Page 1 of 17

SEEC FORM 20

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

TOWN & CITY CLERK

MINART TO PM 2:36

Do Not Mark in This Space For Official Use Only

COVER PAGE

	izania da la compania de la compania	ang						description described to	
1. NAME OF COMMITTEE				10 30 37					
Committee to Re-Elect Cloud for Ti	reasurer								
2. TREASURER NAME							0 2 5 E		
First		MI	ļ	Last				1	Suffix
Carmen				Sierra					
3. TREASURER ADDRESS							85 (F. 65 (B.)	Zip Co	1
Street Address			City State CT						
200 Goodrich		·	Haru	.iora				0611	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	te only i	f Candidate	Committee)			6. DISTR	ICT NUMBER
(mm/dd/yyyy) 11/05/2019	City Treasurer		Marine Marine	ol Market i Societi Market i serie		0000 Pool VIII 0			
7. CANDIDATE NAME (Complete only if	Candidate or Explorato								0.00
First		MI		Last Cloud					Suffix
Adam		M	\$40,000 as	Cioud					
8. TYPE OF REPORT (Check One Box)				(a) (5) (5)		d 25 25		65 General 1651	
O January 10 filing	O7th day prece	ding primar	ry	O7th	day preceding referendum		Initial Cont (<i>PACs ONLY</i>)		Disbursement
April 10 filing	10 filing 30 days following primary			O 45 days following referendum Amendment to					
July 10 filing	y 10 filing O7th day preceding election ODeficit				1	Type of Report:			
October 10 filing	O12th day prec			O Tei	mination	•	****		
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		on						
9. PERIOD COVERED									
	Beginning Da	ate			Ending Date				
	09/02/2019	· · · · · · · · · · · · · · · · · · ·		thru	09/30/2019	·····			
10. CERTIFICATION									
I hereby certify and state, under posselosure Statement for the pe	penalties of false eriod covered is	statement, true, accu	, that : irate	all of the and con	information set forth on aplete.	this Ite	emized Ca	mpaign F	inance
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE)		PRIN	On IT NAME	non Vena of signer		_	/O/	10/19 (mm/dd/yyyy)
A nerson who is	found to have k	nowingly a	and w	illfullv v	iolated any provisions of	the can	npaign fin	ance stati	ıtes
portion into in	, ,	faces a ci	vil pe	nalty 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) Committee to Re-Elect Cloud for Treasurer	TYPE OF REPORT October 10th Filing					
	COLUMN A This Period	COLUMN B Aggregate				
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0				
12. Balance on hand at the beginning of Reporting Period	7,645.48					
13. Contributions Received from Individuals (Sections A and B)	9,332.34	11,720.00				
14. Receipts from Other Committees (Sections C1 and C2)	375.00	475.00				
15. Other Monetary Receipts (Sections D through K)	0	О				
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)	o	0				
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	9,707.34	12,195.00				
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	17,352.82	12,195.00				
19. Expenses Paid by Committee (Section P)	15,705.63	4,549.52				
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1,647.19	7,645.48				
21. In-Kind Donations not Considered Contributions Received (Section L4)	О	0				
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0				
23, In-Kind Contributions Received (Section M)	0	0				
24. Refundable Deposit to Telephone Company (Section N)	0	0				
25. Loan Balance	o					
25a. + Loans Received (Section D)	0	0				
25b. + Interest and Penalties on Loan	0	0				
25c Payments on Loan	О	0				
25d. Total Outstanding Loan Amount	О					
26. Campaign Expenses Paid by Candidate (Section Q)	o					
27. Expenses Incurred on Committee Credit Card (Section R)	o					
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	o					
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	o					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	sitory)			TYPE OF REPORT				
Committee to Re-Elect Cloud for Treasurer				October 10th Filing				
A. Total Contributions from Small Contributors-Research (See instructions for definition of Small Contributor)	leceived SU	l thi BTO	s Period ONLY TAL SECTION A	\$542.34				
				•	or statistics of			
	ed Cont	ribu	tions from Individ	luais			MI	
Last Name Baker			tricia					
Residential Street Address						Zip C	ode	
341 South Brooksvale Road	Cheshire					064	10	
Principal Occupation Name of Employer								
President/CEO			Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves does contributor or business valued at more than \$5,000?	s he/she is	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality Oyes No				Amount of Conta		
	hich brancl	of a state contractor or prospective state contractor? Yes branch or branches No						
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O)Money C	rder	09/03/2019	0				
Last Name		Firs	-			•	МІ	
Schlossberg		Be	enjamin 					
Residential Street Address	Ci	•			State NJ	Zip C 085		
268 Jackson Pines Road	J	acks	q		(4)	000	021	
Principal Occupation			Name of Employer Self					
Shelbourne	25.12.		ł ·	60° 6				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000	ss he/she is	a can assoc	didate for a chief executive iated with have a contract O Yes O No	with said municipality		ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a princi If yes, indicate who of government the	hich branc	ch or l	ntractor or prospective star branches h: Executive	te contractor? O Legislative				
Method of Contribution:	_		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money C	Order	09/03/2019	0				
Last Name		Fir					MI	
Smith	,		lylyn		Ta.	la:	2 1.	
Residential Street Address		^{ity} Wind	lsor		State	1 -	Code 095	
5 Crabapple Road		**1110	Name of Employer		1			
Principal Occupation Attorney			CareCentrix					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busines valued at more than \$5,000	ss he/she i	o a car s asso	ndidate for a chief executive ciated with have a contract Yes No	ve officer of a municipali t with said municipality		mount o	f Contribution	
event reported in Section L1?								
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney (Order	Date Received 09/04/2019	Aggregate Contributions 0				
	SUBT	ОТА	L Section B — This	Page 600.00				
The state of the s	TOTAL	of a	dditional Section B	Pages 8732.34 &	190.	00		
TOTAL OF ALL CONTRIBUTIONS (Enter total	S FROM I on Line I	IND 3, Col	OIVIDUALS (Sections lumn A of Summary Page	A + B) 9332.34				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) 1				TYPE OF REPORT			
Committee to Re-Elect Cloud for Treasu	rer			October 10th Filing			
A. Total Contributions from Sm (See instructions for definition of Small Co			s Period ONLY TAL SECTION A	\$542.34			
	B. Itemized Con	ıtribu	ntions from Individ	luals			
Last Name		Firs	at nne				MI
Camilliere			iiie		State	Zip C	ode.
Residential Street Address 60 Old Common	and Street Address					061	
Principal Occupation			Name of Employer	<u> </u>	l		
Consultant			Self				
	If contribution is in excess of \$400 t	to a can	didate for a chief executive	e officer of a municipalit	y, Am	ount o	f Contribution
	does contributor or business he/she valued at more than \$5,000?	is assoc	eiated with have a contract	with said municipality	250	0.00	
Is this contribution associated with an Y	es Is contributor a principal of a s	principal of a state contractor or prospective state contractor? Yes ate which branch or branches					
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order	09/04/2019	0			
Last Name		Fin	si			0.00	МІ
Van De Hoef		Cl	hristopher				
Residential Street Address		City			State	1 1	Code
17 Lincoln Avenue		West	Hartford		CT	06	117
Principal Occupation			Name of Employer	- · •			
Lobbyist			Penn Lincoln Strate				
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	ndidate for a chief executive ciated with have a contract O Yes O No	e officer of a municipalit with said municipality		mount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		nch or	branches	C Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Cas	rd OPayroll Deduction OMoney			0			
Last Name		1.	rst				MI
Gerratana			iregory	· · · · · · · · · · · · · · · · · · ·	State	710	Code
Residential Street Address 11 Dorset Lane		City Farm	nington		CT		032
		1. 2111	Name of Employer		1		
Principal Occupation Senior Advisor			State of CT				
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?	to a car	ndidate for a chief executive ciated with have a contract O Yes O No	ve officer of a municipality		nount (of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or	branches th: CExecutive	• O Legislative			
Method of Contribution:	and OBarmall Daduation Obt	u Orda	Date Received 09/04/2019	Aggregate Contributions 0			
OCash OPersonal Check OCredit/Debit Ca		0.72760.74564.50					
	SUB	TOT/	AL Section B — Thi	s Page 625.00	***************************************		
	TOTA	Lofa	dditional Section B	Pages 8107:34 7	565	.60	
TOTAL OF A	LL CONTRIBUTIONS FRO (Enter total on Line	M INI 13, Co	DIVIDUALS (Sections lumn A of Summary Page	A + B) 9332.34			`

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	sitory)			TYPE OF REPORT				
Committee to Re-Elect Cloud for Treasurer				October 10th Filing				
A, Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)	Received SU	l thi: BTO	s Period ONLY TAL SECTION A	\$ 542.34				
				J. 1-				
	ed Cont	ribu Firs	tions from Individ	luais			MI	
Last Name Williams		Jol						
Residential Street Address	Ci	ty			State	Zip (
1000 Route 80	G	uilfo	rd		СТ	064	137	
Principal Occupation			Name of Employer					
Real Estate Development			Oak Tree Developm					
or dependent child of a lobbyist? One does contributor or business valued at more than \$5,000	ss he/she is)?	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality OYes ONo				Amount of Cont		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a princip for yes, indicate who of government the	hich brancl	h or b	tractor or prospective stat ranches a: OExecutive	OLegislative No				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O)Money C		09/04/2019	0			1.0	
Last Name		Firs	hn		•		Mi	
Wolfson	- lo				State	Zin	Code	
Residential Street Address 1 Constitution Plaza # 900		_{ity} Iartfo	ord		CT	- 1	103	
			Name of Employer		1			
Principal Occupation Attorney			Feiner Wolfson, LL	C				
Ves If contributor a lobby ist snowse Yes If contribution is in excess	of \$400 to	a can	didate for a chief executive	e officer of a municipali	ty, Aı	nount c	f Contribution	
or dependent child of a lobbyist? No does contributor or busines valued at more than \$5,000	ss he/she is 0?	assoc	iated with have a contract Yes O No	with said municipality	25	50.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Of government the section L1?	vhich bran	ch or l	ntractor or prospective state branches h: Executive	te contractor? O Legislative	0			
Method of Contribution:	_	•	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money (and the second s	0				
Last Name		Fi	eah				MI	
Sanzoro	1.		call		State	Zie	Code	
Residential Street Address		ity Reau	ested		June	"		
Requested Principal Occupation		7*	Name of Employer		_1			
Requested								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess does contributor or busines valued at more than \$5,000	ess he/she i	o a cai s asso	ndidate for a chief executic ciated with have a contract Yes No	ve officer of a municipal tr with said municipality		mount	of Contribution	
Is this contribution associated with an Yes Is contributor a princ	cipal of a si which bran	of a state contractor or prospective state contractor? Dyes branch or branches						
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	OMoney	Order	Date Received 09/04/2019	Aggregate Contributions 0	İ			
			L Section B — Thi	s Page 600.00				
	TOTAL	of a	dditional Section B	Pages 7507.34-	965	, 00	<u> </u>	
TOTAL OF ALL CONTRIBUTION (Enter total	IS FROM I on Line I	I INI 3, Co	DIVIDUALS (Sections lumn A of Summary Pag	A + B) e Totals) 9332.34				

