

# SEEC FORM 20

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



CITY CLERK  
2019 OCT 10 PM 4:15  
Do Not Mark in This Space For Official Use Only

## COVER PAGE

<b>1. NAME OF COMMITTEE</b> Bazzano for City Council			
<b>2. TREASURER NAME</b>			
First Gregory	MI W.	Last Piecuch	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 777 Main Street	City Hartford	State CT	Zip Code 06103
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/5/2019	<b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee) City Council		<b>6. DISTRICT NUMBER</b> (if applicable)
<b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)			
First Gary	MI	Last Bazzano	Suffix
<b>8. TYPE OF REPORT</b> (Check One Box)			
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report:
<input checked="" type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (State Central Committees Only)	<input type="checkbox"/> Termination	
<input type="checkbox"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="checkbox"/> 45 days following election not held in November		
<b>9. PERIOD COVERED</b>			
Beginning Date 7/21/2019		Ending Date 9/30/2019	
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		Gregory W. Piecuch PRINT NAME OF SIGNER	10/10/2019 DATE (mm/dd/yyyy)
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Borzano for City Council	10-10-2019	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	6,730. <sup>00</sup>	6,730. <sup>00</sup>
14. Receipts from Other Committees (Sections C1 and C2)	—	—
15. Other Monetary Receipts (Sections D through K)	—	—
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	—	—
16b. Per Public Act 11-48, effective January 1, 2012. Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	—	—
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	6,730. <sup>00</sup>	6,730. <sup>00</sup>
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	6,730. <sup>00</sup>	6,730. <sup>00</sup>
19. Expenses Paid by Committee (Section P)	850. <sup>87</sup>	850. <sup>87</sup>
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	5,879. <sup>13</sup>	5,879. <sup>13</sup>
21. In-Kind Donations not Considered Contributions Received (Section L4)	/	
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance	/	
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)	/	
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
Bottano for City Council		10-10-2019
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ 680.00
		SUBTOTAL SECTION A

**B. Itemized Contributions from Individuals**

Last Name Cohen		First Richard	MI
Residential Street Address 450 Maple Ave		City Old Saybrook	State CT
		Zip Code 06475	
Principal Occupation Business owner		Name of Employer Waverly Markets LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 250.
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/2	

Last Name Milkie		First Mark	MI
Residential Street Address 420 Ellington Rd		City S. Windsor	State CT
		Zip Code 06074	
Principal Occupation Executive		Name of Employer Admiral Henry	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 250.
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/5	

Last Name Spalding		First Mark	MI
Residential Street Address 120 Terry Rd		City Hartford	State CT
		Zip Code 06105	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 100
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/8	

SUBTOTAL Section B — This Page		600.-
TOTAL of additional Section B Pages		5,450.-
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		6,730.-

Section B ADDITIONAL PAGE 1 of 10

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <u>Battano for City Council</u>	TYPE OF REPORT <u>10-10-19</u>
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ <u>                    </u>

**B. Itemized Contributions from Individuals**

Last Name <u>Guilmette</u>	First <u>Leesa</u>	MI
Residential Street Address <u>122 Pleasant Valley Rd</u>	City <u>S. Windsor</u>	State <u>CT</u> Zip Code <u>06074</u>
Principal Occupation	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>100.</u>
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <u>8/5</u> Aggregate Contributions <u>100</u>	

Last Name <u>Capenera</u>	First <u>Ralph</u>	MI
Residential Street Address <u>50 Peria Drive</u>	City <u>Rock Hill</u>	State <u>CT</u> Zip Code <u>06067</u>
Principal Occupation <u>Retired</u>	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>250</u>
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <u>8/7</u> Aggregate Contributions <u>250</u>	

Last Name <u>Weber</u>	First <u>Dana</u>	MI
Residential Street Address <u>41 Jonathan Drive</u>	City <u>S. Windsor</u>	State <u>CT</u> Zip Code <u>06074</u>
Principal Occupation <u>Retired</u>	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>250</u>
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <u>8/8</u> Aggregate Contributions <u>250.</u>	

<b>SUBTOTAL Section B — This Page</b>	<u>600.</u>
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i> <u>Bazzano for City Council</u>	<b>TYPE OF REPORT</b> <u>10-10-2019</u>
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$ <u>                    </u>
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <u>Christofano</u>		First <u>Mary</u>		MI	
Residential Street Address <u>57 Garfield Rd</u>		City <u>Rocky Hill</u>		State <u>CT</u>	Zip Code <u>06067</u>
Principal Occupation <u>Director</u>			Name of Employer <u>Hartford Public Schools</u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  <u>200</u>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8/11</u>	Aggregate Contributions <u>200</u>		

