## SEEC FORM 20

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



Page 1 of 17

#### **COVER PAGE**

1. NAME OF COMMITTEE									
Harp 2019									
2. TREASURER NAME					······································				
First		MI		Last		•			Suffix
Jonathan		Р		Wilson					Mr
3. TREASURER ADDRESS									
Street Address			City		***************************************	State	**********	Zip Co	de
P.O Box 3470			Nev	v Haven		СТ		0651	5
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	e only	if Candidate Committee)			<u> </u>		RICT NUMBER
(mm/dd/yyyy) 11/10/19	Mayor						(if a <sub>l</sub>	pplicable)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	y Committee)			***************************************		<b>L</b>		····
First		Mĭ		Last					Suffix
Toni		Ν		Harp					
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	7th day preced	ing primar	У	7th day preceding referendum				tion or	Disbursement
April 10 filing	O30 days follow	ing primar	у	€ 45 days following referendum		<i>PACs ONLY)</i> Amendmen			
<b>⊙</b> July 10 filing	O7th day preced	ing election	n	O Deficit		ype of Rep			
October 10 filing	O12th day prece (State Central Con			Termination					
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in Nov	ing election			_				
9. PERIOD COVERED	· · · · · · · · · · · · · · · · · · ·								
	Beginning Dat	e 19		Ending Date thru 6 30 19		-		***************************************	
10. CERTIFICATION	-				**************	······································			
I hereby certify and state, under p  Disclosure Statement for the per	enalties of false striod covered is tr	tatement, ue, accur	that a	all of the information set forth on thand complete.	is <b>Ite</b> r	nized Can	npai	ign Fi	nance
J HA			Jona	than Peter Wilson			07	/08/2	019
TREASURER OR DEPUTY TREASURE	CR (SIGNATURE)	-	PRIN	T NAME OF SIGNER			D	ATE (1	mm/dd/yyyy)
	***************************************		•		<del></del>				
A person who is	found to have kno	wingly an aces a civi	ad wi I per	llfully violated any provisions of the nalty or imprisonment or both.	е сатр	paign fina	псе	statui	tes

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

## **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	21,903.15	
13. Contributions Received from Individuals (Sections A and B)	98,841.10	124,883.10
14. Receipts from Other Committees (Sections C1 and C2)	0	350.00
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	4,250.00	4250.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	103,091.10	125,233.10
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	124,994.25	125,233.10
19. Expenses Paid by Committee (Section P)	80,955.77	85,706.59
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	44,038.48	39,526.51
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	726.03
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	)	TYPE OF REPORT
Harp 2019		THE OF REPORT
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	eived this Period ONLY SUBTOTAL SECTION A	s 98,841,10
,		
B. Itemized C	Contributions from Indiv	zlenbi
Last Name	First	MI
Residential Street Address	City	State Zip Code
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?	00 to a candidate for a chief executing the is associated with have a contractory of the	ve officer of a municipality, Amount of Contribution it with said municipality
	a state contractor or prospective sta	O No
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	Date Received	Aggregate Contributions
Last Name	First	I MI
		IVII
Residential Street Address	City	State Zip Code
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  No  If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	0 to a candidate for a chief executive is associated with have a contract Yes No	we officer of a municipality, twith said municipality  Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  Yes No If yes, indicate which borg government the contribution of government the contribution approximately app		tte contractor? Yes No
Method of Contribution:	Date Received	Aggregate Contributions
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMon-	ey Order	
Last Name	First	MI
Residential Street Address		
Residential Street Address	City	State Zip Code
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No Valued at more than \$5,000?	0 to a candidate for a chief executive is associated with have a contract   Yes No	ve officer of a municipality, with said municipality  Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes No	a state contractor or prospective state anch or branches act is with:	te contractor? OYes No
Method of Contribution:	Date Received	Aggregate Contributions
Cash Personal Check Credit/Debit Card Payroll Deduction Mono	ey Order	
SUB	TOTAL Section B — This	Page
ТОТА	L of additional Section B l	Pages 98,841,10
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (Sections 2 13, Column A of Summary Page	A + B) 0 8 841,10