NAME OF COMMITTEE. (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT				
Committee to Re-Elect Cloud for Treasurer		October 10th Filing	October 10th Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONL' SUBTOTAL SECTION	\$ \$542.34				
		0.000				
B. Itemized Co	ntributions from Inc	lividuals	MI			
Last Name Simpson	First Robert		""			
Residential Street Address	City State Zip Code					
1 Taskers Pond Road	Farmington		CT 06032			
Principal Occupation	Name of Employer					
Attorney	Carlton Fields					
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?	e is associated with have a cor OYes	Amount of Contribution 250.00				
event reported in Section L1? No If yes, indicate which bra	Is contributor a principal of a state contractor or prospective state contractor? Yes					
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone		0	l\sa			
East Name	First John		MI			
Heslin	City		State Zip Code			
Residential Street Address 17 Gun Mill Road	Bloomfield		CT 06002			
Principal Occupation	Name of Employer					
Insurance Agent	Wentworth De	angelis				
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?	to a candidate for a chief exe e is associated with have a co	ntract with said municipality	Amount of Contribution 250.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09/04/2019A Yes Is contributor a principal of a lf yes, indicate which broof government the contributor.	a state contractor or prospection or branches act is with:	utive O Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone		0	MI			
Last Name	First Thomas		IVII			
Clarke	City		State Zip Code			
Residential Street Address 192 Palm Street	Hartford		CT 06106			
Principal Occupation	Name of Employer		J			
PIO	Charter Oak H	ealth Center				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/st valued at more than \$5,000?	ne is associated with have a co	ecutive officer of a municipality ontract with said municipality) No	y, Amount of Contribution 100.00			
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor? QYes					
Method of Contribution: Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMon	Date Received 09/04/2019	Aggregate Contributions 0				
SUI	BTOTAL Section B —	This Page 600.00				
TOTA	AL of additional Section	n B Pages 6907.34 62	3 <i>6</i> 6.00			
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Section 13, Column A of Summary	tions A + B) Page Totals) 9332.34				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Committee to Re-Elect Cloud for Treasurer	October 10th Filing					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$542.34	upopunika di norto di sh		
			•	150 150 20		
		outions from Individual	iuais		TMI	
Last Name Marcellino	- 1	Nex				
	City			State	Zip Code	
	Storr	rs		CT	06268	
Principal Occupation		Name of Employer				
Management		State of CT				
	ist? O No does contributor or business he/she is associated with have a contract with said municipality			/, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09/04/2019A Yes Is contributor a principal of a sevent reported in Section L1? No If yes, indicate which brancof government the contract	nch or	branches	Contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	09/04/2019	0			
Last Name	Fi	irst			MI	
Kenny	٨	Martin				
	City			State	Zip Code	
8 Belhaven	Cron	nwell		СТ	06416	
Principal Occupation		Name of Employer				
Real Estate Developer		Self			.,,,	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Specification is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca is asso	ndidate for a chief executive ociated with have a contract O Yes O No	e officer of a municipality with said municipality	1	Amount of Contribution 250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09/04/2019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or	r branches	e contractor? Yes O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	r 09/04/2019	0			
Last Name		First			MI	
Lazowski		Alex		To.	Ta: 0.1	
Residential Street Address	City	tford		State CT	Zip Code 06105	
170 Scarborough Street Principal Occupation	Hart	Name of Employer		<u> </u>	100103	
CEO		Laz Parking				
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?	to a ca is ass	andidate for a chief executiv ociated with have a contract Yes O No	e officer of a municipalit with said municipality	y, Am 250	ount of Contribution 0.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09/04/2019A Section L1? If yes, indicate which bra of government the contra	ınch or	r branches	e contractor? Yes OLegislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Orde	Date Received 09/04/2019	Aggregate Contributions 0			
SUB'	тот	AL Section B — This	Page 650.00			
TOTA	Lofa	additional Section B I	Pages 6257.34-5	715.00		
TOTAL OF ALL CONTRIBUTIONS FROM	M INI : 13, Ca	DIVIDUALS (Sections A column A of Summary Page	A + B) Totals) 9332.34			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Committee to Re-Elect Cloud for Treasurer		ļ	October 10th Filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		riod ONLY SECTION A	\$542.34				
B. Itemized Co	ntribution	s from Individ	uals				
Last Name	First				MI		
Castro	Melvin				Ia: o i		
Residential Street Address	City Wethersfie	ald		State	Zip Code 06109		
13 Helbrook Ter	<u> </u>	of Employer			00105		
Principal Occupation Management	I	te of CT					
or dependent child of a lobbyist? On does contributor or business he/sh valued at more than \$5,000?	ependent child of a lobbyist? O No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? OYes ONo				Amount of Contribution 240.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09/04/2019A Yes Is contributor a principal of a If yes, indicate which branches of government the contributor of government the contributor of government the contributor apprincipal of a lift yes, indicate which branches are the contributor apprincipal of a lift yes, indicate which branches are the contributor apprincipal of a lift yes, indicate which branches are the contributor apprincipal of a lift yes, indicate which branches are the contributor apprincipal of a lift yes, list Event # 09/04/2019A	anch or branch act is with:	Executive	OLegislative O No				
Method of Contribution:	1	Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	7 01001	/04/2019	0				
Last Name	First Sal				MI		
Marotta	<u>, </u>			State	Zip Code		
Residential Street Address 23 Autumn Circle	City Rocky Hill			CT	06067		
Principal Occupation	<u> </u>	e of Employer		<u> </u>			
Executive		umn Transporta	tion				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a candidate e is associated	o for a chief executive with have a contract of Yes No	officer of a municipality with said municipality	/, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09/04/2019A Yes No If yes, indicate which be of government the contributor of government the government the government the government the government the	anch or branc	hes	e contractor? Yes O Legislative				
Method of Contribution:		Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMond	y Order 09	/04/2019	0		Managara managara kangkan kananaka Managara kanana managara mah		
Last Name	First	•			MI		
Ficeto	Rober			Tai	77-0-1		
Residential Street Address	City Wolcott			State CT	Zip Code 06716		
13 Diamond Rock Road		ne of Employer		<u> </u>]		
Principal Occupation Associate Accounts Examiner		ite of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	0 to a candidate ne is associated	e for a chief executive with have a contract Yes O No	e officer of a municipalit with said municipality	y, Am	ount of Contributi		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09/04/2019A Yes No Is contributor a principal of If yes, indicate which by of government the contributor.	ranch or branc ract is with:	hes Executive	O Legislative				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OMon		Received /04/2019	Aggregate Contributions 0				
SUI	STOTAL S	ection B — This	Page 440.00				
TOTA	AL of additi	onal Section B I	Pages 5817.3452	275.0	O		
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIL ie 13, Column	OUALS (Sections 1 A of Summary Page	A + B) Totals) 9332.34		gagaa magaankan kanyada madad dibba Midd		

NAME OF COMMITTEE. (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Committee to Re-Elect Cloud for Treasur	rer			October 10th Filing			
A. Total Contributions from Sma (See instructions for definition of Small Con			s Period ONLY TAL SECTION A	\$542.34			TO THE RESIDENCE OF THE PARTY O
	B. Itemized Cor	THE PERSON NAMED IN	tions from Individ	luals	v (6) (6) (6		
Last Name		Firs	t mes				MI
Walsh			mes		State	Zip C	ode
Residential Street Address	City State CT					067	
34 Stonehedge Place			Name of Employer		l <u> </u>		
Principal Occupation Revenue Service Tag Supervisor							
or dependent child of a lobbyist? O No d	f contribution is in excess of \$400 toos contributor or business he/she valued at more than \$5,000?	to a cand is associ	candidate for a chief executive officer of a municipality, sociated with have a contract with said municipality OYes No				Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a s	state contractor or prospective state contractor? Yes inch or branches					
Method of Contribution:	<u>, , 4</u>		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card	d OPayroll Deduction OMoney	Order	09/05/2019	0			
Last Name		Firs	st				МІ
Bannon, I I I		W	illiam				
Residential Street Address		City			State	Zip (
47 Oakridge		Union	ville		СТ	060)85
Principal Occupation			Name of Employer				
Real Estate			WJB Advisory Grou	-			
or dependent child of a lobbyist? No d	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is assoc	didate for a chief executiv iated with have a contract Yes O No	e officer of a municipality with said municipality	1	0.00	f Coatribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09/04/2019A	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or t	oranches	_ • No			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Care	d Payroll Deduction OMoney	Order	09/04/2019	0			
Last Name	en mengapagan menghara sekerbikiki dan menanggapagan menkara sekerbiki dahir men	Fir					MI
Billie		Re	eliford- Kent		.,		<u> </u>
Residential Street Address		City	1 Combac-		State	1	Code
10 Roosevelt Drive		Laure	el Springs		N)	108	021
Principal Occupation			Name of Employer	et Company			
Fiduciary Accountant			The Glenmede Tru				
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	ndidate for a chief executive ciated with have a contract Yes O No	e officer of a municipality		nount o 0.00	of Contribution
Is this contribution associated with an event reported in Section L1? **Mathematical Reports of the Property		nch or l	branches	te contractor?			
Method of Contribution:			Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Car	rd OPayroll Deduction OMone	y Order	09/04/2019	[0			
	SUB'	ТОТА	L Section B — This	300.00 Page			
	тота	Lofa	dditional Section B	Pages 5517.34 40	75.00)	
TOTAL OF A	LL CONTRIBUTIONS FROM	M IND 13, Col	IVIDUALS (Sections umn A of Summary Page	A + B) Totals) 9332.34		•	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Committee to Re-Elect Cloud for Treasurer	October 10th Filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed tl SUBT	his Period ONLY OTAL SECTION A	\$ 542.34			
R. Itemized Co	ntrit	outions from Indivi	duals			
Lest Name		irst	A A A A A A A A A A A A A A A A A A A			MI
Lorenger	F	Heather				
Residential Street Address	City			State	Zip C	L.
777 Main Street Unit 2507	Hart	tford		СТ	061	03
Principal Occupation		Name of Employer				
Business Developer						
does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes ONO 250					mount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09/04/2019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch or	r branches	OLegislative No			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	management (A)		0			
Last Name	1	First				М
Draghi		Gary		State	Zip (`ode
Residential Street Address	City	llingford		CT	064	
4 Patrick's Court	1	Name of Employer				
Principal Occupation Investment Manager		City of Hartford				
) to a c		ve officer of a municipalit	y, Am	ount o	f Contribution
or dependent child of a lobbyist? ONO does contributor or business he/sho valued at more than \$5,000?	e is ass	sociated with have a contrac O Yes O No	t with said municipality	150	0.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09/04/2019A Yes Is contributor a principal of a lf yes, indicate which broof government the contributor aprincipal of a lf yes, indicate which broof government the contributor aprincipal of a lf yes, indicate which broof government the contributor aprincipal of a lf yes, indicate which broof government the contributor aprincipal of a lf yes, indicate which broof government the contributor aprincipal of a lf yes, indicate which broof government the contributor aprincipal of a lf yes, indicate which broof government the contributor aprincipal of a lf yes, indicate which broof government the contributor aprincipal of a lf yes, indicate which broof government the contributor aprincipal of a lf yes, indicate which broof government the contributor aprincipal of a lf yes, indicate which broof government the contributor aprincipal of a lf yes, indicate which broof government the contributor aprincipal of a lf yes, indicate which broof government the contributor aprincipal of a lf yes, indicate which broof government the contributor aprincipal of a lf yes, indicate which broof government the contributor aprincipal of a lf yes, indicate which broof government the contributor aprincipal of a lf yes, indicate which are left and yes a lf yes a	anch o	or branches	E C Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	and the second		0			Tion
Last Name		First Michael				MI
Hurley	City	Michael		State	Zin	Code
Residential Street Address 31 Woodland Street IL.	1 -	rtford		CT	1 -	105
Principal Occupation	ــــــــــــــــــــــــــــــــــــــ	Name of Employer				
Sales Director		Marriott Ritz Carlt	on			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sh valued at more than \$5,000?	10 to a c	candidate for a chief executive sociated with have a contract of Yes No	ct with said municipality	- 1	0.00	of Contribution
Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a section L1? If yes, indicate which br	Intributor a principal of a state contractor or prospective state contractor? (Tyes, indicate which branch or branches of government the contract is with: Executive OLegislative					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OMon	ev Oed	Date Received ler 09/04/2019	Aggregate Contributions 0			
		FAL Section B — Th		<u> </u>	initianian	
		additional Section B		176 (חו	
TOTAL OF ALL CONTRIBUTIONS FRO			100000000000000000000000000000000000000	(12.0		
(Enter total on Lin	ie 13, C	Column A of Summary Pag	e Totals) 9332.34			

