

# SEEC FORM 20

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



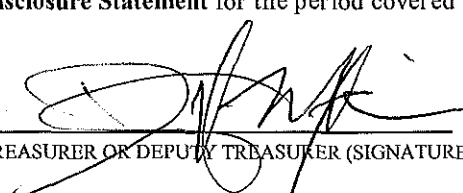
Page 1 of 17

Do Not Mark in This Space For Official Use Only

TOWN & CITY

2023 JUL 10

**COVER PAGE** Plus 20 pages of itemized contrib.

<b>1. NAME OF COMMITTEE</b>			
Surgeon For Council			
<b>2. TREASURER NAME</b>			
First	MI	Last	Suffix
Devonshire "Tony"	A	Meln	
<b>3. TREASURER ADDRESS</b>			
Street Address		City	State
38 Ashley Street		Hartford	CT
		Zip Code	
		06105	
<b>4. ELECTION/REFERENDUM DATE</b>		<b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i>	
(mm/dd/yyyy)		(if applicable)	
November 7, 2023		Court of Common Council	
<b>6. DISTRICT NUMBER</b>			
<b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
Shirley		Surgeon	
<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 checked="" type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report:
<input 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"/> 45 days following election not held in November		
<input type="radio"/> Primary	<input type="radio"/> Election		
<b>9. PERIOD COVERED</b>			
Beginning Date		Ending Date	
01/01/2023		thru 06/30/2023	
<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)		Devonshire A. Meln PRINT NAME OF SIGNER	07/10/2023 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 (Provide Complete Name as Registered with Filing Repository)	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	0	
13. Contributions Received from Individuals (Sections A and B)	\$6,550	\$6,550
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)	\$6,550	6,550
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$6,550	6,550
19. Expenses Paid by Committee (Section P)	\$1,277	1,277
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$5,273	5,273
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)	515	515
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	\$500	\$500
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	\$500	\$500
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	518	\$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			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>SUBTOTAL SECTION A</b>	
		\$ 160	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	
See attached contribution information for online, checks & cash		MI	
Residential Street Address		City	
		State	
		Zip Code	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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? <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	
Method of Contribution:		Date Received	
<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		Aggregate Contributions	
Last Name		First	
		MI	
Residential Street Address		City	
		State	
		Zip Code	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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? <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	
Method of Contribution:		Date Received	
<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		Aggregate Contributions	
Last Name		First	
		MI	
Residential Street Address		City	
		State	
		Zip Code	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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? <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	
Method of Contribution:		Date Received	
<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		Aggregate Contributions	
<b>SUBTOTAL Section B — This Page</b>		\$6,550	
<b>TOTAL of additional Section B Pages</b>		0	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$6,550	

Section B - Itemized Contributions from Individuals

*Surgeon For Council*

*Itemized Contributions  
1 of 20 pages*

Last Name <b>Airey-Wilson</b>		First Name <b>Veronica</b>	
Residential Street Address <b>131 Ridgefield St</b>		City <b>Harford</b>	State <b>CT</b>
		Zip Code <b>06112</b>	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>	
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>	
Method of Contribution <b>Check</b>	Date Received <b>06/28/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>

Last Name <b>Alexandre</b>		First Name <b>Henri</b>		MI
Residential Street Address <b>29 Old Oak Court</b>		City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Check</b>	Date Received <b>06/28/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$150.00</b>	

Last Name <b>Andetrson</b>		First Name <b>Kyle</b>		MI
Residential Street Address <b>101 Tower Ave</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06147</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$20.00</b>	

Section B - Itemized Contributions from Individuals *Surgeon For Council*

Last Name <b>Benjamin</b>		First Name <b>Wayne</b>		MI <b>I</b>
Residential Street Address <b>65 Amanda Circle</b>		City <b>Windsor</b>	State <b>CT</b>	Zip Code <b>06095</b>
Principal Occupation <b>Principal</b>		Name of Employer <b>Georgetown Associates</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		<b>No</b>
Method of Contribution <b>Credit Card</b>	Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	

