

SEEC FORM 20

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



TOWN & CITY CLERK
2019 JUL -5 PM 2:27
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COVER PAGE

1. NAME OF COMMITTEE

McCaughey for Mayor

2. TREASURER NAME

First CLEO	MI	Last Duke - Wright	Suffix
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3. TREASURER ADDRESS

Street Address 677 Blue Hills Avenue	City Hartford	State CT	Zip Code 06112
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4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)
11/05/2019

5. OFFICE SOUGHT (Complete only if Candidate Committee)

Mayor

6. DISTRICT NUMBER

(if applicable)

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

First James	MI S	Last McCaughey	Suffix
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8. TYPE OF REPORT (Check One Box)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> January 10 filing | <input type="checkbox"/> 7th day preceding primary | <input type="checkbox"/> 7th day preceding referendum | <input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="checkbox"/> April 10 filing | <input type="checkbox"/> 30 days following primary | <input type="checkbox"/> 45 days following referendum | <input type="checkbox"/> Amendment to |
| <input checked="" type="checkbox"/> July 10 filing | <input type="checkbox"/> 7th day preceding election | <input type="checkbox"/> Deficit | Type of Report: _____ |
| <input type="checkbox"/> October 10 filing | <input type="checkbox"/> 12th day preceding election (State Central Committees Only) | <input type="checkbox"/> Termination | |
| <input type="checkbox"/> 24 Hour Independent Expenditure
<input type="radio"/> Primary <input type="radio"/> Election | <input type="checkbox"/> 45 days following election not held in November | | |

9. PERIOD COVERED

Beginning Date: 4/01/19 thru Ending Date: 6/30/19

10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.

Cleo Duke-Wright
TREASURER OR DEPUTY TREASURER (SIGNATURE)

Cleo Duke-Wright
PRINT NAME OF SIGNER

7/5/2019
DATE (mm/dd/yyyy)

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
<i>McCawley for Mayor</i>	<i>July 10</i>	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		<i>732.61</i>
12. Balance on hand at the beginning of Reporting Period	<i>1,267.80</i>	
13. Contributions Received from Individuals (Sections A and B)	<i>695.00</i>	
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	<i>695.00</i>	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	<i>1,962.80</i>	<i>1,427.61</i>
19. Expenses Paid by Committee (Section P)	<i>105.00</i>	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	<i>1,857.80</i>	<i>1,322.61</i>
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)	<i>680.00</i>	
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		

*28a. Total Outstanding Expenses Incurred by Committee
 still unpaid (Section S)*

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>McCaughey for Mayor</i>	TYPE OF REPORT <i>July 10</i>
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A <i>\$ 130.00</i>

B. Itemized Contributions from Individuals

Last Name <i>Hosley</i>		First <i>William</i>		MI	
Residential Street Address <i>30 Old Abbe Rd</i>		City <i>Enfield</i>		State <i>CT</i>	Zip Code <i>06082</i>
Principal Occupation <i>Principal</i>		Name of Employer <i>Terra Firma</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		<i>250.00</i>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>4-11-19</i>	Aggregate Contributions <i>300.00</i>		

Last Name <i>Gallon-Clark</i>		First <i>Vicki</i>		MI	
Residential Street Address <i>105 Granby St</i>		City <i>Hartford</i>		State <i>CT</i>	Zip Code <i>06112</i>
Principal Occupation <i>Director</i>		Name of Employer <i>Blue Hills Civic Association</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		<i>5.00</i>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>4-28-19</i>	Aggregate Contributions <i>70.00</i>		

Last Name <i>Ewart</i>		First <i>Jessi-Mar</i>		MI	
Residential Street Address <i>600 Asylum Ave Apt. 205</i>		City <i>Hartford</i>		State <i>CT</i>	Zip Code <i>06105</i>
Principal Occupation <i>Manager</i>		Name of Employer <i>Faneuil</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		<i>10.00</i>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>4/8/19</i>	Aggregate Contributions <i>70</i>		

