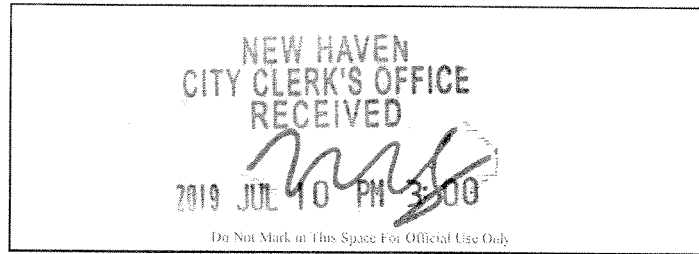
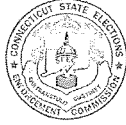
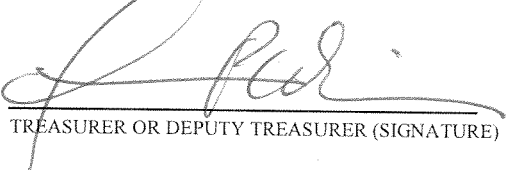


# SEEC FORM 20

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



## COVER PAGE

<b>1. NAME OF COMMITTEE</b>			
Harp 2019			
<b>2. TREASURER NAME</b>			
First Jonathan	MI P	Last Wilson	Suffix Mr
<b>3. TREASURER ADDRESS</b>			
Street Address P.O Box 3470		City New Haven	State CT
		Zip Code 06515	
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/10/19		<b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i> Mayor	
		<b>6. DISTRICT NUMBER</b> <i>(if applicable)</i>	
<b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>			
First Toni	MI N	Last Harp	Suffix
<b>8. TYPE OF REPORT</b> <i>(Check One Box)</i>			
<input type="radio"/> January 10 filing <input type="radio"/> 7th day preceding primary <input type="radio"/> 7th day preceding referendum <input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i> <input type="radio"/> April 10 filing <input type="radio"/> 30 days following primary <input type="radio"/> 45 days following referendum <input type="radio"/> Amendment to <input checked="" type="radio"/> July 10 filing <input type="radio"/> 7th day preceding election <input type="radio"/> Deficit                      Type of Report: _____ <input type="radio"/> October 10 filing <input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i> <input type="radio"/> Termination <input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election <input type="radio"/> 45 days following election not held in November			
<b>9. PERIOD COVERED</b>			
Beginning Date <u>4/2/19</u>		Ending Date <u>6/30/19</u>	
thru			
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		Jonathan Peter Wilson PRINT NAME OF SIGNER	
		07/08/2019 DATE (mm/dd/yyyy)	
<i>A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</i>			

## SEEC FORM 20

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

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
	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. <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)	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 <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Harp 2019			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		<b>SUBTOTAL SECTION A</b> \$ 98,841.10	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
Last Name		First	
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
Last Name		First	
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
<b>SUBTOTAL Section B — This Page</b>			
<b>TOTAL of additional Section B Pages</b>		98,841.10	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		98,841.10	



