

SEEC FORM 20

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



TOWN & CITY CLERK
2019 JUL -9 AM 11:10
Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE			
Nick Lebron for Council Council			
2. TREASURER NAME			
First Dean	MI	Last Jones	Suffix
3. TREASURER ADDRESS			
Street Address 423 Barbour St	City Hartford	State CT	Zip Code 06120
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 09/10/2019	5. OFFICE SOUGHT (Complete only if Candidate Committee) City Council		6. DISTRICT NUMBER (if applicable) 7
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First Nick	MI	Last Lebron	Suffix
8. TYPE OF REPORT (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 checked="" 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 <input type="radio"/> Primary <input type="radio"/> Election	<input type="checkbox"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date 4/1/2019		thru	Ending Date 6/30/2019
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.			
		Jennika Lebron	7/8/19
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.			

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	
Nick Lebron for Council	July 10	
	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)	\$ 6,645.00	
14. Receipts from Other Committees (Sections C1 and C2)	0	
15. Other Monetary Receipts (Sections D through K)	0	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	0	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	0	
19. Expenses Paid by Committee (Section P)	3010.58	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	3537.96	
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	
23. In-Kind Contributions Received (Section M)	181.47	
24. Refundable Deposit to Telephone Company (Section N)	0	
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	
25b. + Interest and Penalties on Loan	0	
25c. - Payments on Loan	0	
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	
27. Expenses Incurred on Committee Credit Card (Section R)	0	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	961.81	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	961.81	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Nick Lebron for Council	July 10
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		First		MI	
Hammond		Leslie			
Residential Street Address			City	State	Zip Code
1 Linden Place			HTFD	CT	06106
Principal Occupation			Name of Employer		
Self Employed			Hammond Realty		

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 60.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>1+3</u>	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 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>2/21/12</u> Aggregate Contributions: <u>60.00</u>

Last Name		First		MI	
Morales		Brenda			
Residential Street Address			City	State	Zip Code
56 Grafton st #2			HTFD	CT	06106
Principal Occupation			Name of Employer		
Secretary			State of CT		

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 80.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>1+2</u>	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 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>4/27/12 + 6/4/12</u> Aggregate Contributions: <u>80.00</u>

Last Name		First		MI	
Guzman		Tris			
Residential Street Address			City	State	Zip Code
246 Freeman St			Hartford	CT	06106
Principal Occupation			Name of Employer		
Medical Asst.			Hartford Hospital		

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 50.00
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 checked="" 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>8/10/12</u> Aggregate Contributions: <u>50.00</u>

SUBTOTAL Section B — This Page	190.00
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)	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Nick Lebron for Council	TYPE OF REPORT July 10
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 Artiz		First Pedro		MI	
Residential Street Address 10 Winhart drive		City Crookby		State CT	Zip Code 06035
Principal Occupation Achievement First			Name of Employer Culture Worker		
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 202.00	
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 6/9/14	Aggregate Contributions 202.00	

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? <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 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 type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate Contributions	

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? <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 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 type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate Contributions	

SUBTOTAL Section B — This Page	202.00
TOTAL of additional Section B Pages	190.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	292.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Nick Lebron for Council						JULY 10	
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	
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
See ATTACHMENTS			Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>			Amount of Contribution	
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	
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	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type		Amount of Receipt			
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type		Amount of Receipt			
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							
SUBTOTAL Section C — This Page							
TOTAL of additional Section C Pages							
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>							

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> Nick Lebron for Council	TYPE OF REPORT JULY 10
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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 <i>(if applicable)</i>					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 <i>(if applicable)</i>					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 <i>(if applicable)</i>					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				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	

TOTAL SECTION E

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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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
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
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
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: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
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.

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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J. Interest from Deposits in Authorized Accounts

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

TOTAL SECTION J

K. Miscellaneous Monetary Receipts not Considered Contributions

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

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) Nick Lebron for Council	TYPE OF REPORT July 10
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L1. Event Information

Event # Date of Event 06/13/19	Letter A	Description meet & Greet	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 114 Warrenton Ave		City Hartford	State CT Zip Code 06105