Mauro	Barbarotta	Mauro	Perricci	Mauro	Candal	Gaither	Ghazarian	Scott	Copp	Washington	Coney	Davis	Prete	Hansen	Harp	Graham	Little-Greer	Hall	Tejuoso	McBride	McKinney	Newton	Miller	Wilson	Carney	lwaszkiewicz	Coleman	TRUE	Brunson	Roblee	Nathman	Foreman	Moore	Parrish	Reddish	Fearon	Mooney	Williams	Birks	Giordano	Giordano	Holmes	Parker	DiNardo	Cordova	Greene	Vaughn	Sosa-Lombardo	Mention	Dixon	Perlo	Jackson	Mubarakah	Samaha	<ul> <li>Walkovich</li> <li>Taylor</li> </ul>
Ralph	Alfonso	Watthew	Laura	Phillip	Carlos	Vincent	Sibelle	Charles	Stephon	Timothy	Alfred	Matthew	Neil	David	Wendell M	Edgar	Jennifer	Nichola	Sade	Willie	Frederick	Corev	Karen	Sam	Kenneth	Dariusz	Sequella	Shawn	Angela	Laura	Grace	Veronica	Peggy	Zakia	Thaddeur	Collette	Thomas	Herren	Carol	Linda	ρ.	Willie A	Janet	Nancy	Miriam	Joseph		Darlos Carlos	George	Frank William L	Arthur	Linda De Dios	brahim S.	Jimmetta L	Joseph
28 Unity Dr. 172 Laurel Hill Rd.	172 Laurel Hill Rd.	2 Mill Farms Rd.	244 Apts Edwards St.	74 Beaver Dam Rd.	900 Chapel St.	1429 Park St	837 Orange 5-1	2 Madison Ave.	636 W Jackson Ave.	39 Myrtle Ave.	41 Sentinel Hill Rd	185 Melha St #211	800 Grassy Hill Rd	80 Dwight St.	65 Butternut Ln	44 Richardson St.	498 Gilbert Ave.	105 Pond St	15 Jayne Ln	52 Wilson Ave.	8 Windmill Ln	131 Downing St.	58 E. Pearl St.	30 Folino Dr.	45 Green Hill Rd	77 Dunbar Ln	38 Brockett Farm Rd.	1406 Essex Rd	113 Westerleigh Rd.	29 Ridgewood Rd.	3 Overlook Dr	690 West Woods Rd.	90 Stevenson Rd	48 Sheffield Ave.	63 Wisteria Dr.	200 Stonybrook Rd	15 Lemay St	110 Clermont Ave.	339 Red Oak Ln	207 Pine Orchard Rd 207 Pine Orchard Rd	1172 Townsend Ave	190 Wooster St. #8 87 Antourn St	190 Wooster St. #8	4/ Woolsley St. 61 Susanne Circle	10 Elmwood RD	30 Beers St.	80 Edgewood Way	670 Quinnipiac Ave.	366 Winthrop	51 Lexington Gardens	135 Stoddard Drive Apt233 17 Hobart St.	41 Victoria CT	222 Division St. 670 Winthrop Ave	208 Southern Blvd	PO Box 63 Southern Blvd
Trumbull	Branford	Killingworth	New Haven	Killingworth	New Haven	Waterbury	Bridgeport	Shelton	Bridgeport	Ansonia	Derby	Orange	Madison	New Haven	Stratford	Bridgeport	Hamden	Milford	Hamden	Trumbull	New Haven	New Haven	New Haven	Bridgenort	Woodbridge	Hamden	North Haven	West Haven	New Haven	Wallingford	New Haven	Hamden	New Haven	New Haven	Naugatuck	West Hartford Stratford	New Haven	Bridgeport	Bridgeport	Branford	New Haven	New Haven	New Haven	New Haven	New Haven	New Haven	New Haven	New Haven	New Haven	North Haven	Menden	New Haven Hamden	New Haven	New Haven Danbury	City Danbury
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Al Baybar AFBCM	Punespio Concrete Creations LLC	Yale University	anillio.me Concrete Creations LLC	attycanda Self	Info@nev News Construction	Retech	cscott488 Tri-State Realty	A-Preferred	Ums.ente Tim's Enterprises LLC		Complete Payroll Solutions	್ರಾರ್ಥೀಕ್ಷಣ್ಣ): A Prete Construction Compa Executive	david, her CBRE, Inc.	Abacus Property Many	BORD OWI COURT	Minority Construction Council	nichole@ Hall Consulting Services	realtor sa TSY Realty	WC McBride Electrical Contr Electrician			emmilian MECCA	samuellw	Baybrok Remodel		City of NH	8602277838 <u>strue1@comcast net</u>	NHPS NHPS	001200	grace nat		Olivercore@anl.com		redman		disenses.		City of				8 jparker129 Student 8 jparker126 Retired			hotjoe40@	::	9 csasalomt City of New Haven	းမ			12 J.x.dedios@Pralines			john taylor	
Owner	Owner	Grants Coordinator	Owner	Attorney	S/E	S/E	nce Prod Insurance		Manager/Member	L Electrical Contractor	Consultant	a Executive	Rroker Broker	Member		noil	Human Resource Consult May23-Ver	Real Estate Agent	tr Electrician	Professor	Contractor	President	CPA		C Construction	Educator		Retired Principal	Principal	BOE			Educator	Roard of Education			Retired	Superintendent	Retired		Retired	Student	Retired	Sr. Mgr.	Retired	Psychologist	Project Manager		Parks and Rec	Retired	Marketing Officer	Baker	Retired	Govt. Relations adem, Adminstrator Sch.	Occupation
MatthewSt	MatthewSt	MatthewSt	MatthewSt	May23-Ve	May23-Ver	May23-Ve	May23-Ve	May23-Vei	May23-Ve	May23-Ve	May23-Ver	May23-Ve	May23-Ve	May23-Ve	May23-Ve	May23-Ve	witz May23-Ver	May23-Ve	May23-Ve	May23-Ve	t May23-Ve		May23-Ve	May23-Ver	Grad Club	Grad Club	Grad Club	Grad Club	Grad Club	Grad Club	Grad Club	Grad Club	Grad Club	Grad Club	Grad Club	Grad Club	Grad Club	Grad Club	Grad Club	Grad Club	Grad Club	Grad Club	Announce	Announce	Announce	Announce	Announce	Announce		Announce	Announce	Announce	Announce	Announce	Event
5/24/19	5/24/19	5/24/19	5/24/19	5/23/19	5/23/19	5/23/19	5/23/19	5/23/19	5/23/19	5/23/19	5/23/19	5/23/19	5/23/19	5/23/19	5/23/19	5/23/19	5/23/19	5/23/19	5/23/19	5/23/19	5/23/19			5/23/19	Ln		5/23/19 Cash			5/24/19 Cash			5/29/19 Check			b 4/30/19 Check			b 4/30/19 check 1210 b 4/30/19 check 1209		b 4/30/19 check15050979 b 4/30/19 check 106	4/30/19	4/13/19	4/13/19	4/13/19		4/13/19	ce: 4/13/19 cash		cei 4/13/19 cash cei 4/13/19 check 2415		ice: 4/13/19 cash ice: 4/13/19 check 360		4/13/19 (	Date
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TOT Black Differ Ro	101 Black Black Bd	So East Whart Rd.	26 Eact Who for	V   H	Engineer 19 Southward Drive	n	Advanta 152 Dixwell Ave		Green Eln 192 Dixwell Ave. Ste 103	Park Ridg PO Box 802	Michael F 151 Meadow St	Mario Zar 49 Elm St Ste 400	Francis Cd 250 State St. Unit H 1	Branford PO Box 802	Capasso F 39 Sugar Hill Rd.			Enterprise 801 State St.	Modern E 75 Concord St. El 1	ADF Elect 293 East St.	A & G Coi 260 Commerce St.	Sinclair Ri 101 Black Birch Rd	Engineeri 11 Main St	23 Bond St	171 Bradley Ave	420 Still Hill	70 Hodder Dr	ST FAIRTH ST	80 Dwight St.	517 Shelton Ave	40 Jaenicke Ln	1080 Racebrook Rd	3 Lily Ln	59 3rd St.	2725 Oak Village Trail	383 Denslow Hill Rd	105 Woodside Ter	823 Edgewood Ave	420 Stevenson Rd	95 Stony Corners Cir	5 Welch Rd	57 Rock Hill Rd	ě	481 George St.	20 Hobart St.	20 Armstrong St, #2	REA Reso 935 White Plains Rd. Ste #210	AFB Cons 935 White Plains Rd. Ste #210	Cahill Elei 18 Joshuas Tri	Innovativ. 617 Wheelers Fare			450 Castle Glenn	153 Tanglewood Dr. S	Utility Co: 920 Sherman Ave.	CT Pest El 273 Indian River Rd.	Lior Excav 129 Church St. Unit #1	2233 Ridge Rd	95 Vista Ter.	171 Spring St
Wetherstield	Brantord	Madison	Westport	Bioomtield	Waterford	Woodbridge	New Haven	West Haven			Branford	New Haven		Branford	North Haven	Madison	Branford	New Hamden	Branford	New Haven	East Haven	Wethersfield	Ногуоке	New Haven	Hamden	Hamden	New Haven	New Haven	New Haven	Hamden		Woodbridge			The state of the s	Woodbridge Hamden	New Haven	New Haven		Hamden	Woodbridge	Woodbridge	#13 New Haven		-				East Haven		Milford	New Haven	new Haven	S		d. Orange			New Haven	New Haven
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Sales		Architect																							Accountant	Manager	Nurse	Executive Director	Property Manager	Consultant	Accountant	Homemaker	s College Counselor	Analyst	ri Real Estate Developer	Bookkeeper	City Planner	ED Sychologist	Attorney			Con Establishment	Real Estate Agent	Real Estate Agent	Real Estate Agent	Researcher						t Services		t Services				r i Oiessoi	Real Estate Agent	
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5/21/19	5/21/19	5/21/19	5/21/19 Check	5/21/19 Check	5/21/19 Check	5/21/19 Check	5/21/19 Check	5/01/19 Check	S/21/19 Check	5/21/19 Check	5/21/19 Check	5/21/19 Check	5/21/19 Check	5/21/19 Check	5/21/19 Check	5/21/19 Check	5/21/19 Check	5/21/19 Check	5/21/19 Check	5/21/19 Check	5/21/19 Check	5/21/19 Check	5/21/19 Check	5/19/19 Cash	5/19/19 Cash	5/19/19 Cash	5/19/19 Cash	5/19/19 Cash	5/19/19 Cash	5/19/19 Check	5/19/19 Check	5/19/19 Check	5/19/19 Check	5/19/19 Check	5/19/19 Check	5/19/19 Check	5/19/19 Check	5/19/19 Check	5/19/19 Check	5/19/19 Check	5/24/19	5/24/19	5/24/19	5/24/19	5/24/19	5/24/19	5/24/19	5/24/19	5/24/19	5/24/19	5/24/19	5/24/19	5/24/19	5/24/19	5/24/19	5/24/19	5/24/19	5/24/19	5/24/19	
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# I. MONETARY RECEIPTS (Sections A—K)

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Name of Committ	ee		- ontinuti		Ommittees Treasurer	
Address				Is this contribution		
				I	ociated with an OYes ONo on L1?	Amount of Contributi
City		State	Zip Code	Date Received	ves, list Event #	
				Suite received	Aggregate Contributions	
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				Name of	Treasurer	
ddress						
				Is this contribution asso	ociated with an OYes ONo	Amount of Contributio
ity				event reported in Section	on L1? es, list Event #	
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ame of Committee				Name of T	reasurer	
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ty		State	Zip Code	Date Received	Aggregate Contributions	
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	C2				į	1
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me of Committee	C2.	Reimbursement	ts or Surplu	s Distributions fro	om other Committees	
me of Committee	C2.	Keimbursement	ts or Surplu	Name of T.	om other Committees	
me of Committee	C2.	Reimbursement	ts or Surplu	Name of T	om other Committees	
	C2.	Reimbursement	ts or Surplu	S Distributions from Name of T.  City	om other Committees  easurer	State Zip Code
	Expenditure #		ts or Surplu	Name of T	om other Committees  easurer	State Zip Code
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# I. MONETARY RECEIPTS (Sections A—K)

Registered with Filing Repository)	·····	ТҮРЕ С	F REPORT	
D. Loans Reco	ived this Doni	od		
D. Loans Rece		Oa		
		Candidate () Individu		Date of Receipt
Сну		State	Zip Code	Is there a Cosigner of Guarantor of this load
				O Yes O No Amount Received
City		State	Zin Code	1
			Zip Code	
	Source of Loan: OBank O	Candidate () Individu	al 🕜 Other	Date of Receipt
City		State	Committee	Is there a Cosigner of
				Guarantor of this load  O Yes O No
				Amount Received
City		State	Zip Code	
	Source of Loan:			
		andidate 🔘 Individua		Date of Receipt
City		State	Zip Code	Is there a Cosigner of Guarantor of this loan
				O Yes O No  Amount Received
City				remount Received
		State	Zip Code	
	TOTAL SEC	TION D		
other than Individuals	or Other Con	nmittees (Referen	dum Committa	is ONLY)
		(Ita) Crest	aum Commiliee	s ONLY)
		Date Received		Amount Received
				i inivant Received
State	Zip Code	Aggregate Contribu	ations	
		Date Received		
				Amount Received
State	Zip Code	Aggregate Contribu	tions	
	1			
		Date Received		A
		Date Received		Amount Received
State	Zip Code	Date Received  Aggregate Contribu	tions	Amount Received
	City City City State	City  City  Source of Loan: Bank City  City  Source of Loan: Bank City  City  Source of Loan: Bank City  Source of Loan: City  Sourc	D. Loans Received this Period    Source of Loan:	D. Loans Received this Period    Source of Loan

