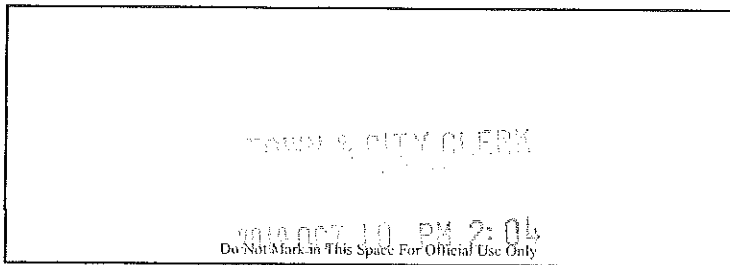


SEEC FORM 20

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



COVER PAGE

1. NAME OF COMMITTEE

Eliezer Mercade for City Council

2. TREASURER NAME

First Gabriel	MI	Last Muniz	Suffix
------------------	----	---------------	--------

3. TREASURER ADDRESS

Street Address 967 Asylum Ave Unit 4E	City Hartford	State CT	Zip Code 06105
--	------------------	-------------	-------------------

4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)

5. OFFICE SOUGHT (Complete only if Candidate Committee)

6. DISTRICT NUMBER

(if applicable)
N/A

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First Eliezer	MI	Last Mercade	Suffix
------------------	----	-----------------	--------

8. TYPE OF REPORT (Check One Box)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> January 10 filing | <input checked="" 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 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
○ Primary ○ Election | <input type="checkbox"/> 45 days following election not held in November | | |

9. PERIOD COVERED

Beginning Date	Ending Date
<u>07/01/19</u>	thru <u>09/01/19</u>

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.

	Gabriel Muniz	10/02/2019
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	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		
12. Balance on hand at the beginning of Reporting Period	2,648.45	
13. Contributions Received from Individuals (Sections A and B)	200.00	5,160.19
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. <i>Per Public Act 11-48, effective January 1, 2012 Section 1.2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	200.00	5,360.19
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	2,848.45	5,776.69
19. Expenses Paid by Committee (Section P)	721.31	3,233.05
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	2,127.14	2,543.64
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	450.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	150.00
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	125.00
27. Expenses Incurred on Committee Credit Card (Section R)	0	112.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
29. 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
<i>Eliezer Mercado for City Council</i>	<i>7th Term Get to Free</i>
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	\$ <i>100.00</i>
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name	First	MI	
<i>Frieder</i>	<i>Richard</i>		
Residential Street Address	City	State	Zip Code
<i>335 Cotton Hill Rd</i>	<i>New Hartford</i>	<i>CT</i>	<i>06057</i>
Principal Occupation	Name of Employer		
<i>Consultant</i>	<i>Community Capacity Builders</i>		
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?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>\$50.00</i>
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	
Method of Contribution:	Date Received	Aggregate Contributions	
<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	<i>07/19/19</i>	<i>\$150.00</i>	

Last Name	First	MI	
<i>McDowell</i>	<i>Bertram</i>		
Residential Street Address	City	State	Zip Code
<i>218 Summer Street</i>	<i>Bridgewater</i>	<i>CT</i>	<i>06614</i>
Principal Occupation	Name of Employer		
<i>Attorney</i>	<i>Trantolo ? Trantolo</i>		
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?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>\$50.00</i>
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	
Method of Contribution:	Date Received	Aggregate Contributions	
<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	<i>08/08/19</i>		

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 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?	Amount of Contribution
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input 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	
Method of Contribution:	Date Received	Aggregate Contributions	
<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			

SUBTOTAL Section B — This Page	<i>\$ 100.00</i>
TOTAL of additional Section B Pages	<i>0</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>	<i>\$ 200.00</i>

I. MONETARY RECEIPTS (Sections A—K)

*John Doe
Free Printing*

NAME OF COMMITTEE <small>(Provide Complete Name as Registered with Filing Repository)</small>	TYPE OF REPORT
<i>Eliezer Mercado for City Council</i>	<i>Free Printing</i>

C1. Contributions from Other Committees

Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>			Amount of Contribution	
						0	
City	State	Zip Code	Date Received	Aggregate Contributions			

Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>			Amount of Contribution	
						0	
City	State	Zip Code	Date Received	Aggregate Contributions			

Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>			Amount of Contribution	
						0	
City	State	Zip Code	Date Received	Aggregate Contributions			

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	Amount of Receipt
Date Received	Expenditure # <small>(if applicable)</small>	Payment Type					0
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							

Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	Amount of Receipt
Date Received	Expenditure # <small>(if applicable)</small>	Payment Type					0
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							

SUBTOTAL Section C — This Page	0
TOTAL of additional Section C Pages	0
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <small>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</small>	0

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) *Eliezer Mercado for City Council* TYPE OF REPORT *Free Primary*

D. Loans Received this Period

Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City	State	Zip Code		
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City	State	Zip Code		
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City	State	Zip Code		

TOTAL SECTION D

E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

Name of Entity				Date Received	Amount Received
Street Address	City	State	Zip Code	Aggregate Contributions	
Name of Entity					Amount Received
Street Address	City	State	Zip Code	Aggregate Contributions	
Name of Entity					Amount Received
Street Address	City	State	Zip Code	Aggregate Contributions	

TOTAL SECTION E

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Eliezer Mercado for City Council TYPE OF REPORT Pres Primary

F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
TOTAL SECTION F			

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
TOTAL SECTION G		

H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of payment:	Amount
	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
TOTAL SECTION H		

I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

I. MONETARY RECEIPTS (Sections A—K)

SEEC FORM 20
Revised January 2015

TYPE OF REPORT

7th District
Oct to Present

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

Eliizer Mercades for City Council

J. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Street Address City State Zip Code	Date Received	Amount
Name of Institution Street Address City State Zip Code	Date Received	Amount

TOTAL SECTION J

K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address City State Zip Code Description	Date of Transaction	Amount Received
Name Street Address City State Zip Code Description	Date of Transaction	Amount Received
Name Street Address City State Zip Code Description	Date of Transaction	Amount Received
Name Street Address City State Zip Code Description	Date of Transaction	Amount Received

TOTAL SECTION K

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)		
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	
Total of Other Monetary Receipts		

(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Eliezer Mercado for City Council</i>	TYPE OF REPORT <i>Pres. Primary</i>
---	--

L1. Event Information

Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code

Subpart 1: (All Committees)

Was this event hosted at a personal residence? Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No

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 L4 In-Kind Donations not Considered Contributions and complete required information.) No

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 Receipts here.) No \$

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) No

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? Yes (If yes, enter Total Receipts here.) No \$

Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code

Subpart 1: (All Committees)

Was this event hosted at a personal residence? Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No

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 L4 In-Kind Donations not Considered Contributions and complete required information.) No

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 Receipts here.) No \$

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) No

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? Yes (If yes, enter Total Receipts here.) No \$

SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page	0
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page	0
TOTAL of additional Section L1 Pages	0
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	0

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed.*

7th Day Free Proming

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> <i>Stiezer Mercado for City Council</i>	TYPE OF REPORT <i>Act 11</i>
--	---------------------------------

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN
(Enter total on Line 16c, Column A of Summary Page Totals)

II. EVENT ACTIVITY (Sections L1—L5)

Handwritten: Hooper Proc. Printing

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Eliezer Mercado for City Council</i>	TYPE OF REPORT <i>2011-10</i>
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L4. In-Kind Donations Not Considered Contributions

Name of Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation
	Date Received Event # Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation
	Date Received Event # Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation
	Date Received Event # Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation
	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
(Enter total on Line 21, Column A of Summary Page Totals)

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
---	----------------

Elizos Mercado for City Council *Hot Day Free Primary*

L5. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host	Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>
Street Address	City
	State
	Zip Code

Description of Donation		Fair Market Value of Donation
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>

Name of Host	Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>
Street Address	City
	State
	Zip Code

Description of Donation		Fair Market Value of Donation
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>

Name of Host	Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>
Street Address	City
	State
	Zip Code

Description of Donation		Fair Market Value of Donation
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>

Name of Host	Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>
Street Address	City
	State
	Zip Code

Description of Donation		Fair Market Value of Donation
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>

SUBTOTAL Section L5 — This Page	<i>0</i>
--	----------

TOTAL of additional Section L5 Pages	<i>0</i>
---	----------

TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>	<i>0</i>
---	----------

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Eliezer Mercado for City Council</i>	TYPE OF REPORT <i>7th Day Prec.</i>
---	--