SUBTOTAL Section B — This Page	<i>265.00</i>
TOTAL of additional Section B Pages	<i>545.00</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	<i>695.00</i>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>McCaughey for Mayor</i>	TYPE OF REPORT <i>July 10</i>
A. Total Contributions from Small Contributors-Received this Period ONLY <small>(See Instructions for definition of Small Contributor)</small>	\$
B. Itemized Contributions from Individuals	

Last Name <i>Cowell</i>	First <i>Paul</i>	MI
Residential Street Address <i>254 Park Avenue</i>	City <i>Bloomfield</i>	State <i>CT</i> Zip Code <i>06002</i>
Principal Occupation <i>Self</i>	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>300.00</i>
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <i>6-15-19</i>	

Last Name	First	MI
Residential Street Address	City	State Zip Code
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received	

Last Name	First	MI
Residential Street Address	City	State Zip Code
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received	

SUBTOTAL Section B -- This Page	<i>300.00</i>
TOTAL of additional Section B Pages	<i>565.00</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	<i>695.00</i>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>McCauley for Mayor</i>	TYPE OF REPORT <i>July 10</i>
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C1. Contributions from Other Committees

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

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

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

C2. Reimbursements or Surplus Distributions from other Committees

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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>McCaughey for Mayor</i>	TYPE OF REPORT <i>July 10</i>
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D. Loans Received this Period

Name of Lender	Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee	Date of Receipt	
Street Address	City	State	Zip Code
Name of Cosigner/Guarantor (if applicable)			Amount Received
Street Address	City	State	Zip Code
Name of Lender			Date of Receipt
Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			
Street Address	City	State	Zip Code
Name of Cosigner/Guarantor (if applicable)			Amount Received
Street Address	City	State	Zip Code
Name of Lender			Date of Receipt
Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			
Street Address	City	State	Zip Code
Name of Cosigner/Guarantor (if applicable)			Amount Received
Street Address	City	State	Zip Code

TOTAL SECTION D

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

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

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>McCawley For Mayor</i>	TYPE OF REPORT <i>July 10</i>
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F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

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

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

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

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

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

I. Anonymous Contributions

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
McCaughey for Mayor	July 10

J. Interest from Deposits in Authorized Accounts

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

TOTAL SECTION J

K. Miscellaneous Monetary Receipts not Considered Contributions

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

TOTAL SECTION K

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

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

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>McCaughey for Mayor</i>	TYPE OF REPORT <i>July 10</i>
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L1. Event Information

Event #	Date of Event	Letter	Description	Was this a fundraising event?
<i>06/14/19</i>		<i>A</i>	<i>Juneteenth Celebration</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Location: Street Address <i>1200 Albany Avenue</i>	City <i>Hartford</i>	State <i>CT</i>	Zip Code <i>06112</i>
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Subpart 1: (All Committees)

Was this event hosted at a personal residence?

Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)

No

Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?

Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)

No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?

Yes (If yes, enter Total Receipts here.)

No

\$

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

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?

Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)

No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?

Yes (If yes, enter Total Receipts here.)

No

\$

Event #	Date of Event	Letter	Description	Was this a fundraising event?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Location: Street Address	City	State	Zip Code

Subpart 1: (All Committees)

Was this event hosted at a personal residence?

Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)

No

Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?

Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)

No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?

Yes (If yes, enter Total Receipts here.)

No

\$

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

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?

Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)

No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?

Yes (If yes, enter Total Receipts here.)

No

\$

SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page	
TOTAL of additional Section L1 Pages	

TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES

II. EVENT ACTIVITY (Sections L1—L5)

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
<i>McCauley for Mayor</i>	<i>July 10</i>

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

Name of Purchaser	Purchase Made By:
	<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship

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

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

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

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

Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page	
TOTAL of additional Section L3 Pages	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> <i>McLaughey for Mayor</i>	TYPE OF REPORT <i>July 10</i>
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L4. In-Kind Donations Not Considered Contributions

Name of Donor

Street Address	City	State	Zip Code
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Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 25%; padding: 5px;">Event #</td> <td style="width: 50%; padding: 5px;">Aggregate Value for this Event</td> </tr> </table>	Date Received	Event #	Aggregate Value for this Event	Fair Market Value of Donation
Date Received	Event #	Aggregate Value for this Event			