# I. MONETARY RECEIPTS (Sections A-K)

Page 6 of 17

	TTEE (Provide Complete Name as Re	nang	- прознову		-	TYPE OF REPORT
	F. Amount Transferre	ed from Affi	liated B	Isiness Treasury (2)	<u> </u>	Fuch C
Date of Receipt	Is this transaction ass	ociated with an	QYes	If yes, list Event #	iness	
	event reported in Sec-	tion L1?	No No	If yes, list Event #		Amount
Date of Receipt	Is this transaction asso	agistad a 111			300 may 2	
	event reported in Sect	ion L1?	8 No	If yes, list Event#		Amount
Date of Receipt						
value of Receipt	Is this transaction asso event reported in Sect	ociated with an	8Yes No	If yes, list Event #		Amount
		ion D <sub>1</sub> ,	O No			
Date of Receipt	Is this transaction asso	ciated with an	OYes	If yes, list Event #		Amount
	event reported in Secti	on L1?	8Yes No	sy y y that Diverte !!		Timount
					***************************************	
				TOTAL SECTIO	NF	
G. Amount tte of Receipt	1 ransferred from Affilia	ated Labor I	Union or	Other Organization	Tre	asury (Organization Committees ONL)
ar receipt		Date of Receipt			Date	e of Receipt
	Amount		An	nount	1	Amount
				TOTAL	<u></u>	
				TOTAL SECTION	G	
	H. Personal Funds of	the Condid	-4- D	7		
e of Receipt	H. Personal Funds of	the Candida	ate Recei	ved this Period (Can	didate	e Committees ONLY)
	1					Amount
e of Receipt	O Cash	O Per	rsonal Check	O Credit/Debit C	ard	
· ····································	Method of payment:	···				Amount
CD.	<b>○</b> Cash	O Per	rsonal Check	Credit/Debit C	ard	,
of Receipt	Method of payment:					Amount
	<b>O</b> Cash	O Per	sonal Check	Credit/Debit C	ırd	
of Receipt	Method of payment:					Amount
	<b>O</b> Cash	O Per	sonal Check	Credit/Debit Ca	1	Amount
			2			
				TOTAL SECTIO	НИ	
		**************************************				
		I. Anon	iymous (	Contributions		
	Per Public A at 11 40					
	The state of the s					
am	Per Public Act 11-48, abount. If a committee r	Anonymous	5 Contrib	utions may no longe	er be	e deposited in any
am	iount. If a committee r immediately remit the	CCCIVES an a	anonumo	IIIC COntroloution dl		

NAME OF COMMITTEE (Provide Comple	1. WONETARY RECEIPTS	S (Sections A	.—K	)	Page 7 of 17
, and a second	ea rame as registered with Filing Repository)		TYPE (	OF REPORT	
	I Interest from Donosita in A. (1)				
Name of Institution	J. Interest from Deposits in Author				
			Date Red	ceived	Amount
Street Address	City	Sta	ite	Zip Code	-
Name of Institution					
ranc of institution			Date Rec	eived	Amount
Street Address	City				
	Cay	Stat	te	Zip Code	
	TOTAL				
17 1		AL SECTION			
N. N	Miscellaneous Monetary Receipts not Cor	nsidered Cont	ribut	ions	
			Date	e of Transaction	Amount Received
treet Address	City		State	Zip Code	
escription	ŧ				
ame			Date	of Transaction	
reet Address					Amount Received
	City		State	Zip Code	
scription			····		
ime					
			Date	of Transaction	Amount Received
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scription					
ne			Date of	of Transaction	
eet Address					Amount Received
	City	S	tate	Zip Code	
cription					
	TOTAL SEC	CTION K			
SUMMAF	RY OF OTHER MONETARY RECEIPT	TS (Sections D	thro	ugh K)	
tal Loans Received this Period (Sect	ion D)	(Sections D	· till O	ugii K)	
al Receipts from Entities other than	Individuals or Other Committees (Section E)	+	· · · · · · · · · · · · · · · · · · ·		
al Amount Transferred from Affilia	ted Business Treasury (Section E)		······································		
al Amount Transferred from Affilia	ted Labor Union or Other Organization Treasury	+			
al Amount of Personal Funds of the	Candidate Received this Period (Section H)	(Section G) +			
		+			
al Amount of Interest from Deposits		+			
an miscenaneous Monetary Receipts	not Considered Contributions (Section K)	+			
(Add S	Total of Other I	Monetary Rec	eipts		
(, 244 ).	ections D through K) (Enter total on Line 15, Column.	A of Summary Page	Totals)	J	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	γj	TYPE OF REPORT		
	nt Information			
Event # Date of Event Letter Description			Was this a fun	ndraising event
Location: Street Address	City	***************************************	State	Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	OYes (If yes, go to Section L5  Associated with a Hou purchases made by host  No	ise Party and complet	e required infor	Contributions mation for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section Land complete required in No	4 In-Kind Donations r information.)	not Considered (	Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes ( <i>If yes</i> , enter <b>Total Reco</b>	***************************************	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Com- Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	mittees other than Exploratory  Yes (If yes, go to Section L3  or on a Sign and comp	Purchases of Adverti	ising Space in a	Program Book
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?	OYes (If yes, enter Total Reco	eipts here.)	\$	
Event # Date of Event Letter Description			Was this a fun	draising event?
Location: Street Address	City		State	Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 Associated with a House purchases made by host(	se Party and complete	required inform	Contributions mation for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes ( <i>If yes</i> , go to Section L4 and complete required in No	In-Kind Donations n	ot Considered (	Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Rece	eipts here.)	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Com. Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	mittees other than Exploratory (  Yes (If yes, go to Section L3  or on a Sign and compl	Purchases of Advertis	sing Space in a l	Program Book
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?	OYes ( <i>Hyes</i> , enter <b>Total Recei</b>	ipts here.)	\$	
SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts for	rom Sale of Donated Items — T	This Page		
SUBTOTAL Sect	tion L1—Subpart 3 <i>(Town Committe</i> cipts from Food Purchases — T	ees ONLY)	MC49/47/19	
	TOTAL of additional Section	L1 Pages		
TOTAL OF ALL RECE (Enter total or	CIPTS FROM SMALL PUR In Line 16a, Column A of Summary I	CHASES Page Totals)		

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



Page 9 of 17

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: utility Communication Business Entity Other O Individual/Sole Proprietorship Street Address City State 920 Sherman Ave Zip Code Hamden 06514 Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase 05/24/2019 250.00 250.00 Name of Purchaser Purchase Made By: Concrete Creation OBusiness Entity Other • Individual/Sole Proprietorship Street Address Zip Code 281 Chapel Street New Haven ct 06513 Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase 05/24/2019 250.00 250.00 Name of Purchaser Purchase Made By John Haymond Business Entity Other O Individual/Sole Proprietorship Street Address City State 999 asylum ave Zip Code Hartford ct 06105 Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase 05/29/19 250.00 Name of Purchaser Purchase Made By: Business Entity Other O Individual/Sole Proprietorship Street Address City State Zip Code ct 06473 Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: Business Entity Other Street Address O Individual/Sole Proprietorship City State Zip Code CT 06423 Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase 05/23/2019 SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page 750 SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page 500 TOTAL of additional Section L3 Pages 3000 TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN

(Enter total on Line 16c, Column A of Summary Page Totals)

4250

2043

Page 9 of 17

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 COMM	HTTEE (Provide Complete No	ame as Registered with Filing Repo	sitory)	TY	PE OF REPO	RT		
	Tall	D						
Name of Purchaser	L3, 1	Purchases of Advertis	sing in a Pro	gram Book or on a	Sign			
East Stone						<b>⊙</b> B	ase Made By: usiness Entit	-
Street Address			City			<b>O</b> Ir	State State	e Proprietorsl Zip Code
132 Main street			New Haver	n			CT	06512
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Program	a Ad Davasha			
06/06/19				250.00	a Au Furena	se	Amount of	Sign Purcha
une of Purchaser					1	Purcha	se Made By:	
Alphonso Barbe	etto						se Made By. Isiness Entity	Other
eet Address						O Inc	dividual/Sole	Proprietorsh
8 Unity Drive			City TRumbull				State	Zip Code
nte Received	Event #						ct	06611
5/23/2019	LVCIII #	Aggregate Purchase	s for All Events	Amount of Program 250.00	Ad Purchas	e	Amount of S	Sign Purchas
me of Purchaser					1.			
oir Excavating					(	<b>⊙</b> Bu	e Made By: siness Entity	
et Address			City		(	Ind	ividual/Sole	
29 church Stree	et		New Haven				State	Zip Code
e Received	Event#	Aggregate Purchases				<del></del>	ct	06511
5/24/19		- aggregate I dicitases	tor An Events	Amount of Program 250.00	Ad Purchase		Amount of S	ign Purchas
ne of Purchaser					l P	urchase	Made By:	
T Custom Aqua	atics				1		iness Entity	Other
et Address			O'.			) Indi	vidual/Sole F	roprietorshi
Massimo Drive			City North Haven				State	Zip Code
Received	Event #			l			ct	06473
/23/2019	Dvoit #	Aggregate Purchases	for All Events	Amount of Program A	Ad Purchase	A	mount of Sig	gn Purchase
e of Purchaser					l p <sub>D</sub>	rohaca	Made By:	
Dest Elimanat	te				(0	<b>)</b> Busi	ness Entity	Other
t Address			City				idual/Sole P	
w Haven			New Haven				State CT	Zip Code
Received	Event #	Aggregate Purchases fi	or All Events	Amount of Buoguese	1B 1			06423
23/2019				Amount of Program A 250.00	d Purchase	Aı	mount of Sig	n Purchase
	SUBTOTAL Secti	on L3 Total Purchases of A	Advertising in P	rogram Book — This	Page 1250	)		
		AL Section L3 Total Purch				***************************************		
				additional Section L3 P		***************************************		
TO	TAL OF ALL PURCH	ASES OF ADVERTISING	IN A PROGRA	AM BOOK or ON A S	IGN			
		(Enter total on Li	ne 16c, Column .	A of Summary Page To	tals)			

