-K)

| | 130524 |
|-----|---------|
| age | 7-of-17 |

| NAME OF COMMITTEE (Provide Complete Nam | e as Registered with Filing Repository) | Т | YPE OF | REPORT | | |
|--|--|-------------------|-----------|----------------|--|-----------------|
| Surgeon For Council | | | | | | |
| | J. Interest from Deposits in Auth | orized Accounts | | | | |
| Name of Institution | | E | ate Recei | ved | | Amount |
| NONE | | | | | 0 | |
| Street Address | City | Stat | e | Zip Code | | |
| Name of Institution | | | ate Recci | ved | | Amount |
| | | | | | 0 | |
| Street Address | City | Stat | e | Zip Code | | |
| | | OTAL SECTION | J O | | <u> </u> | |
| K. Misc | ellaneous Monetary Receipts not C | Considered Cont | ributi | ions | | |
| Name | | | Date | of Transaction | 1 | Amount Received |
| NONE | | | | 15: 0 1 | | 0 |
| Street Address | City | | State | Zip Code | | |
| Description | | L | <u></u> | | | |
| Name | <u> </u> | | Date | of Transaction | , | Amount Received |
| Street Address | City | | State | Zip Code | | 0 |
| Succi Address | City | | 54.0 | Lip code | | |
| Description | | | <u> </u> | | | |
| Name | | | Date | of Transaction | 1 | Amount Received |
| | | | | | | 0 |
| Street Address | City | | State | Zip Code | | v |
| Description | | | | | | |
| Name | | | Date | of Transaction | | Amount Received |
| | | | | | | 0 |
| Street Address | City | | State | Zip Code | | Ü |
| Description | | | | | | |
| | TOTAL | SECTION K | 0 | | | |
| SUMMARY | OF OTHER MONETARY RECE | EIPTS (Sections | D thr | ough K) | | |
| Total Loans Received this Period (Section | The state of the s | V | | 0 | | |
| Total Receipts from Entities other than In | dividuals or Other Committees (Section E | () | + | 0 | | |
| Total Amount Transferred from Affiliate | d Business Treasury (Section F) | | + | 0 | | |
| Total Amount Transferred from Affiliate | d Labor Union or Other Organization Tre | asury (Section G) | + | 0 | | |
| Total Amount of Personal Funds of the C | andidate Received this Period (Section H) | | + | 0 | | |
| Total Amount of Interest from Deposits in | Authorized Accounts (Section J) | | + | 0 | | |
| Total Miscellaneous Monetary Receipts n | ot Considered Contributions (Section K) | | + | 0 | | |
| (Add Sec | Total of Ot tions D through K) (Enter total on Line 15, Co | her Monetary R | | | | |

