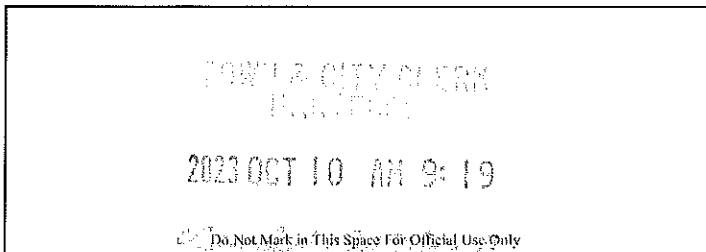
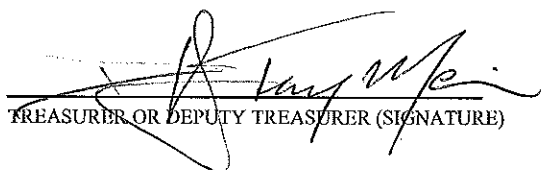


SEEC FORM 20

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



COVER PAGE

1. NAME OF COMMITTEE			
Surgeon For Council			
2. TREASURER NAME			
First	MI	Last	Suffix
Devonshire (Tony)	A	Mein	
3. TREASURER ADDRESS			
Street Address	City	State	Zip Code
38 Ashley St	Hartford	CT	06105
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER
(mm/dd/yyyy) November 7, 2023	Court of Common Council		<i>(if applicable)</i>
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
Shirley		Surgeon	
8. TYPE OF REPORT <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		
9. PERIOD COVERED			
Beginning Date		Ending Date	
July 01, 2023		thru September 30, 2023	
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		Devonshire A. (Tony) Mein PRINT NAME OF SIGNER	10/09/2023 DATE (mm/dd/yyyy)
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
Surgeon For Council		
	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	5,273	
13. Contributions Received from Individuals (Sections A and B)	2,800	8,800
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)	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)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	2,800	8,800
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	8,073	8,800
19. Expenses Paid by Committee (Section P)	4,433	5,710
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	3,640	3,090
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	515
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	500
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	500
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	518
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 (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Surgeon For Council			
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$ 0	
B. Itemized Contributions from Individuals			
Last Name		First	MI
SEE ATTACHMENTS FOR: "Itemized Contributions from Individuals"			
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="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
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
Last Name		First	MI
SEE ATTACHMENTS			
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="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
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
Last Name		First	MI
SEE ATTACHMENTS			
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="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
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
SUBTOTAL Section B — This Page		0	
TOTAL of additional Section B Pages		2,800 (See Attachments)	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		2,800	

Section B - Itemized Contributions from Individuals

Supra for Council 10/10/23 Report *Contribution Attachments (6 Pages)*

Last Name Alexandre		First Name Yvon		MI
Residential Street Address 230 New Cheshire Road		City Wallingford	State CT	Zip Code 06492
Principal Occupation Business Manager		Name of Employer Vibz Uptown Flava LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 07/01/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Last Name Balfour		First Name Noel		MI
Residential Street Address 399 Windsor Avenue		City Windsor	State CT	Zip Code 06095
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 07/16/2023	Aggregate Contributions	Amount of Contribution \$150.00	

Last Name Best		First Name Denise		MI T
Residential Street Address 12 Deerfield Ave.		City Hartford	State CT	Zip Code 06112
Principal Occupation Organizer		Name of Employer Voices of Women of Color		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 07/02/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Section B - Itemized Contributions from Individuals

Surgeon For Council 10/10/23 Report

Last Name Button		First Name Lewis		MI A
Residential Street Address 1398 Glasgo Rd.		City Griswold	State CT	Zip Code 06351
Principal Occupation		Name of Employer Attorney		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor?		No
Method of Contribution Check	Date Received 07/11/2023	Aggregate Contributions	Amount of Contribution \$200.00	

Last Name Button		First Name Mildred		MI
Residential Street Address 1938 Glasgo Rd.		City Griswold	State CT	Zip Code 06351
Principal Occupation Retried		Name of Employer Retried		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor?		No
Method of Contribution Check	Date Received 07/11/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Chance		First Name Joy		MI E
Residential Street Address 88 Elizabeth Ave.		City Bloomfield	State CT	Zip Code 06002
Principal Occupation Parole Board Member		Name of Employer State of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor?		No
Method of Contribution Check	Date Received 07/17/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Section B - Itemized Contributions from Individuals