Last Name <u>Swan</u>		First <u>Thomas</u>		MI	
Residential Street Address <u>8 Shultas Pl.</u>		City <u>Hartford</u>		State <u>CT</u>	Zip Code <u>06114</u>
Principal Occupation <u>Retired</u>			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  <u>250</u>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8/14</u>	Aggregate Contributions <u>250</u>		

Last Name <u>Carter</u>		First <u>Daniel</u>		MI	
Residential Street Address <u>305 Blue Hills Dr.</u>		City <u>Southington</u>		State <u>CT</u>	Zip Code <u>06489</u>
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  <u>100</u>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8/7</u>	Aggregate Contributions <u>100</u>		

<b>SUBTOTAL Section B -- This Page</b>	<u>550.</u>
<b>TOTAL of additional Section B Pages</b>	<u>                    </u>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	

Section B ADDITIONAL PAGE 3 of 10

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <u>Board for City Council</u>	TYPE OF REPORT <u>10-10-2019</u>
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ <u>                    </u>

**B. Itemized Contributions from Individuals**

Last Name <u>Hartz</u>		First <u>Steven</u>		MI	
Residential Street Address <u>147 Cottage Rd</u>		City <u>Enfield</u>		State <u>CT</u>	Zip Code <u>06082</u>
Principal Occupation <u>Sales</u>		Name of Employer <u>Foley Services</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution  <u>250.-</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8/14</u>	Aggregate Contributions <u>250</u>		

Last Name <u>Millkie</u>		First <u>David</u>		MI	
Residential Street Address <u>935 Main St.</u>		City <u>S. Windsor</u>		State <u>CT</u>	Zip Code <u>06074</u>
Principal Occupation <u>Managing Partner</u>		Name of Employer <u>Admiral Mary Storage</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution  <u>200.-</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8/15</u>	Aggregate Contributions <u>200</u>		

Last Name <u>Berman</u>		First <u>John</u>		MI <u>A.</u>	
Residential Street Address <u>293 Oxford St.</u>		City <u>Hartford</u>		State <u>CT</u>	Zip Code <u>06105</u>
Principal Occupation <u>lawyer</u>		Name of Employer <u>Berman Mickelson</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution  <u>200.-</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8/15</u>	Aggregate Contributions <u>200</u>		

<b>SUBTOTAL Section B — This Page</b>	<u>650.-</u>
<b>TOTAL of additional Section B Pages</b>	<u>                    </u>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	<u>                    </u>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT

Borzano for City Council

10-10-2019

A. Total Contributions from Small Contributors-Received this Period ONLY  
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A

\$ \_\_\_\_\_

**B. Itemized Contributions from Individuals**

Last Name: Swan First: Donna MI: \_\_\_\_\_

Residential Street Address: 8 Shultas Pl. City: Hartford State: CT Zip Code: 06114

Principal Occupation: Retired Name of Employer: \_\_\_\_\_

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No  
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

Amount of Contribution

Is this contribution associated with an event reported in Section L1?  Yes  No  
If yes, list Event # \_\_\_\_\_  
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No  
If yes, indicate which branch or branches of government the contract is with:  Executive  Legislative

250.-

Method of Contribution:  Cash  Personal Check  Credit/Debit Card  Payroll Deduction  Money Order  
Date Received: 8/14 Aggregate Contributions: 250

Last Name: Zelen First: Robert MI: \_\_\_\_\_

Residential Street Address: 183 Race Hill Rd City: Madison State: CT Zip Code: 06443

Principal Occupation: CPA Name of Employer: Genevese, Zelen & Assoc

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No  
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

Amount of Contribution

Is this contribution associated with an event reported in Section L1?  Yes  No  
If yes, list Event # \_\_\_\_\_  
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No  
If yes, indicate which branch or branches of government the contract is with:  Executive  Legislative

250.-

Method of Contribution:  Cash  Personal Check  Credit/Debit Card  Payroll Deduction  Money Order  
Date Received: 8/16 Aggregate Contributions: 250

Last Name: Ressler First: Donald MI: \_\_\_\_\_

Residential Street Address: 64 Bantam Rd City: W. Hartford State: CT Zip Code: 06117

