

SEEC FORM 20

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



TOWN CLERK
2019 SEP -3 PM 3:27
Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE Surgeon 4 Council			
2. TREASURER NAME			
First Jeffrey	MI A	Last Stewart	Suffix
3. TREASURER ADDRESS			
Street Address 30 Belden Street	City Hartford	State CT	Zip Code 06120
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 09-03-2019	5. OFFICE SOUGHT (Complete only if Candidate Committee) City Council		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First Shirley	MI	Last Surgeon	Suffix MS
8. TYPE OF REPORT (Check One Box)			
<input type="radio"/> January 10 filing	<input checked="" type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to
<input type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report:
<input type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election (State Central Committees Only)	<input type="radio"/> Termination	_____
<input type="radio"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="radio"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date 07/01/19		thru	Ending Date 09/01/19
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	09/03/2019 DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
Surgeon 4 Council	7th Day Preceding	Primary
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)	\$ 2475	
14. Receipts from Other Committees (Sections C1 and C2)	0	
15. Other Monetary Receipts (Sections D through K)	\$ 1349.38	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	
16b. <i>Per Public Act 11-48, effective January 1, 2012. Section L2 removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) <i>Municipal and Town Committees ONLY</i>	0	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$ 3824.38	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$ 3824.38	
19. Expenses Paid by Committee (Section P)	\$ 1792.79	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$ 2031.59	
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	
22. In-Kind Contributions Received (Section M)	\$ 250	
23. Refundable Deposit to Telephone Company (Section N)	0	
24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>	0	
25. Beginning Loan Balance	\$ 1349.38	
25a. + Loans Received (Section D)	\$ 1349.38	
25b. + Interest and Penalties on Loan	0	
25c. - Payments on Loan	0	
25d. Total Outstanding Loan Amount	\$ 1349.38	
26. Campaign Expenses Paid by Candidate (Section Q)	\$ 1349.38	
27. Expenses Incurred on Committee Credit Card (Section R)	0	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$ 668	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$ 668	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE Surgeon 4 Council	TYPE OF REPORT 2th Day Preceding Primary
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A
\$	

B. Itemized Contributions from Individuals

Last Name Stewart	First Jeffrey	MI A
Residential Street Address 30 Belden Street	City Hartford	State CT
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 \$50
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input 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 7-5-19	Aggregate Contributions \$50

Last Name Beiton III	First Lewis	MI
Residential Street Address 1938 Glasgow Road	City Grisswold	State CT
Principal Occupation Attorney	Name of Employer State of CT	
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? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> 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 7-15-19	Aggregate Contributions \$100

Last Name Liu	First Bernard	MI
Residential Street Address 317 Forest Lane	City Glastonbury	State CT
Principal Occupation Attorney	Name of Employer State of CT	
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? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> 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 7-23-19	Aggregate Contributions \$100

SUBTOTAL Section B — This Page	\$250
TOTAL of additional Section B Pages	\$2475
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$2475

Section B ADDITIONAL PAGE 3A of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Surgeon 4 Council				7th Day preceding Primary			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$			
B. Itemized Contributions from Individuals							
Last Name		First				MI	
Martin		Courtney					
Residential Street Address			City		State	Zip Code	
134 Brookline Avenue			Bloomfield		CT	06002	
Principal Occupation				Name of Employer			
Carpenter				Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?		Amount of Contribution	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 100	
Is this contribution associated with an event reported in Section L1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list Event #		If contributor a principal of a state contractor or prospective state contractor?	
				080719A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:				Date Received		Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				8-8-19		\$ 100	
Last Name		First				MI	
Bromley		Theodore				E	
Residential Street Address			City		State	Zip Code	
224 Burnt Hill Road			Hebron		CT	06248	
Principal Occupation				Name of Employer			
Attorney				State of CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?		Amount of Contribution	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 100	
Is this contribution associated with an event reported in Section L1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list Event #		If contributor a principal of a state contractor or prospective state contractor?	
				080719A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:				Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				8-8-19		\$ 100	
Last Name		First				MI	
Gordon		Ricardo				J	
Residential Street Address			City		State	Zip Code	
83 Edgewood Street			Hartford		CT	06112	
Principal Occupation				Name of Employer			
Self Employed				Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?		Amount of Contribution	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 50	
Is this contribution associated with an event reported in Section L1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list Event #		If contributor a principal of a state contractor or prospective state contractor?	
				080719A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:				Date Received		Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				8-8-19		\$ 50	
SUBTOTAL Section B — This Page						\$ 250	
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						\$ 2475	

