

# SEEC FORM 20

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



Do Not Mark in This Space For Official Use Only

## COVER PAGE

<b>1. NAME OF COMMITTEE</b>			
Michtom For Hartford			
<b>2. TREASURER NAME</b>			
First Shayla	MI S	Last Williams Fender	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 133 Griswold Rd	City Wethersfield	State CT	Zip Code 06109
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/05/2019		<b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i> City Council	
		<b>6. DISTRICT NUMBER</b> <i>(if applicable)</i>	
<b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>			
First Joshua	MI	Last Michtom	Suffix
<b>8. TYPE OF REPORT</b> <i>(Check One Box)</i>			
<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 <i>(PACs ONLY)</i> <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 <i>(State Central Committees Only)</i> <input type="radio"/> Termination <input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election <input type="radio"/> 45 days following election not held in November			
<b>9. PERIOD COVERED</b>			
Beginning Date		Ending Date	
07/01/2019		thru	9/30/2019
<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)		Shayla Williams Fender PRINT NAME OF SIGNER	10/08/2019 DATE (mm/dd/yyyy)
<i>A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</i>			

2019 OCT - 9 PM 2:48  
 STATE ELECTIONS ENFORCEMENT COMMISSION

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	
Michtom 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	0	
13. Contributions Received from Individuals (Sections A and B)	3130	3130
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	N/A	N/A
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)	N/A	N/A
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	0	0
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	0	0
19. Expenses Paid by Committee (Section P)	119.60	119.60
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	119.60	119.60
21. In-Kind Donations not Considered Contributions Received (Section L4)	8.51	8.51
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	240.15	240.15
23. In-Kind Contributions Received (Section M)	67	67
24. Refundable Deposit to Telephone Company (Section N)	N/A	N/A
25. Loan Balance	N/A	
25a. + Loans Received (Section D)	N/A	N/A
25b. + Interest and Penalties on Loan	N/A	N/A
25c. - Payments on Loan	N/A	N/A
25d. Total Outstanding Loan Amount	N/A	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	N/A	N/A
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	N/A	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	N/A	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
		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>	
		\$ 1006	
<b>B. Itemized Contributions from Individuals</b>			
Last Name King		First Sam	
Residential Street Address 28 Kenyon Street		City Hartford	State CT
Principal Occupation Recycling		Name of Employer Blue Earth Compost	
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		<b>Amount of Contribution</b> 35
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> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <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		Date Received 09/21/2019	Aggregate Contributions 55
Last Name King		First Sam	
Residential Street Address 28 Kenyon Street		City Hartford	State CT
Principal Occupation Recycling		Name of Employer Blue Earth Compost	
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		<b>Amount of Contribution</b> 20
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 0927	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="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/27/2019	Aggregate Contributions 55
Last Name Martin		First Andrew	
Residential Street Address 5347 Macarthur Blvd New		City Washington	State DC
Principal Occupation Librarian		Name of Employer National Labor Relations Board	
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		<b>Amount of Contribution</b> 100
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> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <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		Date Received 09/20/2019	Aggregate Contributions 100
<b>SUBTOTAL Section B — This Page</b>		155	
<b>TOTAL of additional Section B Pages</b>		2124	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		3130	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
Michtom for Hartford						October 10 filing	
<b>C1. Contributions from Other Committees</b>							
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		
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution			Amount of Receipt		
Description							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution			Amount of Receipt		
Description							
<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, Column A of Summary Page Totals)</i>						0	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>					TYPE OF REPORT	
Michtom 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 <i>(if applicable)</i>						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 <i>(if applicable)</i>						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 <i>(if applicable)</i>						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>					n/a	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Michtom for Hartford	October 10 filing

### 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="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #</i>	Amount
<b>TOTAL SECTION F</b>		0

### 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
<b>TOTAL SECTION G</b>		0

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

Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
<b>TOTAL SECTION H</b>		0

### I. Anonymous Contributions

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

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

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Michtom For Hartford	October 10 filing