NAME OF COMMITTEE. (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Committee to Re-Elect Cloud for Treasurer		October 10th Filing				
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	ived this Period ONLY SUBTOTAL SECTION A	\$542.34	-			
B. Itemized C	Contributions from Indiv	viduals				
Last Name	First			MI		
Fonfara	John		State	Zip Code		
Residential Street Address 99 Montowese Street	City Hartford	i i	CT	06114		
Principal Occupation	Name of Employer					
Consultant	Self					
or dependent child of a lobbyist? One does contributor or business he/s valued at more than \$5,000?	she is associated with have a contra OYes ONo	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality Yes No				
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09/04/2019A Yes Is contributor a principal of If yes, indicate which to of government the contributor aprincipal of If yes, indicate which to of government the contributor aprincipal of If yes, indicate which to of government the contributor aprincipal of If yes, indicate which the contributor apprincipal of If yes, indicate which the contributor appr	contract is with: OExecutive OLegislative					
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	Date Received 09/04/2019	Aggregate Contributions 0				
Last Name	First			МІ		
Edmonds	Pamela		State	Zip Code		
Residential Street Address	City Hartford	CT	06105			
31 Woodland Street IL	Name of Employer			<u></u>		
Principal Occupation Investment Operations	The Hartford					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of \$\frac{1}{2}\$ does contributor or business he/valued at more than \$\frac{1}{2}\$,000?	400 to a candidate for a chief execu /she is associated with have a contra O Yes O N	act with said municipality o	, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09/04/2019A Yes No If yes, indicate which of government the contributor aprincipal of the section L1?	ntract is with: Executi	ve O Legislative				
Method of Contribution:	Date Received 09/04/2019	Aggregate Contributions 0				
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMC	First			MI		
Last Name Parrotta	Michele			ľ		
Residential Street Address	City		State	Zip Code		
71 Scarborough	Hartford		CT	06105		
Principal Occupation Self-Employed	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he valued at more than \$5,000?	3400 to a candidate for a chief executive is associated with have a control Yes O N	ract with said municipality	7, Am	ount of Contribution		
event reported in Section L1?	contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OM	Oney Order 09/04/2019	Aggregate Contributions 0				
S	UBTOTAL Section B — T	his Page 350.00				
	TAL of additional Section	114	25.00			
TOTAL OF ALL CONTRIBUTIONS FI (Enter total on 1	ROM INDIVIDUALS (Section Line 13, Column A of Summary Po	ns A + B) age Totals) 9332.34				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Committee to Re-Elect Cloud for Treasurer				October 10th Filing				
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	ceived SUI	this BTO	s Period ONLY TAL SECTION A	\$ 542.	34			
B. Itemized	Contr	ibu	tions from Individ	luals				
Last Name	***************************************	Firs						MI
Collson			aisha 				12:	
Nesseculari Succi Andress					State CA	Zip (
2427 4th Avenue		12 VI					700	
Principal Occupation TV Writer			Name of Employer ABC					
or dependent child of a lobbyist? On does contributor or business he valued at more than \$5,000?					Ama 250	f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal If yes, indicate which of government the co	h branch	or bi	ranches Executive	OLegis	lative			
Method of Contribution:			Date Received		Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Money Or		09/05/2019	0		<u> </u>	i možna rajeje je	T
Last Name		Firs	_{it} avid					MI
Kozack	la.	1	aviu		······	State	l zin /	Code
Residential Street Address	City	•	r Hill			CT	1 1	067
31 Hunters Ridge		····	Name of Employer				100	
Principal Occupation Government Relations			Kozack & Salina					
	\$400 to :	a can		e officer o	of a municipality	. Ame	ount o	f Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of 3 does contributor or business he valued at more than \$5,000?	he/she is a	assoc	iated with have a contract Yes No	with said	municipality	100		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal fyes, indicate which of government the configuration.	ch brancl	h or b			(⊙ No			
Method of Contribution:			Date Received	Aggregat	Contributions	_		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Money O	rder	09/05/2019	0				
Last Name		Fin						MI
James		Bo	onita 					
Residential Street Address	Ci	•				State	Zip	Code
Requested	K	equ	ested				Ц	
Principal Occupation Requested			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?	he/she is	a can	adidate for a chief executive ciated with have a contract Yes No	e officer with said	of a municipality I municipality	l.	ount (of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate whice of government the company of the section o	ich branc	h or l	h: C Executive	OLeg	⊙ No islative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money O	 Order	Date Received 09/05/2019	Aggrega 0	e Contributions			
S	SUBTO)TA	L Section B — This	Page	450.00			
то	OTAL (of ac	dditional Section B	Pages	3675.00			
TOTAL OF ALL CONTRIBUTIONS F	FROM n Line 13	IND , Col	IVIDUALS (Sections umn A of Summary Page	A + B) Totals)	9332.34			

NAME OF COMMITTEE. (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Committee to Re-Elect Cloud for Treasurer				October 10th Filing				
A. Total Contributions from Small Contributors-Received this Period (See Instructions for definition of Small Contributor) SUBTOTAL SEC				\$542.3	34			
B. Item	nized Cont	ribu	itions from Individ	luals		- 10 mg - 12 mg		
Last Name		Firs	arcus					МІ
Jackson	I _a :		aicus			State	Zip C	nde
Residential Street Address 244 5th Avenue	Ci	اب lew ۱	/ork			NY	100	
Principal Occupation			Name of Employer				<u></u>	
Consultant			Self					
	cess of \$400 to	a can	l didate for a chief executive	officer o	f a municipality,	Ame	unt of	Contribution
or dependent child of a lobbyist? No does contributor or busivalued at more than \$5,	siness he/she is i,000?	assoc	iated with have a contract OYes No	with said	municipality	100.	.00	
event reported in Section L1? No If yes, indicate	rincipal of a state which brane nt the contract	h or b		OLegis	lative No			'
Method of Contribution:	_		Date Received		Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on O Money (09/05/2019	150.00				l v a
Last Name		Fin						MI
Fenty	, ,,. 		drian 				Zip (Pode .
Residential Street Address		ity Mach	ington			State DC	200	
1065 Thomas Jefferson Street		vasii	Name of Employer					
Principal Occupation			Perkins ColE					
Business Development		. o oon	didate for a chief executiv	e officer (of a municipality	Ami	ount o	f Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in except does contributor or bus valued at more than \$5	siness he/she is	s assoc	ciated with have a contract Yes No	with said	municipality	250		
event reported in Section L1?	orincipal of a state which bran ent the contract	ch or		O Legi	slative O No			
Method of Contribution:			Date Received	1	e Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on O Money (Order	09/05/2019	0				
Last Name		ı	rsi					MI
Biegeleisen			Mariam			Tea-4-	7:0	Coda
Residential Street Address		City Rogu	uested			State	L	Code
Requested		nequ	Name of Employer		<u></u>	<u> </u>	_1	
Principal Occupation			Marie of Employer					
Requested		0.0.00	ndidate for a chief executi	ve officer	of a municipality	v An	ount o	of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in ex does contributor or but valued at more than \$\$	usiness he/she i	is asso	ociated with have a contract Yes No	t with said	I municipality		00.0	,1 (),,,,,
event reported in Section L1? No If yes, indica	principal of a s ate which bran ent the contrac	ich or	ontractor or prospective states the branches the Executive	OLeg	islative			
Method of Contribution:			Date Received	1 00 0	te Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deducti	ion OMoney	Order	09/05/2019	0				
	SUBT	ΌΤ	AL Section B — Thi	s Page	600.00			
			additional Section B		3075.00	***************************************		
TOTAL OF ALL CONTRIBUTI (Enter t	IONS FROM total on Line	4 INI 13, Co	DIVIDUALS (Sections lumn A of Summary Pag	A + B) e Totals)	9332.34			