Section B ADDITIONAL PAGE 3b of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Surgeon 4 Council		2th Day preceding Primary	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Wrey - Jeffrey		MAR een	
Residential Street Address		City	State Zip Code
208 Cromwell Street		Hartford	CT 06112
Principal Occupation		Name of Employer	
Certified Nursing Assistant		Riverside Health Rehab	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$10
Is this contribution associated with an event reported in Section L1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list Event #	
		080719A	
Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-8-19	\$10
Last Name		First	MI
WRAY-COWARD		Gertrud	
Residential Street Address		City	State Zip Code
208 Cornwall Street		Hartford	CT 06112
Principal Occupation		Name of Employer	
Dressmaker		Crayons and Numbers Pre-school	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$10
Is this contribution associated with an event reported in Section L1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list Event #	
		080719A	
Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-8-19	\$10
Last Name		First	MI
LUNA		Victor	M
Residential Street Address		City	State Zip Code
17 Chapin Place		Hartford	CT 06114
Principal Occupation		Name of Employer	
Business Owner		Luna Productions	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$25
Is this contribution associated with an event reported in Section L1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list Event #	
		080719A	
Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-8-19	\$25
SUBTOTAL Section B — This Page		\$ 45	
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$ 2475	

Section B ADDITIONAL PAGE 3c of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <u>Surgeon 4 Council</u>	TYPE OF REPORT <u>7th Day Preceding Primary</u>
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A
\$	

B. Itemized Contributions from Individuals

Last Name <u>VASSELL</u>		First <u>Naomi</u>		MI <u>K</u>	
Residential Street Address <u>209 Cromwell Street</u>		City <u>Hartford</u>		State <u>CT</u> Zip Code <u>06112</u>	
Principal Occupation <u>Licensed Practical Nurse</u>		Name of Employer <u>Riverside Health + Rehab</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <u>\$ 50</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>080719A</u>		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="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-8-19</u>		Aggregate Contributions <u>\$ 50</u>	

Last Name <u>Homes</u>		First <u>Vylla</u>		MI	
Residential Street Address <u>655 Maple Avenue</u>		City <u>Hartford</u>		State <u>CT</u> Zip Code <u>06114</u>	
Principal Occupation <u>Realtor</u>		Name of Employer <u>Vylla Homes Real Estate</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <u>\$ 30</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>080719A</u>		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="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-8-19</u>		Aggregate Contributions <u>\$ 30</u>	

Last Name <u>Holloway</u>		First <u>Georgina</u>		MI	
Residential Street Address <u>14 Fairmount Street</u>		City <u>Hartford</u>		State <u>CT</u> Zip Code <u>06120</u>	
Principal Occupation <u>Retired</u>		Name of Employer <u>Retired</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <u>\$ 40</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>080719A</u>		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="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-8-19</u>		Aggregate Contributions <u>\$ 40</u>	

SUBTOTAL Section B — This Page	<u>\$ 120</u>
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<u>\$ 2475</u>

Section B ADDITIONAL PAGE 3a of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Surgeon 4 Council				7th Day Preceding Primary	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Yennie		Hyacinth			
Residential Street Address		City		State	Zip Code
190 Cheshire Street		Hartford		CT	06114
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 25	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 080719A		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-8-19	\$ 25		
Last Name		First		MI	
Lebron		Nick			
Residential Street Address		City		State	Zip Code
192 Laurel Street		Hartford		CT	06105
Principal Occupation		Name of Employer			
Program Administrator		Catholic Charities			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 20	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 080719A		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-8-19	\$ 20		
Last Name		First		MI	
GUZMAN		Isaac		J	
Residential Street Address		City		State	Zip Code
20 Rockingham Street		Hartford		CT	06114
Principal Occupation		Name of Employer			
College Student		N/A			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 10	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 080719A		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-8-19	\$ 10		
SUBTOTAL Section B — This Page				\$ 55	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$ 2475	