Principal Occupation: Dentist Name of Employer: Self.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No  
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

Amount of Contribution

Is this contribution associated with an event reported in Section L1?  Yes  No  
If yes, list Event # \_\_\_\_\_  
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No  
If yes, indicate which branch or branches of government the contract is with:  Executive  Legislative

150.-

Method of Contribution:  Cash  Personal Check  Credit/Debit Card  Payroll Deduction  Money Order  
Date Received: 8/16 Aggregate Contributions: 150

SUBTOTAL Section B - This Page

650.-

TOTAL of additional Section B Pages

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)

(Enter total on Line 13, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <u>Bazzano for City Council</u>	TYPE OF REPORT <u>10-10-19</u>
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$

**B. Itemized Contributions from Individuals**

Last Name <u>Braut</u>		First <u>Daniel</u>		MI	
Residential Street Address <u>700 Bloomfield Ave</u>		City <u>Bloomfield</u>		State <u>CT</u>	Zip Code <u>06002</u>
Principal Occupation <u>CEO</u>			Name of Employer <u>Blue Bell Mattress</u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <u>100.-</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8/18</u>	Aggregate Contributions <u>100</u>		

Last Name <u>Braut</u>		First <u>Emily</u>		MI	
Residential Street Address <u>700 Bloomfield Ave</u>		City <u>Bloomfield</u>		State <u>CT</u>	Zip Code <u>06002</u>
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <u>100.-</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8/18</u>	Aggregate Contributions <u>100</u>		

Last Name <u>Braut</u>		First <u>Alex</u>		MI	
Residential Street Address <u>700 Bloomfield Ave</u>		City <u>Bloomfield</u>		State <u>CT</u>	Zip Code <u>06002</u>
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <u>50.-</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8/18</u>	Aggregate Contributions <u>50</u>		

<b>SUBTOTAL Section B — This Page</b>	<u>250.-</u>
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	



<b>NAME OF COMMITTEE</b> (Provide Complete Name as Registered with Filing Repository)	<b>TYPE OF REPORT</b>
Bazzano La City Council	10-10-19
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Russell		First Jonathan	MI
Residential Street Address 124 Cold Spring King		City S. Glastonbury	State CT
Principal Occupation Retired		Zip Code 06073	
Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  200
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/20	
		Aggregate Contributions 200	

Last Name Ramondetta		First Joseph	MI
Residential Street Address 104 Hillcrest Rd		City Old Lyme	State CT
Principal Occupation Administrata		Zip Code 06371	
Name of Employer Futramik Industries			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  250.
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/27	
		Aggregate Contributions 250.	

Last Name Greer		First Kern	MI
Residential Street Address 86 Windshire Dr.		City S. Windsor	State CT
Principal Occupation Contractor		Zip Code 06074	
Name of Employer Four Seasons Painters			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  250.
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/5	
		Aggregate Contributions 250	

<b>SUBTOTAL Section B — This Page</b>	700.
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <u>Bazzano for City Council</u>	TYPE OF REPORT <u>10-10-19</u>
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$ <u>          </u>
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <u>Budkofsky</u>	First <u>Alan</u>	MI
Residential Street Address <u>1 Regency Drive #109</u>	City <u>Bloomfield</u>	State <u>CT</u>
Zip Code <u>06002</u>	Principal Occupation <u>Real Estate</u>	
Name of Employer <u>Budkofsky Appraisal</u>		Amount of Contribution <u>250.-</u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>9/15</u>
		Aggregate Contributions <u>250</u>

Last Name <u>Aniskovich</u>	First <u>William</u>	MI
Residential Street Address <u>15 Grove Avenue</u>	City <u>Branford</u>	State <u>CT</u>
Zip Code <u>06405</u>	Principal Occupation <u></u>	
Name of Employer <u></u>		Amount of Contribution <u>100.-</u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>9/15</u>
		Aggregate Contributions <u>100</u>

Last Name <u>De Martino</u>	First <u>Daven</u>	MI <u>CT</u>
Residential Street Address <u>30 Judge Lane</u>	City <u>S. Windsor</u>	State <u>CT</u>
Zip Code <u>06074</u>	Principal Occupation <u>Consulting</u>	
Name of Employer <u>A7C, Inc.</u>		Amount of Contribution <u>250.-</u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8/3</u>
		Aggregate Contributions <u>250.-</u>

