

# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised January 2012



Do Not Mark in This Space For Official Use Only

## COVER PAGE

<b>1. NAME OF COMMITTEE</b>			
McGee for Hartford			
<b>2. TREASURER NAME</b>			
First Sergio	MI P	Last Matos	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 8 Brightwood Lane	City West Hartford	State CT	Zip Code 06110
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/05/2019	<b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee) Mayor		<b>6. DISTRICT NUMBER</b> (if applicable)
<b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)			
First Brandon	MI L	Last McGee	Suffix Jr.
<b>8. TYPE OF REPORT</b> (Check One Box)			
<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to
<input type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report:
<input checked="" type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election (State Central Committees Only)	<input type="radio"/> Termination	_____
<input type="radio"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="radio"/> 45 days following election not held in November		
<b>9. PERIOD COVERED</b>			
Beginning Date Sep 1, 2019		thru	Ending Date Sep 30, 2019
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)	Sergio Matos PRINT NAME OF SIGNER		10/11/2019 DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH			

## SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Revised January 2012

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
McGee for Hartford	October 10 filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	10,170.37	
13. Contributions Received from Individuals (Sections A and B)	3,995	49,979.91
14. Receipts from Other Committees (Sections C1 and C2)	0	1,250
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) <i>Municipal and Town Committees ONLY</i>	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	3,995	51,229.91
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	14,165.37	51,229.91
19. Expenses Paid by Committee (Section P)	15,357.11	52,421.65
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	-1,191.74	-1,191.74
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Contributions Received (Section M)	0	100
23. Refundable Deposit to Telephone Company (Section N)	0	0
24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>	0	0
25. Beginning Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE			TYPE OF REPORT		
McGee for Hartford			October 10 filing		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>			<b>SUBTOTAL SECTION A</b>		
			\$ 50		
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Straughter		Archie			
Residential Street Address		City		State	Zip Code
70 Edgemont Avenue		West Hartford		CT	06110
Principal Occupation			Name of Employer		
Engineer			Pratt&Whitney		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No	
				Amount of Contribution	
				100	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Sep 5, 2019		350	
Last Name		First		MI	
McCalop		Mark			
Residential Street Address		City		State	Zip Code
93 Melton Drive		East Hartford		CT	06118
Principal Occupation			Name of Employer		
Plumbing Contractor			MCM Plumbing		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No	
				Amount of Contribution	
				500	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Sep 5, 2019		500	
Last Name		First		MI	
Frederick		Bentty		A.	
Residential Street Address		City		State	Zip Code
15 Richard Lane		Bloomfield		CT	06002
Principal Occupation			Name of Employer		
Retired			Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No	
				Amount of Contribution	
				500	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Sep 5, 2019		500	
<b>SUBTOTAL Section B — This Page</b>				1,100	
<b>TOTAL of additional Section B Pages</b>				2,845	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13 of Summary Page Totals)</i>				3,995	

# I. MONETARY RECEIPTS (Sections A—K)

<b>NAME OF COMMITTEE</b>						<b>TYPE OF REPORT</b>	
McGee for Hartford						October 10 filing	
<b>C1. Contributions from Other Committees</b>							
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No	
City		State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No	
City		State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No	
City		State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No	
City		State	Zip Code	Date Received	Aggregate Contributions		
<b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address			Date Received			<b>Amount of Receipt</b>	
City		State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution			
Name of Committee				Name of Treasurer			
Address			Date Received			<b>Amount of Receipt</b>	
City		State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution			
<b>SUBTOTAL Section C — This Page</b>						0	
<b>TOTAL of additional Section C Pages</b>						0	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)</i>						0	

# I. MONETARY RECEIPTS (Sections A—K)

<b>NAME OF COMMITTEE</b>				<b>TYPE OF REPORT</b>			
McGee for Hartford				October 10 filing			
<b>D. Loans Received this Period</b>							
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee			Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Name of Cosigner/Guarantor (if applicable)						Amount Received	
Street Address		City		State	Zip Code		
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee			Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Name of Cosigner/Guarantor (if applicable)						Amount Received	
Street Address		City		State	Zip Code		
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee			Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Name of Cosigner/Guarantor (if applicable)						Amount Received	
Street Address		City		State	Zip Code		
<b>TOTAL SECTION D</b>							0
<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>							
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			
<b>TOTAL SECTION E</b>							0

**I. MONETARY RECEIPTS (Sections A—K)**

<b>NAME OF COMMITTEE</b>		<b>TYPE OF REPORT</b>	
McGee for Hartford		October 10 filing	
<b>F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)</b>			
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event #	<b>Amount</b>
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event #	<b>Amount</b>
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event #	<b>Amount</b>
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event #	<b>Amount</b>
<b>TOTAL SECTION F</b>			0
<b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b>			
Date of Receipt	Date of Receipt	Date of Receipt	
<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	
<b>TOTAL SECTION G</b>			0
<b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>			
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	<b>Amount</b>	
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	<b>Amount</b>	
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	<b>Amount</b>	
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	<b>Amount</b>	
<b>TOTAL SECTION H</b>			0
<b>I. Anonymous Contributions</b>			
<p>Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> 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.</p>			