Section B ADDITIONAL PAGE 3e of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Surgeon of Council		7th Day Preceding Primary	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Ortiz - Sanchez		IRIS	
Residential Street Address		City	State Zip Code
34 Seymour Street		Windsor	CT 06095
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 080719A	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="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution:	Date Received	Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	8-8-19	\$ 10	
Amount of Contribution	\$ 10		
Last Name		First	MI
Woods		Andrew	
Residential Street Address		City	State Zip Code
410 Asylum Street unit 305		Hartford	CT 06105
Principal Occupation		Name of Employer	
Social Worker		Hartford Communities That Care	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 080719A	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="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution:	Date Received	Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	8-8-19	\$ 40	
Amount of Contribution	\$ 40		
Last Name		First	MI
Feltman		Art	J
Residential Street Address		City	State Zip Code
50 Beech Fire Lane		West Hartford	CT 06107
Principal Occupation		Name of Employer	
Executive Director		International Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 080719A	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="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution:	Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	8-8-19	\$ 50	
Amount of Contribution	\$ 50		
SUBTOTAL Section B — This Page		\$ 100	
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$ 2475	

Section B ADDITIONAL PAGE 3 f of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <u>Surgeon 4 Council</u>	TYPE OF REPORT <u>7th Day Preceding Primary</u>
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A
\$	

B. Itemized Contributions from Individuals

Last Name <u>Kowalyszyn</u>		First <u>Kathleen</u>		MI <u>J</u>	
Residential Street Address <u>28 Forster Street</u>		City <u>Hartford</u>		State <u>CT</u>	Zip Code <u>06106</u>
Principal Occupation <u>Attorney</u>		Name of Employer <u>Kathleen Kowalyszyn, LLC</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <u>\$25</u>	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # <u>080719A</u></i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate Contributions <u>\$ 25</u>		

Last Name <u>Vargas</u>		First <u>Edwin</u>		MI	
Residential Street Address <u>141 Douglas Street</u>		City <u>Hartford</u>		State <u>CT</u>	Zip Code <u>06114</u>
Principal Occupation <u>State Representative</u>		Name of Employer <u>State of CT</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <u>\$100</u>	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # <u>080719A</u></i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate Contributions <u>\$100</u>		

Last Name <u>Gatling</u>		First <u>JAMAL</u>		MI <u>R</u>	
Residential Street Address <u>102 Sabina Drive</u>		City <u>Southington</u>		State <u>CT</u>	Zip Code <u>06489</u>
Principal Occupation <u>Executive Aide</u>		Name of Employer <u>State of CT</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <u>\$100</u>	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # <u>080719A</u></i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-7-19</u>	Aggregate Contributions <u>\$100</u>		

SUBTOTAL Section B — This Page	<u>\$ 225</u>
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<u>\$ 2475</u>

Section B ADDITIONAL PAGE 39 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Surgeon 4 Council		7th Day Preceding Primary	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Rossetti		Marilyn	
Residential Street Address		City	State Zip Code
253 Freeman Street		Hartford	CT 06106
Principal Occupation		Name of Employer	
Executive Director		The Open Hearth	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 25
Is this contribution associated with an event reported in Section L1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
If yes, list Event #	080719A	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-1-19	\$ 25
Last Name		First	MI
Knight		Estella	V
Residential Street Address		City	State Zip Code
85 Morningside Street West		Hartford	CT 06112
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 100
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
If yes, list Event #		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		7-24-19	\$ 100
Last Name		First	MI
Surgeon		Donna	
Residential Street Address		City	State Zip Code
160 Adams Street		Hartford	CT 06112
Principal Occupation		Name of Employer	
Registered Nurse		FMC Fresenius	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 250
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
If yes, list Event #		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		7-25-19	\$ 250
SUBTOTAL Section B — This Page		\$ 375	
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$ 2475	

Section B ADDITIONAL PAGE 3h of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Surgeon 4 Council	7th Day Preceding Primary
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A
	\$