II. EVENT ACTIVITY (Sections L1—L5)



| reserved annual vara | H. EVENTACI | T 1 T T T | (beening LI | шэ | | | |
|---|---|--------------------------------------|--|--|-----------|-------------------|-----------------|
| NAME OF COMMITTEE | (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | | | |
| Surgeon For Council | | | | | | | |
| | L1. Even | ıt Infori | nation | | | | |
| Event # | Description | | | | Was ti | rie a fer | draising event |
| Date of Event Letter | NONE | | | | 1 | Yes | ONo |
| Location: Street Address | | City | | | S | tate | Zip Code |
| Subpart 1: (All Committee Was this event hosted at a | · | OYes O No | (If yes, go to Section L.: Associated with a Houpurchases made by hos | ise Party and complet | te requir | ed infor | |
| | e goods or services donated by a business entity nated by an individual of up to \$100? | O Yes O No | (If yes, go to Section L and complete required | | not Cons | sidered (| Contributions |
| Was this fundraiser a tag with purchases from an in | sale, auction, or other sale of donated items dividual of up to \$100? | | (If yes, enter Total Reco | cipts here.) | \$ | | |
| Were there purchases of a sign associated with this subpart 3: (Town Comm | nittees ONLY) | mit <u>te</u> es oti | her than Exploratory (If yes, go to Section La or on a Sign and comp | Purchases of Advert | | ace in a | Program Book |
| | ood or beverage at a fair or similar mass state with this fundraiser? | OYes ONo | (If yes, enter Total Rec | eipts here.) | \$ | | |
| Event # Date of Event Letter | Description | o jedi osvo ljaj svete r. | | <u>an i territori (1955), kindreta (18</u> | 1 | nis a fun Dyes | draising event? |
| Location: Street Address | | City | | | St | ate | Zip Code |
| Subpart 1: (All Committee Was this event hosted at a | • | OYes ONo | (If yes, go to Section L5 Associated with a Hou purchases made by host | se Party and complete | e require | ed infor | |
| | e goods or services donated by a business entity nated by an individual of up to \$100? | O Yes | (If yes, go to Section Land complete required in | | not Cons | sidered (| Contributions |
| Was this fundraiser a tag swith purchases from an in | sale, auction, or other sale of donated items dividual of up to \$100? | O Yes | (If yes, enter Total Reco | eipts here.) | \$ 0 | | |
| Subpart 2: (Party Comm. Were there purchases of a sign associated with this f | ittees, Municipal Candidates and Political Comm dvertising space in a program book or on a undraiser? | nittees otl O Yes O No | er than Exploratory (If yes, go to Section L3 or on a Sign and comp | Purchases of Advert | | ace in a | Program Book |
| Subpart 3: (Town Comm Did your committee sell for gathering held within the | ood or beverage at a fair or similar mass | OYes ONo | (If yes, enter Total Rece | ipts here.) | \$ 0 | | |
| SUBTOTAL Section | n L1—Subpart 1 (All Committees) Total Receipts fr | om Sale o | f Donated Items — ' | This Page 0 | | | |
| | | | ibpart 3 <i>(Town Committe</i> Food Purchases — T | | | | |
| | | | of additional Section | | | <u></u> | |
| | TOTAL OF ALL RECE (Enter total on | | OM SMALL PUR | | | - | |

II. EVENT ACTIVITY (Sections L1-L5)

15924 age901.12

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 Registered with Filing Repository) TYPE OF REPORT Surgeon for Council L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: OBusiness Entity Other NONE O Individual/Sole Proprietorship Street Address City Zip Code Aggregate Purchases for All Events Amount of Sign Purchase Date Received Event # Amount of Program Ad Purchase Name of Purchaser Purchase Made By: Business Entity Other O Individual/Sole Proprietorship State Zip Code Street Address City Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase 0 Purchase Made By: Name of Purchaser OBusiness Entity Other O Individual/Sole Proprietorship Street Address City State Zip Code Amount of Sign Purchase Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase 0 Purchase Made By: Name of Purchaser Business Entity Other O Individual/Sole Proprietorship Street Address Zip Code City Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: OBusiness Entity Other O Individual/Sole Proprietorship Street Address Zip Code State City Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page | 0 TOTAL of additional Section L3 Pages 0 TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK OF ON A SIGN

(Enter total on Line 16c, Column A of Summary Page Totals)