**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** 0

**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Name <th>Date of Transaction</th> <th>Amount Received</th>	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Name <th>Date of Transaction</th> <th>Amount Received</th>	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Name <th>Date of Transaction</th> <th>Amount Received</th>	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			

**TOTAL SECTION K** 0

**SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)**

<b>Total Loans Received this Period (Section D)</b>	0	
<b>Total Receipts from Entities other than Individuals or Other Committees (Section E)</b>	+	0
<b>Total Amount Transferred from Affiliated Business Treasury (Section F)</b>	+	0
<b>Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)</b>	+	0
<b>Total Amount of Personal Funds of the Candidate Received this Period (Section H)</b>	+	0
<b>Total Amount of Interest from Deposits in Authorized Accounts (Section J)</b>	+	0
<b>Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)</b>	+	0
<b>Total of Other Monetary Receipts</b> <i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i>	0	

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Michtom For Hartford			October 10 filing	
<b>L1. Event Information</b>				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
0927		Warrenton Ave_Jeff Janke	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
91 Warrenton Avenue		Hartford	CT	06105
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence?			<input checked="" type="radio"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)	
			<input type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="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"/>	
			<input checked="" type="radio"/> No	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</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"/>	
			<input checked="" type="radio"/> No	
Event # Date of Event	Letter	Description	Was this a fundraising event?	
			<input type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence?			<input type="radio"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)	
			<input type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)	
			<input 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"/>	
			<input type="radio"/> No	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</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 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"/>	
			<input type="radio"/> No	
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>			N/A	
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>			N/A	
<b>TOTAL of additional Section L1 Pages</b>			0	
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			0	



## II. EVENT ACTIVITY (Sections L1—L5)

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Michtom For Hartford	October 10 filing

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

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

<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>	0
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>	0
<b>TOTAL of additional Section L3 Pages</b>	N/A
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>	0

**II. EVENT ACTIVITY (Sections L1—L5)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Michtom For Hartford			October 10 filing	
<b>L4. In-Kind Donations Not Considered Contributions</b>				
Name of Donor				
Shayla Williams Fender				
Street Address		City		State
133 Griswold Rd		Wethersfield		CT
Zip Code		Fair Market Value of Donation		
06109		8.51		
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity	clipboards, pens, misc. supplies			
<input checked="" type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event	
<input type="radio"/> Sole Proprietorship	09/19/2019	0927	248.66	
Name of Donor				
Street Address		City		State
Zip Code		Fair Market Value of Donation		
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity				
<input checked="" type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event	
<input type="radio"/> Sole Proprietorship				
Name of Donor				
Street Address		City		State
Zip Code		Fair Market Value of Donation		
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity				
<input checked="" type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event	
<input type="radio"/> Sole Proprietorship				
Name of Donor				
Street Address		City		State
Zip Code		Fair Market Value of Donation		
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity				
<input checked="" type="radio"/> Individual	Date Received	Event #	Aggregate value for this Event	
<input type="radio"/> Sole Proprietorship				
Name of Donor				
Street Address		City		State
Zip Code		Fair Market Value of Donation		
<b>SUBTOTAL Section L4 — This Page</b>			8.51	
<b>TOTAL of additional Section L4 Pages</b>			N/A	
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>			8.51	

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Michtom For Hartford			October 10 filing	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>				
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Jeffery Janke			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
91 Warrenton Avenue		Hartford	CT	06105
Description of Donation			Fair Market Value of Donation	
5 bottles of wine and chips			75	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
0927	75	240.15		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Joshua Michtom- candidate (Jeffery Janke host-see above)			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
135 Madison Avenue		Hartford	CT	06106
Description of Donation			Fair Market Value of Donation	
beers; 80 empanadas			165.15	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
0927	165.15	248.66		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> 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		
<b>SUBTOTAL Section L5 — This Page</b>			240.15	
<b>TOTAL of additional Section L5 Pages</b>			N/A	
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>			240.15	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Michtom For Hartford				October 10 filing			
<b>M. In-Kind Contributions</b>							
Name Shayla Williams Fender							
Street Address 133 Griswold Rd				City Wethersfield		State CT	Zip Code 06109
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received 09/03/19	Aggregate Contributions 146.51	Description of In-Kind Contribution printing; PO Box			
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				<b>Fair Market Value of this Contribution</b>  67	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" 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 checked="" 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 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				<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" 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 checked="" 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 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				<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported listed in Section L1? <input type="radio"/> Yes <input checked="" 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 checked="" 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>				67			
<b>TOTAL of additional Section M Pages</b>				N/A			
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)</b>				67			
<b>N. Refundable Deposit to Telephone Company</b>							
Last Name of Individual			First		MI	Date Deposit Made	
Residential Street Address			City		State	Zip Code	<b>Amount of Deposit</b>
Name of Telephone Company							
Street Address			City		State	Zip Code	
<b>TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)</b>				N/A			