Last Name <b>Boudier</b>		First Name <b>Carmen</b>		MI <b>I</b>
Residential Street Address <b>343 Rockwell ave</b>		City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		<b>No</b>
Method of Contribution <b>Credit Card</b>	Date Received <b>06/21/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$250.00</b>	

Last Name <b>Bzdyra</b>		First Name <b>Michael</b>		MI <b>R</b>
Residential Street Address <b>90Village Dr, Apt 436</b>		City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109</b>
Principal Occupation <b>Lobbyist</b>		Name of Employer <b>Focus Govt. Affairs</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>Yes</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		<b>No</b>
Method of Contribution <b>Check</b>	Date Received <b>06/28/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$25.00</b>	

Section B - Itemized Contributions from Individuals *Surgeon For Council*

Last Name <b>Cicero</b>		First Name <b>Sonserae</b>		MI	
Residential Street Address <b>931 Forbes St</b>		City <b>East Hartford</b>		State <b>CT</b>	Zip Code <b>06118</b>
Principal Occupation <b>Self Employed</b>			Name of Employer <b>Sheba consulting</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>			
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>			
Method of Contribution <b>Credit Card</b>		Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$250.00</b>	

Last Name <b>Diaz</b>		First Name <b>Jay</b>		MI	
Residential Street Address <b>850 Mountain Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06117</b>
Principal Occupation <b>Self-employed</b>			Name of Employer <b>Newways</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>			
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>			
Method of Contribution <b>Credit Card</b>		Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$200.00</b>	

Last Name <b>DiBella</b>		First Name <b>Bill</b>		MI	
Residential Street Address <b>1Gold Street</b>		City <b>Hartford</b>		State <b>CT</b>	Zip Code <b>06103</b>
Principal Occupation <b>Lobbyist</b>			Name of Employer <b>3D Consultants LLC</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>			
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>			
Method of Contribution <b>Credit Card</b>		Date Received <b>06/30/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$250.00</b>	

Section B - Itemized Contributions from Individuals *Surgeon Fox Council*

Last Name <b>Fichman</b>		First Name <b>Richard</b>		MI
Residential Street Address <b>38 Prattling Pond Rd</b>		City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032</b>
Principal Occupation <b>Physician</b>		Name of Employer <b>Self</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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?		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor?		<b>No</b>
Method of Contribution <b>Credit Card</b>	Date Received <b>06/30/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$250.00</b>	

Last Name <b>Findley</b>		First Name <b>Nafsha</b>		MI
Residential Street Address <b>201 Terry Road</b>		City <b>Harford</b>	State <b>CT</b>	Zip Code <b>06105</b>
Principal Occupation <b>Nurse</b>		Name of Employer <b>Uconn Hospital</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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?		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor?		<b>No</b>
Method of Contribution <b>Cash</b>	Date Received <b>06/08/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$25.00</b>	

Last Name <b>Fonfara</b>		First Name <b>John</b>		MI <b>W</b>
Residential Street Address <b>99 Montrose St</b>		City <b>Harford</b>	State <b>CT</b>	Zip Code <b>06114</b>
Principal Occupation		Name of Employer <b>Energy</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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?		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor?		<b>No</b>
Method of Contribution <b>Check</b>	Date Received <b>06/28/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	

Section B - Itemized Contributions from Individuals

*Surgeon For Council*

Last Name <b>Haldane</b>		First Name <b>Violette</b>		MI <b>O</b>
Residential Street Address <b>50 Lebanon St</b>		City <b>Harford</b>	State <b>CT</b>	Zip Code <b>06112</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Haldane Real Estate</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		<b>No</b>
Method of Contribution <b>Check</b>	Date Received <b>06/28/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$50.00</b>	

Last Name <b>Hall</b>		First Name <b>Brittny</b>		MI
Residential Street Address <b>53 Thomaston Street</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06112</b>
Principal Occupation <b>Customer Specialist</b>		Name of Employer <b>Hartford Healthcare</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		<b>No</b>
Method of Contribution <b>Credit Card</b>	Date Received <b>06/30/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$25.00</b>	