II. EVENT ACTIVITY (Sections L1—L5)

16 0 24 Page 10 of 17

| NAME OF COMMITTE | EE (Provide Complete Name | as Registered with Filing Repost | (orv) | | TYPE OF REP | ORT | | |
|--|--|---|---------------|---|---------------|----------|-------------|----------------|
| Surgeon For Counci | | 3 7 | | | | | | ····· |
| | L | 4. In-Kind Donation | s Not Cons | idered Contribu | tions | | | |
| Name of Donor | | | | | | | | |
| NONE | | | | | | | | |
| Street Address | | | City | | ··· | | State | Zip Code |
| Donation Given By: | Description of Donation | · · · · · · · · · · · · · · · · · · · | | | · | Fair | Market Val | ue of Donation |
| OBusiness Entity | | | | | | 0 | | |
| O Individual | Date Received | Event # | - Note: | Aggregate Value for | this Event | | | |
| O Sole Proprietorship | | | | | | | | |
| Name of Donor | | | <u>.</u> | | | | | |
| Street Address | | | City | | | | State | Zip Code |
| | | | | | | | | |
| Donation Given By: | Description of Donation | | | | | Fair l | Market Val | ue of Donation |
| Business Entity | | | | | | 0 | | |
| OIndividual | Date Received | Event # | | Aggregate Value for | this Event | | | |
| OSole Proprietorship | | | | | | | | |
| Name of Donor | | | | | | | | |
| Street Address | | | City | | 1 | | State | Zip Code |
| | | | | | | | | |
| Donation Given By: | Description of Donation | | | | 1497 | Fair i | Market Val | ue of Donation |
| OBusiness Entity | | | | | | 0 | | |
| Ondividual | Date Received | Event # | | Aggregate Value for | this Event | | | |
| O Sole Proprietorship | | | | | | | | |
| Name of Donor | | • | | | | | | |
| | | | | | | | | |
| Street Address | | | City | | | <u></u> | State | Zip Code |
| Donation Given By: | Description of Donation | <u> </u> | | | | Posts 3 | Manikat Wal | ue of Donation |
| OBusiness Entity | Description of Boundary | | | | | | vrarket van | He of Donation |
| O Individual | Date Received | Event # | | Aggregate value for | his Event | 0 | | |
| O Sole Proprietorship | | | | | | | | |
| | | SUI | 3TOTAL Sect | ion L4 — This Page | О | <u> </u> | | |
| | | тот | AL of additio | nal Section L4 Pages | 0 | | | |
| тот | 'AL OF ALL IN-KINI | D DONATIONS NOT C (Enter total on Line 21, | | | | | | |
| and the same of th | The state of the s | <u> </u> | | - All Control of the | | | | |
| | | | | | | | | |
| | | | | | | | | |

II. EVENT ACTIVITY (Sections L1-L5)



| NAME OF COMMITTEE (Pro | vide Complete Name as Registered with Filing Re | pository) | | TYPE OF RE | PORT | |
|-------------------------|---|----------------------------|--------------------------|-----------------------------|-------------|----------------|
| Surgeon For Council | | | | | | |
| L5. I | n-Kind Donations Not Consid | lered Contributions. | Associated with a I | House Part | y | |
| Name of Host | | | | | | e candidate or |
| NONE | | | l l | OYes ONe | | lendum L5 |
| Street Address | | City | | | State | Zip Code |
| Description of Donation | | | | Fair Mar | ket Value o | f Donation |
| | • | | | 0 | | |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Eve | ents—this host/candidate | | | |
| Name of Host | | | Is this event: | supporting me | ore than on | e candidate or |
| | | | committee? | OYes ONe omplete Itemiza | 3 | |
| Street Address | | City | | | State | Zip Code |
| | | | | | | |
| Description of Donation | | | | Fair Mar | ket Value o | f Donation |
| | | | | 0 | | |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Eve | ents—this host/candidate | | | |
| <u> </u> | | | | | | |
| Name of Host | ··· | | Is this event s | supporting mo | ore than on | e candidate or |
| | | | j | omplete Itemiza | | endum L5 |
| Street Address | | City | | | State | Zip Code |
| | | | | | | |
| Description of Donation | | | | Fair Mar | ket Value o | f Donation |
| | | | | 0 | | |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Eve | ents—this host/candidate | 1 ~ | | |
| | | | | | | |
| Name of Host | <u></u> | | Is this event s | | | e candidate or |
| | | | | OYes ONo emplete Itemiza | | endum I.5 |
| Street Address | | City | 777-7 | | State | Zip Code |
| | | | | | | |
| Description of Donation | | | | Fair Mar | ket Value o | f Donation |
| • | | | | | | I D.M. |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Eve | ents—this host/candidate |] 0 | | |
| | | | | | | |
| | | | | <u> </u> | | |
| | | SUBTOTAL Section | 1 L5 — This Page | 0 | | |
| | | TOTAL of additional | Section L5 Pages | 0 | | |
| | ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on | | | 0 | | _ |
| | | | | | | |
| | | | | | | |

