

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Marvin Byrd		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1119 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 88 Bissell St		City Manchester	State CT Zip Code 06040-5304
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$345.00
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 (does not involve another candidate or committee) <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 Marvin Byrd		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1204 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 88 Bissell St		City Manchester	State CT Zip Code 06040-5304
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$610.00
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 (does not involve another candidate or committee) <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 Capital Spirits		Date of Payment 08/30/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 73 Pratt St		City Hartford	State CT Zip Code 06103-1620
Purpose of Expenditure (by code) FNDR	Description Event Supplies	Event #	Amount \$21.05
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 (does not involve another candidate or committee) <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 Raquel Cintron		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1065 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 169 Malikowski Cir		City New Britain	State CT Zip Code 06053-1320
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$480.00
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 (does not involve another candidate or committee) <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	\$1,456.05
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Raquel Cintron		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1109 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 169 Malinkowski Cir		City New Britain	State CT	Zip Code 06053-1320
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$465.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Raquel Cintron		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1199 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 169 Malinkowski Cir		City New Britain	State CT	Zip Code 06053-1320
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$510.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Tenesha Clabon		Date of Payment 07/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1033 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 59 Judson St		City Hartford	State CT	Zip Code 06120-1817
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$90.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Alnisa Clark		Date of Payment 07/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1036 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 68 Deerfield Ave		City Hartford	State CT	Zip Code 06112-2201
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$120.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$1,185.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Alnisa Clark		Date of Payment 07/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1039 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 68 Deerfield Ave		City Hartford	State CT	Zip Code 06112-2201
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$45.00	
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 (does not involve another candidate or committee) <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 Alnisa Clark		Date of Payment 07/15/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1046 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 68 Deerfield Ave		City Hartford	State CT	Zip Code 06112-2201
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$285.00	
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 (does not involve another candidate or committee) <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 Alnisa Clark		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1059 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 68 Deerfield Ave		City Hartford	State CT	Zip Code 06112-2201
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$345.00	
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 (does not involve another candidate or committee) <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 Alnisa Clark		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1103 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 68 Deerfield Ave		City Hartford	State CT	Zip Code 06112-2201
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$120.00	
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 (does not involve another candidate or committee) <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	\$795.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Alnisa Clark		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1258 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 68 Deerfield Ave		City Hartford	State CT Zip Code 06112-2201
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$60.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Amber Cochran		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1234 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 94 Love Ln		City Hartford	State CT Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$300.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Trudy Collier		Date of Payment 07/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1042 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 86 Webster St, Apt B8		City Hartford	State CT Zip Code 06114-1243
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$105.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Trudy Collier		Date of Payment 07/15/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1045 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 86 Webster St, Apt B8		City Hartford	State CT Zip Code 06114-1243
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$270.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section P - This Page	\$735.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Trudy Collier		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1058 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 86 Webster St, Apt B8		City Hartford	State CT Zip Code 06114-1243
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <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		\$390.00
Name of Payee Trudy Collier		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 86 Webster St, Apt B8		City Hartford	State CT Zip Code 06114-1243
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <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		\$315.00
Name of Payee Trudy Collier		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1194 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 86 Webster St, Apt B8		City Hartford	State CT Zip Code 06114-1243
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <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		\$390.00
Name of Payee Trudy Collier		Date of Payment 08/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1241 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 86 Webster St, Apt B8		City Hartford	State CT Zip Code 06114-1243
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <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		\$135.00

SUBTOTAL Section P - This Page	\$1,230.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Javony Collins		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1079 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Elm St		City Hartford	State CT	Zip Code 06106-1760
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$60.00	
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 (does not involve another candidate or committee) <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 Javony Collins		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1123 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Elm St		City Hartford	State CT	Zip Code 06106-1760
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$360.00	
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 (does not involve another candidate or committee) <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 Javony Collins		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1207 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Elm St		City Hartford	State CT	Zip Code 06106-1760
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$105.00	
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 (does not involve another candidate or committee) <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 Connecticut Department of Labor		Date of Payment 07/25/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 200 Folly Brook Blvd		City Wethersfield	State CT	Zip Code 06109-1153
Purpose of Expenditure (by code) WAGE	Description Payroll Taxes	Event #	Amount \$25.00	
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 (does not involve another candidate or committee) <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	\$550.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Destini Cooper		Date of Payment 07/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1038 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 39 Amy Dr		City Hartford	State CT	Zip Code 06108-1802
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$150.00
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 (does not involve another candidate or committee) <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 Destini Cooper		Date of Payment 07/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1037 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 39 Amy Dr		City Hartford	State CT	Zip Code 06108-1802
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$45.00
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 (does not involve another candidate or committee) <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 Eddie Crespo		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1064 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 777 Main St, Unit 312		City Hartford	State CT	Zip Code 06103-2308
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$300.00
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 (does not involve another candidate or committee) <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 Eddie Crespo		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1108 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 777 Main St, Unit 312		City Hartford	State CT	Zip Code 06103-2308
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$480.00
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 (does not involve another candidate or committee) <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	\$975.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee D'aprile Package St		Date of Payment 08/30/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 288 Franklin Ave		City Hartford	State CT	Zip Code 06114-1848
Purpose of Expenditure (by code) FOOD	Description Event Supplies	Event #	Amount	
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 (does not involve another candidate or committee) <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			\$3.78
Name of Payee Alex Dahlem		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1076 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 14 Jeremy Way		City Hebron	State CT	Zip Code 06248-1434
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount	
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 (does not involve another candidate or committee) <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			\$285.00
Name of Payee Alex Dahlem		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1137 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 21 Temple St, Apt 711		City Hartford	State CT	Zip Code
Purpose of Expenditure (by code) RMB	Description Reimbursement for Water	Event #	Amount	
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 (does not involve another candidate or committee) <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			\$15.94
Name of Payee Alex Dahlem		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1120 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 14 Jeremy Way		City Hebron	State CT	Zip Code 06248-1434
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount	
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 (does not involve another candidate or committee) <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			\$210.00