Last Name <b>Hall</b>		First Name <b>Joshua</b>		MI
Residential Street Address <b>28 Canterbury St</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06112</b>
Principal Occupation <b>Educator</b>		Name of Employer <b>Hartford Public Schools</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		<b>No</b>
Method of Contribution <b>Credit Card</b>	Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	



Section B - Itemized Contributions from Individuals

*Surgeon For Council*

Last Name <b>Hanten</b>		First Name <b>Laura</b>		MI <b>J</b>
Residential Street Address <b>43 Girard Ave</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105</b>
Principal Occupation <b>Government affairs</b>		Name of Employer <b>Stamford health</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	

Last Name <b>Harris</b>		First Name <b>Steven</b>		MI <b>M</b>
Residential Street Address <b>213 Cleveland Avenue</b>		City <b>Harford</b>	State <b>CT</b>	Zip Code <b>06120</b>
Principal Occupation <b>Retried</b>		Name of Employer <b>Retried</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Check</b>	Date Received <b>06/28/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	

Last Name <b>Hennessy</b>		First Name <b>Matthew</b>		MI
Residential Street Address <b>161 Tremont Street</b>		City <b>Harford</b>	State <b>CT</b>	Zip Code <b>06105</b>
Principal Occupation <b>Managing Director</b>		Name of Employer <b>Tramont Public advisors</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Check</b>	Date Received <b>05/19/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$150.00</b>	

Section B - Itemized Contributions from Individuals *Surgeon For Council*

Last Name <b>Hennessy</b>		First Name <b>Matthew</b>		MI
Residential Street Address <b>161 Tremont Street</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105</b>
Principal Occupation <b>Managing Director</b>		Name of Employer <b>Tremont Public Advisors</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Check</b>	Date Received <b>06/28/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$75.00</b>	

Last Name <b>Hernandez</b>		First Name <b>Amilcar</b>		MI
Residential Street Address <b>332 Freeman st</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>
Principal Occupation <b>Controller</b>		Name of Employer <b>Our Piece of the Pie, Inc</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$50.00</b>	

Last Name <b>Hester</b>		First Name <b>Henry</b>		MI
Residential Street Address <b>61DEERFIELD</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06112</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>06/21/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$50.00</b>	

Section B - Itemized Contributions from Individuals

*Surgeon Fox Council*

Last Name <b>Hill</b>		First Name <b>Howard</b>		MI <b>K</b>
Residential Street Address <b>30 Peck Lane</b>		City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06518</b>
Principal Occupation <b>Funeral Director</b>		Name of Employer <b>Howard K. Hill Funeral</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>06/21/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$250.00</b>	

Last Name <b>Holloway</b>		First Name <b>Jean</b>		MI
Residential Street Address <b>14 Fairmont St</b>		City <b>Harford</b>	State <b>CT</b>	Zip Code <b>06120</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Cash</b>	Date Received <b>06/28/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$25.00</b>	

Last Name <b>Holloway</b>		First Name <b>Shawn</b>		MI
Residential Street Address <b>191 Palm St</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06112</b>
Principal Occupation <b>Inspector</b>		Name of Employer <b>City of Hartford</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$25.00</b>	

Section B - Itemized Contributions from Individuals

*Surgeon for Canal*

Last Name <b>Hoyes</b>		First Name <b>Peta</b>		MI
Residential Street Address <b>176-04 Henley Road</b>		City <b>Jamaica</b>	State <b>NY</b>	Zip Code <b>11432</b>
Principal Occupation <b>COO</b>		Name of Employer <b>Tag1 Consulting, Inc.</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		<b>No</b>
Method of Contribution <b>Credit Card</b>	Date Received <b>06/20/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	

Last Name <b>Hoyes</b>		First Name <b>Robin</b>		MI
Residential Street Address <b>63-25 Austin st</b>		City <b>Rego park</b>	State <b>NY</b>	Zip Code <b>11374</b>
Principal Occupation <b>Utility worker</b>		Name of Employer <b>Con edison</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		<b>No</b>
Method of Contribution <b>Credit Card</b>	Date Received <b>06/30/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$50.00</b>	