Client Name	Address	City	State	Zip	Phone	Occupation	Start Date	End Date	Amount	Balance	Notes
Wint	171 Spring St	New Haven	CT	06519	203-464-1854	Platinum Assoc.	5/24/19		\$240.00	N	
Carbone	95 Vista Ter	New Haven	CT	06515	860-573-4209	Professor	5/24/19		\$10.00	N	
Horsford	2233 Ridge Rd	New Haven	CT	6473	203-671-1961	Farman Realty Group	5/24/19		\$250.00	N	
	Lior Ekan 129 Church St. Unit #1	New Haven	CT	6510	203-691-1993		5/24/19		\$500.00	N	
	CT Custor 8 Massimo Dr.	North Haven	CT	6473	203-985-0277		5/24/19		\$250.00	N	
	CT Pest El 273 Indian River Rd.	Orange	CT	6477	203-931-7378		5/24/19		\$250.00	N	
	Utility Co 920 Sherman Ave.	Hamden	CT	6514	203-287-1306		5/24/19		\$250.00	N	
Thomas	153 Tanglewood Dr. S	Hamden	CT	6518	203-410-6059	Performance Environment Services	5/24/19		\$250.00	N	
	East Shore 132 Main Street Annex	New Haven	CT	6512	203-465-0964		5/24/19		\$250.00	N	
	Concrete 281 Chapel St.	New Haven	CT	6410	203-410-3943	Performance Environment Services	5/24/19		\$250.00	N	
Sadler	CEI, Inc. 270 D Rowe Ave.	New Haven	CT	6513	475-264-8941		5/24/19		\$250.00	N	
	Profrow, P.O. Box 748	North Haven	CT	6473	203-605-2873		5/24/19		\$250.00	N	
	Innovativ 612 Wheelers Farms Rd. F1.1	Milford	CT	6461	203-951-4100		5/24/19		\$250.00	N	
	Cahill Elel 18 Joshua Trl	East Haven	CT	6512	203-468-0034		5/24/19		\$250.00	N	
	AFB Cons 935 White Plains Rd. Ste #210	Trumbull	CT	6611	203-275-8370		5/24/19		\$250.00	N	
	REA Reso 935 White Plains Rd. Ste #210	Trumbull	CT	6611	203-590-3838		5/24/19		\$250.00	N	
Savir	20 Armstrong St. #2	Jamaica Plain	MA	2130	979-324-1145	stephavi mckinsey	5/24/19		\$250.00	N	
Biele	20 Hobart St.	New Haven	CT	6511	203-216-2310	allison die Core Beauty Realtor	5/24/19		\$25.00	N	
Strickling	110 Maplewood Ave.	West Hartford	CT	6119	860-638-9748	strickling; Boardwalk Properties	5/24/19		\$100.00	N	
Short	481 George St.	New Haven	CT	6511	203-675-3871	mrsindoc Self	5/24/19		\$250.00	N	
Williamson	400 Whitney Ave. #13	New Haven	CT	6511	305-336-1156	cecers ar Dwight Real Estate	5/24/19		\$1,000.00	N	
Cowie	57 Rock Hill Rd	Woodbridge	CT	6525	203-887-8180	ardelleco Retired	5/24/19		\$1,000.00	N	
Churchman	57 Rock Hill Rd	Woodbridge	CT	6525	203-887-8180	ardelleco Retired	5/24/19		\$1,000.00	N	
Clarke	6 Welch Rd	Hamden	CT	6514	2032140284	ardelleco Retired	5/24/19		\$1,000.00	N	
Panico	95 Stony Carvers Cir	Avon	CT	6001	8609956105	Robinson & Cole LLP	5/19/19	Check	\$50.00	N	
Henderson	420 Stevenson Rd	New Haven	CT	6515	2036877805	chris Self	5/19/19	Check	\$250.00	N	
Blake	823 Edgewood Ave	New Haven	CT	6515	2038436843	christian Self	5/19/19	Check	\$100.00	N	
McGrath	105 Woodside Ter	New Haven	CT	6515	2036276874	christian WPEO	5/19/19	Check	\$100.00	N	
Rommel	57 Dogwood Cir.	Woodbridge	CT	6525	2036276874	christian Chapel West	5/19/19	Check	\$100.00	N	
Draughn	383 Desairow Hill Rd.	Hamden	CT	6514	2036272153	christian Chapel West	5/19/19	Check	\$100.00	N	
Harp	2725 Oak Village Trail	Decatur	GA	30032		christian SWCHC	5/19/19	Check	\$100.00	N	
McLellan-Giddan	59 3rd St.	Hamden	CT	6514		christian SWCHC	5/19/19	Check	\$300.00	N	
Barndburnett	Jillian	Wallingford	CT	6492		People's Bank	5/19/19	Check	\$100.00	N	