SUBTOTAL Section P- This Page \$514.72

TOTAL of Section P Pages \$752,454.78

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Alex Dahlem		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1205 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 14 Jeremy Way		City Hebron	State CT Zip Code 06248-1434
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$150.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Edward Dailey		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1227 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 65 Sumner St, Apt 101		City Hartford	State CT Zip Code 06105-2038
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$645.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Edward Dailey		Date of Payment 08/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1247 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 65 Sumner St, Apt 101		City Hartford	State CT Zip Code 06105-2038
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$135.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Wilfredo Davila		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1128 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 177 Kensington St, Apt 177		City Hartford	State CT Zip Code 06120-1718
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$195.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section P - This Page	\$1,125.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bronin for Mayor	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Josh Davino		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1221 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Atwood St		City Watertown	State CT	Zip Code 06795-2502
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$405.00	
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Vantaja Davis		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1131 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 605 Broad St, Apt K		City Hartford	State CT	Zip Code 06106-4632
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$45.00	
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Vantaja Davis		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1214 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 605 Broad St, Apt K		City Hartford	State CT	Zip Code 06106-4632
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$105.00	
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Omrys Delgado		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1069 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Maple Ave		City Windsor	State CT	Zip Code 06095-2923
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$120.00	
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$675.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Omrys Delgado		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1113 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 55 Maple Ave		City Windsor	State CT Zip Code 06095-2923
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$270.00
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 (does not involve another candidate or committee) <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 Omrys Delgado		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1202 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 55 Maple Ave		City Windsor	State CT Zip Code 06095-2923
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$165.00
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 (does not involve another candidate or committee) <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 Deliver Strategies		Date of Payment 07/24/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1092 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 4301 Fairfax Dr		City Arlington	State VA Zip Code 22203-1627
Purpose of Expenditure (by code) PRNT	Description Palm Cards	Event #	Amount \$9,890.55
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 (does not involve another candidate or committee) <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 Deliver Strategies		Date of Payment 07/31/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1098 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 4301 Fairfax Dr		City Arlington	State VA Zip Code 22203-1627
Purpose of Expenditure (by code) A-DM	Description Mail Piece	Event #	Amount \$13,121.19
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 (does not involve another candidate or committee) <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 \$23,446.74

TOTAL of Section P Pages \$752,454.78

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Deliver Strategies		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1190 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 4301 Fairfax Dr		City Arlington	State VA Zip Code 22203-1627
Purpose of Expenditure (by code) A-DM	Description Mail Advertising	Event #	Amount
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 (does not involve another candidate or committee) <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		\$30,756.38
Name of Payee Deliver Strategies		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1192 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 4301 Fairfax Dr		City Arlington	State VA Zip Code 22203-1627
Purpose of Expenditure (by code) A-DM	Description Mail Advertising	Event #	Amount
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 (does not involve another candidate or committee) <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		\$5,778.04
Name of Payee Diane Gooden		Date of Payment 07/31/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1097 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1129 Albany Ave		City Hartford	State CT Zip Code 06112-2315
Purpose of Expenditure (by code) OVHD	Description Rent	Event #	Amount
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 (does not involve another candidate or committee) <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		\$500.00
Name of Payee Sean Donnell		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1235 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <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		\$180.00