B. Itemized Contributions from Individuals

Last Name		First		MI	
Redd II		CAREY			
Residential Street Address		City		State	Zip Code
264 Whitney Street		Hartford		CT	06105
Principal Occupation		Name of Employer			
Parking Professional		City of New London CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?			Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:		\$ 250	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-6-19	\$ 250		

Last Name		First		MI	
Sullivan		Geraldine			
Residential Street Address		City		State	Zip Code
249 Oxford Street		Hartford		CT	06105
Principal Occupation		Name of Employer			
Home Maker		N/A			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?			Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:		\$ 100	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-7-19	\$ 100		

Last Name		First		MI	
Wyman		Michael			
Residential Street Address		City		State	Zip Code
18 Pilgrim Drive		Tolland		CT	06084
Principal Occupation		Name of Employer			
Registrar of Voters		Town of Tolland			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?			Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:		\$ 100	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-8-19	\$ 100		

SUBTOTAL Section B — This Page	\$ 450
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	\$ 2475

Section B ADDITIONAL PAGE 3 i of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <u>Surgeon 4 Council</u>	TYPE OF REPORT <u>7th Day Preceding Primary</u>
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$

B. Itemized Contributions from Individuals

Last Name <u>Rhule</u>		First <u>GARY</u>		MI <u>A</u>	
Residential Street Address <u>508 Hawthorne Lane</u>		City <u>Windsor</u>		State <u>CT</u>	Zip Code <u>06095</u>
Principal Occupation <u>MD Consultant</u>		Name of Employer <u>Auburn Sun LLC</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <u>\$250</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-9-19</u>	Aggregate Contributions <u>\$250</u>		

Last Name <u>McCrogy</u>		First <u>Douglas</u>		MI <u></u>	
Residential Street Address <u>235 Blue Hills Avenue</u>		City <u>Hartford</u>		State <u>CT</u>	Zip Code <u>06112</u>
Principal Occupation <u>Educator</u>		Name of Employer <u>CREC</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <u>\$100</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-26-19</u>	Aggregate Contributions <u>\$100</u>		

Last Name <u>Wright</u>		First <u>Herbert</u>		MI <u>K</u>	
Residential Street Address <u>55 Elm Street</u>		City <u>TARIFFVILLE</u>		State <u>CT</u>	Zip Code <u>06081</u>
Principal Occupation <u>Retired</u>		Name of Employer <u>Retired</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <u>\$60</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-31-19</u>	Aggregate Contributions <u>\$60</u>		

SUBTOTAL Section B — This Page	<u>\$ 410</u>
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	<u>\$ 2475</u>

Section B ADDITIONAL PAGE 3j of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <u>Surgeon 4 Council</u>	TYPE OF REPORT <u>7th Day Preceding Primary</u>
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	\$
B. Itemized Contributions from Individuals	

Last Name <u>Baver</u>		First <u>Jeremy</u>		MI <u>E</u>	
Residential Street Address <u>596 Broadview Terrace</u>			City <u>Hartford</u>		State <u>CT</u>
			Zip Code <u>06106</u>		
Principal Occupation <u>Attorney</u>			Name of Employer <u>J. E. Baver Law Group LLC</u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <u>\$25</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-18-19</u>			
		Aggregate Contributions <u>\$25</u>			

Last Name <u>Mathews</u>		First <u>I. Charles</u>		MI <u></u>	
Residential Street Address <u>4 Sunnydale Road</u>			City <u>West Hartford</u>		State <u>CT</u>
			Zip Code <u>06117</u>		
Principal Occupation <u>Attorney</u>			Name of Employer <u>Retired</u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <u>\$150</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8-20-19</u>			
		Aggregate Contributions <u>\$150</u>			

Last Name <u>Euston</u>		First <u>Anthony</u>		MI <u>W</u>	
Residential Street Address <u>34 Henry Street</u>			City <u>Hartford</u>		State <u>CT</u>
			Zip Code <u>06114</u>		
Principal Occupation <u>IT Specialist</u>			Name of Employer <u>Aetna</u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <u>\$20</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8/31/19</u>			
		Aggregate Contributions <u>\$20</u>			

SUBTOTAL Section B — This Page	<u>\$195</u>
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<u>\$2475</u>