Morris	Maria	Guilford	CT	6437	2034534492	interface Education Services	5/19/19	Check	\$125.00	N	
Lofters	Donavon	Woodbridge	CT	6525	2032984143	interface N/A	5/19/19	Check	\$100.00	N	
Clarke	Wendy	Hamden	CT	6517	2037474251	interface Alter Domus	5/19/19	Check	\$100.00	N	
Phillips	Jesse	Hamden	CT	6517	4753008672	interface Kelly Drye	5/19/19	Check	\$100.00	N	
Harp	Wendell	New Haven	CT	6511	4132191802	interface Self	5/19/19	Check	\$50.00	N	
Gibbons	Lorraine	New Haven	CT	6515	2033249434	interface Abacus	5/19/19	Check	\$100.00	N	
Wadley	Mary	New Haven	CT	6515	2038417255	interface Cardinal Stephen Center	5/19/19	Cash	\$100.00	N	
Tullonge	Robert	New Haven	CT	6514	2036504865	interface Sacred Heart University	5/19/19	Cash	\$100.00	N	
Lewis	Berta	Hamden	CT	6518		Yale University	5/19/19	Cash	\$100.00	N	
Reyes	Adelyana	Hamden	CT	6514		State of CT	5/19/19	Cash	\$25.00	N	
Francis	Leroy	New Haven	CT	6515		State of CT	5/19/19	Cash	\$20.00	N	
	Insulation 12 Crescent St.	Holbrook	MA	01040		bob@bbs99@gmail.com	5/21/19	Check	\$250.00	N	
	Engineer 11 Main St	Cheshire	CT	06410			5/21/19	Check	\$250.00	N	
	Sinclair R 101 Black Birch Rd	Wethersfield	CT	06109			5/21/19	Check	\$250.00	N	
	A & G Col 260 Commerce St.	East Haven	CT	06512			5/21/19	Check	\$250.00	N	
	ADP Elect 238 East St.	New Haven	CT	06511			5/21/19	Check	\$250.00	N	
	Masssey's PO Box 804	New Haven	CT	06405			5/21/19	Check	\$250.00	N	
	Modern F75 Concord St. Fl.1	Hamden	CT	06514			5/21/19	Check	\$250.00	N	
	Enterpris 803 State St.	New Haven	CT	06511			5/21/19	Check	\$250.00	N	
	Giordano PO Box 802	Bradford	CT	06405			5/21/19	Check	\$250.00	N	
	John A WRO Box 823	Madison	CT	06443			5/21/19	Check	\$250.00	N	
	Caasso F39 Sugar Hill Rd.	North Haven	CT	06473			5/21/19	Check	\$250.00	N	
	Bradford PO Box 802	Bradford	CT	06405			5/21/19	Check	\$250.00	N	
	Francis C 250 State St. Unit H 1	North Haven	CT	06473			5/21/19	Check	\$250.00	N	
	Mario Zof 49 Elm St Ste 400	New Haven	CT	06510			5/21/19	Check	\$250.00	N	
	Michael H 151 Meadow St	Bradford	CT	06405			5/21/19	Check	\$250.00	N	
	Park Ridg PO Box 802	Bradford	CT	06405			5/21/19	Check	\$250.00	N	
	Green Elm 192 Dixwell Ave. Ste 103	New Haven	CT	06511			5/21/19	Check	\$250.00	N	
	Summit N 178 Front Ave	West Haven	CT	06516			5/21/19	Check	\$250.00	N	
	Mechand 192 Dixwell Ave	New Haven	CT	06511			5/21/19	Check	\$250.00	N	
	Advantag 15 Lunar Dr.	Woodbridge	CT	06525			5/21/19	Check	\$250.00	N	
	Absolute 6 Gabner Drive	Waterford	CT	06385			5/21/19	Check	\$250.00	N	
	Engineer 18 Southwood Drive	Bloomfield	CT	06002			5/21/19	Check	\$250.00	N	
	Patrick H 2 Saint John Place	Westport	CT	06880			5/21/19	Check	\$250.00	N	
Matthews	John	Westport	CT	06880			5/21/19	Check	\$250.00	N	
Giordano	Michael	Madison	CT	06443			5/21/19	Check	\$250.00	N	
Belek	Jonathan	Bradford	CT	06405			5/21/19	Check	\$150.00	N	
	36 East Wharf Rd.	Westport	CT	06880			5/21/19	Check	\$300.00	N	
	59 Yowago Ave.	Bradford	CT	06405			5/21/19	Check	\$100.00	N	
	101 Black Birch Rd	Wethersfield	CT	06109			5/21/19	Check	\$300.00	N	
Giordano	Linda	Bradford	CT	06405			5/21/19	Check	\$300.00	N	
	207 Pine Orchard Rd.	Bradford	CT	06405			5/21/19	Check	\$300.00	N	