NAME OF COMMITTEE (Provide Complete Name as Registered with Fili	ing Repository)	TYPE OF REPORT			
Committee to Re-Elect Cloud for Treasurer		October 10th Filing			
A. Total Contributions from Small Contribut (See instructions for definition of Small Contributor)	\$542.34				
		1240			
B. It	emized Contributions from Indi	riduals			
Last Name	First			MI	
Schick	Ann		State	Zip Code	
Residential Street Address	City Brooklyn	ī	NY	11210	
2209 Ave i	Name of Employer		1		
Principal Occupation	Merosos BY				
Teacher	n excess of \$400 to a candidate for a chief execu	tive officer of a municipality,	Amou	ınt of Contribution	
or dependent child of a lobbyist? No does contributor or valued at more than	r business he/she is associated with have a control n \$5,000? OYes ON	o act with said illumerparity	250.0	00	
event reported in Section L1? No If yes, ind	a principal of a state contractor or prospective slicate which branch or branches ament the contract is with: OExecuti	⊙ No			
If yes, list Event # of govern	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Dedu	uction OMoney Order 09/06/2019	0			
Last Name	First			MI	
Kleiner	Mariam			<u> </u>	
Residential Street Address	City		State NY	Zip Code 11210	
1541 East 21st Street	Brooklyn			111210	
Principal Occupation	Name of Employer Shelbourne Glol	nal Solutions			
RE Portfolio Manager			Amo	unt of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No valued at more that	in excess of \$400 to a candidate for a chief exector business he/she is associated with have a contrar \$5,000?	ract with said municipanty	225.		
event reported in Section L1?	or a principal of a state contractor or prospective indicate which branch or branches imment the contract is with:	state contractor? Yes No tive O Legislative			
If yes, list Event # of governments of government	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Ded	luction Money Order 09/06/2019	0			
Last Name	First			MI	
DeFrazio	Angelo		1		
Residential Street Address Requested	City Requested		State	Zip Code	
Principal Occupation	Name of Employer				
President/CEO	Arrow Pharmac	·			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is does contributor valued at more the	in excess of \$400 to a candidate for a chief exe or business he/she is associated with have a corban \$5,000?	tract with said municipanty	·	ount of Contribution	
Is this contribution associated with an Section 1.12 No If yes. is	tor a principal of a state contractor or prospective	itive O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll De	eduction OMoney Order 09/06/2019			entranta de la companya de la compa	
	SUBTOTAL Section B —	This Page 725.00			
	TOTAL of additional Section	B Pages 2350.00			
TOTAL OF ALL CONTRIB	BUTIONS FROM INDIVIDUALS (Section of Summary Column A of Summary	ons A + B) Page Totals) 9332.34			
		According to the Control of the Cont			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Committee to Re-Elect Cloud for Treasu	rer			October 10th Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$542,34				
	B. Itemized Con		itions from Individ	luals			137
Last Name		Firs	st erbert				МІ
Hardwick	L		erberc		State	Zip (Code
Residential Street Address 2405 Grand Blvd, Suite 800		City Kansa	as City		MO	ļ ·	108
Principal Occupation			Name of Employer		<u> </u>		
Attorney			Hardwick Law Firm				
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?	o a can	didate for a chief executive stated with have a contract OYes No	e officer of a municipality with said municipality	- 1	ount o	f Contribution
	Yes Is contributor a principal of a si If yes, indicate which bran of government the contract	ch or b	oranches	confractor? Yes OLegislative			
Method of Contribution:	4.8	 ,	Date Received	Aggregate Contributions	┪		,
OCash OPersonal Check OCredit/Debit Cas	rd OPayroll Deduction OMoney	Order	09/09/2019	0			
Last Name		Fire	st				MI
Ginsberg		El	liott				
Residential Street Address		City			State	l î	Code
22 Stuart Drive		Bloon	mfield		СТ	06	002
Principal Occupation			Name of Employer				
Retired							
or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	to a can is assoc	adidate for a chief executive ciated with have a contract Yes O No	e officer of a municipalit with said municipality		10unt 0 0.00	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a solution of government the contract	nch or l	branches	te contractor? O Legislative	s		
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Ca	rd OPayroll Deduction OMoney	Order	09/06/2019	0			No. 2017, Name of Contract of
Last Name		1	rst				MI
White			(im			- Le:	<u> </u>
Residential Street Address		City Suwa	anee		State	1 -	Code 1024
7020 Laurel Oak Drive		JGVVC	Name of Employer		13/1		
Principal Occupation Caterer			Self-Employed				
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 officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No			1	nount	of Contribution	
	Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative						
Method of Contribution: OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	/ Order	Date Received 09/10/2019	Aggregate Contributions 0			
	SUBT	гота	AL Section B — This	Page 600.00			
	TOTAL	Lofa	dditional Section B	Pages 1750.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 9332.34							

IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Committee to Re-Elect Cloud for Treasurer			October 10th Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$542.34		Godesanamasima	
					va 8094 (0. ((1900)	
		itions from Individ	luals			
Last Name	Firs					MI
Marrow		neryl			Tat. 0	
Residential Street Address 875 Morrison Avenue Suite 7G	City Bronx	•		State NY	Zip C 104	
	DIOIN	Name of Employer			,,,,	
Principal Occupation Conference Planner		Self- Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a lobbyist of \$400 does contributor or business he/she valued at more than \$5,000?	to a cano	didate for a chief executive iated with have a contract OYes ONo	e officer of a municipality with said municipality	7, Amu		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a sign of government the contract of government the contract.	nch or b	ntractor or prospective state	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	09/17/2019	0			
Last Name	Firs		and the state of t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MI
Antonacci	Fr	ank				
	City			State	Zip C	
137 Billings Road	Some			СТ	060	·71
Principal Occupation		Name of Employer				
Executive		USA Hauling & Recy	/cling			
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?				/. Ame		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a fyes, indicate which bra of government the contra	anch or t	branches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	09/16/2019	0			
Last Name	Fin					MI
Hollander	K	OSS				<u> </u>
Residential Street Address	City			State	Zip (
7 Kensington Park	Biooi	mfield		СТ	Vot	002
Principal Occupation Executive		Name of Employer Hartford Distributo	ers, Inc.			
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?) to a can e is assoc	l didate for a chief executiv	e officer of a municipalit	y, Am 250		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a figure, indicate which brateful of government the contral figure.	anch or t	ntractor or prospective state	te contractor? OYes O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	y Order	09/16/2019	0		M10=1=10+11=	
SUB'	TOTA	L Section B — This	Page 650.00			
TOTA	Lofac	dditional Section B l	Pages 1100.00			
TOTAL OF ALL CONTRIBUTIONS FROM		IVIDUALS (Sections . umn A of Summary Page		-		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)	אני		TYPE OF REPORT			
Committee to Re-Elect Cloud for Treasurer			October 10th Filing			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$542.34			
B. Itemized (Contril	outions from Indivi	duals	(losgrejs)	(i. 151.16)	
Last Name	- 1	irst				MI
Bertram		Bernard				
Residential Street Address	City	• •		State	Zip C	!
1542 54th Street	Broc	oklyn ———————————		NY	112	19
Principal Occupation		Name of Employer				
Managing Member RE	•	Shelbourne Global				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/ly valued at more than \$5,000?	400 to a ca /she is asso	andidate for a chief executive ociated with have a contract OYes ONo	e officer of a municipalit with said municipality	y, Am 250		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which is of government the contributor as principal of If yes, indicate which is of government the contributor as principal of If yes, indicate which is of government the contributor as principal of If yes, indicate which is of government the contributor as principal of If yes, indicate which is of government the contributor as principal of If yes, indicate which is of government the contributor as principal of If yes, indicate which is of government the contributor as principal of If yes, indicate which is of government the contributor as principal of If yes, indicate which is of government the contributor as principal of If yes, indicate which is of government the contributor as principal of If yes, indicate which is of government the contributor as principal of If yes, indicate which is of government the contributor as principal of If yes, indicate which is of government the contributor as principal of If yes, indicate which is of government the contributor as principal of If yes, indicate which is of government the contributor as principal of If yes, indicate which is of government the contributor as principal of If yes, indicate which is of government to If yes, indicate which is of government to If yes, indicate which is of government the contributor as principal of If yes, indicate which is of government to If yes in If yes indicate which is of government to If yes i	branch or		① No			
Method of Contribution:	itract is wi	th: OExecutive Date Received	O Legislative Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	ney Order	1 '	0			
Last Name	-	irst			T	Mĭ
Bucchi		Richard			ļ	1911
Residential Street Address	City			State	Zip Co	ode
30 Peach Orchard Hill	Plain	ville		СТ	060	
Principal Occupation		Name of Employer		L	<u>. </u>	·
Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	100 to a ca she is asso	ndidate for a chief executive ciated with have a contract Yes No	officer of a municipality	7. Am		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes No If yes, indicate which I of government the con	branch or		No No			
Method of Contribution:	itract is wi	,	Legislative Aggregate Contributions	-		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMor	ney Order	I .	0			
Last Name	Fi	irst I	tel mannensker tillskiken og seggen er mengen er er kandle met f			MI
Lassiter	F	ranklin				
Residential Street Address	City			State	Zip Co	ode
496 Shady Lane	Midv	way		кү	4034	47
Principal Occupation		Name of Employer		I	<u></u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$44 does contributor or business he/s valued at more than \$5,000?	00 to a car she is asso	ndidate for a chief executive ciated with have a contract Yes No	officer of a municipality with said municipality	, Amo		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Security Securit						
Method of Contribution:		Date Received	Aggregate Contributions	7		
Cash	ney Order	09/03/2019	0			
SUI	ВТОТА	AL Section B — This	Page 700.00	····		
ТОТА	AL of a	dditional Section B P	ages 400.00			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin		IVIDUALS (Sections A umn A of Summary Page T				

NAME OF COMMITTEE (Provide Complete Name as Registered is	yith Filing Repository)	TYPE OF REPORT		
Committee to Re-Elect Cloud for Treasurer		October 10th Filing		
A. Total Contributions from Small Contr (See instructions for definition of Small Contributor)	ributors-Received this Period ONLY SUBTOTAL SECTION A	\$542.34		- COMMINSTER SYMMETHING SYMMETHING
	3. Itemized Contributions from Indivi	duals		
Last Name Josephson	First Benjamin			Mi
Residential Street Address	City		State	Zip Code
141 Blake Street	Newton,		MA	02460
Principal Occupation	Name of Employer			<u></u>
Requested	Requested			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contribute valued at more	is in excess of \$400 to a candidate for a chief executive or or business he/she is associated with have a contract to than \$5,000?	e officer of a municipality, with said municipality	. Amo	unt of Contribution
event reported in Section L1? (6) No If yes	outor a principal of a state contractor or prospective state, indicate which branch or branches overnment the contract is with: OExecutive	e contractor? Yes OLegislative	100.	JO
Method of Contribution:	Date Received	Aggregate Contributions	-	
Cash Personal Check Credit/Debit Card Payroll L	Deduction OMoney Order 09/04/2019	0		
Lust Name	First	<u> </u>		l MI
O'Neill, III	Thomas			
Residential Street Address	City		State	Zip Code
31 New Chardon Street	Boston	I	MA	02114
Principal Occupation Requested	Name of Employer Requested			
valued at more	is in excess of \$400 to a candidate for a chief executive or or business he/she is associated with have a contract than \$5,000?	e officer of a municipality, with said municipality	Amou	nt of Contribution
If yes, list Event # 09/04/2019A of go	utor a principal of a state contractor or prospective state, indicate which branch or branches vernment the contract is with:	contractor? SYes No Legislative		
Method of Contribution:	Date Received	Aggregate Contributions	ĺ	
Cash Personal Check Credit/Debit Card Payroll Delast Name		0		
Martinga	Aatron Ang	5		MI
Principal Occupation Requested Street	Good will City Fast Harthy Name of Employer	, i	State J	Zip Code 06108
s contributor a lobbyist, spouse, Yes If contribution is	Harttorn	Pizza		
r dependent child of a lobbyist? On does contributor valued at more to	s in excess of \$400 to a candidate for a chief executive r or business he/she is associated with have a contract v than \$5,000?	officer of a municipality, with said municipality	Amour 100.00	at of Contribution
s this contribution associated with an event reported in Section L1? If yes, list Event # 09/04/2019A Section L1? If yes, indicate which branch or branches of government the contract is with: Description Section L1? If yes, indicate which branch or branches of government the contract is with: Description Section L1? If yes, indicate which branch or branches of government the contract is with: Description Section L1?				
Cash Personal Check Credit/Debit Card Payroll De	Eduction OMoney Order Date Received 09/04/2019	Aggregate Contributions		
	SUBTOTAL Section B — This I	Page 400.00		
MORPH 19 WAR CALL	TOTAL of additional Section B Pa			
TUTAL OF ALL CONTRIB (E.	SUTIONS FROM INDIVIDUALS (Sections A Inter total on Line 13, Column A of Summary Page To	+ B) 9332,34		

