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SEEC FORM 20

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

TOWN & CITY CLERN

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and the state of t			1 1 1		1011 July	1 1 1 y					
I. NAME OF COMMITTEE											
Re Elect Clarke for City Council											
2. TREASURER NAME											
First	MI		Last					Suffix			
Justin				Coleman							
3. TREASURER ADDRESS										The second secon	
Street Address			City				Sta	ite	Zip Co	ode	
107 Saint Monicas Avenue	Hart		tford				Γ	06120			
4, ELECTION/REFERENDUM DATE 5. OFFICE SOUGHT			IT (Complete only if Candidate Committee)						6. DISTI	RICT NUMBER	
(mm/dd/yyyy) 11/05/2019	City Council Rep								(if applicable,		
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	ry Committee)				And the second s					
First				Last	***************************************				Suffix		
Thomas		J			Clarke					П	
8. TYPE OF REPORT (Check One Box)											
O January 10 filing	7th day preced	ling primar	у	O 7th	day preceding re	ferendum			ribution o	r Disbursement	
April 10 filing	30 days following primary			○45 days following referendum			(PACs ONLY) Amendment to				
July 10 filing	7th day preceding election			O Deficit			Type of Report:				
October 10 filing	12th day preceding election (State Central Committees Only)			() Termination							
24 Hour Independent Expenditure Primary Election	O45 days following election not held in November										
9. PERIOD COVERED			and an article and a second and				A CONTRACTOR OF THE CONTRACTOR				
	Beginning Date			Ending Date							
	4/11/2019			thru 7/10/2019							
			_								
10. CERTIFICATION							water to				
				2000 - 11 St. 200							
I hereby certify and state under n	enalties of false s	tatament 1	that al	ll of the	information so	t fouth on thin	Itomia	ad Com	anaigu Ei		
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.											
				7					/	/	
- latter was			Ju	STIM	J COLER	CAL			71/5	1/2019	
TREASURER OR DEPUTY TREASURI	ER (SIGNATURE)	-	PRINT	'NAME	OF SIGNER				DATE (mm/dd/yyyy)	
V											
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.

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SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Re Elect Clarke for City Council	July 10						
	COLUMN A This Period	COLUMN B Aggregate					
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		О					
12. Balance on hand at the beginning of Reporting Period	2705.00						
13. Contributions Received from Individuals (Sections A and B)	435.00	3140.00					
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)	435.00	3140.00					
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	3140.00	3140.00					
19. Expenses Paid by Committee (Section P)	0	0					
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	3140.00	3140.00					
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	О					
24. Refundable Deposit to Telephone Company (Section N)	o	0					
25. Loan Balance	0						
25a. + Loans Received (Section D)							
25b. + Interest and Penalties on Loan							
25c Payments on Loan							
25d. Total Outstanding Loan Amount	0						
26. Campaign Expenses Paid by Candidate (Section Q)	0	555.00					
27. Expenses Incurred on Committee Credit Card (Section R)	0	0					
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0						
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0						

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repository).					TYPE OF REPORT					
Re Elect Clarke 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				\$ 235.00						
	1622		7 m							
Last Name	a Conti	First	tions from Indivi	iuais				мі		
Williams		1	remius							
Residential Street Address	Cit	<u></u>			State	Zip C	Code			
68 Pheasant Drive	М	iddle	etown			CT	064	157		
Principal Occupation	I	Name of Employer								
Health Administration Executive		Yale New Haven Health								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o does contributor or business valued at more than \$5,000?	s he/she is a ?	associ	ated with have a contract OYes No	with said municipality			Amount of Contri 100.00			
event reported in Section L1? No If yes, indicate whi										
Method of Contribution:			Date Received	Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction) Money O	احسيب	4/13/2019	100.00)			T		
Last Name		Firs						мі Н		
Motley	1	Jol	nn 		1	04-4-	7:			
Residential Street Address	Cit H	^y amd	len			State	Zip 0	514		
39 Canterbury Road Principal Occupation		dilla	Name of Employer				1			
Consulting			Motley Consulting							
	of \$400 to			e officer	of a municipality	Ame	annt o	f Contribution		
or dependent child of a lobbyist? No does contributor or business valued at more than \$5,000?	pouse, To I to this to the transfer of the tra									
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? No If yes, indicate who of government the	iich branc	h or b			No					
Method of Contribution:			Date Received	Aggregat						
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction	Money O		4/02/2019	100		<u> </u>		1		
Last Name		Firs	st					MI		
Residential Street Address	Ci	ty				State	Zip	Code		
Principal Occupation]	,	Name of Employer							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business valued at more than \$5,000°	s he/she is	a can assoc	didate for a chief executive intensity of the didate of th	ve officer t with said	of a municipality I municipality	, Am	ount o	of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a princip If yes, indicate who of government the	nich branc	h or b	h: Executive	OLeg	islative ONo					
Method of Contribution:	**** ^	، دادسه	Date Received	Aggrega	te Contributions					
Cash Personal Check Credit/Debit Card Payroll Deduction			The state of the s	The state of the s	200.00					
	SUBTO)TA	L Section B — This	s Page	200.00					
T	OTAL	of ac	lditional Section B	Pages	0					
TOTAL OF ALL CONTRIBUTIONS (Enter total of	FROM on Line 13	IND) , Coli	IVIDUALS (Sections umn A of Summary Page	A + B) Totals)	435.00					