Butler	51 Farm Pond Road	West Haven	6109	8609304206	foran@qex.net	Connecticut Center for Advocacy CEO	5/29/2019	Online	\$55.70	No	No	No	No	No	No	No	No	No	No	No	Yes	
Levin	16 Downing Road	North Stonington	6359	8603986133	foran@qex.net	Connecticut Center for Advocacy CEO	5/29/2019	Online	\$55.70	No	No	No	No	No	No	No	No	No	No	No	Yes	
Matthews	136 Windmill Hill	Brookline	2445	6175104742	jean@bjr.laz.com	LAZ Parking Real Estate Investor	5/29/2019	Online	\$65.70	No	No	No	No	No	No	No	No	No	No	No	Yes	
Conroy	21 Watergate Road	West Hartford	6109	8602504735	smn@so.com	Courtesy & Co	5/29/2019	Online	\$65.70	No	No	No	No	No	No	No	No	No	No	No	Yes	
Consorti	3750 Street	Newburyport	6119	8602228550	mary@so.com	Courtesy & Co	5/29/2019	Online	\$65.70	No	No	No	No	No	No	No	No	No	No	No	Yes	
Paradis	119 Butler Drive	Newburyport	1950	8607818058	mpe23@lexingtonpartners.com	Lexington Partners	5/29/2019	Online	\$49.70	No	No	No	No	No	No	No	No	No	No	No	Yes	
Shubits	1 Pinn Hill Road	Manchester	6033	8606590700	np@indus.com	Indus Partners	5/29/2019	Online	\$239.70	No	No	No	No	No	No	No	No	No	No	No	Yes	
Lazowski	170 Scarborough Street	Hartford	6105	61777/9788	l@so.com	LAZ Parking Real Estate Investors	5/29/2019	Online	\$239.70	No	No	No	No	No	No	No	No	No	No	No	Yes	
Lazowski	170 Scarborough Street	Hartford	6105	8605144588	l@so.com	LAZ Parking Real Estate Investors	5/29/2019	Online	\$959.70	No	No	No	No	No	No	No	No	No	No	No	Yes	
DelPino	86 Cosey Beach Avenue	East Haven	6512	8603058844	alaz@lap.com	LAP Parking CEO	5/29/2019	Online	\$959.70	No	No	No	No	No	No	No	No	No	No	No	Yes	
Long	113 Rockcreek Rd	New Haven	6512	2034651188	chr@delpino.com	DelPino, Nunez & Biggs LLC	5/29/2019	Online	\$959.70	Yes	No	No	No	No	No	No	No	No	No	No	Yes	
Kenny	8 Behanen	Cromwell	6416	2033896426	109021234	Self	5/29/2019	Online	\$959.70	Yes	No	No	No	No	No	No	No	No	No	No	Yes	
Ernest	135 Owen Avenue	West Hartford	6515	2034541534	er@so.com	New England Council of Carper Business Representatives	5/29/2019	Online	\$479.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Courtesy	121 Wallbridge Road	West Hartford	6119	8605193640	tory@so.com	Jackson Lewis	5/29/2019	Online	\$479.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Victoria	110 Summit Street	DANBURY	6119	8605193640	tory@so.com	Jackson Lewis	5/29/2019	Online	\$479.70	No	No	No	No	No	No	No	No	No	No	No	No	No
CHRISTOPHER	20 Armstrong Street	Jamaica Plain	2130	97939241149	steph@vtr.com	McKinsey	5/24/2019	Online	\$23.70	No	No	No	No	No	No	No	No	No	No	No	No	Yes
Alison	Belie	New Haven	6511	2032163230	alison_biel@core-beauty.com	Core Beauty Real Estate Investor	5/24/2019	Online	\$9.30	No	No	No	No	No	No	No	No	No	No	No	No	No
Carroll	2233 Ridge Road	North Haven	6473	203671961	caro@farr.com	Self	5/24/2019	Online	\$479.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Sandy	110 Maplewood Avenue	West Hartford	6119	8606389748	sc@so.com	Strickings Boardwalk Properties	5/24/2019	Online	\$959.70	No	No	No	No	No	No	No	No	No	No	No	No	No
SN	57 Rock Hill Road	Woodbridge	6525	2038781890	ard@le.com	Self	5/24/2019	Online	\$959.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Abelle	900 Chapel Street	New Haven	6510	2033823000	aly@so.com	Self	5/24/2019	Online	\$239.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Carroll	513 Branchville Road	Ridgfield	6877	2033247051	11	so.com	Chelangelo	5/22/2019	Online	\$191.70	No	No	No	No	No	No	No	No	No	No	No	No
IVa	113 Rockcreek Rd	New Haven	6515	2033986426	109021234	Self	5/22/2019	Online	\$9.30	No	No	No	No	No	No	No	No	No	No	No	No	No
Tom	1 Island View Avenue	Brainford	6405	2034813639	tony@ho.com	Thomas Industries Inc	5/22/2019	Online	\$239.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Cecilia	400 Whitney Avenue	New Haven	6511	2034813639	tony@ho.com	Thomas Industries Inc	5/22/2019	Online	\$959.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Matthew	481 George Street	Litchfield	6511	2033561156	cece@so.com	an Dwight Real Estate	5/21/2019	Online	\$479.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Amara	PO Box 1042	RIDGEFIELD	6759	8609304206	belle23.1	Friends of Jahana Hayes	5/21/2019	Online	\$959.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Amanda	56 Childrend Hill Road	Stamford	6977	2033339950	amanda@wooster-school.org	Wooster School	5/21/2019	Online	\$959.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Elise	48 Treat Avenue	New Haven	6443	9175978610	m@nancy-girl.com	Girl Scouts of CT	5/21/2019	Online	\$95.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Alex	250 Knowlton Drive	New Haven	6906	203671961	caro@farr.com	Self	5/21/2019	Online	\$9.30	No	No	No	No	No	No	No	No	No	No	No	No	No
Emmett	333 Norton Street	New Haven	6515	203671961	caro@farr.com	Self	5/21/2019	Online	\$9.30	No	No	No	No	No	No	No	No	No	No	No	No	No
Dakota	335 Louni Avenue	New Haven	6511	20339869014	44@bu190.com	CSA	5/21/2019	Online	\$9.30	No	No	No	No	No	No	No	No	No	No	No	No	No