Surgeon For Council 10/10/23 Report

Last Name crumbie		First Name andrew		MI
Residential Street Address 650 Farmington Ave		City Hartford	State CT	Zip Code 06105
Principal Occupation Lawyer		Name of Employer Crumbie Law Group LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 08/30/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Last Name Diaz		First Name Jason		MI
Residential Street Address 203 Fairfield Ave		City hartford	State CT	Zip Code 06114
Principal Occupation Firefighter		Name of Employer City of Hartford		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 07/10/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Fagan		First Name Judith		MI
Residential Street Address 144 Warrenton Avenue		City Hartford	State CT	Zip Code 06105
Principal Occupation Education		Name of Employer Hartford Public Schools		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 07/17/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Section B - Itemized Contributions from Individuals

Sergeon For Council 10/10/23 Report

Last Name Heslin		First Name John		MI W
Residential Street Address 17 Gun Mill Rd		City Bloomfield	State CT	Zip Code 06002
Principal Occupation Insurance Agent		Name of Employer Wentworth DeAngelis, Inc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 07/12/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Horton		First Name Barnaby		MI
Residential Street Address 97 Westerly Terrace		City Hartford	State CT	Zip Code 06105
Principal Occupation Financial Advisor		Name of Employer Merrill Lynch		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 08/01/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Last Name Lazowski		First Name Alan		MI B
Residential Street Address One Financial Plaza		City Hartford	State CT	Zip Code 06105
Principal Occupation Chairman and CEO		Name of Employer LAZ Parking		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 09/11/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Section B - Itemized Contributions from Individuals

Surgeon For Council 10/10/23 Report

Last Name Mattei		First Name Christopher		MI M
Residential Street Address 176 North Beacon St.		City Hartford	State CT	Zip Code 06105
Principal Occupation Attorney		Name of Employer Koskoff, Koskoff & Bieder		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 07/25/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name PAC		First Name A & R COPE PAC		MI A
Residential Street Address 805 Brook St		City Rocky Hill	State CT	Zip Code 06067
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Check	Date Received 09/24/2023	Aggregate Contributions	Amount of Contribution \$350.00	

Last Name Ritter PAC		First Name Matt		MI
Residential Street Address 9 Hickory Drive		City Prospect	State CT	Zip Code 06712
Principal Occupation Attorney/Legislator		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Check	Date Received 08/31/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Section B - Itemized Contributions from Individuals

Surgeon For Council 10/10/23 Report

Last Name Sanchez		First Name James		MI
Residential Street Address 370 Freeman St		City Hartford	State CT	Zip Code 06106
Principal Occupation Utility systems monitor tech II		Name of Employer Metropolitan District Commission		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 07/14/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Stewart		First Name Troy		MI C
Residential Street Address 182 Harold Street		City Hartford	State CT	Zip Code 06112
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 07/07/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Last Name Wrice		First Name Patricia		MI J
Residential Street Address 82 Brittany Farms Road J228,		City New Britain	State CT	Zip Code 06053
Principal Occupation J228 Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 07/12/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Showing 1 to 18 of 18 entries

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Surgeon For Council	

C1. Contributions from Other Committees

Name of Committee		Name of Treasurer		
NONE				
Address		Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution
		If yes, list Event # _____		
City	State	Zip Code	Date Received	Aggregate Contributions
				0

Name of Committee		Name of Treasurer		
Address		Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution
		If yes, list Event # _____		
City	State	Zip Code	Date Received	Aggregate Contributions
				0

Name of Committee		Name of Treasurer		
Address		Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution
		If yes, list Event # _____		
City	State	Zip Code	Date Received	Aggregate Contributions
				0

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee		Name of Treasurer		
NONE				
Address		City		State
				Zip Code
Date Received	Expenditure # (if applicable)	Payment Type		Amount of Receipt
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution		
Description				0

Name of Committee		Name of Treasurer		
Address		City		State
				Zip Code
Date Received	Expenditure # (if applicable)	Payment Type		Amount of Receipt
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution		
Description				0