<b>SUBTOTAL Section B — This Page</b>	<u>600.-</u>
<b>TOTAL of additional Section B Pages</b>	<u>          </u>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	

Section B ADDITIONAL PAGE 8 of 10

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <u>Bazzano to City Council</u>		TYPE OF REPORT <u>10-10-2019</u>
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$ <u>          </u>

**B. Itemized Contributions from Individuals**

Last Name <u>Lemnotis</u>		First <u>Peter</u>	MI
Residential Street Address <u>191 Arch St.</u>		City <u>Hartford</u>	State <u>New Britain CT</u>
Principal Occupation		Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution <u>100.</u>
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>9/6</u>
		Aggregate Contributions <u>100</u>

Last Name <u>Martins</u>		First <u>Paul</u>	MI
Residential Street Address <u>4 Tennyson Dr.</u>		City <u>Granby</u>	State <u>CT</u>
Principal Occupation <u>President</u>		Name of Employer <u>Lucma Livery</u>	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution <u>250.</u>
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>9/6</u>
		Aggregate Contributions <u>250</u>

Last Name <u>Romeo</u>		First <u>Frank</u>	MI
Residential Street Address <u>162 Hunters Ln</u>		City <u>Newington</u>	State <u>CT</u>
Principal Occupation <u>Attorney</u>		Name of Employer <u>Self</u>	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution <u>250.</u>
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>9/6</u>
		Aggregate Contributions <u>250</u>

SUBTOTAL Section B - This Page		<u>600</u>
TOTAL of additional Section B Pages		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		

Section B ADDITIONAL PAGE 9 of 10

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bozeman for City Council		10-10-2019	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ _____	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Montgomery		First Charles	MI
Residential Street Address 760 Prospect Ave		City Hartford	State CT
		Zip Code 06105	
Principal Occupation Trade Compliance		Name of Employer UTC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/3	Aggregate Contributions 200
		200.	
Last Name Montgomery		First Gabriela	MI
Residential Street Address 760 Prospect Avenue		City Hartford	State CT
		Zip Code 06105	
Principal Occupation homemaker		Name of Employer N/A	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/3	Aggregate Contributions 200
		200.	
Last Name Montgomery		First Mayan	MI
Residential Street Address 760 Prospect Ave		City Hartford	State CT
		Zip Code 06105	
Principal Occupation PR		Name of Employer BPCM	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/3	Aggregate Contributions 100
		100.	
<b>SUBTOTAL Section B — This Page</b>		500.	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <u>Baizano for City Council</u>	TYPE OF REPORT <u>10-10-2019</u>
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$ <u>                    </u>
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <u>Meehan</u>		First <u>Richard</u>	MI
Residential Street Address <u>1314 Asylum Ave</u>		City <u>Hartford</u>	State <u>CT</u> Zip Code <u>06105</u>
Principal Occupation <u>Self Engineer Surveyor</u>		Name of Employer <u>Self</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <u>100.</u>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>9/19</u>	Aggregate Contributions <u>100</u>

Last Name <u>Atleyne</u>		First <u>Kenneth</u>	MI
Residential Street Address <u>837 Prospect Ave</u>		City <u>Hartford</u>	State <u>CT</u> Zip Code <u>06105</u>
Principal Occupation <u>Investor</u>		Name of Employer <u>Hartford</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <u>250.</u>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>9/13</u>	Aggregate Contributions <u>250</u>

Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions

<b>SUBTOTAL Section B — This Page</b>	<u>350.</u>
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bartanoja City Council			10-10-2019	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Budget Printers		9-6-19	<input checked="" type="checkbox"/> Check # 101 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
1718 Park St.		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	Amount	
PRNT	Business Cards		85.08	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Anedot		9-9-19	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address		City	State	Zip Code
5555 Hilton Ave		Baton Rouge	LA	70808
Purpose of Expenditure (by code)	Description	Event #	Amount	
WEB	Processing /cc. fee		57.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Garrett Printing & Graphics		9-10-19	<input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
331 Riverside Ave		Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #	Amount	
PRNT	Name tag		21.27	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Greg Breuch		9-10-19	<input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
777 Main St.		Hartford	CT	06103
Purpose of Expenditure (by code)	Description	Event #	Amount	
PCW	see part T		11.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			174.35	
TOTAL of additional Section P Pages			676.52	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			850.87	

Section P ADDITIONAL PAGE 1 of 1

NAME OF COMMITTEE: *(Provide Complete Name as Registered with Filing Repository)* Bazzano for City Council TYPE OF REPORT 10-10-2019