SEEC FORM 20

III. NONMONETARY RECEIPTS (Sections M-O)

| - |
|---|
| |
| |

| NAME OF COMMITTEE (Provide Complete | Name as De | ojstovod with | Filing Renovitoral | 75 (U-84) | | TYPE | OF REPORT | | |
|--|--|---------------|---|-----------|--|---------------|-----------------|-------------|--------------------------------|
| Surgeon for Council | rane as re | giaici eu min | Tung Repository | | - 1 | 1 | or real orer | | |
| | | | M. In-Kind (| Conti | ibutions | | | | |
| Name | | | | | | | | | |
| NONE | | | | | _ | _ | | | |
| Street Address | | | | C | ity | | | State | Zip Code |
| Type of contributor: OCommittee | Date Rece | ived | Aggregate Contribution | ns | Description of In-Kin | d Contributi | on | <u> — —</u> | <u> </u> |
| Olndividual / Sole Proprietorship OOther | | | | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Some | Yes No Yes No Yes If contribution is in excess of \$400 to a candidate for a chief executive officer does contributor or business he/she is associated with have a contract with said valued at more than \$5,000? | | | | | Market Value | | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | 8 Yes No | If yes, | utor a principal of a sta indicate which brance ernment the contract is | h or b | tractor or prospective ranches Executive | _ | O No 1 | 0 | |
| Name | | | | | | | | | |
| Street Address | | | | C | ity | | <u>,</u> | State | Zip Code |
| | | | | | | | | <u> </u> | |
| Type of contributor: Committee Individual / Sole Proprietorship Oother | Date Recei | ved | Aggregate Contribution | ns | Description of In-Kine | l Contributio | on | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | does co | | business he/she is ass | | te for a chief executive d with have a contract Yes No | | * * ' / | | Market Value s Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | 8 Yes No | If yes, | tor a principal of a sta indicate which branc rument the contract is | h or br | ractor or prospective s | _ | O _{No} | 0 | |
| Name | | <u></u> | | · | | | | | |
| Street Address | | | | - Tci | f ₂ | | | State | Zip Code |
| Steet Address | | | | | • | | | | |
| Type of contributor: OCommittee | Date Recei | ved | Aggregate Contribution | is | Description of In-Kine | l Contributio | on | | |
| O Individual / Sole Proprietorship OOther | | | | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | does co | | business he/she is ass | | te for a chief executive I with have a contract O Yes O No | | | | Market Value Contribution |
| Is this contribution associated with an event reported listed in Section L1? If yes, list Event # | 8 Yes No | If yes, | tor a principal of a sta indicate which branch rument the contract is | h or br | ractor or prospective s anches Executive | _ | ONo | 0 | |
| | | | SUBTOT | AL Se | etion M — This Pa | ige () | | | |
| | | | TOTAL of | additi | onal Section M Pag | ges 0 | | | |
| TOTAL OF ALL IN-KIND CON | TRIBUT | TIONS Œ | Inter total on Line 23, (| Column | ı A of Summary Page 1 | otals) () | | | |
| | N. | Refund | lable Deposit to | o Tel | ephone Compa | ny | | | |
| Last Name of Individual | | | First | | | | MI | Date Deposi | 1 Made |
| NONE | | | | | | | | | |
| Residential Street Address | | | City | | | State | Zip Code | | Amount of Deposit |
| Name of Telephone Company | <u> </u> | | | | | 1 | | 0 | |
| Street Address | | | TC:4 | | | State | Zip Code | _ | |
| ORANI WIGHTS | | | City | | | June | Zip Code | | |
| The state of the s | · CHITTAR | -Charles | | | | , | <u> </u> | | |
| TOTAL SE | CHON | N (Enter t | total on Line 24, Colu | mn A | of Summary Page To | als) 0 | | | |