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

3 oF3

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

NAME OF COMMITTEE	(Provide Complete Name as Register	red with Filing Reposite	ory)		TYPE OF REPO	ORT		
27 27	L3. Purchase	s of Advertisi	ng in a Progra	m Book or o	on a Sign			
Name of Purchaser  CATIC						<b>⊙</b> Bu	se Made By: Isiness Entity dividual/Sole I	Other Proprietorship
Street Address			City			<del></del>	State	Zip Code
101 Corporate Place			rocky Hill				CT	06067
Date Received 06/06/19	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purch	ase	Amount of Si	gn Purchase
Name of Purchaser						Purchas	se Made By:	
CET InC						1 -	isiness Entity lividual/Sole F	Other Proprietorship
Street Address			City			-	State	Zip Code
270 Drove Ave			Milford				ct	06461
Date Received 05/22/19	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ase	Amount of Si	gn Purchase
Name of Purchaser			***************************************			Purchas	se Made By:	
Innovative Design Er	ngineering Associate Inc					1 -	siness Entity lividual/Sole P	Other
Street Address			City				State	Zip Code
612 Wheeler Farm R	d		milford				ct	06461
Date Received 05/22/19	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise .	Amount of Si	gn Purchase
Name of Purchaser		I		1		Purchas	e Made By:	
Cahill Electric Service	e LLC						siness Entity lividual/Sole P	Other roprietorship
Street Address			City				State	Zip Code
281 Chapel			New Haven				ct	06513
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise .	Amount of Sig	gn Purchase
05/23/2019				250.00		25	0.00	
Name of Purchaser							e Made By:	<b>^</b> ~ ·
Pro Flow							siness Entity ividual/Sole P	Other
Street Address			City			<u> </u>	State	Zip Code
303 State street			New Haven				СТ	06423
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise /	Amount of Sig	n Purchase
05/23/2019				250.00		25	0.00	
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pr	ogram Book —	– This Page	000 j	,250	
	SUBTOTAL Section	on L3 Total Purcl	nases of Advertisi	ing on a Sign —	- This Page 50	00		
			TOTAL of ac	Iditional Section	on L3 Pages			
TOTA	L OF ALL PURCHASES O	F ADVERTISING (Enter total on I	G IN A PROGRA Line 16c, Column A	AM BOOK or ( A of Summary I	ON A SIGN Page Totals)			

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

NAME OF COMMITT	EE Provide Complete Name	as Registered with Filing Rep	ository)	Т	YPE OF REPO	ЭRТ	-	
•					TIE OF ICE	71(-1		
	T.	4 In-Kind Donati	one Not Con	sidered Contributi		***************************************		
Name of Donor			ons Not Con	sidered Contributi	OHS			
Street Address			City			····	State	Zip Code
Donation Given By:	Description of Donation					Fair	Maybat Va	lue of Donatio
O Business Entity						ran	Market V	ilue of Donatio
OIndividual	Date Received	Event #		Aggregate Value for th	is Event	_		
Sole Proprietorship								
Name of Donor								
Street Address			City	<del></del>		<del></del>	State	Zip Code
								I sip code
Donation Given By:	Description of Donation					T = :		
OBusiness Entity						Fair	Market Va	lue of Donation
OIndividual	Date Received	Event #		Aggregate Value for th	is Event	_		
Sole Proprietorship				age ig in a second				
Name of Donor								
Street Address			City				State	Zip Code
								III
Donation Given By:	Description of Donation					T		
OBusiness Entity						Fair	viarket Va	lue of Donation
OIndividual	Date Received	Event #		Aggregate Value for thi	s Event	-		
Sole Proprietorship								
Name of Donor								
street Address	***************************************		City	1		<del></del> 1	State	Zip Code
							Siare	Zip code
Donation Given By:	Description of Donation					T	* 7 . XX .	
Business Entity						Fair N	larket Val	ue of Donation
O Individual	Date Received	Event#		Aggregate value for this	Event	-		
Sole Proprietorship	· ·							
	<u> </u>	CI	DTOTALC					
			JBIUIAL Sect	tion L4 — This Page				
		ТО	TAL of additio	nal Section L4 Pages				
тот	AL OF ALL IN-KIND	DONATIONS NOT	CONSIDERED	CONTRIBUTIONS			<del></del>	
		(Enter total on Line 2)	i, Coumn A 0J S	ummury Page Totals)			*************	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filin	a Rangeitanil				
	Comment of the Commen	g Repository)		TYPE OF	REPORT	
	L5. In-Kind Donations Not C					
Name of Host	L5. In-Kind Donations Not Cons	sidered Contributions	Associated with:	a House P	arty	
			Is this eve	nt supporting	more than	one candid
treet Address			Committee	· Ores C	INO	
area Address		City	2) ) 63.	complete Iten	State	
					State	Zip Code
escription of Donation						
				Fair M	larket Valu	e of Donation
/ent #	Aggregate Value of this Event—all hosts	Access 11				
	The state of the s	Aggregate Value of all Ever	nts—this host candidate			
ame of Host						
			Is this even	t supporting	nore than	one candidat
			commutee?	Yes O	No	
eet Address		City	If yes, o	complete Itemi		
	•				State	Zip Code
scription of Donation						
				Fair Ma	rket Value	of Donation
ent#	Aggregate Value of this Event—all hosts					
	regues value of this Event—all hosts	Aggregate Value of all Events	s—this host candidate			
me of Host						
			Is this event	Supporting m	ore than o	20.00.11.1
			committee?	UYes UN	o	
et Address		City	If yes, co	omplete Itemiz	ation in Ado	lendum L5
		Chy			State	Zip Code
cription of Donation						
				Fair Mai	ket Value o	f Donation
t #	T				value (	a Donation
	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	-this host candidate			
e of Host						
2 01 P10SI			Is this event s	Upporting	(1	
			Is this event s committee?	OYes ON	ore than on	e candidate
Address			If yes, cor	nplete I <b>temiz</b> a	tion in Adde	endum L5
		City	•		State	Zip Code
iption of Donation						
				Fair Marl	et Value of	Donation
#					-se varue of	Donation
	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	this host candidate			
		CHIPTOTALG				
		SUBTOTAL Section L5	— This Page			
		FOTAL C. LW.				
		TOTAL of additional Sect				
TOTAL	OF ALL IN-KIND DONATIONS NO	T CONSIDERED CONT	FRIRITIONS			
COMICD WITE	I A HOUSE PARTY (Enter total on	Line 22 Col	TONS			
	(Enter total on )	Line 22, Column A of Summe	ary Page Totals)			