Name of Donor

Street Address	City	State	Zip Code
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Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 25%; padding: 5px;">Event #</td> <td style="width: 50%; padding: 5px;">Aggregate Value for this Event</td> </tr> </table>	Date Received	Event #	Aggregate Value for this Event	Fair Market Value of Donation
Date Received	Event #	Aggregate Value for this Event			

Name of Donor

Street Address	City	State	Zip Code
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Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 25%; padding: 5px;">Event #</td> <td style="width: 50%; padding: 5px;">Aggregate Value for this Event</td> </tr> </table>	Date Received	Event #	Aggregate Value for this Event	Fair Market Value of Donation
Date Received	Event #	Aggregate Value for this Event			

Name of Donor

Street Address	City	State	Zip Code
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Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 25%; padding: 5px;">Event #</td> <td style="width: 50%; padding: 5px;">Aggregate value for this Event</td> </tr> </table>	Date Received	Event #	Aggregate value for this Event	Fair Market Value of Donation
Date Received	Event #	Aggregate value for this Event			

SUBTOTAL Section L4 — This Page	
TOTAL of additional Section L4 Pages	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
<i>McCaughey for Mayor</i>			<i>July 10</i>	
L5: In-Kind Donations Not Considered Contributions Associated with a House Party				
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
SUBTOTAL Section L5 — This Page				
TOTAL of additional Section L5 Pages				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY				
<i>(Enter total on Line 22, Column A of Summary Page Totals)</i>				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
McCaulley for Mayor				July 10			
M. In-Kind Contributions							
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other		Date Received	Aggregate Contributions		Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other		Date Received	Aggregate Contributions		Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other		Date Received	Aggregate Contributions		Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other		Date Received	Aggregate Contributions		Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>					
SUBTOTAL Section M — This Page							
TOTAL of additional Section M Pages							
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)							

N. Refundable Deposit to Telephone Company

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

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>McCauley for Mayor</i>	TYPE OF REPORT <i>July 10</i>
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P. Expenses Paid by Committee

Name of Payee <i>West Indian Social Club</i>		Date of Payment	Method of Payment: <input checked="" type="checkbox"/> Check # <i>0093</i> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <i>3340 Main St.</i>		City <i>Hartford</i>	State <i>CT</i>	Zip Code <i>06120</i>
Purpose of Expenditure (by code)	Description <i>Gala - Program Book</i>	Event #	Amount <i>\$ 45.00</i>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

Name of Payee <i>Greater Hartford Progressive Democratic Women's Club</i>		Date of Payment	Method of Payment: <input checked="" type="checkbox"/> Check # <i>0094</i> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State <i>CT</i>	Zip Code
Purpose of Expenditure (by code)	Description <i>Program Book</i>	Event #	Amount <i>\$ 60.00</i>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount <i>\$</i>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

SUBTOTAL Section P — This Page	<i>\$ 105.00</i>
TOTAL of additional Section P Pages	<i>0</i>

\$ 105.00

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>McCaughey for Mayor</i>	TYPE OF REPORT <i>July 10</i>
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Q. Campaign Expenses Paid by Candidate

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) <i>Artists Collective</i>	Date of Payment <i>6-11-19</i>	Is reimbursement claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Street Address <i>1200 Albany Ave</i>	City <i>Hartford</i>	State <i>CT</i>	Zip Code <i>06112</i>
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Purpose of Expenditure (by code)	Description <i>June 10th Fundraiser</i>	Event # <i>061419-A</i>	Amount <i>680.00</i>
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Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)	Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
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Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)	Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
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Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)	Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
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Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)	Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
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Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)	Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
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SUBTOTAL Section Q — This Page	<i>680.00</i>
TOTAL of additional Section Q Pages	

TOTAL OF ALL EXPENSES PAID BY CANDIDATE

680.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>McCaughey for Mayor</i>	TYPE OF REPORT <i>July 10</i>
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S. Expenses Incurred by Committee but Not Paid During this Period

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

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

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

SUBTOTAL Section S-This Page

TOTAL of additional Section S Pages

TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID
(Enter total on Line 28, Column A of Summary Page Totals)

Previously reported Expenses Unpaid and still Outstanding

TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID
(Enter total on Line 28a, Column A of Summary Page Totals)