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 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 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	N/A
TOTAL of additional Section L1 Pages	0
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Nick Lebron for Council		July 10	
L1. Event Information			
Event # Date of Event	Letter	Description	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
04/27/19	A	Kick off event	
Location: Street Address		City	State Zip Code
69 Hawthorn St.		Hartford	CT 06105
Subpart 1: (All Committees)			
Was this event hosted at a personal residence?		<input type="checkbox"/> 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.) <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No → \$ <input style="width: 50px;" type="text"/>	
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?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="checkbox"/> 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?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input type="checkbox"/> No → \$ <input style="width: 50px;" type="text"/>	
Event # Date of Event		Letter	Description
06/09/19		A	Lunch with Lebron
Location: Street Address		City	State Zip Code
150 Albany Ave		Hartford	CT 06120
Subpart 1: (All Committees)			
Was this event hosted at a personal residence?		<input type="checkbox"/> 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.) <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No → \$ <input style="width: 50px;" type="text"/>	
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?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="checkbox"/> 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?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input type="checkbox"/> No → \$ <input style="width: 50px;" type="text"/>	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			
TOTAL of additional Section L1 Pages			
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			

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*

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> NICK LEBRON FOR COUNCIL	TYPE OF REPORT JULY 10
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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
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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
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Name of Purchaser				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
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Street Address		City		State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
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Street Address		City		State	Zip Code
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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	
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Street Address		City		State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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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)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Nick Lebron for Council			July 10	
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 #		
Name of Donor				
Street Address		City		State Zip Code
<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 #		
Name of Donor				
Street Address		City		State Zip Code
<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 #		
Name of Donor				
Street Address		City		State Zip Code
<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 #		
Name of Donor				
Street Address		City		State Zip Code
<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 #		
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>				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Wick Lebron for Council			July 10	
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 checked="" type="checkbox"/> No		
Glenn Long		If yes, complete Itemization in Addendum L5		
Street Address		City	State	Zip Code
114 Warrington Ave		Hartford	CT	06105
Description of Donation			Fair Market Value of Donation	
Use of Home for MEET & GREET			N/A	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
061319A	N/A	N/A		
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If yes, complete Itemization in Addendum L5		
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If yes, complete Itemization in Addendum L5		
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If yes, complete Itemization in Addendum L5		
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
SUBTOTAL Section L5 — This Page			0	
TOTAL of additional Section L5 Pages			0	
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>			0	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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M. In-Kind Contributions

Name <u>Soel Roheng</u>				
Street Address <u>150 Albany Ave</u>		City <u>NYFD</u>	State <u>CT</u>	Zip Code <u>06120</u>
Type of contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received <u>6/9/19</u>	Aggregate Contributions <u>181.42</u>	Description of In-Kind Contribution <u>Food</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			Fair Market Value of this Contribution <u>181.42</u>
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>2</u>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			

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 If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			

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 listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			

SUBTOTAL Section M — This Page	<u>181.42</u>
TOTAL of additional Section M Pages	<u>0</u>
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)	<u>181.42</u>

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	

TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)	
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IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
P. Expenses Paid by Committee					
Name of Payee U.A.N.C.			Date of Payment 5/31/14		Method of Payment: <input checked="" type="checkbox"/> Check # 998 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address N/A		City N/A		State CT	Zip Code
Purpose of Expenditure (by code) ENT	Description Doe Hurley		Event #		Amount 86.00
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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee Budget printers			Date of Payment 6/7/14		Method of Payment: <input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 17 18		City Hartford		State CT	Zip Code 06106
Purpose of Expenditure (by code) Print	Description Palm Cards		Event #		Amount 386.63
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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee Aquino & Quodo			Date of Payment 6/4/14		Method of Payment: <input checked="" type="checkbox"/> Check # 1002 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 150 Albany Ave		City Hartford		State CT	Zip Code 06106
Purpose of Expenditure (by code) Food	Description Lunch at Lebron		Event #		Amount 200.00
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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee G.H. AA			Date of Payment 6/22/14		Method of Payment: <input checked="" type="checkbox"/> Check # 063 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 74 N/A		City N/A		State CT	Zip Code
Purpose of Expenditure (by code) Ent	Description Mayor Debate		Event #		Amount 34.00
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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
SUBTOTAL Section P — This Page					671.63
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) TYPE OF REPORT

P. Expenses Paid by Committee

Name of Payee: West Indian Social Club
Date of Payment: 5/1/14
Method of Payment: Check # 994
 Debit Card EFT

Street Address: 3346 main st
City: Hartford
State: CT
Zip Code: 06120

Purpose of Expenditure by code: ATT
Description: Community Event
Event #:
Amount: 146.00

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: Greater Hartford Progressive Democratic Women
Date of Payment: 5/3/14
Method of Payment: Check # 995
 Debit Card EFT