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE				TYPE OF REPORT	
McGee for Hartford				October 10 filing	
<b>J. Interest from Deposits in Authorized Accounts</b>					
Name of Institution			Date Received		Amount
Street Address	City		State	Zip Code	
Name of Institution			Date Received		Amount
Street Address	City		State	Zip Code	
<b>TOTAL SECTION J</b>					0
<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>					
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					
<b>TOTAL SECTION K</b>					0
<b>SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)</b>					
Total Loans Received this Period (Section D)					0
Total Receipts from Entities other than Individuals or Other Committees (Section E)					+ 0
Total Amount Transferred from Affiliated Business Treasury (Section F)					+ 0
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)					+ 0
Total Amount of Personal Funds of the Candidate Received this Period (Section H)					+ 0
Total Amount of Interest from Deposits in Authorized Accounts (Section J)					+ 0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)					+ 0
<b>Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15 of Summary Page Totals)</b>					<b>0</b>



## II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

<b>NAME OF COMMITTEE</b>		<b>TYPE OF REPORT</b>	
McGee for Hartford		October 10 filing	
<b>L1. Fundraiser Event Information</b>			
<b>Fundraising Event #</b>	<b>Description</b>		
<small>Date of Fundraiser      Letter</small>			
<b>Location: Street Address</b>		<b>City</b>	<b>State      Zip Code</b>
<b>Subpart 1: (All Committees)</b>			
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
<b>Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)</b>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
<b>Fundraising Event #</b>		<b>Description</b>	
<small>Date of Fundraiser      Letter</small>			
<b>Location: Street Address</b>		<b>City</b>	<b>State      Zip Code</b>
<b>Subpart 1: (All Committees)</b>			
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
<b>Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)</b>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>		0	
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>		0	
<b>TOTAL of additional Section L1 Pages</b>		0	
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a of Summary Page Totals)</b>		0	



## II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

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*

<b>NAME OF COMMITTEE</b>	<b>TYPE OF REPORT</b>
McGee for Hartford	October 10 filing

**L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)**

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

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

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

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

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

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

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

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

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

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

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

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

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

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

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

<b>SUBTOTAL Section L3 (Municipal Candidate and Town Committees ONLY)</b>	0
<b>Total Purchases of Advertising in Program Book — This Page</b>	0

<b>SUBTOTAL Section L3 (Town Committees ONLY)</b>	0
<b>Total Purchases of Advertising on a Sign — This Page</b>	0

<b>TOTAL of additional Section L3 Pages</b>	0
---------------------------------------------	---

<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b>	0
<i>(Enter total on Line 16c of Summary Page Totals)</i>	

## II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

<b>NAME OF COMMITTEE</b>			<b>TYPE OF REPORT</b>	
McGee for Hartford			October 10 filing	
<b>L4. In-Kind Donations Not Considered Contributions</b>				
Name of Donor				
Street Address		City		State    Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
	Date Received	Event #		
Name of Donor				
Street Address		City		State    Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
	Date Received	Event #		
Name of Donor				
Street Address		City		State    Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
	Date Received	Event #		
Name of Donor				
Street Address		City		State    Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
	Date Received	Event #		
<b>SUBTOTAL Section L4 — This Page</b>			0	
<b>TOTAL of additional Section L4 Pages</b>			0	
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21 of Summary Page Totals)</i>			0	

**III. NONMONETARY RECEIPTS (Sections M—O)**

NAME OF COMMITTEE				TYPE OF REPORT			
McGee for Hartford				October 10 filing			
<b>M. In-Kind Contributions</b>							
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>					
<b>SUBTOTAL Section M — This Page</b>				0			
<b>TOTAL of additional Section M Pages</b>				0			
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page Totals)</b>				0			
<b>N. Refundable Deposit to Telephone Company</b>							
Last Name of Individual				First		MI	Date Deposit Made
Residential Street Address				City		State	Zip Code
Name of Telephone Company							
Street Address				City		State	Zip Code
<b>TOTAL SECTION N (Enter total on Line 23 of Summary Page Totals)</b>				0			

### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT	
McGee for Hartford				October 10 filing	
<b>O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees — OPTIONAL See Public Act 11-48</b>					
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
<b>SUBTOTAL Section O — This Page</b>					0
<b>TOTAL of additional Section O Pages</b>					0
<b>TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES</b> <i>(Enter total on Line 24 of Summary Page Totals)</i>					0