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE					TYPE OF REPORT				
Surgeon 4 Council					Primary Preceding Primary				
C1. Contributions from Other Committees									
Name of Committee					Name of Treasurer				
N/A									
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No				Amount of Contribution	
				If yes, list Event # _____					
City		State	Zip Code		Date Received		Aggregate Contributions		
Name of Committee					Name of Treasurer				
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No				Amount of Contribution	
				If yes, list Event # _____					
City		State	Zip Code		Date Received		Aggregate Contributions		
Name of Committee					Name of Treasurer				
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No				Amount of Contribution	
				If yes, list Event # _____					
City		State	Zip Code		Date Received		Aggregate Contributions		
Name of Committee					Name of Treasurer				
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No				Amount of Contribution	
				If yes, list Event # _____					
City		State	Zip Code		Date Received		Aggregate Contributions		
C2. Reimbursements, Payments, or Surplus Distributions from other Committees									
Name of Committee					Name of Treasurer				
N/A									
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						N/A			
TOTAL of additional Section C Pages						N/A			
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)						0			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>Surgeon 4 Council</i>				TYPE OF REPORT <i>7th Day Preceding Primary</i>			
D. Loans Received this Period							
Name of Lender <i>Shirley Surgeon</i>			Source of Loan: <input type="radio"/> Bank <input checked="" type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee			Date of Receipt <i>7/26/19 thru 8/23/19</i>	
Street Address <i>160 Adams Street</i>		City <i>HARTFORD</i>		State <i>CT</i>	Zip Code <i>06112</i>	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Name of Cosigner/Guarantor (if applicable) <i>N/A</i>						Amount Received <i>Multiple Expenditures totally to \$1349.38</i>	
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						<i>\$ 1349.38</i>	

E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)							
Name of Entity <i>N/A</i>							
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>0</i>	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>Surgeon & Council</i>		TYPE OF REPORT <i>7th Day Preceding Primary</i>	
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 checked="" type="radio"/> Yes <input type="radio"/> No	If yes, list Event # <i>N/A</i>	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No	If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No	If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No	If yes, list Event #	Amount
TOTAL SECTION F			<i>0</i>
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)			
Date of Receipt	Date of Receipt <i>N/A</i>	Date of Receipt	
Amount	Amount	Amount	
TOTAL SECTION G			<i>0</i>
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <i>N/A</i>		Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		Amount
TOTAL SECTION H			<i>0</i>
I. Anonymous Contributions			

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

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	TYPE OF REPORT
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Surgeon 4 Council

7th Day Preceding Primary

J. Interest from Deposits in Authorized Accounts

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

TOTAL SECTION J

0

K. Miscellaneous Monetary Receipts not Considered Contributions

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

TOTAL SECTION K

0

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)	+	<i>1349.38</i>
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	<i>0</i>
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	<i>0</i>
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	<i>0</i>
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	<i>0</i>
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	<i>0</i>
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	<i>0</i>
Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15 of Summary Page Totals)		<i>1349.38</i>

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE <i>Surgeon 4 Council</i>		TYPE OF REPORT <i>7th Day Preceding Primary</i>	
L1. Fundraiser Event Information			
Fundraising Event # Date of Fundraiser Letter	Description		
<i>E-7-19 080719A</i>	<i>Meet and Greet, People could meet Shirley Surgeon and donate to the Campaign.</i>		
Location: Street Address		City	State Zip Code
<i>Sun Splash JAMAICAN RESTAURANT 425 Franklin Avenue Hartford, CT</i>		<i>HARTFORD</i>	<i>CT 06114</i>
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section E4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> 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?		<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	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> No → \$ 	
Fundraising Event # Date of Fundraiser Letter		Description	
Location: Street Address		City	State Zip Code
Subpart 1: (All Committees)		Was this fundraising event hosted at a personal residence?	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input type="radio"/> 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?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="radio"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input type="radio"/> No → \$ 	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page		<i>N/A</i>	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page		<i>N/A</i>	
TOTAL of additional Section L1 Pages		<i>0</i>	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a of Summary Page Totals)		<i>0</i>	