SUBTOTAL Section P - This Page	\$37,214.42
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Bronin for Mayor	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Raquel Estronza		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1072 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12 Groton St		City Hartford	State CT	Zip Code 06106-2705
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$105.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Raquel Estronza		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1116 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12 Groton St		City Hartford	State CT	Zip Code 06106-2705
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$195.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Eversource		Date of Payment 08/07/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1141 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 410 Sheldon St		City Hartford	State CT	Zip Code 06106-1938
Purpose of Expenditure (by code) OVHD	Description Utilities	Event #		Amount \$129.68
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Alia Forbes		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1217 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 82 Bushnell St, Apt 2		City Hartford	State CT	Zip Code 06114-1827
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$45.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$474.68
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Avery Garrity		Date of Payment 07/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1055 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 90 Blue Ridge Dr		City Simsbury	State CT Zip Code 06070-3053
Purpose of Expenditure (by code) RMB	Description Reimbursement for Filming	Event #	Amount \$385.95
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 (does not involve another candidate or committee) <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 Avery Garrity		Date of Payment 08/07/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1139 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 90 Blue Ridge Dr		City Simsbury	State CT Zip Code 06070-3053
Purpose of Expenditure (by code) RMB	Description Reimbursement for Filming	Event #	Amount \$191.56
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 (does not involve another candidate or committee) <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 Avery Garrity		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1146 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 90 Blue Ridge Dr		City Simsbury	State CT Zip Code 06070-3053
Purpose of Expenditure (by code) OFFICE	Description Office Supplies Reimbursement	Event #	Amount \$41.47
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 (does not involve another candidate or committee) <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 Avery Garrity		Date of Payment 08/21/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1188 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 90 Blue Ridge Dr		City Simsbury	State CT Zip Code 06070-3053
Purpose of Expenditure (by code) FOOD	Description Event Expenses	Event #	Amount \$69.73
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 (does not involve another candidate or committee) <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	\$688.71
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Gibson Printing		Date of Payment 08/08/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 9631 Boyett Ct		City Fairfax	State VA Zip Code 22032-2829
Purpose of Expenditure (by code) PRNT	Description Printing - Yard Signs	Event #	Amount
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 (does not involve another candidate or committee) <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		\$4,586.09
Name of Payee Global Strategy Group		Date of Payment 07/29/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 185 Asylum St		City Hartford	State CT Zip Code 06103-3401
Purpose of Expenditure (by code) POLLS	Description Polling and Research	Event #	Amount
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 (does not involve another candidate or committee) <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		\$56,500.00
Name of Payee Gloria Goodwin		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1081 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 198 Branford St		City Hartford	State CT Zip Code 06112-1407
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <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		\$210.00
Name of Payee Gloria Goodwin		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1124 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 198 Branford St		City Hartford	State CT Zip Code 06112-1407
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <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		\$180.00

SUBTOTAL Section P - This Page	\$61,476.09
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Gloria Goodwin		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1208 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 198 Branford St		City Hartford	State CT Zip Code 06112-1407
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	
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 (does not involve another candidate or committee) <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		Amount \$165.00
Name of Payee Google, Inc.		Date of Payment 07/08/2019	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA Zip Code 94043-1351
Purpose of Expenditure (by code) OVHD	Description Email Hosting	Event #	
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 (does not involve another candidate or committee) <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		Amount \$72.40
Name of Payee Google, Inc.		Date of Payment 08/07/2019	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA Zip Code 94043-1351
Purpose of Expenditure (by code) OVHD	Description Email Hosting	Event #	
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 (does not involve another candidate or committee) <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		Amount \$125.68
Name of Payee Grassroots Analytics		Date of Payment 07/19/2019	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 777 6th St NW		City Washington	State DC Zip Code 20001-3723
Purpose of Expenditure (by code) OVHD	Description Data Targeting	Event #	
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 (does not involve another candidate or committee) <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		Amount \$2,000.00

SUBTOTAL Section P - This Page	\$2,363.08
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Grassroots Analytics		Date of Payment 08/07/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 777 6th St NW		City Washington	State DC Zip Code 20001-3723
Purpose of Expenditure (by code) OVHD	Description Data Targeting	Event #	Amount \$806.38
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Terri Henderson		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1225 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$60.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Merice J Henriques-Bryan		Date of Payment 07/22/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1090 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 208 King Philip Dr		City West Hartford	State CT Zip Code 06117-1408
Purpose of Expenditure (by code) OVHD	Description Rent	Event #	Amount \$1,100.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Diane Henry		Date of Payment 08/09/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1142 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1129 Albany Ave		City Hartford	State CT Zip Code 06112-2315
Purpose of Expenditure (by code) OVHD	Description Parade Supplies	Event #	Amount \$252.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section P - This Page	\$2,218.38
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Andrea Hill		Date of Payment 07/15/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1050 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 26 JUDSON ST		City HARTFORD	State CT Zip Code 06120-1814
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$105.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Andrea Hill		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1063 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 45 Tower Ave		City Hartford	State CT Zip Code 06120-1056
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$195.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Andrea Hill		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1107 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 45 Tower Ave		City Hartford	State CT Zip Code 06120-1056
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$120.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Andrea Hill		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1198 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 45 Tower Ave		City Hartford	State CT Zip Code 06120-1056
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$165.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section P - This Page	\$585.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Andrea Hill		Date of Payment 08/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1255 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 45 Tower Ave		City Hartford	State CT Zip Code 06120-1056
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$285.00
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 (does not involve another candidate or committee) <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 HubDialer		Date of Payment 08/08/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 50 W 17th St, Fl 9		City New York	State NY Zip Code 10011-5702
Purpose of Expenditure (by code) OVHD	Description Telephone Services	Event #	Amount \$100.10
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 (does not involve another candidate or committee) <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 HubDialer		Date of Payment 08/22/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 50 W 17th St, Fl 9		City New York	State NY Zip Code 10011-5702
Purpose of Expenditure (by code) OVHD	Description Telephone Services	Event #	Amount \$100.10
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 (does not involve another candidate or committee) <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 HubDialer		Date of Payment 08/26/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 50 W 17th St, Fl 9		City New York	State NY Zip Code 10011-5702
Purpose of Expenditure (by code) OVHD	Description Telephone Services	Event #	Amount \$100.10
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 (does not involve another candidate or committee) <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	\$585.30
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Conor Hurley		Date of Payment 07/01/2019	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 925 N Garfield St, Apt 306		City Arlington	State VA Zip Code 22201-2198
Purpose of Expenditure (by code) CNSLT	Description Field Consulting	Event #	Amount
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 (does not involve another candidate or committee) <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		\$1,028.64
Name of Payee Conor Hurley		Date of Payment 07/01/2019	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 925 N Garfield St, Apt 306		City Arlington	State VA Zip Code 22201-2198
Purpose of Expenditure (by code) CNSLT	Description Field Consulting	Event #	Amount
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 (does not involve another candidate or committee) <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		\$1,245.00
Name of Payee Conor Hurley		Date of Payment 07/15/2019	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 925 N Garfield St, Apt 306		City Arlington	State VA Zip Code 22201-2198
Purpose of Expenditure (by code) OFFICE	Description Office Supplies Reimbursement	Event #	Amount
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 (does not involve another candidate or committee) <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		\$1,204.56
Name of Payee Pamela Joiner		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1233 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 149 Kensington St		City Hartford	State CT Zip Code 06120-1718
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <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		\$165.00