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE			TYPE OF REPORT	
McGee for Hartford			October 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee		Date of Payment	Method of Payment:	
Anedot.com		Sep 30, 2019	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
	Merchant Fees		62.6	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required			
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input checked="" type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
Name of Payee		Date of Payment	Method of Payment:	
Scott Vansicklin		Sep 5, 2019	<input checked="" type="radio"/> Check # 1,234 <input type="radio"/> Debit Card	
Street Address		City	State	Zip Code
56 Arbor ST		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
	Consultant		500	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required			
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input checked="" type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
Name of Payee		Date of Payment	Method of Payment:	
Ramon L. Arroyo		Sep 1, 2019	<input checked="" type="radio"/> Check # 1,232 <input type="radio"/> Debit Card	
Street Address		City	State	Zip Code
97 Amity Street		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
	Volunteers Manager		1,000	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required			
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input checked="" type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
Name of Payee		Date of Payment	Method of Payment:	
Ramon L. Arroyo		Sep 9, 2019	<input checked="" type="radio"/> Check # 1236 <input type="radio"/> Debit Card	
Street Address		City	State	Zip Code
97 Amity Street		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
	Volunteers Manager		1,000	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required			
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input checked="" type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
<b>SUBTOTAL Section P — This Page</b>			2,562.6	
<b>TOTAL of additional Section P Pages</b>			12,794.51	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> (Enter total on Line 19 of Summary Page Totals)			15,357.11	

**IV. EXPENDITURES (Sections P—T)**

<b>NAME OF COMMITTEE</b>				<b>TYPE OF REPORT</b>	
McGee for Hartford				October 10 filing	
<b>Q. Campaign Expenses Paid by Candidate</b>					
Name of Payee ( <i>Name of Vendor who candidate paid directly</i> )			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee ( <i>Name of Vendor who candidate paid directly</i> )			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee ( <i>Name of Vendor who candidate paid directly</i> )			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee ( <i>Name of Vendor who candidate paid directly</i> )			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee ( <i>Name of Vendor who candidate paid directly</i> )			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee ( <i>Name of Vendor who candidate paid directly</i> )			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
<b>SUBTOTAL Section Q — This Page</b>				0	
<b>TOTAL of additional Section Q Pages</b>				0	
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> ( <i>Enter total on Line 26 of Summary Page Totals</i> )				0	

**IV. EXPENDITURES (Sections P—T)**

<b>NAME OF COMMITTEE</b>				<b>TYPE OF REPORT</b>	
McGee for Hartford				October 10 filing	
<b>R. Expenses Incurred on Committee Credit Card</b>					
<b>Name of Issuing Institution</b>			<b>Type of Credit Card:</b>		
			<input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:		
<b>Name of Vendor</b>				<b>Date of Transaction</b>	
<b>Street Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>		<b>Event #</b>		<b>Amount</b>
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (if applicable) Itemization in Addendum R Required</b>				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>Name of Vendor</b>				<b>Date of Transaction</b>	
<b>Street Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>		<b>Event #</b>		<b>Amount</b>
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (if applicable) Itemization in Addendum R Required</b>				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>Name of Vendor</b>				<b>Date of Transaction</b>	
<b>Street Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>		<b>Event #</b>		<b>Amount</b>
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (if applicable) Itemization in Addendum R Required</b>				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>Name of Vendor</b>				<b>Date of Transaction</b>	
<b>Street Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>		<b>Event #</b>		<b>Amount</b>
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (if applicable) Itemization in Addendum R Required</b>				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>Name of Vendor</b>				<b>Date of Transaction</b>	
<b>Street Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>		<b>Event #</b>		<b>Amount</b>
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (if applicable) Itemization in Addendum R Required</b>				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>Name of Vendor</b>				<b>Date of Transaction</b>	
<b>Street Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>		<b>Event #</b>		<b>Amount</b>
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (if applicable) Itemization in Addendum R Required</b>				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>Name of Vendor</b>				<b>Date of Transaction</b>	
<b>Street Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>		<b>Event #</b>		<b>Amount</b>
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (if applicable) Itemization in Addendum R Required</b>				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>Name of Vendor</b>				<b>Date of Transaction</b>	
<b>Street Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>		<b>Event #</b>		<b>Amount</b>
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (if applicable) Itemization in Addendum R Required</b>				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>Name of Vendor</b>				<b>Date of Transaction</b>	
<b>Street Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>		<b>Event #</b>		<b>Amount</b>
<b>SUBTOTAL Section R — This Page</b>				0	
<b>TOTAL of additional Section R Pages</b>				0	
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b>				0	
(Enter total on Line 27 of Summary Page Totals)					



**IV. EXPENDITURES (Sections P—T)**

<b>NAME OF COMMITTEE</b>			<b>TYPE OF REPORT</b>	
McGee for Hartford			October 10 filing	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>				
Name of Creditor				Date Incurred
Street Address		City		State    Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum S Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
Name of Creditor				Date Incurred
Street Address		City		State    Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum S Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
Name of Creditor				Date Incurred
Street Address		City		State    Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum S Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
Name of Creditor				Date Incurred
Street Address		City		State    Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum S Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
<b>SUBTOTAL Section S-This Page</b>				0
<b>TOTAL of additional Section S Pages</b>				0
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 28 of Summary Page Totals)</i>				0
<b>Previously reported Expenses Unpaid and still Outstanding</b>				0
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 28a of Summary Page Totals)</i>				0

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE McGee for Hartford				TYPE OF REPORT October 10 filing	
<b>T. Itemization of Reimbursements to Committee Workers and Consultants</b>					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Secondary Payee					
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description			Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Secondary Payee					
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description			Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Secondary Payee					
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description			Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>SUBTOTAL Section T— This Page</b>				0	
<b>TOTAL of additional Section T Pages</b>				0	
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>				0	