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

| Revised January 2015 | I VI EMI EMILIA | TOTELS (SCHOOL | , <u>, , , , , , , , , , , , , , , , , , </u> | | |
|---|---|-------------------------------|---|-----------------------------------|------------|
| | TEE (Provide Complete Name as Registered with Filing Repository, | | TYPE OF REPORT | | |
| Surgeon For Cou | ncil | | | | |
| | P. Expenses | Paid by Committee | e | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Morgan Media, L | LC | | 09-02-23 | Oheck #1006 | _ |
| Street Address | | City | | O Debit Card State Zip Cod | OEFT |
| | | | | | |
| 2568 Main St | | Hartford | | CT 06120 | ა ! |
| Purpose of Expenditure | Description | | Event # | Amount | i |
| (by code) | Live Broadcast | | Ongoing campaign | 850.00 | |
| Expenditure # | L DR. | at China Cant I with | 1 | - 050.00 | ! |
| (if applicable) | Type of Expenditure (Itemization in Addendum P Required to | ntess "Ivone of the below" is | s спескеа) | | |
| | None of the below Coordinated with reimbursement sought (joint expenditure) | re) 🚺 Indeper | ndent | | |
| | Coordinated without reimbursement sought (in-kind cont | | rationOA OBOCOD | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Artwurks Unlimit | ed LLC | | 05-05-2023 | O Check #1005 | |
| Street Address | | City | | O Debit Card (| OEFT c |
| 423 Main St | | Hartford | | CT 06103 | |
| 423 Wall 31 | | Паннони | <u></u> | C1 00103 | , |
| Purpose of Expenditure (by code) | Description | | Event # | Amount | |
| (by code) | Purchase and printing of T-shirts used in the | campaign | Ongoing campaign | 747.50 | • |
| Expenditure # | Type of Expenditure (Itemization in Addendum P Required un | iless "None of the below" is | checked) | 7 | |
| (if applicable) | None of the below | icus Trono oy mo ocion no | VIII 0.110 117 | | |
| ! | Coordinated with reimbursement sought (joint expenditur | | dent | | |
| | Coordinated without reimbursement sought (in-kind contr | ibution) Organiza | ation OA OB OC OD | | |
| Name of Payee | | | Date of Payment | Method of Payment: O Check # 1003 | |
| Hartford Democra | atic Town Committee | | 08-05-2023 | | Oeft |
| Street Address | | City | | State Zip Code | |
| 1 Gold St | | Hartford | | CT 06103 | 3 |
| | | | F111 | <u> </u> | |
| Purpose of Expenditure (by code) | Description | | Event # | Amount | |
| | Contribution to shared slate expenses | | | 1,500.00 | |
| Expenditure # | Type of Expenditure (Itemization in Addendum P Required u | nless "None of the below" i | s checked) | 7 | |
| (if applicable) | None of the below | | | | |
| | Occordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con | | _ | | l |
| Name of Payee | O Cooldinated without remothschieft sought (in-kind con | Organiz | Date of Payment | Method of Payment: | |
| | Detectors | | | Check #1007 | |
| Hot Off The Press | Printers | | 09-09-2023 | _ | EFT |
| Street Address | | City | | State Zip Code | э |
| 26 Euclid St | | Hartford | | CT 06112 | 2 |
| Purpose of Expenditure | Description | | Event # | Amount | |
| (by code) | | | Ongoing campaign | | |
| Printing Services Ongoing campaign 126.00 | | | | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required in | nless "None of the below" is | s checked) | | |
| None of the below | | | | | |
| | Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control | ¥ - | | | J |
| | | O organiza | ation OA OB OC OD | | —— |
| | | SUBTOTAL Section P - | - This Page 3,224.00 | | |
| | | | | 1 | |
| | TO | TAL of additional Secti | on P Pages 1,209.00 (Att | achment: 1 Page) | ' [|
| | TOTAL OF ALL EXPE | NEES DAID DV COM | AUM TETETE | | |
| | | 2 19, Column A of Summar | | | |

