



CITY CLERK

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COVER PAGE

1. NAME OF COMMITTEE

Surgeon 4 Council

2. TREASURER NAME

First Jeffrey	MI A	Last Stewart	Suffix
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3. TREASURER ADDRESS

Street Address 30 Belden Street	City Hartford	State CT	Zip Code 06120
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4. ELECTION/REFERENDUM DATE **5. OFFICE SOUGHT** *(Complete only if Candidate Committee)* **6. DISTRICT NUMBER** *(if applicable)*

(mm/dd/yyyy) 11/05/2019	City Council	
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7. CANDIDATE NAME *(Complete only if Candidate or Exploratory Committee)*

First Shirley	MI	Last Surgeon	Suffix Ms
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8. TYPE OF REPORT *(Check One Box)*

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

9. PERIOD COVERED

Beginning Date	Ending Date
09/02/19	thru 09/30/19

10. CERTIFICATION

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

 TREASURER OR DEPUTY TREASURER (SIGNATURE)	Jeffrey A. Stewart PRINT NAME OF SIGNER	10/10/2019 DATE (mm/dd/yyyy)
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SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Sergeon 4 Council	October 10 filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	2031.59	
13. Contributions Received from Individuals (Sections A and B)	400	2875
14. Receipts from Other Committees (Sections C1 and C2)	250	250
15. Other Monetary Receipts (Sections D through K)	0	1349.38
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2, removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) <i>Municipal and Town Committees ONLY</i>	N/A	N/A
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	650	4774.38
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	2681.59	4474.38
19. Expenses Paid by Committee (Section P)	34.03	1826.82
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	2647.56	2647.56
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Contributions Received (Section M)	0	250
23. Refundable Deposit to Telephone Company (Section N)	0	0
24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>	0	0
25. Beginning Loan Balance	1349.38	
25a. + Loans Received (Section D)	0	1349.38
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	1349.38	
26. Campaign Expenses Paid by Candidate (Section Q)	0	1349.38
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	252.15	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	920.15	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE Sergeon 4 Council	TYPE OF REPORT October 10 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A \$ NA

B. Itemized Contributions from Individuals

Last Name Chambers		First Michael		MI	
Residential Street Address 7 Lee Circle		City Bloomfield		State CT	Zip Code 06002
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 200
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/3/19	Aggregate Contributions 200		

Last Name MORRIS		First Michael		MI	
Residential Street Address 19 NORMAN DRIVE		City Bloomfield		State CT	Zip Code 06002
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 100
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9-8-19	Aggregate Contributions 100		

Last Name NICKIA		First DAVIS		MI	
Residential Street Address 5 Woodford Avenue		City Bloomfield		State CT	Zip Code 06002
Principal Occupation TRUCK DRIVER		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 100
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9-26-19	Aggregate Contributions 100		

SUBTOTAL Section B -- This Page	400
TOTAL of additional Section B Pages	0
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	400

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE						TYPE OF REPORT	
Surgeon 4 Council						October 10 filing	
C1. Contributions from Other Committees							
Name of Committee				Name of Treasurer			
Matt Ritter PAC				Russell Jarem			
Address			Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
83 Oxford Street			<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____			250	
City	State	Zip Code	Date Received	Aggregate Contributions			
Hartford	CT	06105	9-3-19 After 10st filing	250			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
			<input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
			<input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
			<input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
C2. Reimbursements, Payments, or Surplus Distributions from other Committees							
Name of Committee				Name of Treasurer			
Address			Date Received		Amount of Receipt		
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution				
Name of Committee				Name of Treasurer			
Address			Date Received		Amount of Receipt		
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution				
SUBTOTAL Section C — This Page						250	
TOTAL of additional Section C Pages						250	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)						250	

NAME OF COMMITTEE	TYPE OF REPORT
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Surgeon 4 Council

October 10 Filing

D. Loans Received this Period

Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee			Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City	State	Zip Code		
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee			Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City	State	Zip Code		
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee			Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City	State	Zip Code		

TOTAL SECTION D

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

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

TOTAL SECTION E

I. MONETARY RECEIPTS (Sections A—K)

N/A

NAME OF COMMITTEE Surgeon 4 Council	TYPE OF REPORT October 10 Filing
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F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

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

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

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

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

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

I. Anonymous Contributions

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

NAME OF COMMITTEE Surgeon 4 Council	TYPE OF REPORT October 10 filing
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J. Interest from Deposits in Authorized Accounts

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

TOTAL SECTION J

K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address	City	State
Street Address	City	State
Street Address	City	State
Street Address	City	State
Street Address	City	State

TOTAL SECTION K

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

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

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

N/A

NAME OF COMMITTEE	TYPE OF REPORT
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Surgeon 4 Council	October 10 Filing
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L1. Fundraiser Event Information

Fundraising Event #	Date of Fundraiser	Letter	Description
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Location: Street Address	City	State	Zip Code
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Subpart 1: (All Committees)

Was this fundraising event hosted at a personal residence?

Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)
 No

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

Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
 No

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

Yes (If yes, enter Total Receipts here.) → \$
 No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)

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

Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)
 No

Subpart 3: (Town Committees ONLY)

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

Yes (If yes, enter Total Receipts here.) → \$
 No

Fundraising Event #	Date of Fundraiser	Letter	Description
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Location: Street Address	City	State	Zip Code
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Subpart 1: (All Committees)

Was this fundraising event hosted at a personal residence?

Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)
 No

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

Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
 No

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

Yes (If yes, enter Total Receipts here.) → \$
 No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)

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

Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)
 No

Subpart 3: (Town Committees ONLY)

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

Yes (If yes, enter Total Receipts here.) → \$
 No

SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page	
TOTAL of additional Section L1 Pages	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a of Summary Page Totals)	

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4) *N/A*

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>Surgeon 4 Council</i>	TYPE OF REPORT <i>October 10 filing</i>
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L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)

Name of Purchaser		Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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SUBTOTAL Section L3 (Municipal Candidate and Town Committees ONLY)				
Total Purchases of Advertising in Program Book — This Page				
SUBTOTAL Section L3 (Town Committees ONLY)				
Total Purchases of Advertising on a Sign — This Page				
TOTAL of additional Section L3 Pages				
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN				
<i>(Enter total on Line 16c of Summary Page Totals)</i>				

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

N/A

NAME OF COMMITTEE		TYPE OF REPORT	
Surgeon 4 Council		October 10 filing	
L4. In-Kind Donations Not Considered Contributions			
Name of Donor			
Street Address		City	State Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation
	Date Received	Event #	
Name of Donor			
Street Address		City	State Zip Code
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation
	Date Received	Event #	
Name of Donor			
Street Address		City	State Zip Code
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation
	Date Received	Event #	
Name of Donor			
Street Address		City	State Zip Code
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation
	Date Received	Event #	
Name of Donor			
Street Address		City	State Zip Code
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation
	Date Received	Event #	
SUBTOTAL Section L4 — This Page			
TOTAL of additional Section L4 Pages			
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS			
<i>(Enter total on Line 21 of Summary Page Totals)</i>			

NAME OF COMMITTEE <i>Surgeon 4 Council</i>				TYPE OF REPORT <i>October 10 filing</i>			
M. In-Kind Contributions							
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No					Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>						
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No					Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>						
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No					Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>						
SUBTOTAL Section M — This Page							
TOTAL of additional Section M Pages							
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page Totals)							

N. Refundable Deposit to Telephone Company							
Last Name of Individual			First		MI	Date Deposit Made	
Residential Street Address				City	State	Zip Code	Amount of Deposit
Name of Telephone Company							
Street Address				City	State	Zip Code	
TOTAL SECTION N (Enter total on Line 23 of Summary Page Totals)							

III. NONMONETARY RECEIPTS (Sections M—O)

N/A

NAME OF COMMITTEE				TYPE OF REPORT			
Surgeon 4 Council				October 10 filing			
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees — OPTIONAL See Public Act 11-48							
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer			
Street Address				Date Notice Received		Fair Market Value of Donation	
City		State	Zip Code	Aggregate Donations			
Description of Donation				Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer			
Street Address				Date Notice Received		Fair Market Value of Donation	
City		State	Zip Code	Aggregate Donations			
Description of Donation				Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer			
Street Address				Date Notice Received		Fair Market Value of Donation	
City		State	Zip Code	Aggregate Donations			
Description of Donation				Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer			
Street Address				Date Notice Received		Fair Market Value of Donation	
City		State	Zip Code	Aggregate Donations			
Description of Donation				Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer			
Street Address				Date Notice Received		Fair Market Value of Donation	
City		State	Zip Code	Aggregate Donations			
Description of Donation				Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
SUBTOTAL Section O— This Page							
TOTAL of additional Section O Pages							
TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES <i>(Enter total on Line 24 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Surgeon & Council			October 10 filing		
P. Expenses Paid by Committee					
Name of Payee		Date of Payment		Method of Payment:	
Budget Printers & Embroiderers		9-16-19		<input checked="" type="radio"/> Check # 502 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
1718 PARK Street		Hartford		CT	06106
Purpose of Expenditure (by code)	Description	Event #	Amount		
A-Sign	THANK you BANNER	N/A	34.03		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
N/A	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
				<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
				<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
				<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page			34.03		
TOTAL of additional Section P Pages			34.03		
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			34.03		

IV. EXPENDITURES (Sections P—T)

N/A

NAME OF COMMITTEE		TYPE OF REPORT	
Surgeon 4 Council		October 10 filing	
Q. Campaign Expenses Paid by Candidate			
Name of Payee (Name of Vendor 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
Name of Payee (Name of Vendor 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
Name of Payee (Name of Vendor 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
Name of Payee (Name of Vendor 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
Name of Payee (Name of Vendor 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
Name of Payee (Name of Vendor 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
Name of Payee (Name of Vendor 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
Name of Payee (Name of Vendor 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

SUBTOTAL Section Q — This Page

TOTAL of additional Section Q Pages

TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page Totals)

IV. EXPENDITURES (Sections P—T)

N/A

NAME OF COMMITTEE <i>Surgeon 4 Council</i>				TYPE OF REPORT <i>October 10 filing</i>	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Secondary Payee					
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Secondary Payee					
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Secondary Payee					
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Secondary Payee					
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				

N/A

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