Last Name <b>Joiner</b>		First Name <b>Kevin</b>		MI <b>R</b>
Residential Street Address <b>75 Girrard Ave</b>		City <b>Harford</b>	State <b>CT</b>	Zip Code <b>06105</b>
Principal Occupation <b>Retried</b>		Name of Employer <b>Retried</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		<b>No</b>
Method of Contribution <b>Check</b>	Date Received <b>06/28/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	

Section B - Itemized Contributions from Individuals

*Surgeon For Council*

Last Name <b>Laliberte</b>		First Name <b>Alexandra</b>		MI
Residential Street Address <b>16 Cedar Ridge Drive</b>		City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033</b>
Principal Occupation <b>Program Manager</b>		Name of Employer <b>Waste Management</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$25.00</b>	

Last Name <b>Lebron</b>		First Name <b>Nick</b>		MI
Residential Street Address <b>192 Laurel St</b>		City <b>Harford</b>	State <b>CT</b>	Zip Code <b>06105</b>
Principal Occupation <b>Director</b>		Name of Employer <b>Catholic Charities</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Cash</b>	Date Received <b>06/28/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	

Last Name <b>Longmore</b>		First Name <b>Donovan</b>		MI
Residential Street Address <b>14 Linwood Drive</b>		City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002</b>
Principal Occupation <b>Accounting</b>		Name of Employer <b>St Francis hospital</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$75.00</b>	

Section B - Itemized Contributions from Individuals *Surgeon For Council*

Last Name <b>Magubane</b>		First Name <b>Sibongile</b>		MI	
Residential Street Address <b>54 Goodwin Circle</b>		City <b>Hartford</b>		State <b>CT</b>	Zip Code <b>06105</b>
Principal Occupation <b>Retired</b>			Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>			
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>			
Method of Contribution <b>Credit Card</b>		Date Received <b>06/20/2023</b>		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Magubane</b>		First Name <b>Sibongile</b>		MI	
Residential Street Address <b>54 Goodwin Circle</b>		City <b>Hartford</b>		State <b>CT</b>	Zip Code <b>06105</b>
Principal Occupation <b>Retired</b>			Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>			
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>			
Method of Contribution <b>Credit Card</b>		Date Received <b>06/29/2023</b>		Amount of Contribution <b>\$150.00</b>	

Last Name <b>Martin</b>		First Name <b>Kenniel</b>		MI	
Residential Street Address <b>88 Wintonbury Avenue</b>		City <b>Bloomfield</b>		State <b>CT</b>	Zip Code <b>06002</b>
Principal Occupation <b>Accountant</b>			Name of Employer <b>DSS</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>			
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>			
Method of Contribution <b>Credit Card</b>		Date Received <b>06/29/2023</b>		Amount of Contribution <b>\$100.00</b>	

Section B - Itemized Contributions from Individuals *Surgeon For Council*

Last Name <b>McCrary</b>		First Name <b>Douglas</b>		MI
Residential Street Address <b>235 Blue Hills Avenue</b>		City <b>Harford</b>	State <b>CT</b>	Zip Code <b>06112</b>
Principal Occupation		Name of Employer <b>CREC</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		<b>No</b>
Method of Contribution <b>Check</b>	Date Received <b>06/28/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$250.00</b>	

Last Name <b>McFarland</b>		First Name <b>Mchelle</b>		MI <b>R</b>
Residential Street Address <b>35 Greenwich St</b>		City <b>Harford</b>	State <b>CT</b>	Zip Code <b>06120</b>
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		<b>No</b>
Method of Contribution <b>Cash</b>	Date Received <b>06/28/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$10.00</b>	

Last Name <b>Mein</b>		First Name <b>Devonshire</b>		MI <b>A</b>
Residential Street Address <b>38 Ashley Street</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		<b>No</b>
Method of Contribution <b>Credit Card</b>	Date Received <b>05/20/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$20.00</b>	

Section B - Itemized Contributions from Individuals

*Surgeon For Council*

Last Name <b>Miles</b>		First Name <b>Pat</b>		MI
Residential Street Address <b>269 Roger Street</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>
Principal Occupation <b>General</b>		Name of Employer <b>Chs</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	

Last Name <b>Miller</b>		First Name <b>Patricia</b>		MI
Residential Street Address <b>74 Scott Drive</b>		City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002</b>
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Check</b>	Date Received <b>06/28/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	