SUBTOTAL Section P - This Page \$3,643.20

TOTAL of Section P Pages \$752,454.78

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Pamela Joiner		Date of Payment 08/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1250 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 149 Kensington St		City Hartford	State CT Zip Code 06120-1718
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$120.00
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 (does not involve another candidate or committee) <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 Jones Mandel		Date of Payment 08/16/2019	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 1216 King St, Ste 300		City Alexandria	State VA Zip Code 22314-2927
Purpose of Expenditure (by code) CNSLT	Description Research Consulting	Event #	Amount \$8,375.00
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 (does not involve another candidate or committee) <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 Weronika Kaplon		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1080 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 127 Hebron Rd		City Marlborough	State CT Zip Code 06447-1205
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$240.00
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 (does not involve another candidate or committee) <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 Weronika Kaplon		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1135 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 127 Hebron Rd		City Marlborough	State CT Zip Code 06447-1205
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$270.00
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 (does not involve another candidate or committee) <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 \$9,005.00

TOTAL of Section P Pages \$752,454.78

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Weronika Kaplon		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1259 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 127 Hebron Rd		City Marlborough	State CT Zip Code 06447-1205
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <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		\$105.00
Name of Payee Allison Kazlauskas		Date of Payment 07/15/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1040 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2 Park Pl, a 23 h		City Hartford	State CT Zip Code 06106-5007
Purpose of Expenditure (by code) OFFICE	Description Office Supplies Reimbursement	Event #	Amount
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 (does not involve another candidate or committee) <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		\$24.95
Name of Payee Allison Kazlauskas		Date of Payment 08/07/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1138 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2 Park Pl, a 23 h		City Hartford	State CT Zip Code 06106-5007
Purpose of Expenditure (by code) RMB	Description Reimbursement for Filming	Event #	Amount
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 (does not involve another candidate or committee) <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		\$140.00
Name of Payee Michael Litick		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1239 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <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		\$60.00

SUBTOTAL Section P - This Page	\$329.95
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Marconi Enterprises		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1086 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 239 Franklin Ave		City Hartford	State CT	Zip Code 06114-1846
Purpose of Expenditure (by code) OVHD	Description Rent	Event #	Amount \$1,250.00	
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 (does not involve another candidate or committee) <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 Marconi Enterprises		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1087 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 239 Franklin Ave		City Hartford	State CT	Zip Code 06114-1846
Purpose of Expenditure (by code) OVHD	Description Utilities	Event #	Amount \$240.75	
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 (does not involve another candidate or committee) <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 Marconi Enterprises		Date of Payment 08/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1144 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 239 Franklin Ave		City Hartford	State CT	Zip Code 06114-1846
Purpose of Expenditure (by code) OVHD	Description Rent + Utilities	Event #	Amount \$1,628.65	
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 (does not involve another candidate or committee) <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 Teesa McElroy		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1229 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$300.00	
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 (does not involve another candidate or committee) <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	\$3,419.40
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Kyle McFarlin		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1238 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 85 Van Block Ave		City Hartford	State CT Zip Code 06106-2852
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00
Name of Payee Raynette McKnight		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1226 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2 Hillside Farm Drive		City East Windsor	State CT Zip Code 06002
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$390.00
Name of Payee Raynette McKnight		Date of Payment 08/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1246 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2 Hillside Farm Drive		City East Windsor	State CT Zip Code 06002
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$240.00
Name of Payee Rodney McKnight		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1129 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 167 Homestead Ave		City Hartford	State CT Zip Code 06112-2342
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$300.00

SUBTOTAL Section P - This Page	\$990.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Rodney McKnight		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1212 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 167 Homestead Ave		City Hartford	State CT Zip Code 06112-2342
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <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		\$660.00
Name of Payee Erika Mercado		Date of Payment 07/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1032 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 54 Martin St		City Hartford	State CT Zip Code 06120-4005
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <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		\$135.00
Name of Payee Tiffany Mitchell		Date of Payment 07/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1054 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 417 Church St, Apt 305		City Hartford	State CT Zip Code 06103-1123
Purpose of Expenditure (by code) FOOD	Description Event Expenses	Event #	Amount
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 (does not involve another candidate or committee) <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		\$300.18
Name of Payee Michael Morris		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1236 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 45 Banbury Ln		City Bloomfield	State CT Zip Code 06002-2501
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <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		\$165.00