Ernst	37 Christopher Road	New Haven	6515	2034541534	er@so.com	New England Council of Carper Business Representatives	5/21/2019	Online	\$95.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Alex	55 Morning Dove Road	New Haven	6877	2033132579	an@so.com	Vive Broadband	5/20/2019	Online	\$95.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Stefi	67 Christopher Road	New Haven	6511	2038877159	bj@so.com	Jackie Buster	5/20/2019	Online	\$95.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Stefi	207 Ivy Street	New Haven	6511	2038877159	bj@so.com	Jackie Buster	5/20/2019	Online	\$4.50	No	No	No	No	No	No	No	No	No	No	No	No	No
Jacqueline	Williams	New Haven	6510	2034133307	heate.23	Yale University	5/19/2019	Online	\$143.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Kirk	38 Grandview Avenue	New Haven	6514	20324966979	ch@so.com	Pratt & Whitney	5/19/2019	Online	\$95.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Cathy	257 Stevens Road	New Haven	6514	20324966979	ch@so.com	Pratt & Whitney	5/19/2019	Online	\$95.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Lola	104 Promenade Drive	New Haven	6514	2038419399	ch@so.com	Pratt & Whitney	5/19/2019	Online	\$479.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Nadine	81 Exchange Street	New Haven	6514	2038419399	ch@so.com	Pratt & Whitney	5/19/2019	Online	\$479.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Andra	130 Rager White Drive	New Haven	6513	2038639344	mp@so.com	Island Spice Restaurant	5/19/2019	Online	\$95.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Shelia	326 West Rock Avenue	New Haven	6515	2038639344	mp@so.com	Island Spice Restaurant	5/19/2019	Online	\$95.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Shelia	70 Maplewood Rd	New Haven	6515	2038639344	mp@so.com	Island Spice Restaurant	5/19/2019	Online	\$95.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Andra	91 Shearland Avenue	New Haven	6513	2038639344	mp@so.com	Island Spice Restaurant	5/19/2019	Online	\$95.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Andra	151 Meadow Street	New Haven	6513	2034681907	greater@dw.com	Greater Dwight Development Co	5/19/2019	Online	\$95.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Andra	53 Old Farms Road	New Haven	6405	2034681907	greater@dw.com	Greater Dwight Development Co	5/19/2019	Online	\$95.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Iva	113 Rockcreek Rd	New Haven	6410	2032154929	phly@so.com	retired	5/18/2019	Online	\$239.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Andra	5 Hamden park drive	New Haven	6515	20339869014	44@bu190.com	CSA	5/18/2019	Online	\$23.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Andra	135 Leitch Avenue	New Haven	6517	2034298958	man@so.com	Caplow Mechanical Inc	5/14/2019	Online	\$239.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Ernest	Biggs	New Haven	6515	2034541534	er@so.com	New England Council of Carper Business Representatives	5/12/2019	Online	\$9.30	No	No	No	No	No	No	No	No	No	No	No	No	No
Ernest	5621 Hitched Ave	New Haven	6241	2038480142	fa@so.com	Nunez, & Biggs	5/12/2019	Online	\$959.70	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Ernest	200 Paper Street	Dayville	6241	4133631624	fa@so.com	Nunez, & Biggs	5/12/2019	Online	\$379.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Ernest	94 Jackson Rd	Hamden	6517	2036233811	he@so.com	Denham's Law Firm	5/12/2019	Online	\$23.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Ernest	326 West Rock Avenue	New Haven	6515	2038639344	mp@so.com	Island Spice Restaurant	5/12/2019	Online	\$959.70	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Ernest	70 Maplewood Rd	New Haven	6515	2038639344	mp@so.com	Island Spice Restaurant	5/12/2019	Online	\$959.70	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Ernest	113 Rockcreek Rd	New Haven	6515	2038639344	mp@so.com	Island Spice Restaurant	5/12/2019	Online	\$959.70	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Ernest	100 Norwood Road	New Haven	6515	2038639344	mp@so.com	Island Spice Restaurant	5/12/2019	Online	\$959.70	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Ernest	17 Branwood Lane	New Haven	6515	2038639344	mp@so.com	Island Spice Restaurant	5/12/2019	Online	\$959.70	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Ernest	182 Lamcrest Road	New Haven	6517	8607286572	john@so.com	Haywood Law Firm	5/12/2019	Online	\$959.70	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Ernest	P.O. Box 6088	New Haven	6517	8607286572	john@so.com	Haywood Law Firm	5/12/2019	Online	\$959.70	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Ernest	Green	New Haven	6517	20339869014	44@bu190.com	CSA	5/12/2019	Online	\$9.30	No	No	No	No	No	No	No	No	No	No	No	No	No
Ernest	30 Bears Street	New Haven	6511	2034358955	dg@so.com	retired	5/12/2019	Online	\$959.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Ernest	74 Cold Spring Street	New Haven	6511	2034358955	dg@so.com	retired	5/12/2019	Online	\$959.70	No	No	No	No	No	No	No	No	No	No	No	No	No
Ernest	150 Harbour Close	New Haven	6511	2034358955	dg@so.com	retired	5/12/2019	Online	\$959.70													