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Michtom For Hartford			October 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee			Date of Payment	Method of Payment:
Aneidot			9/21/2019	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State   Zip Code
www.anedot.com				
Purpose of Expenditure (by code)	Description	Event #	Amount	
MISC	fees for online donations		7	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee			Date of Payment	Method of Payment:
Aneidot			9/23/2019	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State   Zip Code
www.anedot.com				
Purpose of Expenditure (by code)	Description	Event #	Amount	
MISC	fees for online donations		\$94.20	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee			Date of Payment	Method of Payment:
Aneidot			9/29/2019	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State   Zip Code
www.anedot.com				
Purpose of Expenditure (by code)	Description	Event #	Amount	
MISC	fees for online donations		\$18.40	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee			Date of Payment	Method of Payment:
				<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> 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="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
<b>SUBTOTAL Section P — This Page</b>			119.60	
<b>TOTAL of additional Section P Pages</b>			N/A	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			119.60	

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Michtom For Hartford		October 10 filing	
<b>Q. Campaign Expenses Paid by Candidate</b>			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		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 (Name of Vendor, Person or Entity who candidate paid directly)		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 (Name of Vendor, Person or Entity who candidate paid directly)		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 (Name of Vendor, Person or Entity who candidate paid directly)		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 (Name of Vendor, Person or Entity who candidate paid directly)		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 (Name of Vendor, Person or Entity who candidate paid directly)		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 (Name of Vendor, Person or Entity who candidate paid directly)		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>			N/A
<b>TOTAL of additional Section Q Pages</b>			N/A
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>			N/A

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT	
Michtom For Hartford					October 10 filing	
<b>R. Expenses Incurred on Committee Credit Card</b>						
Name of Issuing Institution				Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:		
Name of Vendor, Person or Entity					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)					
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Vendor, Person or Entity					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)					
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Vendor, Person or Entity					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)					
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
<b>SUBTOTAL Section R — This Page</b>				N/A		
<b>TOTAL of additional Section R Pages</b>				N/A		
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> <i>(Enter total on Line 27, Column A of Summary Page Totals)</i>				N/A		





### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
<b>T. Itemization of Reimbursements and Secondary Payees</b>					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
<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	



DATE 09/27/19

NO. 07980321

Joshua Muehltom (candidate)

self 10/8/19

CUSTOMER'S ORDER NO.

NAME

ADDRESS

CITY, STATE, ZIP

SOLD BY	CASH	C.O.D	CHARGE	ONACCT.	MDSE.RETD	PAID OUT
---------	------	-------	--------	---------	-----------	----------

QUAN.	DESCRIPTION	PRICE	AMOUNT
-------	-------------	-------	--------

1	10	CHICKEN	
2	10	BEEF	
3	10	SHRIMP	
4	10	SPINACH	
5	10	CHEESE	
6	10	MOFUNGOS	
7	10	FISH	
8	10	HAM + CHEESE	
9			\$100
10			
11			
12			

RECEIVED BY

KEEP THIS SLIP FOR REFERENCE

**Anedot**

Michtom For Hartford  
 PO Box 340015  
 Hartford, CT 06134

TRANSACTION SUMMARY

STATEMENT PERIOD	September 2019
MERCHANT ID	a3ecc57d759de710890a
TOTAL TRANSACTIONS	29
TOTAL GROSS	\$2,450.00
TOTAL FEES	(\$106.70)
TOTAL NET	\$2,343.30