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

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

NAME OF COMMITTEE				TYPE OF REPORT			
Surgeon 4 Council				7th Day Preceding Primary			
L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)							
Name of Purchaser N/A						Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address				City		State	Zip Code
Date Received		Event #		Aggregate Purchases for All Events		Amount of Program Ad Purchase	Amount of Sign Purchase
Name of Purchaser						Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address				City		State	Zip Code
Date Received		Event #		Aggregate Purchases for All Events		Amount of Program Ad Purchase	Amount of Sign Purchase
Name of Purchaser						Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address				City		State	Zip Code
Date Received		Event #		Aggregate Purchases for All Events		Amount of Program Ad Purchase	Amount of Sign Purchase
Name of Purchaser						Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address				City		State	Zip Code
Date Received		Event #		Aggregate Purchases for All Events		Amount of Program Ad Purchase	Amount of Sign Purchase
Name of Purchaser						Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address				City		State	Zip Code
Date Received		Event #		Aggregate Purchases for All Events		Amount of Program Ad Purchase	Amount of Sign Purchase
SUBTOTAL Section L3 (Municipal Candidate and Town Committees ONLY)						N/A	
Total Purchases of Advertising in Program Book — This Page						N/A	
SUBTOTAL Section L3 (Town Committees ONLY)						N/A	
Total Purchases of Advertising on a Sign — This Page						N/A	
TOTAL of additional Section L3 Pages						N/A	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN						0	
(Enter total on Line 16c of Summary Page Totals)							

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE		TYPE OF REPORT	
Surgeon 4 Council		7th Day Preceding Primary	
L4. In-Kind Donations Not Considered Contributions			
Name of Donor			
N/A			
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
SUBTOTAL Section L4 — This Page		N/A	
TOTAL of additional Section L4 Pages		N/A	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21 of Summary Page Totals)</i>		0	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <u>Surgeon 4 Council</u>				TYPE OF REPORT <u>7th Day Preceding Primary</u>			
M. In-Kind Contributions							
Name <u>Andrew L. Rodney</u>							
Street Address <u>208 Cornwall Street</u>				City <u>Hartford</u>		State <u>CT</u>	Zip Code <u>06112</u>
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received <u>8-7-19</u>	Aggregate Contributions <u>\$ 250</u>	Description of In-Kind Contribution <u>Paid for refreshments for Meet & Greet</u>			
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 <u>\$ 250</u>	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #</i> <u>090719 A</u>		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:</i> <input type="radio"/> Executive <input type="radio"/> Legislative					
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:</i> <input type="radio"/> Executive <input type="radio"/> Legislative					
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:</i> <input type="radio"/> Executive <input type="radio"/> Legislative					
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:</i> <input type="radio"/> Executive <input type="radio"/> Legislative					
SUBTOTAL Section M— This Page						<u>\$ 250</u>	
TOTAL of additional Section M Pages						<u>\$ 250</u>	
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page Totals)						<u>\$ 250</u>	

N. Refundable Deposit to Telephone Company								
Last Name of Individual <u>N/A</u>			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)						<u>0</u>		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE Surgeon 4 Council				TYPE OF REPORT 2nd Day Preceding Primary	
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) N/A			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					N/A
TOTAL of additional Section O Pages					N/A
TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES <i>(Enter total on Line 24 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 4 Council		7th Day Preceding Primary	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
Sun Splash Bar & Grill		8-9-19	<input checked="" type="checkbox"/> Check # 742854 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
428 Franklin Avenue		Hartford	CT 06114
Purpose of Expenditure (by code)	Description	Event #	Amount
FMDR	Fee for use of the facility	080719A	\$ 150
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
N/A	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee		Date of Payment	Method of Payment:
Budget Printers & Embroiderers		8-9-19	<input checked="" type="checkbox"/> Check # 442746 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
1718 Park Street		Hartford	CT 06106
Purpose of Expenditure (by code)	Description	Event #	Amount
PRNT	1000 Door Hangers 100 Palm Cards	N/A	Two checks totally to amount of: \$ 472.94
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
N/A	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee		Date of Payment	Method of Payment:
Budget Printers & Embroiderers		8-16-19	<input checked="" type="checkbox"/> Check # 501 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
1718 Park Street		Hartford	CT 06106
Purpose of Expenditure (by code)	Description	Event #	Amount
A-SIGN	100 Lawn signs with frames 100 Posters	N/A	\$ 1,169.85
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
N/A	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee		Date of Payment	Method of Payment:
			<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> 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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
SUBTOTAL Section P — This Page			\$ 1792.79
TOTAL of additional Section P Pages			N/A
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			\$ 1792.79