Last Name <b>Miller</b>		First Name <b>Tianjdra</b>		MI
Residential Street Address <b>5636 NW 58th Lane</b>		City <b>Tamarac</b>	State <b>FL</b>	Zip Code <b>33319</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Creativista Charm LLC</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>06/30/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$250.00</b>	



Section B - Itemized Contributions from Individuals *Surgeon For Council*

Last Name Murray		First Name Kevin		MI L
Residential Street Address 201 Terry Road		City Harford	State CT	Zip Code 06105
Principal Occupation Self Employed		Name of Employer Self Employed		
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 Cash	Date Received 06/28/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Petit		First Name Urania		MI
Residential Street Address 35 Pembroke Street		City Harford	State CT	Zip Code 06112
Principal Occupation Unemployed		Name of Employer Unemployed		
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 Cash	Date Received 06/28/2023	Aggregate Contributions	Amount of Contribution \$25.00	

Last Name Reid		First Name Lorna		MI
Residential Street Address 204 Wakefield Circle		City East Hartford	State CT	Zip Code 06118
Principal Occupation Human Resources		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 Credit Card	Date Received 06/24/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Section B - Itemized Contributions from Individuals *Surgeon for Council*

Last Name <b>Robinson</b>		First Name <b>Icolene</b>		MI
Residential Street Address <b>29 Terry Rd</b>		City <b>Harford</b>	State <b>CT</b>	Zip Code <b>06105</b>
Principal Occupation <b>Retried</b>		Name of Employer <b>Retried</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Cash</b>	Date Received <b>06/28/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$25.00</b>	

Last Name <b>Salina</b>		First Name <b>Adam</b>		MI
Residential Street Address <b>95 Spicewood Lane</b>		City <b>Berlin</b>	State <b>CT</b>	Zip Code <b>06037</b>
Principal Occupation <b>Government Relations</b>		Name of Employer <b>Kozak &amp; Salina, LLC</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	

Last Name <b>Samuels</b>		First Name <b>Natasha</b>		MI <b>G</b>
Residential Street Address <b>73 Trebbe Drive</b>		City <b>Manchester</b>	State <b>CT</b>	Zip Code <b>06040</b>
Principal Occupation <b>Intellectual Property Manager</b>		Name of Employer <b>Yale University</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$50.00</b>	

Section B - Itemized Contributions from Individuals *Surgeon For Council*

Last Name <b>Sinclair</b>		First Name <b>Desmond</b>		MI	
Residential Street Address <b>186 Branford Street</b>		City <b>Harford</b>		State <b>CT</b>	Zip Code <b>06112</b>
Principal Occupation <b>Auditor</b>			Name of Employer <b>City of Htfd</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>			
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>			
Method of Contribution <b>Check</b>		Date Received <b>06/28/2023</b>		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Smith</b>		First Name <b>Errol</b>		MI	
Residential Street Address <b>7 Mansfield Avenue</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06117</b>
Principal Occupation <b>Insurance Underwriter</b>			Name of Employer <b>Northfield Insurance</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>			
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>			
Method of Contribution <b>Credit Card</b>		Date Received <b>06/29/2023</b>		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Stewart</b>		First Name <b>Jeffrey</b>		MI	
Residential Street Address <b>30 Belden Street</b>		City <b>Hartford</b>		State <b>CT</b>	Zip Code <b>06120</b>
Principal Occupation <b>Retired</b>			Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>			
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>			
Method of Contribution <b>Credit Card</b>		Date Received <b>06/29/2023</b>		Amount of Contribution <b>\$100.00</b>	

Section B - Itemized Contributions from Individuals 

*Surgeon For Council*

Last Name <b>Surgeon</b>		First Name <b>Donna</b>		MI <b>M</b>
Residential Street Address <b>160 Adams st</b>		City <b>Hartfors</b>	State <b>CT</b>	Zip Code <b>06112</b>
Principal Occupation <b>Registered Nurse</b>		Name of Employer <b>Fresenius Kidney Care</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$250.00</b>	