Street Address: 74 Arroyo Rd
City: South Windsor
State: CT
Zip Code: 06074

Purpose of Expenditure by code: ATT
Description: Community Event
Event #:
Amount: 125.00

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: Omar Martinez
Date of Payment: 5/1/14
Method of Payment: Check # 993
 Debit Card EFT

Street Address: N/A
City: N/A
State: CT
Zip Code:

Purpose of Expenditure by code: A-OTH
Description: Photography
Event #:
Amount: 50.00

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: ~~Joseph Anderson~~ David Niaz
Date of Payment:
Method of Payment: Check # 991
 Debit Card EFT

Street Address:
City:
State:
Zip Code:

Purpose of Expenditure by code: A-OTH
Description: D.T. (never supplied invoice)
Event #:
Amount: 125.00

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

8440.00

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)	TYPE OF REPORT
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P. Expenses Paid by Committee

Name of Payee CT Northstars	Date of Payment 4/16/14	Method of Payment: <input checked="" type="checkbox"/> Check # 992 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 1973 Park St	City Hartford	State CT	Zip Code 06106
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Purpose of Expenditure (by code) A-07H	Description Clothing giveaway	Event #	Amount
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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	Amount 701.00
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Name of Payee CICN	Date of Payment 5/9/14	Method of Payment: <input checked="" type="checkbox"/> Check # 996 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 50 Cedar St	City Hartford	State CT	Zip Code 06108
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Purpose of Expenditure (by code) ATT	Description LA Parade	Event #	Amount
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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	Amount 500.00
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Name of Payee Budget Printers	Date of Payment 5/24/14	Method of Payment: <input checked="" type="checkbox"/> Check # 997 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 1716 Park St	City HARTFORD	State	Zip Code
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Purpose of Expenditure (by code) PRINT	Description marketing materials	Event #	Amount
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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	Amount 221.21
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Name of Payee Ocean Support Network	Date of Payment 6/1/14	Method of Payment: <input type="checkbox"/> Check # 999 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 111 Gillette St	City Hartford	State CT	Zip Code
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Purpose of Expenditure (by code) misc	Description	Event #	Amount
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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	Amount 350.00
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SUBTOTAL Section P — This Page	: 1771.21
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TOTAL of additional Section P Pages	
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TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	
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IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
P. Expenses Paid by Committee					
Name of Payee <i>Monibel Diaz</i>			Date of Payment		Method of Payment: <input checked="" type="checkbox"/> Check # <i>1006</i> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <i>544 Toland St</i>		City <i>E Hartford</i>		State <i>CT</i>	Zip Code <i>06106</i>
Purpose of Expenditure (by code) <i>Food</i>	Description <i>House event</i>		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				<i>126.74</i>
	<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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
SUBTOTAL Section P — This Page					<i>126.74</i>
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>					<i>3,010.58</i>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
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 <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
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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:	
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Name of Vendor, Person or Entity		Date of Transaction	
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
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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"/> 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)	
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Name of Vendor, Person or Entity		Date of Transaction	
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
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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"/> 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)	
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Name of Vendor, Person or Entity		Date of Transaction	
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
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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"/> 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)	
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SUBTOTAL Section R — This Page

TOTAL of additional Section R Pages

TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD
(Enter total on Line 27, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
S. Expenses Incurred by Committee but Not Paid During this Period				
Name of Creditor Niels Lebrun			Date Incurred 6/30/19	
Street Address 192 Laurelet		City Holtford	State CT	Zip Code 06105
Purpose of Expenditure (by code) RMB	Description Reimbursement to candidate	Event #		Amount Incurred (Estimate or Actual) 720.52
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S 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"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Creditor Joseph Conner			Date Incurred 5/19/19	
Street Address 141 Elizabeth St		City HARTF	State CT	Zip Code 06106
Purpose of Expenditure (by code) A-web	Description website	Event #		Amount Incurred (Estimate or Actual) 240.99
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S 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"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
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"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
SUBTOTAL Section S-This Page			961.51	
TOTAL of additional Section S Pages			961.51	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)			961.51	
Previously reported Expenses Unpaid and still Outstanding			—	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)			961.51	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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T. Itemization of Reimbursements and Secondary Payees

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
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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"/> 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)		

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
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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"/> 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)		

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
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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"/> 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 T — This Page	
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TOTAL of additional Section T Pages	
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TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	
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