SUBTOTAL Section P - This Page	\$1,260.18
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Michael Morris		Date of Payment 08/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1251 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 45 Banbury Ln		City Bloomfield	State CT Zip Code 06002-2501
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$60.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Murphy Vogel Askew Riley		Date of Payment 07/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1096 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1199 N Fairfax St, Ste 220		City Alexandria	State VA Zip Code 22314-1437
Purpose of Expenditure (by code) A-TV	Description Advertising Production	Event #	Amount \$32,180.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Murphy Vogel Askew Riley		Date of Payment 08/07/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1140 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1199 N Fairfax St, Ste 220		City Alexandria	State VA Zip Code 22314-1437
Purpose of Expenditure (by code) A-TV	Description Ad Production	Event #	Amount \$25,407.06
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Murphy Vogel Askew Riley		Date of Payment 08/20/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1185 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1199 N Fairfax St, Ste 220		City Alexandria	State VA Zip Code 22314-1437
Purpose of Expenditure (by code) A-WEB	Description Advertising & Production	Event #	Amount \$18,125.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section P - This Page	\$75,772.06
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bronin for Mayor	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Murphy Vogel Askew Riley		Date of Payment 08/28/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1199 N Fairfax St, Ste 220		City Alexandria	State VA	Zip Code 22314-1437
Purpose of Expenditure (by code) A-WEB	Description Advertising Production	Event #	Amount \$17,795.87	
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Murphy Vogel Askew Riley		Date of Payment 08/28/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1199 N Fairfax St, Ste 220		City Alexandria	State VA	Zip Code 22314-1437
Purpose of Expenditure (by code) A-WEB	Description Web Advertising	Event #	Amount \$18,125.00	
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Robert Murphy		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1222 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 356 Franklin Ave		City Hartford	State CT	Zip Code 06114-2507
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$270.00	
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee National Geographic and Political Software		Date of Payment 07/08/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1101 15th St NW		City Washington	State DC	Zip Code 20005-5002
Purpose of Expenditure (by code) OVHD	Description Database Services	Event #	Amount \$1,140.00	
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$37,330.87
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee National Geographic and Political Software		Date of Payment 07/08/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 1101 15th St NW		City Washington	State DC Zip Code 20005-5002
Purpose of Expenditure (by code) OVHD	Description Database Services	Event #	Amount
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 (does not involve another candidate or committee) <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		\$833.17
Name of Payee Danny Nickelson		Date of Payment 07/15/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1052 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2277 S Mangan Rd		City Pacific	State MO Zip Code 63069-4666
Purpose of Expenditure (by code) FOOD	Description Event Expenses	Event #	Amount
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 (does not involve another candidate or committee) <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		\$315.73
Name of Payee Danny Nickelson		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1145 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2277 S Mangan Rd		City Pacific	State MO Zip Code 63069-4666
Purpose of Expenditure (by code) OFFICE	Description Office Supplies Reimbursement	Event #	Amount
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 (does not involve another candidate or committee) <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		\$220.65
Name of Payee Tynece Oliver		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1132 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 45 Hungerford St, Apt 3A		City Hartford	State CT Zip Code 06106-1425
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <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		\$45.00

SUBTOTAL Section P - This Page	\$1,414.55
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Tynece Oliver		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1215 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 45 Hungerford St, Apt 3A		City Hartford	State CT Zip Code 06106-1425
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <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		\$510.00
Name of Payee Daisy Pagan		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1066 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 26 Pliny St, Fl 1		City Hartford	State CT Zip Code 06120-2337
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <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		\$420.00
Name of Payee Daisy Pagan		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1110 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 26 Pliny St, Fl 1		City Hartford	State CT Zip Code 06120-2337
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <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		\$525.00
Name of Payee Daisy Pagan		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1200 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 26 Pliny St, Fl 1		City Hartford	State CT Zip Code 06120-2337
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <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		\$300.00

SUBTOTAL Section P - This Page	\$1,755.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Confesor Principe		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1068 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 235 Farmington Ave, Apt 23		City Hartford	State CT Zip Code 06105-3510
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	
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 (does not involve another candidate or committee) <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		Amount \$300.00
Name of Payee Confesor Principe		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1112 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 235 Farmington Ave, Apt 23		City Hartford	State CT Zip Code 06105-3510
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	
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 (does not involve another candidate or committee) <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		Amount \$405.00
Name of Payee Confesor Principe		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1201 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 235 Farmington Ave, Apt 23		City Hartford	State CT Zip Code 06105-3510
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	
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 (does not involve another candidate or committee) <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		Amount \$345.00
Name of Payee Q Club		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1100 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 221 Church St		City New Haven	State CT Zip Code 06510-1801
Purpose of Expenditure (by code) FNDR	Description Event Expenses	Event #	
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 (does not involve another candidate or committee) <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		Amount \$1,554.04