Last Name <b>Tate</b>		First Name <b>Rosemarie</b>		MI <b>J</b>
Residential Street Address <b>598 S. Quaker Lane</b>		City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06110</b>
Principal Occupation <b>Retried</b>		Name of Employer <b>Retried</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Check</b>	Date Received <b>06/28/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$50.00</b>	

Last Name <b>Thomas</b>		First Name <b>Dwayne</b>		MI
Residential Street Address <b>401 Cedar Hill Drive</b>		City <b>Rocky Hill</b>	State <b>CT</b>	Zip Code <b>06067</b>
Principal Occupation		Name of Employer <b>Htfd Hospital</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Check</b>	Date Received <b>06/28/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$50.00</b>	

Section B - Itemized Contributions from Individuals *Surgeon For Council*

Last Name <b>Walker</b>		First Name <b>Racquel</b>		MI <b>I</b>
Residential Street Address <b>528 Broadview Terrace</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>
Principal Occupation <b>IT Project Manager</b>		Name of Employer <b>Pratt and Whitney</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		<b>No</b>
Method of Contribution <b>Credit Card</b>	Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$200.00</b>	

Last Name <b>Waller</b>		First Name <b>Nekita</b>		MI
Residential Street Address <b>116 East Pershing Street</b>		City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002</b>
Principal Occupation <b>Administration</b>		Name of Employer <b>Self</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		<b>No</b>
Method of Contribution <b>Credit Card</b>	Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$50.00</b>	

Last Name <b>Williams</b>		First Name <b>Kimalee</b>		MI
Residential Street Address <b>88 Canterbury st</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06112</b>
Principal Occupation <b>Property Management</b>		Name of Employer <b>Faith Asset Management</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		<b>No</b>
Method of Contribution <b>Credit Card</b>	Date Received <b>06/23/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	

Section B - Itemized Contributions from Individuals

*Surgeon For Council*

Last Name <b>Williams</b>		First Name <b>Schantel</b>		MI <b>N</b>
Residential Street Address <b>1101 President Street</b>		City <b>Brooklyn</b>	State <b>NY</b>	Zip Code <b>11225</b>
Principal Occupation <b>Research Director</b>		Name of Employer <b>Weill Cornell Medicine</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		<b>No</b>
Method of Contribution <b>Credit Card</b>	Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$50.00</b>	

Last Name <b>Winch</b>		First Name <b>rJo</b>		MI
Residential Street Address <b>359 Sigourney St, ste 3</b>		City <b>HARTFORD</b>	State <b>CT</b>	Zip Code <b>06112</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		<b>No</b>
Method of Contribution <b>Credit Card</b>	Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$50.00</b>	

Last Name <b>Wood</b>		First Name <b>Adam</b>		MI
Residential Street Address <b>260 France Street</b>		City <b>Rocky Hill</b>	State <b>CT</b>	Zip Code <b>06067</b>
Principal Occupation <b>Public Affairs</b>		Name of Employer <b>City and State LLC</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		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? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		<b>No</b>
Method of Contribution <b>Credit Card</b>	Date Received <b>06/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$250.00</b>	

Section B - Itemized Contributions from Individuals

*Surgeon For Council*

Last Name Young		First Name Shelby		MI A
Residential Street Address 32Alexander Rd		City Bloomfield	State CT	Zip Code 06002
Principal Occupation Owner/Cottge Grve Crclc Complex		Name of Employer Co-Owner		
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 06/28/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Showing 1 to 58 of 58 entries

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Surgeon For Council							
<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? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution  0	
			If yes, list Event # _____				
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? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution  0	
			If yes, list Event # _____				
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? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution  0	
			If yes, list Event # _____				
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 # (if applicable)	Payment Type			Amount of Receipt  0		
			<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				
Description							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type			Amount of Receipt  0		
			<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				
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 (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</b>						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
Shirley Surgeon		<input type="radio"/> Bank <input checked="" type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		04/01/23
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input checked="" type="radio"/> No
160 Adams Street	Htfd	CT	06105	
Name of Cosigner/Guarantor (if applicable)				Amount Received
N/A				
Street Address	City	State	Zip Code	\$500
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
Street Address	City	State	Zip Code	0
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
Street Address	City	State	Zip Code	0