DATE	TXN ID	DETAIL	GROSS	FEE	NET
09/30/2019 11:21PM UTC	190930119987	Donation from Andrew Martin	100.00	(4.30)	95.70
09/30/2019 09:53PM UTC	190930270839	Donation from William D Michtom	250.00	(10.30)	239.70
09/30/2019 09:37PM UTC	190930505399	Donation from Mary Coughlan Kujawski	100.00	(4.30)	95.70
09/30/2019 07:22PM UTC	190930791633	Donation from Jason Fredlund	25.00	(1.30)	23.70
09/30/2019 07:01PM UTC	190930434517	Donation from Johanna Bromberg Craig	20.00	(1.10)	18.90
09/30/2019 04:27PM UTC	190930982738	Donation from Miles Shuman	35.00	(1.70)	33.30
09/30/2019 03:21PM UTC	190930767121	Donation from Alexander T Taubes	20.00	(1.10)	18.90
09/30/2019 03:06PM UTC	190930604918	Donation from Benjamin M Wattenmaker	35.00	(1.70)	33.30
09/28/2019 12:06PM UTC	190928706017	Donation from Anna Doroghazi	65.00	(2.90)	62.10
09/27/2019 11:03PM UTC	190927231976	Donation from Nathan Fox	50.00	(2.30)	47.70
09/27/2019 10:37PM UTC	190927499528	Donation from Renae Reese	65.00	(2.90)	62.10
09/27/2019 11:04AM UTC	190927966890	Donation from Mona Sahaf	250.00	(10.30)	239.70
09/22/2019 08:31PM UTC	190922742415	Donation from MARISA CHAVES	25.00	(1.30)	23.70
09/22/2019 06:46PM UTC	190922837341	Donation from sharon e wyse	250.00	(10.30)	239.70
09/22/2019 03:59PM UTC	190922874449	Donation from David Satz	200.00	(8.30)	191.70
09/22/2019 02:22PM UTC	190922320491	Donation from Thomas McCudden	50.00	(2.30)	47.70
09/22/2019 12:16PM UTC	190922572644	Donation from Khari K Streeter	100.00	(4.30)	95.70
09/22/2019 07:14AM UTC	190922905649	Donation from Lorna Lowe	100.00	(4.30)	95.70
09/22/2019 02:35AM UTC	190922831408	Donation from Shalini Matani	75.00	(3.30)	71.70
09/21/2019 11:55PM UTC	190921443876	Donation from Jon Pettitt	100.00	(4.30)	95.70
09/21/2019 11:52PM UTC	190921891042	Donation from Sara Heiberger	35.00	(1.70)	33.30
09/21/2019 03:17PM UTC	190921396670	Donation from Glen D Sanford	250.00	(10.30)	239.70
09/21/2019 12:25PM UTC	190921545800	Donation from Tricia George	35.00	(1.70)	33.30
09/21/2019 12:11PM UTC	190921917122	Donation from Emily K Petersen	35.00	(1.70)	33.30
09/21/2019 11:37AM UTC	190921615894	Donation from Steven Tatum	35.00	(1.70)	33.30
09/21/2019 02:54AM UTC	190921795902	Donation from Ava R Barbour	50.00	(2.30)	47.70
09/21/2019 02:09AM UTC	190921971348	Donation from Margaret Spring	25.00	(1.30)	23.70
09/21/2019 02:05AM UTC	190921140573	Donation from Sam king	35.00	(1.70)	33.30
09/21/2019 02:02AM UTC	190921132443	Donation from Erica Richmond	35.00	(1.70)	33.30
<b>Totals</b>			<b>\$2,450.00</b>	<b>(\$106.70)</b>	<b>\$2,343.30</b>

9/29  
Deposit  
\$18.40  
AWF

9/23  
Deposit  
\$94.20  
AWF

9/21  
Deposit  
\$7  
AWF

AWF 10/8/19