Participant	Address	City	State	Zip	Organization	Position	Start Date	End Date	Amount	Payment Method	Comments
Michael Pedro Cathy R	Harris Rivera Graves	New Haven New Haven New Haven	CT CT CT	06514 06510 06519	2039889014 dakel190 City of New Haven 2034641224 mharsam EDC of New Haven 2038990265 parr100X3 Rivera & Rivera Assoc 2032495679 crenegr16 City of New Haven	CSA Grant Coordinator Accountant Economic Development	4/1/2019 Online 4/1/2019 Online 4/1/2019 Online 3/31/2019 Online	4/1/2019 Online 4/1/2019 Online 4/1/2019 Online 3/31/2019 Online	\$95.70 No \$143.70 No \$239.70 No \$95.70 No	no no no no	No No No No
									\$98,841.10		

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
<b>C1. Contributions from Other Committees</b>							
Name of Committee				Name of Treasurer			
Address				Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>			Amount of Contribution
City		State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer			
Address				Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>			Amount of Contribution
City		State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer			
Address				Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>			Amount of Contribution
City		State	Zip Code	Date Received	Aggregate Contributions		
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address				City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				Amount of Receipt	
Description							
Name of Committee				Name of Treasurer			
Address				City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				Amount of Receipt	
Description							
<b>SUBTOTAL Section C — This Page</b>							
<b>TOTAL of additional Section C Pages</b>							
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>							