SUBTOTAL Section C — This Page	0
TOTAL of additional Section C Pages	0
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)	0

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Surgeon For Council					
D. Loans Received this Period					
Name of Lender		Source of Loan:		Date of Receipt	
NONE		<input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee			
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	
				0	
Street Address		City		State	Zip Code
Name of Lender		Source of Loan:		Date of Receipt	
		<input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee			
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	
				0	
Street Address		City		State	Zip Code
Name of Lender		Source of Loan:		Date of Receipt	
		<input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee			
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	
				0	
Street Address		City		State	Zip Code
TOTAL SECTION D				0	
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)					
Name of Entity					
N/A					
Street Address			Date Received		Amount Received
					0
City	State	Zip Code	Aggregate Contributions		
Name of Entity					
Street Address			Date Received		Amount Received
					0
City	State	Zip Code	Aggregate Contributions		
Name of Entity					
Street Address			Date Received		Amount Received
					0
City	State	Zip Code	Aggregate Contributions		
TOTAL SECTION E				0	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Surgeon For Council	

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

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

Date of Receipt	Date of Receipt	Date of Receipt
N/A		
Amount	Amount	Amount
TOTAL SECTION G		0

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

Date of Receipt	Method of payment:	Amount
NONE	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	0
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	0
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	0
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	0
TOTAL SECTION H		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)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Surgeon For Council	

J. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
NONE		0
Street Address	City	State Zip Code
Name of Institution	Date Received	Amount
		0
Street Address	City	State Zip Code

TOTAL SECTION J	0
------------------------	---

K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
NONE		0
Street Address	City	State Zip Code
Description		
Name	Date of Transaction	Amount Received
		0
Street Address	City	State Zip Code
Description		
Name	Date of Transaction	Amount Received
		0
Street Address	City	State Zip Code
Description		
Name	Date of Transaction	Amount Received
		0
Street Address	City	State Zip Code
Description		

TOTAL SECTION K	0
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SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

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

Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)	0
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II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Surgeon For Council				
L1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
		NONE	<input type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
Subpart 1: (All Committees)				
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		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="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		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.)		\$ <input style="width: 100px;" type="text"/>
		<input 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
Subpart 1: (All Committees)				
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.)		\$ 0 <input style="width: 100px;" type="text"/>
		<input type="radio"/> No		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<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		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.)		\$ 0 <input style="width: 100px;" type="text"/>
		<input type="radio"/> No		
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			0	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			0	
TOTAL of additional Section L1 Pages			0	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			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 (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT	
Surgeon for Council						
L3. Purchases of Advertising in a Program Book or on a Sign						
Name of Purchaser					Purchase Made By:	
NONE					<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		
				0		
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		
				0		
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		
				0		
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		
				0		
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		
				0		
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		
				0		
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page					0	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					0	
TOTAL of additional Section L3 Pages					0	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN					0	
<i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>						

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Surgeon For Council					
L5. In-Kind Donations Not Considered Contributions Associated with a House Party					
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No		
NONE			If yes, complete Itemization in Addendum L5		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
				0	
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 type="radio"/> No		
			If yes, complete Itemization in Addendum L5		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
				0	
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 type="radio"/> No		
			If yes, complete Itemization in Addendum L5		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
				0	
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 type="radio"/> No		
			If yes, complete Itemization in Addendum L5		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
				0	
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 type="radio"/> No		
			If yes, complete Itemization in Addendum L5		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
				0	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate			
SUBTOTAL Section L5 — This Page				0	
TOTAL of additional Section L5 Pages				0	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY				0	
<i>(Enter total on Line 22, Column A of Summary Page Totals)</i>					

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Surgeon for Council	

M. In-Kind Contributions

Name
NONE

Street Address	City	State	Zip Code
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Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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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	Fair Market Value of this Contribution
--	--	--

Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	0
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Name

Street Address	City	State	Zip Code
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Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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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	Fair Market Value of this Contribution
--	--	--

Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	0
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Name

Street Address	City	State	Zip Code
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Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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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	Fair Market Value of this Contribution
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Is this contribution associated with an event reported listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	0
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SUBTOTAL Section M — This Page	0
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TOTAL of additional Section M Pages	0
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TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)	0
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N. Refundable Deposit to Telephone Company