<b>TOTAL SECTION D</b>	\$500
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### E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	0
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	0
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	0

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

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

Date of Receipt	Method of payment:	Amount
04/01/23	<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card	\$518
	<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	
<b>TOTAL SECTION H</b>		\$518

**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>
Surgeon For Council	

## J. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
		0
Street Address	City	State    Zip Code
		0

<b>TOTAL SECTION J</b>	0
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## K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
		0
Street Address	City	State    Zip Code
Description		
		0
		0
		0
		0

<b>TOTAL SECTION K</b>	0
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## SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

<b>Total Loans Received this Period (Section D)</b>		500
<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>	+	518
<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>	\$518
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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?	
06/29/23	A	Tisane/Fundraiser	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
537 Farmington Ave		Htfd	CT	06105
<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 checked="" 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.)		\$ 0
		<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.)		\$ 0
		<input checked="" type="radio"/> No		
Event # Date of Event	Letter	Description	Was this a fundraising event?	
		N/A	<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.)		\$ 0
		<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.)		\$ 0
		<input type="radio"/> No		
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>			0	
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>			0	
<b>TOTAL of additional Section L1 Pages</b>			0	
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</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
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

<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>	0
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<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>	0
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<b>TOTAL of additional Section L3 Pages</b>	0
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<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
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## 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				
<b>L4. In-Kind Donations Not Considered Contributions</b>				
Name of Donor				
Street Address		City		State
				Zip Code
Donation Given By: <input type="radio"/> Business Entity <input checked="" type="radio"/> Individual <input type="radio"/> Sole Proprietorship		Description of Donation		Fair Market Value of Donation  0
		Date Received	Event #	
		Aggregate Value for this Event		
Name of Donor				
Street Address		City		State
				Zip Code
Donation Given By: <input type="radio"/> Business Entity <input checked="" type="radio"/> Individual <input type="radio"/> Sole Proprietorship		Description of Donation		Fair Market Value of Donation  0
		Date Received	Event #	
		Aggregate Value for this Event		
Name of Donor				
Street Address		City		State
				Zip Code
Donation Given By: <input type="radio"/> Business Entity <input checked="" type="radio"/> Individual <input type="radio"/> Sole Proprietorship		Description of Donation		Fair Market Value of Donation  0
		Date Received	Event #	
		Aggregate Value for this Event		
Name of Donor				
Street Address		City		State
				Zip Code
Donation Given By: <input type="radio"/> Business Entity <input checked="" type="radio"/> Individual <input type="radio"/> Sole Proprietorship		Description of Donation		Fair Market Value of Donation  0
		Date Received	Event #	
		Aggregate value for this Event		
<b>SUBTOTAL Section L4— This Page</b>				
				0
<b>TOTAL of additional Section L4 Pages</b>				
				0
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>				
				0

## 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				
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>				
Name of Host <b>NONE</b>			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input 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 <b>0</b>	
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 <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State    Zip Code
Description of Donation			Fair Market Value of Donation <b>0</b>	
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 <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State    Zip Code
Description of Donation			Fair Market Value of Donation <b>0</b>	
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 <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State    Zip Code
Description of Donation			Fair Market Value of Donation <b>0</b>	
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 <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State    Zip Code
Description of Donation			Fair Market Value of Donation <b>0</b>	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
<b>SUBTOTAL Section L5 — This Page</b>			<b>0</b>	
<b>TOTAL of additional Section L5 Pages</b>			<b>0</b>	
<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>			<b>0</b>	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Surgeon For Council							
<b>M. In-Kind Contributions</b>							
Name Devonshire "Tony" Mein							
Street Address 38 Ashley St				City Htfd		State CT	Zip Code 06105
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received 05/01/23	Aggregate Contributions 160	Description of In-Kind Contribution Bank account opening deposit & tip to staff @ fundraiser			
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  140	
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					
Name Alice J. Gamble/Tisane							
Street Address 42 Aspen Dsrive				City S. Glastonbury		State CT	Zip Code 06073
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received 06/29/23	Aggregate Contributions \$187.50	Description of In-Kind Contribution Donation of food, soft drinks, staffing, space			
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  \$187.50	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # <u>062923</u>		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					
Name John B. Kennelly/Tisane							
Street Address 95 Scarborough St				City Htfd		State CT	Zip Code 06105
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received 06/29/23	Aggregate Contributions \$187.50	Description of In-Kind Contribution Donation of food, soft drinks, staffing, space			
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  \$187.50	
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 # <u>062923</u>		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					
<b>SUBTOTAL Section M — This Page</b>				\$515			
<b>TOTAL of additional Section M Pages</b>				0			
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)</b>				\$515			
<b>N. Refundable Deposit to Telephone Company</b>							
Last Name of Individual None			First		MI	Date Deposit Made	
Residential Street Address			City		State	Zip Code	Amount of Deposit  0
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>				0			