	MITTEE <i>(Provide Complete</i> Re-Elect Cloud for Tr		vith Filing Reposi	tory)		TYPE OF REPORT October 10th Filin	g	
COMMITTEE TO A	te Elect clodd for 11		'ontributio	ns from	Other Con			
Name of Committee					Name of Tr		D-0074 1141 1141 1141 1141 1141 1141 1141	Sequence Service Add Add Section 1
Rovette PAC					Robert F	iceto		
Address 13 Diamond Ro	ock Road				ported in Section	iated with an OYes ONo L1? s, list Event #	Amount of	Contribution
City		State	Zip Code	Date	Received	Aggregate Contributions	_	
Wolcott		ст	06716	09/0	04/2019	0		ļ
Name of Committee					Name of Ti	reasuror		
Address				Is this c	ported in Section	siated with an Yes No 1 L1? s, list Event #	Amount of	Contribution
City		State	Zip Code	Date	Received	Aggregate Contributions		
Name of Committee		grande biologosso z za pod przeprzepowa nie biologicz			Name of T	reasurer		
Address					eported in Section	ciated with an Yes No n L1? es, list Event #	Amount o	f Contribution
City		State	Zip Code	Date	Received	Aggregate Contributions		
Name of Committee	(2.1	Reimburseme	ats or Surp	Ci	Name of T	om other Committees	State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type OReimburse	ment for shared	expense	OSurplus Distr	ribution	Amoun	t of Receipt
Description		. 1						
Name of Committee	Marie Andrews (1994) parameter and the state of papers and desired				Name of	Treasurer		
Address				C	ity		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Typ	rsement for sha	red expense	OSurplus D	istribution	Amour	nt of Receipt
Description								
			SUBT	OTAL S	ection C — 7	This Page 375.00		
			TOTAL	√of addi	tional Section	n C Pages 0		
	TOTAL O	F ALL COMMI ons C1 + C2) (Ente	ITTEE CON er total on Line	TRIBUT 14, Colum	IONS AND R	RECEIPTS 375.00 Page Totals)		

NAME OF COMMITTEE (Provide Complete Name as Reg	gistered with Filing Repository)	le ger ger		TYPE OF		
Committee to Re-Elect Cloud for Treasurer				October	10th Filing	
	D. Loans Ro	eceive	d this Period			
Name of Lender	одинати по по продосно да на да на да на посто на посто до продосно на да н	18	Ource of Loan: OBank Candid	late 🔘 Individua	Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
Name of Leader		1	Source of Loan: OBank Candi	date 🔿 Individua	Other Committee	Date of Receipt
Street Address	City	_		State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)					<u> </u>	Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan: Bank Candi	idate () Individua	al 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)		· · · · · · · · · · · · · · · · · · ·				Amount Received
Street Address	City			State	Zip Code	
			TOTAL SECTI	OND 0		
E. Receipts from Entitles	other than Individ	luals (or Other Comn	nittees <i>(Refere</i>	ndum Committe	ees ONLY)
Name of Entity						
Street Address				Date Received		Amount Received
City	[5	State	Zip Code	Aggregate Contr	íbutions	
Name of Entity					gyppon hadrad a de en en en gyppon de en de elle	and the state of t
Street Address				Date Received	·	Amount Received
City		State	Zip Code	Aggregate Contr	ributions	-
Name of Entity						
Street Address		<u></u>		Date Received		Amount Received
City		State	Zip Code	Aggregate Cont	ributions	-
			TOTAL SECT	IONE 0		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Committee to Re-Elect Cloud for Treasurer				PE OF REPORT tober 10th Filing
	. Amount Transferred fro	m Affiliated Business	Freasury (Business E	ntity Committees ONLY)
ate of Receipt	Is this transaction associated event reported in Section L1	with an OYes If yes, li	st Event#	Amount
ate of Receipt	Is this transaction associated event reported in Section L1		st Event #	Amount
ate of Receipt	Is this transaction associated event reported in Section L1		ist Event#	Amount
ate of Receipt	Is this transaction associated event reported in Section L1		ist Event#	Amount
		T	OTAL SECTION F	0
				asury (Organization Committees ONLY)
ate of Receipt	Da	te of Receipt		o va Rossipi
	Amount	Amount		Amount
	H. Personal Funds of th	o Candidate Received	this Period <i>(Candida</i>	ite Committees ONLY)
Date of Receipt	Method of payment:	e Cantiluate Received		Amount
	O Cash	Personal Check	Credit/Debit Card	
Date of Receipt	Method of payment: Cash	O Personal Check	Credit/Debit Card	Amount
Date of Receipt	Method of payment:			Amount
	O Cash	Personal Check	Credit/Debit Card	Amount
Date of Receipt	Method of payment: Cash	Personal Check	Credit/Debit Card	
			TOTAL SECTION	н 0
		I, Anonymous Cor	itributions	
3	Per Public Act 11-48, amount. If a committee r	Anonymous Contribut eceives an anonymous	ions may no longer contribution, the c	be deposited in <i>any</i> campaign treasurer shall

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

IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
ommittee to Re-Elect Cloud for Treasurer			er 10th Filing				
	J. Interest from Deposits in Auth			ng a community (a golden a concentration to my propher, and particular access			
Name of Institution		Date R	eceived	Amount			
Street Address	City	State	Zip Code				
Name of Institution		Date R	eccived	Amount			
Street Address	City	State	Zip Code				
	Te	OTAL SECTION J	0				
K. M	iscellaneous Monetary Receipts not	Considered Contrib	utions				
Name		The state of the s	Date of Transaction	Amount Received			
Street Address	City	State	Zip Code				
Description							
Name	all to plat a construction to properly MERCE Residence (see A feed and design and see A feed and design and de		Date of Transaction	Amount Received			
Street Address	City	Stat	e Zip Code	·			
Description			1				
Name			Date of Transaction	Amount Received			
Street Address	City	Stat	e Zip Code				
Description							
Name			Date of Transaction	Amount Received			
Street Address	City	Sta	te Zip Code				
Description							
	тот/	AL SECTION K 0					
SUMMA	ARY OF OTHER MONETARY REC	CEIPTS (Sections D	through K)				
Total Loans Received this Period (Se	ection D)		0				
	an Individuals or Other Committees (Section		0				
Total Amount Transferred from Affiliated Business Treasury (Section F) + Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +							
	the Candidate Received this Period (Section sits in Authorized Accounts (Section J)	+					
	ipts not Considered Contributions (Section b	ζ) +	. 0				
		Other Monetary Re					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Committee to Re-Elect Cloud for Treasurer		TYPE OF REPORT October 10th Filing		and American Community of Community States (1997)
	Information			
Event # Description Date of Event Letter D9/04/2019 A Fundraiser		V	Vas this a fui	ndraising event
Location: Street Address	City	,	State	Zip Code
36 Bloomfield Avenue	Hartford		ст	06105
Subpart 1: (All Committees) Was this event hosted at a personal residence?	OYes (If yes, go to Section L Associated with a Ho purchases made by hos	5 In-Kind Donations not use Party and complete r st(s) for food, beverage and	equired info	rmation 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 I and complete required No		t Considered	Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Re	ceipts 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 O Yes (If yes, go to Section I	y Committees) 3 Purchases of Advertisi aplete required informati	ing Space in a	a Program Book
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?	OYes (If yes, enter Total Re	eceipts here.)	\$	
Event # Description Letter Description Location: Street Address	City		Was this a fi	indraising ever ONo Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	OYes (If yes, go to Section Associated with a H purchases made by h	L5 In-Kind Donations no ouse Party and complete ost(s) for food, beverage a	required into	ormation for an
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?	O Yes (If yes, go to Section and complete require O No	L4 In-Kind Donations ned information.)	ot Considere	d 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 F	teceipts here.)	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Mes (If yes, go to Section	ry Committees) L3 Purchases of Adverti mplete required informa	sing Space in tion.)	ı a Program Boo
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?	OYes (If yes, enter Total F	teceipts here.)	\$	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts	from Sale of Donated Items -	— This Page 0		
SUBTOTAL Sec	ction L1—Subpart 3 (Town Com ceipts from Food Purchases	mittees ONLY)		
	TOTAL of additional Sect	tion L1 Pages 0		
TOTAL OF ALL REC	EIPTS FROM SMALL P on Line 16a, Column A of Sumn	URCHASES of the property of th		

II. EVENT ACTIVITY (Sections L1-L5)

11. EVENT ACTIVITY (Sections D	11
Per Public Act 11-48, effective January 1, 2012 committees are individual purchases from a committee tag sale, auction, or a sale	e no longer required to itemize small of donated items. Section L2. removed
COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
to Re-Elect Cloud for Treasurer	October 10th Filing
L3. Purchases of Advertising in a Program Book	or on a Sign