M. In-Kind Contributions

Name				
Street Address		City	State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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			Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>			
Name				
Street Address		City	State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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			Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>			
Name				
Street Address		City	State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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			Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>			
Name				
Street Address		City	State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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			Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>			
Name				
Street Address		City	State	Zip Code

SUBTOTAL Section M — This Page

TOTAL of additional Section M Pages

TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)

N. Refundable Deposit to Telephone Company

Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address		City	State	Zip Code
Name of Telephone Company				Amount of Deposit
Street Address		City	State	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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Eliczer Mercado for City Council *7th Day Proc Printing*

P. Expenses Paid by Committee

Name of Payee		Date of Payment	Method of Payment:	
<i>Sisa Rocket</i>		<i>08/20/19</i>	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
<i>A-OTH</i>	<i>Campaign Signs & Stands</i>		<i>\$375.00</i>
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:	
<i>Adeltriland Latina LLC</i>		<i>08/22/19</i>	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
<i>Po Box 330295</i>		<i>West Hartford</i>	<i>CT</i>	<i>06133</i>

Purpose of Expenditure (by code)	Description	Event #	Amount
<i>A-news</i>	<i>5 x 7.5" Color Ad</i>		<i>\$200.00</i>
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:	
<i>Joel Moret @ The Print Lab</i>		<i>08/21/19</i>	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
		<i>New Haven</i>	<i>CT</i>	

Purpose of Expenditure (by code)	Description	Event #	Amount
<i>PANT</i>	<i>100 Flyers + Design</i>		<i>\$122.31</i>
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:	
<i>TP Bank</i>		<i>07/20/19 - 08/20/19</i>	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
<i>203 Trumbull Street</i>		<i>Hartford</i>	<i>CT</i>	<i>06103</i>

Purpose of Expenditure (by code)	Description	Event #	Amount
<i>BNK</i>	<i>Paper statement/maintenance fees</i>		<i>\$24.00</i>
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		

SUBTOTAL Section P — This Page	<i>\$721.31</i>
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TOTAL of additional Section P Pages	<i>0</i>
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TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	<i>\$721.31</i>
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IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Eliezer Mercado for City Council 7th Day Prec.</i>	TYPE OF REPORT <i>Primary</i>
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Q. Campaign Expenses Paid by Candidate

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	

SUBTOTAL Section Q — This Page

TOTAL of additional Section Q Pages

TOTAL OF ALL EXPENSES PAID BY CANDIDATE
(Enter total on Line 26, Column A of Summary Page Totals)

0
0
0

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Slizer Mercado for City Council</i>	TYPE OF REPORT <i>The Sun Proc</i>
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R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:
-----------------------------	--

Name of Vendor, Person or Entity		Date of Transaction	
Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R 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 Vendor, Person or Entity		Date of Transaction	
Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R 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 Vendor, Person or Entity		Date of Transaction	
Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R 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		

SUBTOTAL Section R — This Page	<i>0</i>
TOTAL of additional Section R Pages	<i>0</i>
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD <i>(Enter total on Line 27, Column A of Summary Page Totals)</i>	<i>0</i>

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Etizen Mercado for City Council</i>	TYPE OF REPORT <i>7th Day Press</i>
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S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor		Date Incurred	
Street Address		City	State Zip Code
Purpose of Expenditure by code)	Description	Event #	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Creditor		Date Incurred	
Street Address		City	State Zip Code
Purpose of Expenditure by code)	Description	Event #	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Creditor		Date Incurred	
Street Address		City	State Zip Code
Purpose of Expenditure by code)	Description	Event #	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Creditor		Date Incurred	
Street Address		City	State Zip Code
Purpose of Expenditure by code)	Description	Event #	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section S-This Page	<i>0</i>
TOTAL of additional Section S Pages	<i>0</i>
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>	<i>0</i>
Previously reported Expenses Unpaid and still Outstanding	<i>0</i>
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>	<i>0</i>

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Eliezer Mercedes for City Council 7th Day</i>	TYPE OF REPORT
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T. Itemization of Reimbursements and Secondary Payees

Max Proving

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T 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		

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T 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		

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
--------------------------------	-------	----	---

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T 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		

SUBTOTAL Section T — This Page	<i>0</i>
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TOTAL of additional Section T Pages	<i>0</i>
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TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	<i>0</i>
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