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT			
Surgeon 4 Council				7th Day Preceding PRIMARY			
Q. Campaign Expenses Paid by Candidate							
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is reimbursement claimed?	
Rainbow Variety				8-22-19		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			City		State	Zip Code	
1129 Albany Avenue			Hartford		CT	06112	
Purpose of Expenditure (by code)	Description		Event #		Amount		
MISC	Refreshments for Campaign Office		N/A		\$ 5.27		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is reimbursement claimed?	
Stop & Shop				8-22-19		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			City		State	Zip Code	
1380 Berlin Turnpike			Wethersfield		CT	06109	
Purpose of Expenditure (by code)	Description		Event #		Amount		
MISC	Refreshments for campaign office		N/A		\$ 33.96		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is reimbursement claimed?	
U.S. Postal Service				7-26-19		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			City		State	Zip Code	
433 Woodland Street			Hartford		CT	06112	
Purpose of Expenditure (by code)	Description		Event #		Amount		
POST	Stamps used to mail "thank you" letters to members of Hartford Democratic Town Committee members		N/A		\$ 33		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is reimbursement claimed?	
Best Buy				7-29-19		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			City		State	Zip Code	
1501 New Britain Avenue			West Hartford		CT	06110	
Purpose of Expenditure (by code)	Description		Event #		Amount		
MISC	Cell phone to be used for campaign activities		N/A		\$ 75.59		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is reimbursement claimed?	
Thomas Kenney				8-2-19		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			City		State	Zip Code	
55 Redding Street			Hartford		CT	06106	
Purpose of Expenditure (by code)	Description		Event #		Amount		
PRNT	Graphic design for door hanger (front and back) and SPANISH TRANSLATION		N/A		\$ 400		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is reimbursement claimed?	
Budget Printers and Embroiderers				7-26-19		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			City		State	Zip Code	
1718 Park Street			Hartford		CT	06106	
Purpose of Expenditure (by code)	Description		Event #		Amount		
PRNT	250 Palm Cards		N/A		392.43		
SUBTOTAL Section Q — This Page					940.25		
TOTAL of additional Section Q Pages					1349.38		
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page Totals)					1349.38		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Surgeon 4 Council	7th Day Preceding Primary

Q. Campaign Expenses Paid by Candidate

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Budget Printers and Embroiderers		8-23-19	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
1718 PARK Street	Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	Amount
PRNT	1,000 door hangers	N/A	409.13

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount

SUBTOTAL Section Q — This Page	409.13
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IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>Surgeon 4 Council</i>				TYPE OF REPORT <i>7th Day Preceding Primary</i>	
R. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution <i>N/A</i>			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				Date of Transaction	
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 R 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				
Name of Vendor				Date of Transaction	
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 R 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				
Name of Vendor				Date of Transaction	
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 R 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				
Name of Vendor				Date of Transaction	
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 R 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				
Name of Vendor				Date of Transaction	
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 R 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				
SUBTOTAL Section R— This Page				<i>N/A</i>	
TOTAL of additional Section R Pages				<i>N/A</i>	
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD <i>(Enter total on Line 27 of Summary Page Totals)</i>				<i>0</i>	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Surgeon 4 Council			7th May Preceding Primary	
S. Expenses Incurred by Committee but Not Paid During this Period				
Name of Creditor			Date Incurred	
Hueghie DIANE Gooden			8-1-9	
Street Address		City	State	Zip Code
1129 Albany Avenue		Hartford	CT	06112
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)	
OVHD	Campaign office rental cost	N/A	\$668	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S 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 Creditor			Date Incurred	
Street Address			City	State Zip Code
Purpose of Expenditure (by code)			Description	Event # Amount Incurred (Estimate or Actual)
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)
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	
SUBTOTAL Section S-This Page				\$ 668
TOTAL of additional Section S Pages				N/A
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>				\$ 668
Previously reported Expenses Unpaid and still Outstanding				0
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>				\$ 668