	TEE (Provide Complete Name Elect Cloud for Treasu	e as Registered with Fitting Repository (CT	A territoria de la compania del compania del compania de la compania del la compania de la compania de la compania de la compania della compa	October 10th			
		urchases of Advertising	g in a Progr	am Book or on a Sign			
Name of Purchaser					OBu	se Made By: Isiness Entity Iividual/Sole Pi	Other coprietorship
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchases f	or All Events	Amount of Program Ad Purch	ase	Amount of Sig	n Purchase
Name of Purchaser		and the second s	asa tau u u u u u u u u u u u u u u u u u		OBu	se Made By: Isiness Entity dividual/Sole P	Other roprietorship
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchases i	or All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
Name of Purchaser					OB	se Made By: usiness Entity dividual/Sole P	O Other
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
Name of Purchaser				n garagan yang yang kanala da	O _B	ise Made By: usiness Entity idividual/Sole F	Other roprietorship
Street Address			City			State	Zîp Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
Name of Purchaser)			no essenda esperimento de la companya del la companya de la compan	Ов	ase Made By: usiness Entity adividual/Sole I	Other Proprietorship
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of S	gu Purchase
	SUBTOTAL Se	ction L3 Total Purchases of	Advertising in	Program Book — This Page	0		
	SUBTO	TAL Section L3 Total Purc	hases of Adve	rtising on a Sign — This Page	0		
				f additional Section L3 Pages		<u> </u>	
]	COTAL OF ALL PURC	CHASES OF ADVERTISIN (Enter total on	G IN A PROC Line 16c, Colu	RAM BOOK or ON A SIGN on A of Summary Page Totals)	0		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	E (Provide Complete Name as I	Registered with Filing Repo	isitory)	TYPE OF RE	PORT		
Committee to Re-Ele	ect Cloud for Treasurer	**		October 10t	h Filing		
	L4.	In-Kind Donatio	ons Not Consi	idered Contributions			
Name of Donor	Matti Canton and a single control of the Control of	ekinterromanneterromanneterromanneterromanneterromanneterromanneterromanneterromanneterromanneterromanneterrom		CONTRACTOR OF CONTRACTOR CONTRACT	MINISTER CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO		
Street Address	1.W		City			State	Zip Code
Donation Given By:	Description of Donation				Fair 3	Market Va	lue of Donation
O Business Entity							
Oindividual	Date Received	Event#		Aggregate Value for this Event			
O Sole Proprietorship							
Name of Donor		hadriide introleenamei enkreuzenanteenamei euromeeenatase	ana ganaguna matahan ana mana kamantahan ganguna terpeliga	amenyampan <mark>ka pinaga mpa mpa panakan pinan mpa mpa mpa mpa mpa mpa mpa mpa mpa mpa</mark>	e I i i i i i i i i i i i i i i i i i i		adoloon kaanad potastaalaad kataasaa ka k
Street Address			City			State	Zip Code
i							
Donation Given By:	Description of Donation				10.4.3	Montest V	lue of Donation
Business Entity	Bostiphon of Boiledon				Fair I	viarket Va	lue of Donation
OIndividual	Date Received	Event#		Aggregate Value for this Event			
OSole Proprietorship	Date received	Broke #		riggroguto variati tot amb brota			
Name of Donor							
Street Address			City			State	Zip Code
Dave, redicon			Oily			Diare	Zap Code
D 1 0 D	In it on it						<u> </u>
Donation Given By: Business Entity	Description of Donation				Fair l	Market Va	lue of Donation
O Individual		<u> </u>					
O Sole Proprietorship	Date Received	Event#		Aggregate Value for this Event			
			alanda gama na a Magaga kana kata kata na kata na ay na ana ana ana ana ana ana an ana an an				
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair l	Market Va	lue of Donation
O Business Entity O Individual							
O Sole Proprietorship	Date Received	Event #		Aggregate value for this Event			
Ca Sole Trophetorsinp							
		S	UBTOTAL Seci	tion L4— This Page 0			
		TO	TAL of additio	nal Section L4 Pages 0			
TO	FAL OF ALL IN-KIND I						
	(emer iviai on Line 2	1, Column A of S	ummary Page Totals)			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repo	sitory)		TYPE OF REF		
	lect Cloud for Treasurer			October 10	th Filing	
	L5. In-Kind Donations Not Consider	red Contributions As	sociated with a I	House Part	y	
ame of Host			Is this event : committee?	supporting mo OYes • No omplete Itemiza	ore man c O	ne candidate oi Ideadum L5
treet Address		City			State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
				_		
vent#	Aggregate Value of this Event—all hosts	Aggregate Value of all Event	s—His host/canalaate			
ame of Host			committee?	OYes ON	0	one candidate c
			If yes, o	complete Itemiz		
treet Address		City			State	Zip Code
Description of Donation				Fair Ma	rket Valu	e of Donation
				_		
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Even				
Name of Host			Is this even committee?	t supporting n OYes Or complete Itemia	ore than To cation in A	one candidate
		City	1 3700,		State	Zip Code
Street Address						
Description of Donation				Fair Ma	rket Val	ue of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Ever	nts—this host/candidate			
Name of Host			Is this ever	nt supporting 1	nore than No	ı one candidate
			If yes,	complete Itemi	ization in	
Street Address		City			State	Zip Code
				Fair M	arket Va	lue of Donation
Description of Donation						
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Eve	ents <i>—this host/candidate</i>			
		SUBTOTAL Section	n L5 — This Page	0	······································	
		TOTAL of additional				
ASSOCIATED	OTAL OF ALL IN-KIND DONATIONS WITH A HOUSE PARTY (Enter total a	on Line 22, Column A of S	Summary Page Totals	9 0		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Committee to Re-Elect Cloud for Tre		gistered with	Filing Repository)				FREPORT er 10th Filing		
			M. In-Kind Cor	itri	butions			SE 50.31. E	
Name				40.00	Oranda karan kili karan (CE) Pod diran da 1995 (Karan da 1996)	***************************************	STTICUTOR GOVERNMENT OF THE STREET OF THE ST	CANAGE OF THE PROPERTY OF THE	
Street Address				Cit	у			State	Zip Code
m c . i . Oci	Date Recei		Aggregate Contributions	<u>L</u>	Description of In-Kind	Contributio			
Type of contributor: Committee Olindividual / Sole Proprietorship Oother	Date Recei	yea	Aggregate Contributions		Description of in-Kind	Commonto	u		
	If contri	bution is in	excess of \$400 to a candi	date	for a chief executive	officer of a	municipality.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	does cor		business he/she is associa						Varket Value Contribution
Is this contribution associated with an event reported in Section L1?	R Yes		itor a principal of a state of indicate which branch o			tate contra	otor? Syes		
If yes, list Event #	0 110		ernment the contract is wi		T Executive	Legisl	ative		
Name									
Street Address				Cit	y			State	Zip Code
Type of contributor: OCommittee	Date Recei	ved	Aggregate Contributions		Description of In-Kind	Contributio	n		
OIndividual / Sole Proprietorship OOther									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves No No Ves No No Ves No Ves No No Ves No No Ves No								Market Value Contribution	
Is this contribution associated with an event reported in Section L1?	Yes No If yes, indicate which branch or branches Yes No If yes, indicate which branch or branches								
If yes, list Event #	~		rnment the contract is wit		Executive	OLegisl:			
Name									
Street Address				Cit				State	Zip Code
54 Oct 1 Mail 635					,				
Type of contributor: OCommittee	Date Recei	ved	Aggregate Contributions		Description of In-Kind	Contributio	n		
O Individual / Sole Proprietorship OOther		-							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		n excess of \$400 to a cand r business he/she is associ n \$5,000?						Market Value Contribution
Is this contribution associated with an	>×2		tor a principal of a state of		actor or prospective s	ate contrac			
event reported listed in Section L1? If yes, list Event #	O No		indicate which branch or criment the contract is wit		Executive	CLegisl	ative ONo		
			SUBTOTAL	Se	ction M — This Pa	ge 0			
		3 (c. 18)	TOTAL of add	litic	onal Section M Pag	es 0	THE TAXABLE PROPERTY OF THE PR	MILITARIO DE LA COMPANSIONI DE LA COMP	
TOTAL OF ALL IN-KIND CON	TRIBU	TIONS (I	Enter total on Line 23, Col	anın	A of Summary Page T	otals) 0	the second se		<u> </u>
	N	Refun	dable Deposit to T	'el	ephone Compa	ny			
Last Name of Individual	in the state of the state of the		First	ASSESSE.			М	Date Depos	it Made
Residential Street Address			City			State	Zíp Code	<u> </u>	Amountof
									Amount of Deposit
Name of Telephone Company	 					<u> </u>			
Street Address			City			State	Zip Code		
TOTAL SI	ECTION	l N (Enter	total on Line 24, Colum	ı 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.

SEEC FORM 20 Reshed January 2635

IV. EXPENDITURES (Sections P-T)

	EE. (Provide Complete Name as Registered with Filing Repository) Lect Cloud for Treasurer	Mark Advantage (1904 - 1904) en	A STATE OF THE OWNER OF THE OWNER, WHEN	OF REPORT ber 10th Filing		
Offillititee to he E		Paid by Committee	<u> </u>			
Name of Payee Diane Cloud	T. Dapones.		Date of	Payment 7/2019	Method of Check	#1029
Street Address		City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code
95 Prospect Ave, I	Unit C3	West Hartford			ст	06106
Purpose of Expenditure by code) FNDR	Description Reimbursement - Food and Beverages		Event# 09/04/201	9A	356.30	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e) Indepe	endent zation O A O	в Ос О в		
Name of Payee Staples			Į	Payment 9/2019	Method of Ohecl	k #1017 Card O EFT
Street Address 2550 Albany Aven	ue	City West Hartford			State CT	Zip Code 06117
Purpose of Expenditure (by code)	Description Palm Cards		Event#	Event #		Amount
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)	re) Indepe	endent zation ()A ()в Ос О в		n de la companya de l
Name of Payee Lillian Areiniegas			l	of Payment 10/2019	O Chec	f Payment: sk #1020 t Card O EFT
Street Address 126 Yale Street		City Hartford			State	Zip Code 06106
Purpose of Expenditure (by code)	Description T-Shirts	1.,	Event#		Amount 219.25	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind coordinated	ture)	pendent nization () A () в Ос О в		
Name of Payee Voices of Womer	n of Color			of Payment /05/2019	Method of Che	
Street Address 113 Ridgefield St	reet	City Hartford			State	Zip Code 06106
Purpose of Expenditure (by code) CNSLT	Description Canvassing Services		Event#		1500	Amount 0,00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	ture) O Inde	pendent	Ов Ос Оп		
		SUBTOTAL Section				
		OTAL of additional So			anna dangga di Masandan	
	TOTAL OF ALL EXE (Enter total on L	PENSES PAID BY C ine 19, Column A of Sumr	nary Page Tota	15,705.63 (s)	(and the second	

SEEC FORM 20

IV. EXPENDITURES (Sections P-T)

	TEB (Provide Complete Name as Registered with Filing Repository) Elect Cloud for Treasurer		TYPE OF REPORT October 10th Filing)	
	P. Expenses	Paid by Committee			
Name of Payee Voices of Women	of Color	***************************************	Date of Payment 09/05/2019		F Payment: :k #1004 t Card O EFT
Street Address		City		State	Zip Code
113 Ridgefield Str	eet	Hartford		СТ	06106
Purpose of Expenditure (by code)	Description Canvassing Services		Event#	2500.	Amount
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			
Name of Payee Voices of Women	of Color	erandaphacerranica dilaministra continuo di distributa del Nicho de Minigrati del Adria se del si stato del si	Date of Payment 09/06/2019		FPayment: k #1005 t Card O EFT
Street Address	· · · · · · · · · · · · · · · · · · ·	City		State	Zip Code
113 Ridgefield Str	eet	Hartford		СТ	06106
Purpose of Expenditure (by code) CNSLT	Description GOTV		Event#	Amount 2500.00	
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 contri	e) [Independ			
Name of Payce			Date of Payment		f Payment:
Budget Printers			09/05/2019	Chec O Debi	k #1003 t Card O EFT
Street Address		City		State	Zip Code
1718 Park Street		Hartford		CT	06106
Purpose of Expenditure (by code) A-OTH	Description T-Shirts		Event #	771.0	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ure) 🔘 Indepen			
Name of Payee			Date of Payment	Method o	f Payment:
Ismael Carrasco			09/10/2019	O Debi	t Card O EFT
Street Address 86 Nelson Street		City Hartford		State CT	Zip Code 06106
Purpose of Expenditure (by code) WAGE	Description GOTV - DRIVER	1	Event #	100.0	Amount
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	re) Q Indepen			
		SUBTOTAL Section P -	-This Page 5871.04		:
	T 0	TAL of additional Section	on P Pages 7,623.00		Mad Meetikaaleksa ka ka kii ka sa Baarikaa aa aa aa ka sa gaa gaasaa
	TOTAL OF ALL EXPE (Enter total on Lin	ENSES PAID BY CON e 19, Column A of Summary			Makarelajieks evuresmusemakulaasuunikuus