SUBTOTAL Section P - This Page	\$2,604.04
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Aisha Reese		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1228 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 52 Pliny St, Apt 1		City Hartford	State CT Zip Code 06120-2337
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$390.00
Name of Payee Aisha Reese		Date of Payment 08/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1248 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 52 Pliny St, Apt 1		City Hartford	State CT Zip Code 06120-2337
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$285.00
Name of Payee Hector Rivera		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1084 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 105 Sherbrooke Ave, Apt 41		City Hartford	State CT Zip Code 06106-3848
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$165.00
Name of Payee Run the World		Date of Payment 07/22/2019	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address PO Box 111		City Prairie Du Sac	State WI Zip Code 53578-0111
Purpose of Expenditure (by code) CNSLT	Description Digital Consulting	Event #	Amount
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$2,500.00

SUBTOTAL Section P - This Page	\$3,340.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Run the World		Date of Payment 07/31/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address PO Box 111		City Prairie Du Sac	State WI Zip Code 53578-0111
Purpose of Expenditure (by code) CNSLT	Description Digital Consulting	Event #	Amount \$2,500.00
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 (does not involve another candidate or committee) <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 Sage Payment Solutions		Date of Payment 07/01/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 1750 Old Meadow Rd, Ste 300		City McLean	State VA Zip Code 22102-4304
Purpose of Expenditure (by code) OVHD	Description Credit Card Processing Fees	Event #	Amount \$2,909.33
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 (does not involve another candidate or committee) <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 Sage Payment Solutions		Date of Payment 08/02/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 1750 Old Meadow Rd, Ste 300		City McLean	State VA Zip Code 22102-4304
Purpose of Expenditure (by code) OVHD	Description Credit Card Processing Fees	Event #	Amount \$3,625.30
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 (does not involve another candidate or committee) <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 Salute		Date of Payment 07/09/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1053 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 100 Trumbull St		City Hartford	State CT Zip Code 06103-2412
Purpose of Expenditure (by code) FNDR	Description Even Expenses	Event #	Amount \$681.75
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 (does not involve another candidate or committee) <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 \$9,716.38

TOTAL of Section P Pages \$752,454.78

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Engel Sanchez		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1073 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 361 Hillside Ave		City Hartford	State CT Zip Code 06106-3826
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$600.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Engel Sanchez		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1117 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 361 Hillside Ave		City Hartford	State CT Zip Code 06106-3826
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$405.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Engel Sanchez		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1203 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 361 Hillside Ave		City Hartford	State CT Zip Code 06106-3826
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$360.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Meralyn Sanchez		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1070 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 229 Manchester St		City Hartford	State CT Zip Code 06112-1348
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$105.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section P - This Page	\$1,470.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Meralyn Sanchez		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1114 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 229 Manchester St		City Hartford	State CT Zip Code 06112-1348
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	
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 (does not involve another candidate or committee) <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		Amount \$195.00
Name of Payee Freda Seritella		Date of Payment 07/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1039 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 57 Woodland Dr		City Hartford	State CT Zip Code 06105-1202
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	
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 (does not involve another candidate or committee) <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		Amount \$180.00
Name of Payee Freda Seritella		Date of Payment 07/15/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1044 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 57 Woodland Dr		City Hartford	State CT Zip Code 06105-1202
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	
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 (does not involve another candidate or committee) <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		Amount \$345.00
Name of Payee Freda Seritella		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1057 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 57 Woodland Dr		City Hartford	State CT Zip Code 06105-1202
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	
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 (does not involve another candidate or committee) <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		Amount \$795.00