Last Name of Individual	First	MI	Date Deposit Made
NONE			

Residential Street Address	City	State	Zip Code

Name of Telephone Company	Amount of Deposit
	0

Street Address	City	State	Zip Code

TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)	0
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IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Surgeon For Council				
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Morgan Media, LLC		09-02-23	<input checked="" type="radio"/> Check # 1006 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
2568 Main St		Hartford	CT	06120
Purpose of Expenditure (by code)	Description	Event #	Amount	
	Live Broadcast	Ongoing campaign	850.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" 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:	
Artwurks Unlimited LLC		05-05-2023	<input checked="" type="radio"/> Check # 1005 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
423 Main St		Hartford	CT	06103
Purpose of Expenditure (by code)	Description	Event #	Amount	
	Purchase and printing of T-shirts used in the campaign	Ongoing campaign	747.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" 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:	
Hartford Democratic Town Committee		08-05-2023	<input type="radio"/> Check # 1003 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
1 Gold St		Hartford	CT	06103
Purpose of Expenditure (by code)	Description	Event #	Amount	
	Contribution to shared slate expenses		1,500.00	
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 checked="" 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:	
Hot Off The Press Printers		09-09-2023	<input type="radio"/> Check # 1007 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
26 Euclid St		Hartford	CT	06112
Purpose of Expenditure (by code)	Description	Event #	Amount	
	Printing Services	Ongoing campaign	126.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" 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			
SUBTOTAL Section P — This Page			3,224.00	
TOTAL of additional Section P Pages			1,209.00 (Attachment: 1 Page)	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			4,433.00	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Surgeon For Council		ATTACHMENT (1 of 1)	
P. Expenses Paid by Committee			
Name of Payee Bank of America		Date of Payment 08/14/2023	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address 147 Washington St		City Htfd	State CT Zip Code 06106
Purpose of Expenditure (by code)	Description Stop Payment Fee on Check/Account fees	Event #	Amount 46.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" 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"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Payee Day Campaign		Date of Payment 09/30/2023	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address 112 Bloomfield Ave.		City Windsor	State CT Zip Code 06095
Purpose of Expenditure (by code)	Description On-Line contribution receipts and Reports (Auto Pay Invoices)	Event # Ongoing	Amount 100.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" 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"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Payee Energy Radio, LLC		Date of Payment 09/15/2023	Method of Payment: <input checked="" type="radio"/> Check # 1009 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 24 Simpson St		City Htfd	State CT Zip Code 06112
Purpose of Expenditure (by code)	Description Live broadcast of campaign event at Collin Bennet Bldg.	Event #	Amount 700.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" 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"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Payee Day Campaign		Date of Payment 7/1--9/30/2023	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address 1122 Bloomfield Ave.		City Bloomfield	State CT Zip Code 065095
Purpose of Expenditure (by code)	Description Credit Card Fees for On-Line Contributions	Event #	Amount 363.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" 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"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
SUBTOTAL Section P — This Page		1,209.00	
TOTAL of additional Section P Pages		3,224.00	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		4,433.00	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Surgeon For Council				
Q. Campaign Expenses Paid by Candidate				
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?
NONE				<input type="radio"/> Yes <input checked="" type="radio"/> No
Street Address		City	State	Zip Code
			CT	
Purpose of Expenditure (by code)	Description	Event #	Amount	
			0	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?
				<input type="radio"/> Yes <input checked="" type="radio"/> No
Street Address		City	State	Zip Code
			CT	
Purpose of Expenditure (by code)	Description	Event #	Amount	
			0	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?
				<input type="radio"/> Yes <input checked="" type="radio"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
	Live broadcast of campaign event		0	
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 #	Amount	
			0	
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 #	Amount	
			0	
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 #	Amount	
			0	
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 #	Amount	
			0	
SUBTOTAL Section Q — This Page			0	
TOTAL of additional Section Q Pages			0	
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>			0	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Surgeon For Council	

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
NONE			

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
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Purpose of Expenditure (by code)	Description	Event #	Amount 0
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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"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="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 #	Amount 0
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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"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
--------------------------------	-------	----	---

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="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 #	Amount 0
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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"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section T — This Page	0
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TOTAL of additional Section T Pages	0
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TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	0
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