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)

risted January 2015			TYPE OF REPORT		
	TEE (Provide Complete Name as Registered with Filing Repository)		October 10th Filir	ıa	
Committee to Re-l	Elect Cloud for Treasurer				
	P. Expenses	Paid by Commit	tee		
Vame of Payee			Date of Payment	Method of P	
·			09/10/2019	(Check	
(wania Hayes				O Debit C	Card OEFT Zip Code
Street Address		City		State	Į ·
86 Harwich Street		Hartford, CT		СТ	06106
011011111011001			Event #		Amount
Purpose of Expenditure	Description		Event #	1	Amount
by code) WAGE	Primary Day - Poll Stander			150.00	
			(Charles ale ad)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	inless "None of the beiot	w. is cuecken)	ł	
(у аррисаоле)	None of the below	A	t d		
	O Coordinated with reimbursement sought (joint expendite	ure) Ind	lependent panization OAOBOCO1		
	Coordinated without reimbursement sought (in-kind con	unbunon) Vorg	Date of Payment	Method of	Payment:
Name of Payee			1	(Check	
Kelly Santana			09/10/2019	O Debit	
		City		State	Zip Code
Street Address		1 *		lcī	06106
56 Hazel Street		Hartford			<u></u>
D	Description	<u> </u>	Event #		Amount
Purpose of Expenditure (by code) WAGE	•			150.00	`
WAGE	Primary Day - Poll Stander			150.00	,
Expenditure #	Type of Expenditure (Itemization in Addendum P Required	unless "None of the belo	w" is checked)		
(if applicable)	1			1	
	O None of the below Coordinated with reimbursement sought (joint expendit		dependent		
	Coordinated without reimbursement sought (in-kind con	ntribution) Or	ganization OA OB OC O	D L	
Name of Payee			Date of Payment	Method of	Payment: k # 1013
-			09/11/2019		
Gloria Carrasco				O Debit State	Zip Code
Street Address		City		ł	'
88 Nilan Street		Hartford		· CT	06106
		<u></u>	Event #		Amount
Purpose of Expenditure	Description			ĺ	
(by code) WAGE	Primary Day - Driver			100.0	0
		Juniora "Nama of the he	low" is checked)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required	a uniess Trone of the ve	ion is checinos,	1	
(y apparents)	None of the below	45	independent		
	Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind of Coordinated with of Coordinated w		Organization OAOBOCO	. a	
	O Coordinated without retinouts categories sought (at Alice		Date of Payment	Method o	f Payment:
Name of Payee			09/10/2019	Che	ck #1015
Antonia Lopez			09/10/2019	O Deb	
		City		State	Zip Code
Street Address		Hartford		СТ	06106
86 Nilan Street		Tialtiold			
Purpose of Expenditure	Description		Event #		Amount
(by code) WAGE	1			300.0	nn
WAGE	Primary Day- Calling				
Expenditure #	Type of Expenditure (Itemization in Addendum P Require	d unless "None of the be	elow" is checked)		
(if applicable)	None of the below				
	Coordinated with reimbursement sought (joint expen	(J. La. V)	Independent		
	Coordinated without reimbursement sought (in-kind	contribution) (Organization OA OB OC C	<u>) p </u>	
		CIMTOTAL Section	on P — This Page 650.00	700.0	GC
		SUBTOTAL Secti	Uli This age eserve		
		TOTAL of additiona	Section P Pages 12,844.0	700.0 + 4,92	13.00
		I VIALI VI AUUMANIA		τι,,	
	TOTAL OF ALL EX	PENSES PAID BY	COMMITTEE 15,705.6	3	
	(Enter total on	Line 19, Column A of S	ummary Page Totals)		

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)

tame of COMMIT	EE (Provide Complete Name as Registered with Filing Repo	ository)	TYPE OF REPORT			
ommittee to Re-	Elect Cloud for Treasurer		October 10th Filir	ling		
	P. Expe	nses Paid by Committe	e	and the second s		
ame of Payee			Date of Payment	Method of Payment: Check #1016		
arbara Sturges			09/10/2019	O Debit Card OEFT		
treet Address		City		State Zip Code		
6 Harwich Street		Hartford, CT		CT 06106		
			Event #	Amount		
urpose of Expenditure by code) WAGE	Description			500.00		
WAGE	Primary Day - Calling					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	iired unless "None of the below'	' is checked)			
у аррисаоче)	None of the below	manditure) O Inder	pendent			
	Coordinated with reimbursement sought (joint end) Coordinated without reimbursement sought (in-k		nizationOAOBOCO 1	D		
Vame of Payee		oo	Date of Payment	Method of Payment: • Check #1014		
uanita Sierra			09/10/2019	O Debit Card OEFT		
Street Address		City		State Zip Code		
383 Hudson Stree	at .	Hartford		CT 06103		
			Event #	Amount		
Purpose of Expenditure (by code) WAGE	Description			300.00		
WAGE	Primary Day - Caller			300.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Req	uired unless "None of the below	" is checked)			
(у аррпсионе)	None of the below Coordinated with reimbursement sought (joint e	vnenditure)	pendent	,		
	Coordinated with reimbursement sought (in-		nization OA OB OC O			
Name of Payee		and the second s	Date of Payment	Method of Payment: Check #1007		
Lillian Arciniegas	•		09/10/2019	O Debit Card OEFT		
Street Address		City		State Zip Code		
126 Yale Street		Hartford		CT 06106		
			Event #	Amount		
Purpose of Expenditure (by code) WAGE	Description County County County			2875.00		
WAGE	Primary Day - Campaign Coordinator			2073.00		
Expenditure #	Type of Expenditure (Itemization in Addendum P Re	equired unless "None of the belo	w" is checked)			
(if applicable)	None of the below Coordinated with reimbursement sought (join	• sumanditure)	dependent			
	Coordinated with reimbursement sought (in					
Name of Payee		Secure of the second secure of the second	Date of Payment	Method of Payment: Check #1008		
Jose Sierra			09/10/2019	O Debit Card OEFT		
		City		State Zip Code		
Street Address	n Pood	Colchester		CT 06415		
225 New Londo	er roau		Event#	Amount		
Purpose of Expenditure			L. TOILE IT			
(by code) WAGE	Primary Day- Poll Stander			175.00		
Expenditure #	Type of Expenditure (Itemization in Addendum P R	equired unless "None of the belo	ow" is checked)			
(if applicable)	None of the below	_				
	Coordinated with reimbursement sought (join Coordinated without reimbursement sought (i	t expenditure)	dependent ganization ()A () B ()C (Q Q		
	O Coordinated without retimoursement sought to					
		SUBTOTAL Sectio	n P — This Page 3850.00			
		TOTAL of additional	Section P Pages 3,073.00			
	TOTAL OF AL	L EXPENSES PAID BY	COMMITTEE 15,705.6	3		
	(Enter to	otal on Line 19, Column A of Su	mmary Page Lotals)			

SEEC FORM 20

IV. EXPENDITURES (Sections P-T)

A1704444477715		\					
	TEE (Provide Complete Name as Registered with Filing Repository) Elect Cloud for Treasurer		TYPE OF REPORT October 10th Filin	9			
		Paid by Committee					
Name of Payee	1. Dajoniso		Date of Payment	Method of	f Payment:		
1			09/10/2019		ek#1010		
Osvaldo Vasquez			09/10/2019	O Debi			
Street Address		City		State	Žip Code		
75 Natick Street		Hartford, CT		СТ	06106		
Purpose of Expenditure	Description		Event #		Amount		
(by code) WAGE	Primary Day - Poll Stander			150.0	0		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)				
(if applicable)	None of the below						
	Coordinated with reimbursement sought (joint expenditu		ndent	1			
	Coordinated without reimbursement sought (in-kind cont	ribution) Organiz	ationOAOBOCOD	36-4-1-1	f Payment:		
Name of Payee			Date of Payment		:k #1018		
Voices of Women	of Color		09/09/2019	O Debi			
Street Address		City		State	Zip Code		
113 Ridgefield Str	reet	Hartford		СТ	06106		
Purpose of Expenditure	Description	<u></u>	Event #		Amount		
(by code) CNSLT	Canvassing			2000			
			<u> </u>	806.0	U		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)				
	None of the below	∑ Turken on	. dans				
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con		ation OA OB OC OD	ŀ			
Name of Payee		Organiz	Date of Payment		f Payment:		
_	Voices of Women of Color 09/30/2019				ek #1023		
	0, 000		03/30/2013	O Debi			
Street Address		City		State	Zip Code		
113 Ridgefield Str	reet	Hartford		СТ	06106		
Purpose of Expenditure	Description		Event #		Amount		
(by code) CNSLT	Primary Day - GOTV			480.0	n		
Expenditure #	m or the damination in Addression D. Bosseland	unlang (Mana of the helow)	is alraphad)	- ""	Ĭ		
(if applicable)	Type of Expenditure (Itemization in Addendum P Required to	antess "Ivone of the below" i	s спескеи)				
	None of the below Coordinated with reimbursement sought (joint expendit	ure) () Indepe	endent				
	Coordinated without reimbursement sought (in-kind con	•	zatiorOAOBOCO I	<u> </u>			
Name of Payee			Date of Payment	Method o	of Payment:		
Kelly Kirkley-Bey			09/30/2019		ck #1021		
Stee at Address		City		O Deb State	it Card EFT Zip Code		
Street Address		City			Zip Code		
39 Ashle	y Street	1 Hartford		CT	06112		
Purpose of Expenditure	Description		Event #		Amount		
(by code) CNSLT	Canvassing			1500	00.0		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	inless "None of the below" i	is checked)	-			
(if applicable)	None of the below	mess rione of mo ocian .	o chocheay	ŀ			
	Coordinated with reimbursement sought (joint expenditu	ure) (Indepe	ndent				
	O Coordinated without reimbursement sought (in-kind con	tribution) Organiz	zation OA OB OC OD	<u> </u>			
		SUBTOTAL Section P	— This Page 2,936.00				
	T	OTAL of additional Sect	tion P Pages 137.00				
	TOTAL OF ALL EXP	ENSES PAID BY CO	MMITTEE 15,705.63	o jaman saman saya saya sa	e e e e e e e e e e e e e e e e e e e		
		ne 19, Column A of Summa					

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Committee to Re-	Elect Cloud for Treasurer		October 10th Filing				
THE PROPERTY OF THE PROPERTY O	P. Expenses	Paid by Committee	1				
Name of Payee			Date of Payment	Method of Payment: O Check #1019			
Elizabeth Rivers -F	Reyes		09/10/2019	O Debit Card OEFT			
Street Address		City		State Zip Code			
30 Ja	ne St	Hartford		CT 106(03)			
Purpose of Expenditure	Description	Even	ıt #	Amount			
(by code)	Food for Poll worker	guerria.		137.00			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un		(sed)				
(If applicable)	None of the below	•	•				
	Coordinated with reimbursement sought (joint expenditure	independent	3. O-O-O-				
Name of Payee	Coordinated without reimbursement sought (in-kind contri	Organization Organization	DA OBOCOD Date of Payment	Method of Payment:			
				① Check #			
Street Address		C.L.		O Debit Card OEFT			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description	Even	t #	Amount			
(6) 3030)							
Expenditure #	Type of Expenditure (Itemization in Addendum P Required und	less "None of the below" is check	red)				
(if applicable)	None of the below						
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri		DA OB OC OD				
Name of Payee		Organization	Date of Payment	Method of Payment:			
				Check #			
Street Address		City		O Debit Card O EFT State Zip Code			
		,		•			
	To the second se	Even	* H				
Purpose of Expenditure (by code)	Description	Even	1.14	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is chec	ked)				
	O None of the below Coordinated with reimbursement sought (joint expenditure) Independent						
	Coordinated with Termoursement sought (in-kind control	•	DAOBOCO D				
Name of Payee			Date of Payment	Method of Payment:			
				O Check #			
Street Address		City		O Debit Card O EFT State Zip Code			
Purpose of Expenditure	Description	Even	nt #	1			
(by code)	Description	2,42	<i>"</i>	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is checi	ked)				
	None of the below Coordinated with reimbursement sought (joint expenditur	re)					
	Coordinated without reimbursement sought (in-kind contr	-	OA OB OC OD				
	S	SUBTOTAL Section P — Th	is Page 137,00				
	TO	TAL of additional Section P	Pages 0.00				
		NSES PAID BY COMMI e 19, Column A of Summary Page					
	response in the commence of the	· · · · · · · · · · · · · · · · · · ·	e_a_e+1950/:				