SUBTOTAL Section P - This Page		\$1,515.00
TOTAL of Section P Pages		\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Freda Seritella		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1101 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 57 Woodland Dr		City Hartford	State CT Zip Code 06105-1202
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$405.00
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 (does not involve another candidate or committee) <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 Freda Seritella		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1193 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 57 Woodland Dr		City Hartford	State CT Zip Code 06105-1202
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$615.00
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 (does not involve another candidate or committee) <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 Sharon Sherpa		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1218 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 134 School House Rd		City Newington	State CT Zip Code 06111-4036
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$255.00
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 (does not involve another candidate or committee) <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 Antonnette Smith		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1133 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 20 May St, Apt 202		City Hartford	State CT Zip Code 06105-1565
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$45.00
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 (does not involve another candidate or committee) <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	\$1,320.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Antonnette Smith		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1216 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 20 May St, Apt 202		City Hartford	State CT Zip Code 06105-1565
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$450.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Comcast NF Spotlight		Date of Payment 08/14/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1147 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 320 W Newberry Rd		City Bloomfield	State CT Zip Code 06002-1393
Purpose of Expenditure (by code) OVHD	Description Internet Access	Event #	Amount \$536.95
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Comcast NF Spotlight		Date of Payment 08/19/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 320 W Newberry Rd		City Bloomfield	State CT Zip Code 06002-1393
Purpose of Expenditure (by code) OVHD	Description Internet Access	Event #	Amount \$536.95
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Olivia St. Remy		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1085 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 69 Johnson St		City Newington	State CT Zip Code 06111-3714
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$90.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section P - This Page	\$1,613.90
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Olivia St. Remy		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1127 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 69 Johnson St		City Newington	State CT Zip Code 06111-3714
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$330.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Olivia St. Remy		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1211 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 69 Johnson St		City Newington	State CT Zip Code 06111-3714
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$240.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Staples, Inc.		Date of Payment 07/09/2019	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 2550 Albany Ave		City West Hartford	State CT Zip Code 06117-2335
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	Event #	Amount \$638.09
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Staples, Inc.		Date of Payment 08/07/2019	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 2550 Albany Ave		City West Hartford	State CT Zip Code 06117-2335
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	Event #	Amount \$82.93
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section P - This Page	\$1,291.02
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Staples, Inc.		Date of Payment 08/22/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2550 Albany Ave		City West Hartford	State CT	Zip Code 06117-2335
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	Event #	Amount \$51.03	
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 (does not involve another candidate or committee) <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 Aaron Supple		Date of Payment 07/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1035 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 300 Summit St		City Hartford	State CT	Zip Code 06106-3100
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$105.00	
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 (does not involve another candidate or committee) <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 Aaron Supple		Date of Payment 07/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1041 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 300 Summit St		City Hartford	State CT	Zip Code 06106-3100
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$90.00	
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 (does not involve another candidate or committee) <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 Aaron Supple		Date of Payment 07/15/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1043 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 300 Summit St		City Hartford	State CT	Zip Code 06106-3100
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$225.00	
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 (does not involve another candidate or committee) <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	\$471.03
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Aaron Supple		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1074 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 300 Summit St		City Hartford	State CT Zip Code 06106-3100
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$240.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Aaron Supple		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1118 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 300 Summit St		City Hartford	State CT Zip Code 06106-3100
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$45.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Target		Date of Payment 08/12/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 475 Hartford Rd		City New Britain	State CT Zip Code 06053-1524
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	Event #	Amount \$36.92
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee The Latino Way		Date of Payment 07/15/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1143 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 330 Main St		City Hartford	State CT Zip Code 06106-1860
Purpose of Expenditure (by code) A-WEB	Description Advertising	Event #	Amount \$11,575.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section P - This Page	\$11,896.92
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee The Latino Way		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1143 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 330 Main St		City Hartford	State CT Zip Code 06106-1860
Purpose of Expenditure (by code) A-WEB	Description Advertising	Event #	Amount \$33,800.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Hineoa Thomson		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1083 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 53 Madison St		City Hartford	State CT Zip Code 06106-2325
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$285.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Hineoa Thomson		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1126 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 53 Madison St		City Hartford	State CT Zip Code 06106-2325
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$60.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Hineoa Thomson		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1210 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 53 Madison St		City Hartford	State CT Zip Code 06106-2325
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$315.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section P - This Page	\$34,460.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Timoi Thomson		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1082 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 49 Linden St		City East Hartford	State CT	Zip Code 06108-4028
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$210.00	
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 (does not involve another candidate or committee) <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 Timoi Thomson		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1125 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 49 Linden St		City East Hartford	State CT	Zip Code 06108-4028
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$60.00	
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 (does not involve another candidate or committee) <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 Timoi Thomson		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1209 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 49 Linden St		City East Hartford	State CT	Zip Code 06108-4028
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$315.00	
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 (does not involve another candidate or committee) <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 Probyn Tompson		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1224 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 9 Rockville St, Apt C2		City Hartford	State CT	Zip Code 06112-2073
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$330.00	
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 (does not involve another candidate or committee) <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	\$915.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Probyn Tompson		Date of Payment 08/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1245 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 9 Rockville St, Apt C2		City Hartford	State CT Zip Code 06112-2073
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$120.00
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 (does not involve another candidate or committee) <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 Colin Townsend		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1071 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 29 Winfield Dr		City Stratford	State CT Zip Code 06615-5637
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$225.00
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 (does not involve another candidate or committee) <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 Colin Townsend		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1115 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 29 Winfield Dr		City Stratford	State CT Zip Code 06615-5637
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$315.00
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 (does not involve another candidate or committee) <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 Tracfone		Date of Payment 08/12/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 9700 NW 112th Ave		City Medley	State FL Zip Code 33178-1353
Purpose of Expenditure (by code) OVHD	Description Telephone Services	Event #	Amount \$22.15
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 (does not involve another candidate or committee) <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 \$682.15