# III. NONMONETARY RECEIPTS (Sections M—O)

		stered with Filing Repo			TYPE OF RE	PORT	
		78.77 x	¥71				
Name		M. In	n-Kind Con	tributions			
Street Address				City			State Zip Co
Type of contributor:	Date Received						Zap Co
Olndividual / Sole Proprietorship Oother		Aggregate	Contributions	Description of In-Kine	d Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	s If contributi	ion is in excess of \$	\$400 to a candida	te for a chief executive	officer of a muni	cinality T	
or dependent child of a lobbyist? No  Is this contribution associated with an	valued at mo	ore than \$5,000?	erane is associated	Yes No	with said municipa	lity	Fair Market V
event reported in Section L1?  If yes, list Event #		contributor a princi If yes, indicate who f government the			tate contractor?	8Yes No	or this Contrib
Vame					O Similari		
treet Address							
				ty			State Zip Cod
Type of contributor: Committee  Individual / Sole Proprietorship Other	Date Received	Aggregate (	Contributions	Description of In-Kind	Contribution		
				·			
or dependent child of a lobbyist? O No	valued at mo	on is in excess of \$putor or business here ore than \$5,000?	.400 to a candida /she is associated	te for a chief executive with have a contract was Yes No	officer of a municipation	cipality, lity	Fair Market V of this Contrib
s this contribution associated with an event reported in Section L1?  If yes, list Event #	- 1	y yes, mulcale will	ILU DIARCE AF Erc	actor or prognanting	ite contractor?	OYes	
ame	0	f government the co	ontract is with:	Executive (	OLegislative	O <sub>No</sub>	
eet Address			City	,			
			[,				State Zip Code
pe of contributor: Committee  Individual / Sole Proprietorship Cother	Date Received	Aggregate Co	ontributions	Description of In-Kind C	ontribution		
contributor a lobbyist, spouse, Yes	7.0						
dependent child of a lobbyist? Yes	does contribution  does contribution  valued at more	n is in excess of \$4 tor or business he/s	ore is associated	for a chief executive o with have a contract wi	fficer of a munici th said municipal	pality,	Fair Market Va
dependent child of a lobbyist? No this contribution associated with an	valued at more	re than \$5,000?	of a state contra	Yes O No	th said municipal	ty	Fair Market Va of this Contribu
dependent child of a lobbyist? No	valued at more	re than \$5,000?	l of a state contra	Yes No  Ctor or prospective state others	th said municipal	Pality, ty  Syes No	
this contribution associated with an ent reported listed in Section L1?	valued at more	re than \$5,000? ntributor a principal fyes, indicate which government the con	l of a state contra th branch or bran ontract is with:	Yes O No	th said municipals contractor?  Legislative	ty	
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this contribution associated with an ent reported listed in Section L1?  fyes, list Event #	valued at more valued at valued at valued at valued at valued v	re than \$5,000?  Attributor a principal fyes, indicate which government the construction of the state of the	l of a state contra th branch or bran thract is with:  BTOTAL Sect  AL of addition time 23, Column A	Yes No  Ctor or prospective state oches Executive  ion M — This Page  al Section M Pages  of Summary Page Total	th said municipal.  contractor?  Legislative	ty	
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this contribution associated with an ent reported listed in Section L1?  OTAL OF ALL IN-KIND CONT  Name of Individual  lential Street Address	valued at more valued at valued at valued at valued at valued v	re than \$5,000?  Attributor a principal fyes, indicate which government the construction of the constructi	l of a state contra th branch or bran thract is with:  BTOTAL Sect AL of addition time 23, Column A  osit to Telep	Yes No  Cotor or prospective state of Summary Page Tota  Shone Company	th said municipal. e contractor? Legislative	Yes No	of this Contribu
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this contribution associated with an ent reported listed in Section L1?  OTAL OF ALL IN-KIND CONT  Name of Individual  lential Street Address	valued at more valued at valued at valued at valued at valued v	re than \$5,000?  Attributor a principal fyes, indicate which government the construction of the constructi	l of a state contra th branch or bran thract is with:  BTOTAL Sect AL of addition time 23, Column A  osit to Telep	Yes No  Ctor or prospective state ches Executive  ion M — This Page  al Section M Pages  of Summary Page Tota  bhone Company	ate Zip Code	Yes No	of this Contribu
this contribution associated with an ent reported listed in Section L1?  OTAL OF ALL IN-KIND CONT  Name of Individual  lential Street Address	valued at more valued at valued at valued at valued at valued v	re than \$5,000?  Attributor a principal fyes, indicate which government the construction of the constructi	l of a state contra th branch or bran thract is with:  BTOTAL Sect AL of addition time 23, Column A  osit to Telep	Yes No  Cotor or prospective state of Summary Page Tota  Shone Company	th said municipal.  contractor?  Legislative  M  ate Zip Code	Yes No	of this Contribu



Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

Revised January 2015

IV. EXPENDITIVES (Section 2.D. T)

IV. EXPENDITURES (Sections P-T) Page 13 of 17 NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT P. Expenses Paid by Committee Name of Payee Date of Payment Method of Payment: Thirty -Nine Street 06/25/2019 Check # Street Address O Debit Card **©**EFT 98-01 67th ave Zip Code Rego Park NY 11374 Purpose of Expenditure Description (by code) Event # Amount consultant 11500.00 Expenditure # Type of Expenditure (Hemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below Coordinated with re 55 Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization OA OBOCOD Name of Payee Method of Payment: NGP VAN Check #\_ 04/15/2019 Street Address O Debit Card City Zip Code New HAven New Haven ct 06511 Purpose of Expenditure Description Event # (by code) Amount Misc 100.00 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below
Coordinated with reimbursement sought (joint expenditure)
Coordinated without reimbursement sought (in-kind contribution) 56 O Independent Organization OA OB OC OD Name of Payee Method of Payment: Check #\_ Street Address O Debit Card OEFT City Purpose of Expenditure Description (by code) Event # Amount Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) O None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization OAOBOCOD Name of Payee Method of Payment: Check # Street Address O Debit Card City Zip Code Purpose of Expenditure Description (by code) Event # Amount Expenditure # Type of Expenditure (Hemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below Coordinated with re Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD SUBTOTAL Section P — This Page 11,600.00 TOTAL of additional Section P Pages 69355.77 TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

Revised January 2015

#### IV. EXPENDITURES (Sections P—T)

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Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		1	TYPE OF REPORT	1 100	
Ton:	Harp 2019			July 10	File	Λ 9
	P. Expenses	Paid by Committee	e			
	nello, Inc. on Harvest	· · · · · · · · · · · · · · · · · · ·		Date of Payment 4/17/19	Method of I  Check  Debit	#_104
Street Address 1161 Mission S	t.	San Francisco			State CA	Zip Code 94103
Purpose of Expenditure (by code)	Description Harp Self Vulnerability Memo/Elicker Opp	o Report	Event #		\$750	Amount
Expenditure # (If applicable) #1	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	e) Indeper		)		
Name of Payee Edward Corey				Date of Payment 5/06/19	Method of P	#_105
Street Address 52 Sharon Ave		City Torrington			State CT	Zip Code 06790
Purpose of Expenditure (by code)	Description Campaign Management		Event #		\$3,500	Amount
Expenditure # (if applicable) #2	Type of Expenditure (Itemization in Addendum P Required und  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contril	) Indepen				
Name of Payee Align			D	Part of Payment 5/06/19	Method of Pa	<u> 106</u>
Street Address Inquiring	. ×	City Inquiring			State Inq.	Zip Code Inquiring
Purpose of Expenditure (by code)	Description Videto Production		Event #		\$350	Amount
Expenditure # (if applicable) #3	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	e) Indene	ndent	)		
Name of Payee Reaper Muzik E	intertainment		D.	ate of Payment 5/06/19	Method of Pa	107
Street Address Inquiring		<sup>City</sup> Inquiring				Zip Code Inquiring
Purpose of Expenditure (by code)	Graphic Design and Video Services		Event #		\$800	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	) Independ	dent	Ов Ос О р		
Ĺ,	St	JBTOTAL Section P —	– This Pa	nge \$14850: 1/2	4,150	
	TOI	AL of additional Section	on P Pag	es		
	TOTAL OF ALL EXPEN	NSES PAID BY COM				

Revised January 2015	IV. EXPENDI	TURES (Sections P	-T) 2.0€	15	Page 13 of 17
NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository,		TYPE OF REPORT	<u>v</u>	
Ha	CP 2019		10/1/1	() F	lling
	P. Expenses	Paid by Committee	1		
Name of Payee Edward Corey  Street Address			Date of Payment 5/16/19	Method of    Oheck	(#_108
52 Sharon Ave	·	City Torrington		State CT	Zip Code 06790
Purpose of Expenditure (by code)	Description Campaign Management	E	vent#	\$200	Amount
Expenditure # (if applicable) #5	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) Independen			
Cole Haymond			Date of Payment 5/15/19	Method of F Check Debit	# 109
Street Address 248 Georgetow	/n Dr.	City Glastonbury		State CT	Zip Code 06033
Purpose of Expenditure (by code)	Description Reimbursements	Ev	ent#	\$203.	Amount 74
Expenditure # (if applicable) #6  Name of Payee	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) Independent			
Cole Haymond			Date of Payment 5/15/19	Method of P. Check: Debit C	#_110
Street Address 248 Georgetow	n Dr.	City Glastonbury		State CT	Zip Code 06033
Purpose of Expenditure (by code)	Description Website Development	Eve	ent#	\$750	Amount
Expenditure # ((f applicable) #7	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	(e) Independent	t		
Name of Payee Cole Haymond Street Address			Date of Payment 5/15/19	Method of Pa  Check #	#
248 Georgetow		City Glastonbury			Zip Code 06033
Purpose of Expenditure (by code)	Description Social Media Organizing	Eve	nt #	\$1000	Amount
Expenditure # (if applicable) #8	Type of Expenditure (Itemization in Addendum P Required und  None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	) Independent			
	St	UBTOTAL Section P — Th	#20ma = :		
		FAL of additional Section P			
	TOTAL OF ALL EXPEN	NSES PAID BY COMMI 19, Column A of Summary Page	TTEE e Totals)		