**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Surgeon For Council			
<b>P. Expenses Paid by Committee</b>			
Name of Payee		Date of Payment	Method of Payment:
Artwurks Unlimited, LLC		06/30/23	<input type="radio"/> Check # 1002 <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address	City	State	Zip Code
423 Main St	Htfd	CT	??????????
Purpose of Expenditure (by code)	Description	Event #	Amount
A-OTH	Design of w/QR code, logo, lawn sign, door hangers	The Campaign	400
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:
Shirley Surgeon		06/30/23	<input checked="" type="radio"/> Check # 1001 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State	Zip Code
Adam St	Hartford	CT	06112
Purpose of Expenditure (by code)	Description	Event #	Amount
LOAN	Payment for initial deposit to Artwurks, LLC for design/office sup.		518
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:
Bank of America		05/11/2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address	City	State	Zip Code
Park St Office	Htfd	CT	
Purpose of Expenditure (by code)	Description	Event #	Amount
BNK	campaign Checks	The Campaign	34
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:
FedEx		07/01/23	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address	City	State	Zip Code
544 Farmington Ave	Htfd	CT	06105
Purpose of Expenditure (by code)	Description	Event #	Amount
OFFICE	Copying of completed contribution forms	The campaign	\$8
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		
<b>SUBTOTAL Section P — This Page</b>		\$960	
<b>TOTAL of additional Section P Pages</b>		\$317 to Day Campaign	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>		\$1,277	

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Surgeon For Council				
<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?
Shirley Surgeon			07/0	<input checked="" type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code
Adams St		Htfd	CT	0112
Purpose of Expenditure (by code)	Description	Event #	Amount	
LOAN	Repayment to candidate for initial deposit to Artwurks, LLC	The campaign	500	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?
			07/	<input checked="" type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code
Shirley Surgeon		Htfd	CT	06112
Purpose of Expenditure (by code)	Description	Event #	Amount	
OFFICE	Copying of blank contrib. forms and pens	Ongoing	\$18	
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	
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	
<b>SUBTOTAL Section Q — This Page</b>			518	
<b>TOTAL of additional Section Q Pages</b>			0	
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>			518	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Surgeon For Council					
<b>R. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution N/A		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 #	Amount		
			0		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <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"/> 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 #	Amount		
			0		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <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"/> 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 #	Amount		
			0		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <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"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section R — This Page</b>			0		
<b>TOTAL of additional Section R Pages</b>			0		
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> <i>(Enter total on Line 27, 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				
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>				
Name of Creditor			Date Incurred	
None				
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)	
			0	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S 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"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)	
			0	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S 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"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)	
			0	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S 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"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
<b>SUBTOTAL Section S-This Page</b>			0	
<b>TOTAL of additional Section S Pages</b>			0	
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>			0	
<b>Previously reported Expenses Unpaid and still Outstanding</b>			0	
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 28a, 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								
<b>T. Itemization of Reimbursements and Secondary Payees</b>								
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	
Purpose of Expenditure (by code)	Description			Event #		Amount		
						0		
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"/> 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 #		Amount		
						0		
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"/> 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 #		Amount		
						0		
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"/> 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	
SUBTOTAL Section T — This Page								0
TOTAL of additional Section T Pages								0
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS								\$712.00