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 activity

SEEC FORM 20 Revised January 2015

| NAME OF COMMIT | TEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | | |
|-------------------------------------|--|---|--------------------|-----------------|----------------------|
| Surgeon For Cou | ncil ATTACHMENT (1 of | 1) | | | |
| | P. Expenses | Paid by Committee | | | |
| Name of Payee | | | Date of Payment | Method o | f Payment: |
| Bank of America | | | 08/14/2023 | O Chec | |
| Street Address | | City | | O Debi State | t Card OEFT Zip Code |
| 147 Washington | St | Htfd | | CT | 06106 |
| Purpose of Expenditure (by code) | Description Stop Payment Fee on Check/Account fees | | Event # | 46.00 | Amount |
| Expenditure # (if applicable) | | | | | |
| Name of Payee | | | Date of Payment | Method of | - |
| Day Campaign | | | 09/30/2023 | O Chec | |
| Street Address | | City | | State | Zip Code |
| 112 Bloomfield A | ve, | Windsor | | СТ | 06095 |
| Purpose of Expenditure | Description | | Event # | | Amount |
| (by code) | On-Line contribution receipts and Reports (A | uto Pay Invoices) | Ongoing | 100.0 | 0 |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controller) | e) O Independ | | | |
| Name of Payee | | | Date of Payment | Method of | |
| Energy Radio, LLC | · | | 09/15/2023 | | k # 1009 |
| Street Address | | City | | O Debit | t Card OEFT Zip Code |
| 24 Simpson St | | Htfd | | ст | 06112 |
| Purpose of Expenditure (by code) | Description Live broadcast of campaign event at Collin Be | ennet Bldg. | Event # | 700.0 | Amount O |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required under None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the control of th | re) 🔘 Indepen | · | | |
| Name of Payee | | | Date of Payment | Method of | • |
| Day Campaign | | | 7/19/30/2023 | O Chec | |
| Street Address | | City | | State | t Card |
| 1122 Bloomfield | Ave. | Bloomfield | | ст | 065095 |
| Purpose of Expenditure (by code) | Description Credit Card Fees for On-Line Contributions | | Event # | 363.0 | Amount 0 |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control | e) Independ | | | |
| | S | SUBTOTAL Section P — | This Page 1,209.00 | | |
| | то | TAL of additional Section | n P Pages 3,224.00 | | |
| | TOTAL OF ALL EXPE | NSES PAID BY COM 19, Column A of Summary | | | |