TOTAL of Section P Pages \$752,454.78

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee United States Postal Service		Date of Payment 07/22/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1091 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80 State House Sq		City Hartford	State CT	Zip Code 06103-9992
Purpose of Expenditure (by code) OVHD	Description Postal Box	Event #		Amount \$143.00
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 (does not involve another candidate or committee) <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 United States Postal Service		Date of Payment 07/22/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80 State House Sq		City Hartford	State CT	Zip Code 06103-9992
Purpose of Expenditure (by code) OVHD	Description Postage	Event #		Amount \$165.00
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 (does not involve another candidate or committee) <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 United States Postal Service		Date of Payment 07/31/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80 State House Sq		City Hartford	State CT	Zip Code 06103-9992
Purpose of Expenditure (by code) OVHD	Description Postage	Event #		Amount \$165.00
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 (does not involve another candidate or committee) <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 Ollie Vail		Date of Payment 07/15/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1048 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 94 Love Ln		City Hartford	State CT	Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$60.00
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 (does not involve another candidate or committee) <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	\$533.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Ollie Vail		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1061 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 94 Love Ln		City Hartford	State CT Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$570.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Ollie Vail		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1105 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 94 Love Ln		City Hartford	State CT Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$570.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Ollie Vail		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1196 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 94 Love Ln		City Hartford	State CT Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$495.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Ollie Vail		Date of Payment 08/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1242 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 94 Love Ln		City Hartford	State CT Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$435.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section P - This Page	\$2,070.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Shanice Vail		Date of Payment 07/15/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1049 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 94 Love Ln, Apt 2		City Hartford	State CT	Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$60.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Shanice Vail		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1062 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 94 Love Ln, Apt 2		City Hartford	State CT	Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$570.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Shanice Vail		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1106 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 94 Love Ln, Apt 2		City Hartford	State CT	Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$570.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Shanice Vail		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1197 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 94 Love Ln, Apt 2		City Hartford	State CT	Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$600.00
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 (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$1,800.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Shanice Vail		Date of Payment 08/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1243 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 94 Love Ln, Apt 2		City Hartford	State CT Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$330.00
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 (does not involve another candidate or committee) <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 Verdi at Western Hills		Date of Payment 08/22/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1189 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 660 Park Rd		City Waterbury	State CT Zip Code 06708-2371
Purpose of Expenditure (by code) FNDR	Description Event Expenses	Event #	Amount \$1,400.00
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 (does not involve another candidate or committee) <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 Voices of Men of Color		Date of Payment 07/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1095 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 69 Gillette St, # 410		City Hartford	State CT Zip Code 06119-2107
Purpose of Expenditure (by code) CNSLT	Description Field Consulting	Event #	Amount \$16,125.00
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 (does not involve another candidate or committee) <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 Voices of Men of Color		Date of Payment 08/21/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1186 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 69 Gillette St, # 410		City Hartford	State CT Zip Code 06119-2107
Purpose of Expenditure (by code) CNSLT	Description Field Consulting	Event #	Amount \$16,125.00
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 (does not involve another candidate or committee) <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	\$33,980.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Voices of Women of Color		Date of Payment 07/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1014 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 69 Gillette St, # 410		City Hartford	State CT Zip Code 06119-2107
Purpose of Expenditure (by code) MISC	Description Event Sponsorship	Event #	Amount \$1,150.00
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 (does not involve another candidate or committee) <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 Walmart		Date of Payment 07/29/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 495 Flatbush Ave		City Hartford	State CT Zip Code 06106-3601
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	Event #	Amount \$264.01
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 (does not involve another candidate or committee) <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 Walmart		Date of Payment 08/16/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 495 Flatbush Ave		City Hartford	State CT Zip Code 06106-3601
Purpose of Expenditure (by code) OFFICE	Description Office Supplies	Event #	Amount \$38.44
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 (does not involve another candidate or committee) <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 Ne'Jaughn Ware		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1130 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 86 Wells St		City Manchester	State CT Zip Code 06040-6125
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$270.00
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 (does not involve another candidate or committee) <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 \$1,722.45

TOTAL of Section P Pages \$752,454.78

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Ne'Jaughn Ware		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1213 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 86 Wells St		City Manchester	State CT	Zip Code 06040-6125
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$300.00
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 (does not involve another candidate or committee) <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 Kayla Waters		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1219 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 277 Buckingham St		City Hartford	State CT	Zip Code 06106-1602
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$300.00
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 (does not involve another candidate or committee) <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 West Indian Foundation		Date of Payment 07/29/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1094 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Wintonbury Ave		City Bloomfield	State CT	Zip Code 06002-2416
Purpose of Expenditure (by code) MISC	Description Registration Fee	Event #		Amount \$100.00
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 (does not involve another candidate or committee) <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 Dwight Wilson		Date of Payment 07/15/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1047 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 887 Asylum Ave		City Hartford	State CT	Zip Code 06105-1976
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #		Amount \$210.00
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 (does not involve another candidate or committee) <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	\$910.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bronin for Mayor			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Dwight Wilson		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1060 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 887 Asylum Ave		City Hartford	State CT	Zip Code 06105-1976
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$60.00	
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 (does not involve another candidate or committee) <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 Dwight Wilson		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1104 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 887 Asylum Ave		City Hartford	State CT	Zip Code 06105-1976
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$105.00	
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 (does not involve another candidate or committee) <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 Dwight Wilson		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1195 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 887 Asylum Ave		City Hartford	State CT	Zip Code 06105-1976
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$300.00	
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 (does not involve another candidate or committee) <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 Tanisha Woolcock		Date of Payment 07/15/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1051 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Madison St		City Hartford	State CT	Zip Code 06106-2325
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$60.00	
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 (does not involve another candidate or committee) <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	\$525.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bronin for Mayor		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Tanisha Woolcock		Date of Payment 07/17/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1078 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 55 Madison St		City Hartford	State CT Zip Code 06106-2325
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$360.00
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 (does not involve another candidate or committee) <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 Titus Wright		Date of Payment 08/28/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1232 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 393 Granby St		City Hartford	State CT Zip Code 06112-1315
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$60.00
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 (does not involve another candidate or committee) <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 Joe Young		Date of Payment 07/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1034 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 103 Autumn St		City Manchester	State CT Zip Code 06040-5518
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount \$225.00
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 (does not involve another candidate or committee) <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		\$645.00
TOTAL of Section P Pages		\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$752,454.78