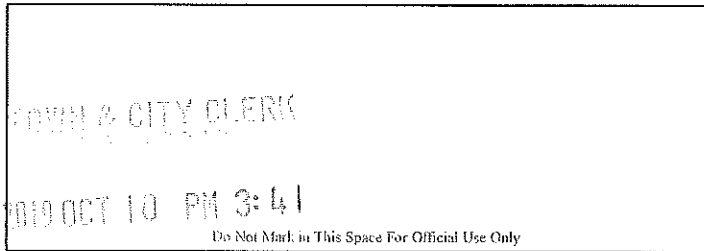


SEEC FORM 20

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



COVER PAGE

1. NAME OF COMMITTEE				
RE ELECT CLARKE FOR CITY COUNCIL				
2. TREASURER NAME				
First JUSTIN	MI K	Last COLEMAN	Suffix	
3. TREASURER ADDRESS				
Street Address 107 SAINT MONICAS AVENUE		City HARTFORD	State CT	Zip Code 06120
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/05/2019		5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER <i>(if applicable)</i>
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>				
First THOMAS	MI J	Last CLARKE	Suffix	
8. TYPE OF REPORT <i>(Check One Box)</i>				
<input type="radio"/> January 10 filing <input type="radio"/> 7th day preceding primary <input type="radio"/> 7th day preceding referendum <input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i> <input type="radio"/> April 10 filing <input type="radio"/> 30 days following primary <input type="radio"/> 45 days following referendum <input type="radio"/> Amendment to <input type="radio"/> July 10 filing <input type="radio"/> 7th day preceding election <input type="radio"/> Deficit Type of Report: _____ <input checked="" type="radio"/> October 10 filing <input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i> <input type="radio"/> Termination <input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election <input type="radio"/> 45 days following election not held in November				
9. PERIOD COVERED				
Beginning Date		Ending Date		
07/11/2019		thru 10/10/2019		
10. CERTIFICATION				
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)		JUSTIN COLEMAN _____ 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.				

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)	TYPE OF REPORT	
	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	4496.00	
13. Contributions Received from Individuals (Sections A and B)	\$150.00	4640.00
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	1330.32
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	150.00	5976.32
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	4640.00	5976.32
19. Expenses Paid by Committee (Section P)	0	0
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	4640.00	5976.32
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$270	\$270.00
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	974.45	974.45
25d. Total Outstanding Loan Amount	0	
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	
RE BLET CLARKE FOR CITY COUNCIL				OCT 10 FILING	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 50.00	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
McCRORY		DOUGLAS			
Residential Street Address		City		State	Zip Code
235 BLUE HILLS AVENUE		HARTFORD		CT	06112
Principal Occupation		Name of Employer			
EDUCATION		CAPITAL REGION EDUCATION COUNCIL			
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?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100	
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="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/26/19	\$100		
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?		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?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
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="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order					
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?		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?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
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="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order					
SUBTOTAL Section B — This Page				\$100	
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)				\$150	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
RE ELECT CLARKE FOR CITY COUNCIL			OCT 10 FILING	
L4. In-Kind Donations Not Considered Contributions				
Name of Donor				
HARTFORD ALUMNI CHAPTER OF KAPPA ALPHA PSI				
Street Address		City		State
1287 PORTLAND COLBALT RD		PORTLAND		CT
Zip Code		Fair Market Value of Donation		
06480		\$70		
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input checked="" type="radio"/> Business Entity	SPONSORED TICKETS			
<input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	
	9/7/19		\$70	
Name of Donor				
GREATER HARTFORD NAACP FREEDOM FUND DINNER				
Street Address		City		State
28 DAY MILL ROAD		WINDSOR		CT
Zip Code		Fair Market Value of Donation		
06095		\$200		
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input checked="" type="radio"/> Business Entity	SPONSOR DONATION			
<input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	
	9/28/19		\$200	
Name of Donor				
Street Address		City		State
Zip Code		Fair Market Value of Donation		
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity				
<input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate value for this Event	
SUBTOTAL Section L4— This Page				
TOTAL of additional Section L4 Pages				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>				