IV. EXPENDITURES (Sections P—T) Page 13 of 17 NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) P. Expenses Paid by Committee Name of Payee Date of Payment Method of Payment: Cole Haymond Check # 112 5/15/19 O Debit Card OEFT Street Address City Zip Code State 248 Georgetown Dr. Glastonbury CT 06033 Purpose of Expenditure Event # (by code) Amount Fundraising Consulting \$2500 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below #9 Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Name of Payee Method of Payment: Andrea Scott Check # 113 5/15/19 O Debit Card OEFT Street Address City State Zip Code 200 Howard Avenue New Haven CT 06519 Purpose of Expenditure Event # Amount (by code) Tickets for the Mayor \$300 Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below #10 Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Name of Payee Method of Payment: Mary Coursey Check #\_114 5/29/19 O Debit Card OEFT Street Address City Zip Code 1 Haynes Street Hartford CT 06103 Purpose of Expenditure Description Event # (by code) Amount Cocktail Display and Passed Hors D'Oeuvres, Premium \$1611 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below #11 Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Name of Payee Method of Payment: Kandmventureslic Check # 115 5/31/19 O Debit Card () EFT Street Address City State Zip Code 58 Everett West Haven CT 06516 Purpose of Expenditure Description Event # (by code) Amount Men on The Same Page (Harp) We Got Her Back \$436.65 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below #12 Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization A OB OC OD \$4847.65 SUBTOTAL Section P — This Page TOTAL of additional Section P Pages

TOTAL OF ALL EXPENSES PAID BY COMMITTEE

(Enter total on Line 19, Column A of Summary Page Totals)

Revised January 2015

#### IV. EXPENDITURES (Sections P—T)

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
	P. Expenses	Paid by Committee			
Name of Payee Edward Corey			Date of Payment 6/1/19	Method of I  Check  Debit	#_117
Street Address 52 Sharon Ave		Torrington		State CT	Zip Code 06790
Purpose of Expenditure (by code)	Campaign Management, Fundraiser		Event#	\$202	Amount
Expenditure # (if applicable) #13	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) Independ	lent		
Name of Payee JWB&Grace			Date of Payment 6/3/19	Method of P  Check Debit (	#_118
Street Address 50 Fitch St.		<sup>City</sup> New Haven		State CT	Zip Code 06515
Purpose of Expenditure (by code)	Description Photography Walk Card-reimburse, Mileag		Event #	\$1224	Amount 4.05
Expenditure # (If applicable) #14	Type of Expenditure (Itemization in Addendum P Required unl  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	) Independ	ent		
Name of Payee  Dexter Balyeat			Date of Payment 6/3/19	Method of Pa	#_119
Street Address 4 Staunton Cou	rt	Farmington		State CT	Zip Code 06032
Purpose of Expenditure (by code)	April 6 Photo and Processing		Event #	\$250	Amount
Expenditure # (if applicable) #15	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	lndenend	lent		
Name of Payee VIO'S Sports PI	us, LLC		Date of Payment 4/12/19	Method of Pa	121
Street Address 487 Campbell A		<sup>City</sup> West Haven		State CT	Zip Code 06516
Purpose of Expenditure (by code)	White Tees, Screen		Event #	\$1160	Amount
Expenditure # ((f applicable) #16	Type of Expenditure (Itemization in Addendum P Required unlow None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	) Independe	ent	-	
	St	JBTOTAL Section P —	This Page \$4,655	5. ZZ	
	ТОТ	AL of additional Section	n P Pages		and the second s
	TOTAL OF ALL EXPEN (Enter total on Line)	NSES PAID BY COM 19, Column A of Summary I	MITTEE Page Totals)		and the second s

DECEMBER STORAGE SERVISED STATES

#### IV. EXPENDITURES (Sections P—T)

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Page 13 of 17

NAME OF COMMI	ITTEE (Provide Complete Name as Registered with	Filing Repository)	TYPE OF REPORT	5."
	P	P. Expenses Paid by Commit	tee	
Name of Payee Harty Street Address			Date of Payment 6/3/19	Method of Payment:  • Check #_122  • Debit Card • EFT
PO Box 324		New Haven		State Zip Code CT 06513
Purpose of Expenditure (by code)	Description Harp Walk Cards		Event #	Amount \$783.80
Expenditure # (if applicable) #17	Type of Expenditure (Itemization in Addendum)  None of the below Coordinated with reimbursement sough Coordinated without reimbursement sou	nt (joint expenditure) Inde	in is checked)  spendent mization	
Name of Payee Sheila Carmer	٦		Date of Payment 4/12/19	Method of Payment:  Check # 127  Debit Card  EFT
Street Address 326 West Rocl	k Ave	City New Haven		State   Zip Code   CT   06515
Purpose of Expenditure (by code)  Expenditure #	Description Balloons	1	Event#	Amount \$95.72
(if applicable) #18	Type of Expenditure (Itemization in Addendum  None of the below Coordinated with reimbursement sought Coordinated without reimbursement sou	t (joint expenditure) Indep	endent  nization \( \begin{pmatrix} pma	
Name of Payee Ed Corey			Date of Payment 6/13/19	Method of Payment:  Check # 128  Debit Card  EFT
Street Address 52 Sharon Ave		City Torrington		State Zip Code CT 06790
Purpose of Expenditure (by code)	Description Kickerbockers Golf Club, 2 Co	ordless mics, Theme Song	Event#	Amount \$200
Expenditure # (if applicable) #19	Type of Expenditure (Itemization in Addendum  None of the below Coordinated with reimbursement sough Coordinated without reimbursement sou	at (joint expenditure) Inde	mis checked)  pendent  nization A B C D	
Name of Payee  CT Democratio	c Party-Federal	X .	Date of Payment 6/16/19	Method of Payment:  Check # 129
Street Address Inquire		City Inquire		State Zip Code Inqu Inquire
Purpose of Expenditure (by code)	Description Inquire		Event #	Amount \$2000
Expenditure # ((if applicable) #20	Type of Expenditure (Itemization in Addendum  None of the below Coordinated with reimbursement sought Coordinated without reimbursement sou	(joint expenditure) Indep	'is checked)  pendent  pization A B C D	
		SUBTOTAL Section P	— This Page \$3079.52	
		TOTAL of additional Sec	ction P Pages	
		ALL EXPENSES PAID BY CO		

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed. IV. EXPENDITURES (Sections P—T) 6 0 F 15 Section of Section 16: NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

	P. Expenses	Paid by Committee		
Name of Payee  Jaxon Alston			Date of Payment 2/27/19	Method of Payment:  • Check # 136
Street Address 6 Lillibridge Co	purt	City Hamden		O Debit Card
Purpose of Expenditure	Description		Event #	
(by code)	Reimbursement			Amount \$250
Expenditure # (if applicable) #21	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	re) Independ	lent	
	nouse BBQ @ "The Stack"		Date of Payment 4/13/19	Method of Payment:  Check # 8168  Debit Card  EFT
Street Address 470 James Stre		New Haven		State   Zip Code   CT   06513
Purpose of Expenditure (by code)	Description Mayor Harp's Re-election Announcement	Party	Event #	Amount \$1364.47
Expenditure # (if applicable) #22	Type of Expenditure (Itemization in Addendum P Required un.  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	lndenend	ent	
Name of Payee			Date of Payment	Method of Payment:  Check #  Debit Card  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 une  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	re)	ent	
Name of Payee		Organizat	Date of Payment	Method of Payment:  Check #
Street Address		City		O Debit Card O EFT State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unt  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	) Independe	nt	
	St	UBTOTAL Section P —		
	ТОТ	FAL of additional Section	P Pages	
	TOTAL OF ALL EXPEN (Enter total on Line)	NSES PAID BY COMP 19, Column A of Summary P	MITTEE lage Totals)	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed. SEEC FORM 20 Revised January 2015 IV. EXPENDITURES (Sections P—T) Page 13 of 17 NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT

	P. Expenses	Paid by Committee			
Name of Payee		**************************************	Date of Payment	Method of	Payment:
Post Master			4/4/19	O Check	
Street Address		City		O Debit	Card OEFT
Fountain Street		New Haven		cT	06511
Purpose of Expenditure	Description	1.1011.11011			100011
(by code)	PO Box Payment		Event #		Amount
OVIV				176.0	0
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)		
#23	None of the below Coordinated with reimbursement sought (joint expenditure)	···) ( ··· ··· - ·· - · · - · - ·· - · · - · - ·· - · · - · · - · · - · · - · · - · · - · · - · · - · · - · · · - · · · - · · · - · · · - · · · - · · · - · · · - · · · - · · · - · · · - · · · · - · · · - · · · · - · · · - · · · · · - · · · · · - · · · · · - ·	1 .		
	Coordinated with reimbursement sought (in-kind contr	ribution) Organiza		D	
Name of Payee		Organiza	Date of Payment	Method of I	Payment:
Carlton Staggers	3		04/04/19	O Check	
Street Address		City		O Debit	
IQ				State	Zip Code
		New Haven		СТ	06515
Purpose of Expenditure (by code)	Description	-	Event #		Amount
OHLO				600.00	<b>1</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)		,
#24	None of the below		concuy		
#24	Coordinated with reimbursement sought (joint expenditure				
Name of Payee	Coordinated without reimbursement sought (in-kind contri	bution) Organiza			
Amber Boykin			Date of Payment	Method of P  Check	
			4/10/19	O Debit C	
Street Address		City		State	Zip Code
		New Haven		СТ	06511
Purpose of Expenditure	Description		Event #		
(by code)	Consultnt				Amount
Expenditure #	Type of Everytic Manifestic in 111 1 DD			500	
(if applicable)	Type of Expenditure ( <i>Itemization in Addendum P Required un</i> None of the below	dless "None of the below" is	checked)		
#25	O Coordinated with reimbursement sought (joint expenditure	re) Independ	ient		
	Coordinated without reimbursement sought (in-kind contr			D	
Name of Payee			Date of Payment	Method of Pa	
Dennis Williams			4/13/19	O Check	
Street Address	: Sta 8	City		O Debit C	Card OEFT Zip Code
110 How	niton 54	WORT H	oven	State	Zip Code
Purpose of Expenditure	Description	1/1/67 /			
(by code)	Music		Event #	1	Amount
				250.00	)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und	less "None of the below" is c	hecked)		
1101	None of the below	_			
426	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril				
		Organizat	This Party 14500 00		
		UBTOTAL Section P —			
	ТОТ	TAL of additional Section	n P Pages		
	TOTAL OF ALL EXPEN	NSES PAID BY COM 19, Column A of Summary	MITTEE		

Revised January 2015	IV. EXPEND	ITURES (Section	ons P-	$-T$ ) $\%$ $\circ$	F15	Page 13 of
NAME OF COMM	ITTEE (Provide Complete Name as Registered with Filing Repositor	'y)		TYPE OF REPORT	<u> </u>	)
	P. F.					
Name of Payee	P. Expense	s Paid by Commit	tee			
Bear Smokeho	ouse			Date of Payment 4/15/19	<b>⊙</b> CI	d of Payment: heck #10022
oddot Addiess		City			State CT	ebit Card OEF
Purpose of Expenditure (by code)	Description		Eve	nt #	- C1	06511
Food	Food		Live	ш #	280	Amount
Expenditure # (if applicable) #28	Type of Expenditure (Itemization in Addendum P Required used None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the coordinated without reim	ure)	pendent			
Name of Payee Cole Haymond		Organ	nization(	Date of Payment	Method	of Payment:
Street Address				5/15/20199	O Deb	eck #101 oit Card OEFT
248 GEorgetow	n drive	City Glastonbury			State	Zip Code 06515
urpose of Expenditure by code)	Description		Event	#		
Expenditure #	Consulting				2500	Amount
#29	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri			ed)		,
ame of Payee	Control Sought (iii-kind contri	bution) Organiz	zation.	A OB OC OD  Date of Payment		
atelyn Schick				4/30/2019	Method of Chec	
rpose of Expenditure		City New Haven			State CT	t Card OEFT Zip Code 06511
COMP	Description Data		Event #		-	Amount
openditure # applicable)  O  me of Payee	Type of Expenditure (Itemization in Addendum P Required und  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contril		ndent		500	
oubapaz LLC		O o i gamiz		A O B O C O D  Date of Payment	Method of	Payment:
eet Address				5/7/2019	• Check	<sub>4</sub> 103
aek street		City			O Debit State	Card OEFT Zip Code
pose of Expenditure	Description	New HAven			ct	06511
code)	Rent		Event #			Amount
enditure # T	ype of Expenditure (Itemization in Addendum P Required unless  None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribu	O Independ	dent	<u> </u>	4249.9	33
	SUI	BTOTAL Section P —				
	TOTA	AL of additional Sectio	n P Pag	res		
	TOTAL OF ALL EXPENS	SES PAID BY COM	MITT	EE		
	(Section form on Line 19	, Column A of Summary	Page Tot	als)		

NAME OF COMA	AITTEE (Provide Complete Name as Registered with Filing Reposite	ITURES (Section	ns P	$-T$ ) $\mathcal{A}$	of 1	5 Page 13
	222 (1709the Complete Name as Registered with Filing Reposite	pry)		TYPE OF REPOR	T7	
	D Evrons	D. 131 6				
Name of Payee	1. Expens	es Paid by Commit	tee			
J. Peters Wilso	on			Date of Payment		od of Payment:
treet Address				4/15/19		Check # 1021
lew Haven		City			State	Debit Card O
		New Haven			сТ	06511
urpose of Expenditure by code)	and the state of t		Eve	ent#		
	Food Filing					Amount
xpenditure # fapplicable)	Type of Expenditure (Itemization in Addendum P Required	unless "None of the below"	is chas	drad)	19	5.00
£27	None of the below		is chec	кеај		
	Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor		endent			
me of Payee		otribution) Organ	ization	$O_A O_B O_C O$	D	
nirty - Nine St	Strategies			Date of Payment		of Payment: eck #116
eet Address		Loz		06/03/19		bit Card OE
ew Haven		City			State	Zip Code
pose of Expenditure	Description	NewHaven			СТ	06515
code)	Consulting		Event	t #		Amount
penditure #					150	
pplicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checke	ed)	150	00
32	None of the below Coordinated with reimbursement sought (joint expenditur			,		
	Coordinated with termoursement sought (joint expenditur					
ne of Payee		Organiz	ation (	Date of Payment		
jor Ruth				06/03/19		of Payment: ck # 123
et Address		City		00/03/19	O Deb	
Lucy street		Woodbridge			State	Zip Code
ose of Expenditure	Description	Woodbridge			CT	06525
ode)	Data		Event #	#		Amount
nditure #	T. On				1050	
olicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below	tless "None of the below" is	checke	ed)	- 1000	
	Coordinated with reimbursement sought	_				
670	Coordinated without reimbursement sought (in-kind contri					
of Payee		O Organiza	illon	AOBOCO D Date of Payment		
v Light Minstri	es		1	06/3/19	Method of Check	Payment: k # 124
Address		City			O Debit	
v Haven		New HAven			State	Zip Code
e of Expenditure	Description				ct	06511
1770 - K	Rent		Event #			Amount
diture #	VDe of Expanditure (Mani-				250.0	0
cable)	ype of Expenditure (Itemization in Addendum P Required unle None of the below	ss "None of the below" is c	hecked)	)	1	
	Coordinated with reimburgement sought	C Inda. 1	4			
	Coordinated without reimbursement sought (in-kind contribu	Independe O Organizati		On Oc. 0		
	SU	BTOTAL Section P —				
		AL of additional Section				
	TOTAL OF ALL EXPENS	SES PAID BY COM	AITT	rr		
	(Enter total on Line 19	, Column A of Summary P	age Tot	als)		

Revised January 2015	IV. EXPEND	ITURES (Section	ons P—	T) (O	of	5 Page 13 of 1
NAME OF COMM	HTTEE (Provide Complete Name as Registered with Filing Reposito	ory)		TYPE OF REPORT	T /	
	P Evnana	as Daid by C-				
Name of Payee	1. Expense	es Paid by Committ	tee		-	
Cole Haymond	t e e e e e e e e e e e e e e e e e e e			Date of Payment		d of Payment: heck #125
Street Address		City		6/10/19		ebit Card OEFT
248 Georgetov	vn	Glastonbury			State	Zip Code
Purpose of Expenditure	Description		I E /	,	сТ	06515
CNOH	consulting		Event #		350	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required I	unless "None of the below"	is checked	0	$\dashv$	0.00
#35	None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	ture) O Indep	endent			
Name of Payee	- Post (a. Anta Oo)	Organi	ization () A	Date of Payment		CD
Derrick Powell				06/13/19	• Che	of Payment: eck #126  oit Card OEFT
lew Haven		City			State	Zip Code
urpose of Expenditure	Description	NewHaven			СТ	06515
y code)	Consulting		Event #			Amount
xpenditure #					250	
#36 ame of Payee	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controller)		ndent	Ов Ос Ор		
sther Armond				OB OC OD  ate of Payment		f Payment:
reet Address			0	5/19/19	O Chec	ck #_130
eer Address ew Haven		City			O Debit	t Card OEFT
pose of Expenditure		new haven			СТ	06525
RMB	Reimbursement		Event #		1 05.00	Amount
penditure # upplicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	s checked)		65.00	
7 me of Payee	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controller)	)	ndent	ОвОсОв		
d Corry				e of Payment	Method of	Payment:
et Address			06	6/19/19	O Check	
Sharon Ave		City			O Debit State	Card OEFT Zip Code
pose of Expenditure		Torrington			ct	06511
ose of Expenditure code)	Payroll		Event #			Amount
enditure # T	ype of Expenditure (Itemization in Addendum P Required unle	ess "None of the below" in	al = 1 = 1)		2000	
	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	O Independe	lent			
		BTOTAL Section P —		DB OC OD 5815.00		
		AL of additional Section				
	TOTAL OF ALL EXPEN	SES PAID BY COM	MITTEI	7		
	(Enter total on Line 1	9, Column A of Summary P	Page Totals	51		