**P. Expenses Paid by Committee**

Name of Payee Anedot Date of Payment 12.60 Method of Payment:  
 Check # \_\_\_\_\_  
 Debit Card  EFT

Street Address 5555 Hilton Ave City Baton Rouge State LA Zip Code 70808

Purpose of Expenditure (by code) WB Description Processing / Cl Fee Event # \_\_\_\_\_ Amount 12.60

Expenditure # (if applicable) \_\_\_\_\_ Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  
 None of the below  
 Coordinated with reimbursement sought (joint expenditure)  Independent  
 Coordinated without reimbursement sought (in-kind contribution)  Organization:  A  B  C  D

Name of Payee Heritage Printers Date of Payment \_\_\_\_\_ Method of Payment:  
 Check # 104  
 Debit Card  EFT

Street Address 101 Kinsley St. City Hartford State CT Zip Code 06103

Purpose of Expenditure (by code) PRINT Description Palm Cards Event # \_\_\_\_\_ Amount 363.19

Expenditure # (if applicable) \_\_\_\_\_ Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  
 None of the below  
 Coordinated with reimbursement sought (joint expenditure)  Independent  
 Coordinated without reimbursement sought (in-kind contribution)  Organization:  A  B  C  D

Name of Payee Gary Bazzano Date of Payment 9-23-19 Method of Payment:  
 Check # 105  
 Debit Card  EFT

Street Address 1414 Asylum St. City Hartford State CT Zip Code 06105

Purpose of Expenditure (by code) PCW Description See Part T Event # \_\_\_\_\_ Amount 250.73

Expenditure # (if applicable) \_\_\_\_\_ Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  
 None of the below  
 Coordinated with reimbursement sought (joint expenditure)  Independent  
 Coordinated without reimbursement sought (in-kind contribution)  Organization:  A  B  C  D

Name of Payee Lloyd Carter Date of Payment 9-27-19 Method of Payment:  
 Check # 106  
 Debit Card  EFT

Street Address 225 Asylum St. City Hartford State CT Zip Code \_\_\_\_\_

Purpose of Expenditure (by code) A-CTH Description Distribution of Palm Cards Event # \_\_\_\_\_ Amount 50.

Expenditure # (if applicable) \_\_\_\_\_ Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  
 None of the below  
 Coordinated with reimbursement sought (joint expenditure)  Independent  
 Coordinated without reimbursement sought (in-kind contribution)  Organization:  A  B  C  D

SUBTOTAL Section P — This Page 676.52

TOTAL of additional Section P Pages \_\_\_\_\_

TOTAL OF ALL EXPENSES PAID BY COMMITTEE  
*(Enter total on Line 19, Column A of Summary Page Totals)* \_\_\_\_\_

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Bazzano for City Council</i>			TYPE OF REPORT <i>10-10-2019</i>	
<b>T. Itemization of Reimbursements and Secondary Payees</b>				
Last Name of Worker/Consultant <i>Pieuch</i>		First <i>Greg</i>	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant <i>USPS</i>			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # <i>103</i> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant <i>80 State House Sq.</i>		City <i>Hartford</i>	State <i>CT</i>	Zip Code <i>06103</i>
Purpose of Expenditure (by code) <i>POST</i>	Description <i>Stamps</i>		Event #	Amount <i>11.</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Last Name of Worker/Consultant <i>Bazzano</i>		First <i>Gary</i>	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant <i>Motorphoto</i>			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # <i>105</i> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant <i>11 East Main St.</i>		City <i>Aven</i>	State <i>CT</i>	Zip Code <i>06001</i>
Purpose of Expenditure (by code) <i>A-OTH</i>	Description <i>Professional photo</i>		Event #	Amount <i>211.64</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Last Name of Worker/Consultant <i>Bazzano</i>		First <i>Gary</i>	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant <i>Westend Pizza</i>			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # <i>105</i> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant <i>495 Farmington Ave</i>		City <i>Hartford</i>	State <i>CT</i>	Zip Code <i>06105</i>
Purpose of Expenditure (by code) <i>Food</i>	Description <i>Pizza @ Campaign Mtg</i>		Event #	Amount <i>39.09</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
<b>SUBTOTAL Section T — This Page</b>			<i>261.73</i>	
<b>TOTAL of additional Section T Pages</b>			<i>←</i>	
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>			<i>261.73</i>	