| Page | 14 01 | -17 | - |
|------|-------|-----|----|
| */ | 7 | a | 24 |

| | ΓΕΕ (Provide Complete Name as Registered with Filing Reposit | (ory) | N. R. C. | TYPE OF REPORT | | ν | |
|---|--|---------------------------------------|----------|-----------------|---------------------------|--------------------|--|
| Surgeon For Coun | | ww | | | | | |
| | Q. Campaign E | xpenses Paid by Cand | lidate | | | | |
| Name of Payee (Name of V | endor, Person or Entity who candidate paid directly) | | | Date of Payment | Is reimi | bursement claimed? | |
| NONE | | | | | 0 | Yes 🗿 No | |
| Street Address | | City | | | State | Zip Code | |
| | | | | | СТ | | |
| Purpose of Expenditure | Description | | Event # | : | | Amount | |
| (by code) | | | | | 0 | | |
| Name of Payce (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment | | | | | | bursement claimed? | |
| | | | | | 0 | Yes 💽 No | |
| Street Address | | City | L | | State | Zip Code | |
| | | | | | СТ | | |
| Purpose of Expenditure | Description | | Event # | ! | | Amount | |
| (by code) | | | | | 0 | | |
| Name of Payee (Name of V | Vendor, Person or Entity who candidate paid directly) | | | Date of Payment | Is reim | bursement claimed? | |
| | | | | | 0 | Yes 🗿 No | |
| Street Address | | City | ···· | | State | Zip Code | |
| | | | | | | | |
| Purpose of Expenditure | Description | | Event # | | | Amount | |
| (by code) | Live broadcast of campalgn event | | | | 0 | | |
| Name of Payee (Name of P | Vendor, Person or Entity who candidate paid directly) | | <u>'</u> | Date of Payment | Is reim | oursement claimed? | |
| | | | | | 0 | Yes O No | |
| Street Address | | City | | | State | Zip Code | |
| | | | | | | | |
| Purpose of Expenditure | Description | · · · · · · · · · · · · · · · · · · · | Event # | • | | Amount | |
| (by code) | | | | | 0 | | |
| Name of Payee (Name of V | 'endor, Person or Entity who candidate paid directly) | | 3 | Date of Payment | Is reimbursement claimed? | | |
| | | | | | 0 | Yes 🔘 No | |
| Street Address | | Cîty | | | State | Zip Code | |
| | | | | | | | |
| Purpose of Expenditure | Description | | Event # | | | Amount | |
| (by code) | | | | | 0 | | |
| Name of Payee (Name of V | 'endor, Person or Emity who candidate paid directly) | |] | Date of Payment | Is reimb | oursement claimed? | |
| | | | | | 0 | Yes 🔘 No | |
| Street Address | | City | | | State | Zip Code | |
| | | | | | | | |
| Purpose of Expenditure | Description | | Event # | | | Amount | |
| by code) | | | | | 0 | | |
| | | SUBTOTAL Section Q | — This | Page 0 | | | |
| | in the second se | FOTAL of additional Section | on O P | ages 0 | | | |
| | | (PENSES PAID BY CA | | 4 600 | | | |
| | | Line 26, Column A of Summar | | | | | |



| NAME OF COMMITT Surgeon For Cour | EE (Provide Complete Name as Regis NCI | stered with Filing Repository) | TYPE OF REPO | ORT | | | |
|-------------------------------------|--|---|--|-------------------------|--|--|--|
| | . | Expenses Incurred on Com | mittee Credit Card | | | | |
| Name of Issuing Insti | | Type of Cree | | | | | |
| NONE | | O Visa | Master Card Discover C | American Express Other: | | | |
| Name of Vendor, Person of | or Entity | | | Date of Transaction | | | |
| Street Address | | City | | State Zip Code | | | |
| Purpose of Expenditure (by code) | Description | | Event # | Amount | | | |
| Expenditure # (if applicable) | None of the below Coordinated with reimburse | n Addendum R Required unless "None ment sought (joint expenditure) rrsement sought (in-kind contribution) | independent Organization OA OB OC | | | | |
| Name of Vendor, Person of | or Entity | | | Date of Transaction | | | |
| Street Address | | City | | State Zip Code | | | |
| Purpose of Expenditure (by code) | Description | | Event # | Amount | | | |
| Expenditure # (if applicable) | nditure # Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) | | | | | | |
| 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 # (if applicable) | None of the below Coordinated with reimburser | n Addendum R Required unless "None ment sought (joint expenditure) rrsement sought (in-kind contribution) | of the below" is checked) Independent Organization: A OB Oc | Ор | | | |
| | | SUBTOTAL S | Section R — This Page 0 | | | | |
| | | TOTAL of addit | ional Section R Pages 0 | | | | |
| то | TAL OF ALL EXPENSES | S INCURRED ON COMMIT (Enter total on Line 27, Column . | | | | | |
| | | | | | | | |