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

Revised January 2015	IV. EXPEND	ITURES (Sectio	ms P—T)	F15	Page 13 of
NAME OF COMM	ITTEE (Provide Complete Name as Registered with Filing Reposito	ry)	TYPE OF REPOR	Γ	
	P Evnance	og Doid by C			
Name of Payee	1. Expense	es Paid by Committ			
Avabtico Jacolio			Date of Payment		d of Payment: heck #132
Street Address		City	06/19/19		ebit Card OEI
				State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		
CNSET	Payroll				<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to	unless "None of the below"	is checked)	500	
39	None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	ure) Q Indepe	endent		
lame of Payee	- Sgr (al alia con	tribution) Organi	Zation OA OB OC O		of Payment;
heila Carmen			06/19/19	O Che	eck #133
treet Address 26 West Rock Av		City		O Deb	oit Card OEF
	e	New Haven		СТ	06511
urpose of Expenditure y code)	Description		Event #		
KMD	Reimbursement			124.3	Amount
xpenditure # ^applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)	- 124.3	00
0	None of the below     Coordinated with reimbursement sought (joint expenditure)     Coordinated without reimbursement sought (in-kind controller)	re) O Indepen	dent		
ame of Payee		Organiza	Date of Payment		f Payment:
aroll E. Brown			06/19/19	O Chec	k #134
eet Address ew HAven		City		O Debi	t Card OEFT
		New HAven		ct	06511
rpose of Expenditure	Description		Event #	+	Amount
penditure #	Reimb. for Cast Iron			549.06	
applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)	-	,
	O None of the below Coordinated with reimbursement sought (joint expenditur	e) Andrews	4		
me of Payee	Coordinated without reimbursement sought (in-kind contr	e) Indepen			
sse Phillips			Date of Payment	Method of	
et Address			06/27/19	Check	
w Haven		City		O Debit State	Zip Code
ose of Expenditure	Description	New Haven		ct	06511
eode)	Reimb Food		Event #	250.00	Amount
enditure # Ty	ype of Expenditure (Itemization in Addendum P Required unla	ess "None of the below" is c	hecked)	- 230.00	•
1 5	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	O Independ	ent		
		BTOTAL Section P —	On OA OB OC OD This Page 1423.42		
		AL of additional Section			
	TOTAL OF ALL EXPEN	SES PAID BY COM	MITTEE	**************************************	
	(Enter total on Line 1	9, Column A of Summary F	age Totals)		

SEEC FORM 20

Revised January 2015	······································	TURES (Section	s P—T) 12	0+15	Page 13 of 17
NAME OF COMMI	ITEE (Provide Complete Name as Registered with Filing Repository	)	TYPE OF REPORT		
N. CY	P. Expenses	s Paid by Committe	e		
Name of Payee	THE HAVEN GT U.S.		Date of Payment		of Payment:
DEST BUY UNOR	TH HAVEN CT USA		05/19/19	O Che	oit Card OEFT
Street Address		City		State	Zip Code
398 Universal Dri	ve	North Haven		ct	06473
Purpose of Expenditure (by code)	Description		Event #		Amount
ONHO	Computer/Printer			1085	i.76
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below" i	s checked)		
43	None of the below				
,-	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	* *			
Name of Payee		Organiz	Date of Payment	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME	of Payment:
Size	COURTS BY		05/19/19	O Chec	ck #133
Street Address		City		O Debi	it Card OEFT Zip Code
555 Universal Driv	ve	North Haven		CT	06511
Purpose of Expenditure	Description				100311
(by code)	Food		Event #		Amount
Expenditure #				485.8	7
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)		
44	None of the below Coordinated with reimbursement sought (joint expenditur	re) Indepen	dent		
	Coordinated without reimbursement sought (in-kind contr	·	ation OA OB OC O	o l	
Name of Payee			Date of Payment	Method o	f Payment:
Key Bank			04/19/19	O Chec O Debi	
Street Address		City		State	Zip Code
New HAven		New HAven		ct	06511
Purpose of Expenditure	Description		Event #		Amount
(by code)	Check Suppy		-	42.27	Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	place "None of the helow" i	a chacked)	43.27	
(if applicable)	None of the below		з спескей)		
45	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ire)	ndent		
Name of Payee	Coordinated without reimbursement sought (in-kind cont	tribution) Organiz			
Cricket Wireless			Date of Payment	Method of Chec	fPayment: -k #135
Street Address		1	06/27/19	O Debit	
923 Dixwell Ave		City		State	Zìp Code
		Hamden		ct	06514
Purpose of Expenditure (by code)	Description		Event #		Amount
<u>UVHV</u>				595.5	5
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)	_	
46	None of the below				
	Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr				
		O Organiza	ation OA OB OC OI	)	
	S	UBTOTAL Section P —	- This Page   2210.45	***************************************	
	ТО	TAL of additional Section	on P Pages		
	TOTAL OF ALL EXPE	NSES PAID BY COM	1MITTEE	<del></del>	
	(Enter total on Line	19, Column A of Summary	Page Totals)		

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed. SEEC FORM 20 IV. EXPENDITURES (Sections P—T) Page 13 of 17 NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT P. Expenses Paid by Committee Name of Payee Date of Payment Method of Payment Facebook Check # 06/30/2019 O Debit Card **O**EFT Street Address City Zip Code Facebook.com Facebook Purpose of Expenditure Description Event # Amount Social Media Presence 293.09 Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) O None of the below 47 Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD Name of Payee Method of Payment: KeyBank Check #\_ 05/31/2019 O Debit Card • EFT Street Address Zip Code New Haven New Haven ct 06511 Purpose of Expenditure Description Event # (by code) Amount Bank Fee 30.00 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below 48 Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization ()A Name of Payee Method of Payment NationBuilder O Check # 06/26/2019 O Debit Card **O**EFT Street Address City Zip Code Online Payment New Haven ct 06511 Purpose of Expenditure Description Event # (by code) Amount 1061 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below Coordinated with reimbursement sought (joint expenditure) 49 Independent Coordinated without reimbursement sought (in-kind contribution)  $\bigcirc$  B  $\bigcirc$  C  $\bigcirc$  D Name of Payee Date of Payment Method of Payment: **USPS** Check #\_ 04/10/19 Street Address O Debit Card OEFT Zip Code **Brewery Street** New Haven ct 06511 Purpose of Expenditure Description Event # (by code) Amount Postage 55.00 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below 50 Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD

SUBTOTAL Section P — This Page | 1439.09

**TOTAL** of additional Section P Pages

TOTAL OF ALL EXPENSES PAID BY COMMITTEE

(Enter total on Line 19, Column A of Summary Page Totals)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

IV. EXPENDITURES (Sections P—T) NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) P. Expenses Paid by Committee Name of Payee Date of Payment Method of Payment: Staples Check # 05/31/2019 O Debit Card Street Address City Zip Code Skiff Street/Dixwell Ave Hamden 06514 ct Purpose of Expenditure Description Event # Amount (by code) Office Supplies 193.47 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below 51 Coordinated with reimbursement sought (joint expenditure)
Coordinated without reimbursement sought (in-kind contribution) Independent Coordinated without reimbursement sought (in-kind contribution) Organization OA OBOCOD Name of Payee Date of Payment Method of Payment: Check # Tyco 05/23/2019 O Debit Card Street Address Zip Code New Haven New Haven ct 06511 Purpose of Expenditure Description Event # Amount (by code) Printing/Sign 245.42 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below
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 Coordinated without reimbursement sought (in-kind contribution) 52 Independent Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD Name of Payee Date of Payment Method of Payment: Check # **Universal Printing** 06/26/2019 O Debit Card **O**EFT Street Address City Zip Code Fairfield Fairfield CT 06511 ct Purpose of Expenditure Description Event # Amount 2017.73 Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) O None of the below Coordinated with reimbursement sought (joint expenditure) 53 Independent Coordinated without reimbursement sought (in-kind contribution) Organization A O B O C O D Name of Payee Date of Payment Method of Payment: Walmart #5439 Check # 06/11/19 O Debit Card OEFT Street Address City Zip Code New Haven New Haven 06511 Purpose of Expenditure Description Event# Amount (by code) Supplies 159.66 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below 54 Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization ()A SUBTOTAL Section P — This Page 2616.28 **TOTAL** of additional Section P Pages TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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