	EE (Provide Complete Name as Registe	ered with Filing Repository)			TYPE OF REPORT		
Committee to Re-El	lect Cloud for Treasurer				October 10th Fili	ng	
	Q.	Campaign Exp	enses Paid by Candi	idate			
Name of Payee (Name of Ve	endor, Person or Entity who candidate pa	iid directly)			Date of Payment	Is reim	bursement claimed?
							Yes O No
Street Address			City			State	Zip Code
Purpose of Expenditure	Description			Event #	¥		Amount
(by code)	Description				•		
		in managa katalog kat	our de nicht de kinde der de kontrakt de kontrakt de kinde de November (1888 de 1888) de speciel de speciel de				
Name of Payee (Name of Vo	endor, Person or Entity who candidate pa	uid directly)			Date of Payment	_	bursement claimed?
						0	Yes O No
Street Address			City			State	Zip Code
							1
Purpose of Expenditure	Description			Event	#		Amount
(by code)	a. Caloniperon						
		produce and in the compact for each area more than 4000 at 1000 to 1000 and 1000 and 1000 area.	de Anne en a la grande de Anne		Transcription of the Control of the		2000-000-000-000-000-000-000-000-000-00
Name of Payee (Name of V	endor, Person or Entity who candidate po	aid directly)			Date of Payment	_	abursement claimed?
	(0	Yes O No
Street Address			City		,	State	Zip Code
Purpose of Expenditure	Description			Event	#		Amount
(by code)	Description						
				<u> </u>			
Name of Payee (Name of V	endor, Person or Entity who candidate pe	aid directly)			Date of Payment	Is rein	abursement claimed?
						0	Yes O No
Street Address			City			State	Zip Code
Purpose of Expenditure	Description	······		Event	#		Amount
(by code)				ł			
				<u>l</u>	<u> </u>		
Name of Payee (Name of V	endor, Person or Entity who candidate pe	aid directly)			Date of Payment		abursement claimed?
							Yes O No
Street Address			City			State	Zip Code
Purpose of Expenditure	Description		<u></u>	Event	#		Amount
(by code)	·						
					In on		
Name of Payee (<i>Name of V</i>	endor, Person or Entity who candidate p	ald directly)			Date of Payment	1 _	nbursement claimed?
						0	Yes O No
Street Address			City		<u></u>	State	Zip Code
Purpose of Expenditure	Description	4	J	Event	#		Amount
(by code)							
	<u> </u>						
			SUBTOTAL Section Q -	— Thi	s Page 0		
		TC	TAL of additional Secti	on Q	Pages 0		
	101	I'AL OF ALL EXP Enter total on Liv	PENSES PAID BY CA ne 26, Column A of Summan	(NDL) ry Page	DATE 0 Totals)		

	EE (Provide Complete Name as Registered with Film Elect Cloud for Treasurer	g Repository)	TYPE OF REPORT OCTOBER 10th		
ommittee to he		Incurred on Committee (Credit Card		
Vame of Issuing Insti		Type of Credit Card:			
		O Visa OMas	ter Card ODiscover OA	american Express	Other:
Vame of Vendor, Person o	or Entity		adi kabilan 1919-yang garang adi adi baharan mengapunan yang 1911 (1915) di kabilan series	Date of Ti	ransaction
				State	Zip Code
treet Address		City		State	Zip Code
Purpose of Expenditure by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated without reimbursement sough	(joint expenditure)	ndependent	OD	
Name of Vendor, Person	or Entity			entre de la companya	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum) None of the below Coordinated with reimbursement sought Coordinated without reimbursement sou	(joint expenditure)	Independent Organization: OA OB OC	and the second second second second	To the second
Name of Vendor, Person	or Entity			Date of	Transaction
Street Address	7	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated without reimbursement sou	(joint expenditure)	elow" is checked) Independent Organization: OA OB O	е Ов	
		SUBTOTAL Section	R.—This Page 0		
		TOTAL of additional S	ection R Pages 0		
Т	OTAL OF ALL EXPENSES INCUR (Ente	RED ON COMMITTEE C total on Line 27, Column A of Sun	REDIT CARD 0 nmary Page Totals)		
Court for State State and a contract of the state of the	energingen eggenteter verhetigteter Gustellisten eretiktionspiller Hinter eretitiget vid Gustelliste.			· · · · · · · · · · · · · · · · · · ·	<u> </u>

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository,)	TYPE OF REPORT		
Committee to Re-	g				
	S. Expenses Incurred by Com	mittee but Not Paid	During this Period		
Name of Creditor			sementa kas kirin masakasi dan interletikan perusah di untuk di Perusah di Perusah di Perusah di Perusah di Pe	Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	Indep	is checked) endent ization: OA OB OC O	D.	
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred timate or Actual)
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind or	Indep	is checked) endent ization: OA OB OC OB	D	
Name of Creditor	A	p - Marie Carlos (Marie Car	<u> and and an annual state of the state of th</u>	Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	t ·	nount Incurred stimate or Actual)
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind expenditure).	Indep	is checked) pendent aization:	D	
		SUBTOTAL Section	S-This Page 0		
		TOTAL of additional Se	ction S Pages 0		
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE DUR (Enter total on	ING THIS PERIOD BU Line 28, Column A of Summ	T NOT PAID vary Page Totals)		
	Previously reported Ex	penses Unpaid and still (Outstanding 0		
	TOTAL OF ALL EXPENSES INCURRE (Enter total on L	D BY COMMITTEE BU ine 28a, Column A of Summ			March 1981

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT						
Committee to Re-Elect Cloud for Treasurer					October 10th Filing						
	T. Itemization of Reiml	_		dary Pa	yees			D-1CD	to Vandar		
Last Name of Worker/Consultant			First			MI		Date of Payment to Vendor, Person or Entity			
Cloud			ane						/2019		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					reported	in Sec	tion P:	_	Vorker/Consultant as		
Stop & Shop					O Che	eck#			oit Card DEFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City					State CT	06107		
1235 Farmington Avenue			West Hartford						40107		
Purpose of Expenditure Description			Event #			20104			Amount		
(by code) RMB	Food Expense - Fundralser			09/04/2019A			94.58				
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 expe	əndit	ure) Q Indepe	ndent O	0						
	Coordinated without reimbursement sought (in-kin			zation: OA	οВ			Thurst	Second to Vandar		
Last Name of Worker/Cons	sultant		rst •		MI			Date of Payment to Vendor, Person or Entity			
Cloud		D	iane						/2019		
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	-			Payment to Reimburse reported in Section P:			Committee Worker/Consultant as			
Crazy Bruce's						O Check #			O Debit Card OEFT		
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code		
176 Newington Road			West Hartford					CT	06110		
Purpose of Expenditure	Description		Event #						Amount		
(by code) RMB	RMB Beverages - Fundraiser			09/04/2				261.72	2		
Expenditure #	Type of Expenditure (Itemization in Addendum T Requi	red	unless "None of the below"	is checked,)						
(if applicable)	None of the below				_	_					
	Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin		ntribution) Organ	endent O ization: o A	ОВ	°c	o D				
Last Name of Worker/Cor	sultant	F	irst			М	1		Payment to Vendor, or Entity		
Arciniegas		1	Lillian						09/10/2019		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Paymer	it to R	eimburse	Committee	Worker/Consultant a		
Curbside Chefs						reported in Section P: Check #1020					
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City					State	Zip Code		
141 Monroe Street		Hartford						CT 06114			
Purpose of Expenditure	Description			Event #					Amount		
(by code) FOOD	Primary Day Food - Campaign Workers							157.8	1		
Expenditure #	Tuna of Evranditure Atomization in Addendum T Requi	ired	unless "None of the below"	ls checked	<u> </u>			1			
(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) Independent Organization: OA OB OC OD Organization: OA OB OC OD										
	O Cooldinated Afthorn Letting request sought (in-rai	au co	Organ Organ	uzation: O /	и ов	0 (; o D		and the second s		
			SUBTOTAL Section T	— This P	age 51	14.11	l				
		1	OTAL of additional Sec	ction T Pa	iges 6	1.44					
TOTAL OF ALL	L REIMBURSEMENT TO COMMITTEE	W	ORKERS AND CON	SHETA	NTS 5	75,5	5				
TUTAL OF AL	D REINIDURDENIEN I TU CUMMITT LE		CAREIN AID CON				······································				
ļ											

					YPE OF REPORT ctober 10th Filing					
	T. Itemization of Reimb)ur	sements and Seco	ndary P	ayees	0.45549				
Last Name of Worker/Consultant			First Lillian				MI	Date of Payment to Vendo Person or Entity 09/09/2019		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant FedEx						Payment to Reimburse Committee Worker/Consreported in Section P: Check #1020 Debit Card				
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 544 Farmington Avenue		City Hartford						State CT	Zip Code 06105	
Purpose of Expenditure (by code) PRNT	Description Palm Cards			Event#				31.43	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expe	ndit	ure) O Inde	pendent O	0	C) О			
Last Name of Worker/Consultant Arciniegas		Fii Li	st Nian		- Tarana and a second		MI	Date of Payment to Vendor, Person or Entity 09/10/2019		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Citgo					report	ed in	Reimburse Section P: ck #1020	_	Worker/Consultant as ebit Card OEFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 831 Maple Avenue			City Hartford					CT	Z.p Couc	
Purpose of Expenditure (by code)	Day of Primary - Fuel Expense			Event#				30.01	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)	endit	ure) O Inde	v" is checked ependent O anization: o	0	() O			
Last Name of Worker/Con	sultant	Fi	TSt .	anni anni anni anni anni anni anni anni			MI		f Payment to Vendor, or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					report	Payment to Reimburse reported in Section P:			e Committee Worker/Consultant as Debit Card DEFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		1 🕶			State	Zip Code	
Purpose of Expenditure (by code)	Description			Event#					Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-king)	endi	ture) Q Ind	ependent C	0	3 (
			SUBTOTAL Section	T — This l	Page (51.4	14			
		1	OTAL of additional S	ection T P	ages	0				
TOTAL OF ALI	L REIMBURSEMENT TO COMMITTEE	W	ORKERS AND CO	NSULTA	NTS	575	5.55			
						*****	······································			