| NAME OF COMMIT | TEE (Provide Complete Name as Registered | with Filing Repository) | ТҮРЕ О | F REPORT | | | | | | |
|---|---|--|--|----------|---|---|--|--|--|--|
| Surgeon For Cou | ncil | | | | | | | | | |
| | S. Expenses Inci | urred by Committee but Not Pa | id During this | Period | | | | | | |
| Name of Creditor | | | | | | Date Incurred | | | | |
| NONE | | | | | | | | | | |
| Street Address | | City | City | | | Zip Code | | | | |
| Purpose of Expenditure (by code) | Description | | Event # | | | | | | | |
| Expenditure # ((f applicable) | None of the below Coordinated with reimbursement | of the below in Addendum S Required unless "None of the below" is checked) of the below Independent in the below in the b | | | | | | | | |
| Name of Creditor | | | | | | Date Incurred | | | | |
| Street Address | 1.00 | City | MATTER STATE OF THE STATE OF TH | | State | Zip Code | | | | |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount Incurred (Estimate or Actual) | | | | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Add None of the below Coordinated with reimbursement Coordinated without reimbursement | 0 | | | | | | | | |
| Name of Creditor | | | | | Date Incurr | ed | | | | |
| Street Address | | City | . <u> </u> | | State | Zip Code | | | | |
| Purpose of Expenditure (by code) | Description | | Event# | | i . | Amount Incurred (Estimate or Actual) | | | | |
| Expenditure # ((f applicable) | Type of Expenditure (Itemization in Add None of the below Coordinated with reimbursement Coordinated without reimbursement | sought (joint expenditure) Ors | lependent | в Ос Ор | 0 O | | | | | |
| | | SUBTOTAL Section | on S-This Page | 0 | | | | | | |
| | | TOTAL of additional | Section S Pages | 0 | | | | | | |
| TOTAL OF ALL F | EXPENSES INCURRED BY COM | AMITTEE DURING THIS PERIOD B (Enter total on Line 28, Column A of Sun | | 0 | · | | | | | |
| Previously reported Expenses Unpaid and still Outstanding | | | | | | | | | | |
| TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals) | | | | | | | | | | |
| | | | | | | | | | | |

IV. EXPENDITURES (Sections P—T)

Page 17 of 17 74 of 24

| NAME OF COMMITT Surgeon For Coun | EE (Provide Complete Name as Registered with Filing Repos. | itory) | | | TY | PE OF I | REPORT | | |
|--|---|---------|----------|---------------|---|--------------------|---|-------------------|---------------------------------|
| | T. Itemization of Reir | nbu | rsements | and Secon | dary Pa | yees | | | |
| Last Name of Worker/Consultant NONE | | | Pirst | | | | MI Date of Payment to Vendor, Person or Entity | | |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | | <u> </u> | <u></u> | reported | t to Reimburse in Section P: | _ | Worker/Consultant as |
| Street Address of Vendor, | Person or Entity Paid by Committee Worker/Consultant | | City | | | | <u> </u> | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | | | Event # | | | 0 | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint or Coordinated without reimbursement sought (in-k | xpendit | ure) | O Indepe | endent 🔿 | O _B | O O D | | |
| Last Name of Worker/Consultant | | | rst | | • | | MI | Date of Person of | Payment to Vendor, or Entity |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | | | Payment to Reimburse Committee Worker/Consultant as reported in Section P: O Check #O Debit Card OEF | | | | |
| Street Address of Vendor, | Person or Entity Paid by Committee Worker/Consultant | | City | | | - | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | | | Event # | | <u> </u> | 0 | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T 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) None of the below Coordinated without reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) | | | | | | | | |
| Last Name of Worker/Consultant | | | rst | | | | MI | Date of Person of | Payment to Vendor, or Entity |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | | | | Paymen reported | l in Section P: | | Worker/Consultant as |
| Street Address of Vendor, | Person or Entity Paid by Committee Worker/Consultant | | City | | | J | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | | | Event # | | : | 0 | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expected Coordinated without reimbursement sought (in-kit) | pendin | ıre) | O Indepe | endent O | O _{o B} | O O | | |
| | | \$ | SUBTOTA | L Section T - | – This Pa _i | ge O | - | | |
| TOTAL of additional Section T Pages | | | | | es O | | | | |
| TOTAL OF ALL | REIMBURSEMENT TO COMMITTEE | wo | RKERS | AND CONS | ULTAN | rs 0 | | | |
| | | | | | | | | | |