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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## D. Loans Received this Period

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

### TOTAL SECTION D

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

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

### TOTAL SECTION E

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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### F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount

**TOTAL SECTION F**

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

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount

**TOTAL SECTION G**

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

Date of Receipt	Method of payment: <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
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. 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 <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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## 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

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

### TOTAL SECTION K

## SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

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

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
<b>L1. Event Information</b>				
<b>Event #</b> Date of Event	Letter	Description	Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence? <input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input type="radio"/> No				
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <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 <i>(If yes, enter Total Receipts here.)</i> → <input style="width: 100px;" type="text"/> \$ <input type="radio"/> No				
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="radio"/> No				
<b>Subpart 3: (Town Committees ONLY)</b>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input style="width: 100px;" type="text"/> \$ <input type="radio"/> No				
<hr/>				
<b>Event #</b> Date of Event	Letter	Description	Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence? <input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input type="radio"/> No				
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <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 <i>(If yes, enter Total Receipts here.)</i> → <input style="width: 100px;" type="text"/> \$ <input type="radio"/> No				
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="radio"/> No				
<b>Subpart 3: (Town Committees ONLY)</b>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input style="width: 100px;" type="text"/> \$ <input type="radio"/> No				
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>				
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>				
<b>TOTAL of additional Section L1 Pages</b>				
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>				

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

10F3

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>					TYPE OF REPORT	
<b>L3. Purchases of Advertising in a Program Book or on a Sign</b>						
Name of Purchaser utility Communication					Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 920 Sherman Ave			City Hamden		State ct	Zip Code 06514
Date Received 05/24/2019	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase 250.00	Amount of Sign Purchase 250.00		
Name of Purchaser Concrete Creation					Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input checked="" type="radio"/> Individual/Sole Proprietorship	
Street Address 281 Chapel Street			City New Haven		State ct	Zip Code 06513
Date Received 05/24/2019	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase 250.00	Amount of Sign Purchase 250.00		
Name of Purchaser John Haymond					Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 999 asylum ave			City Hartford		State ct	Zip Code 06105
Date Received 05/29/19	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase 250.00	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State ct	Zip Code 06473
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State CT	Zip Code 06423
Date Received 05/23/2019	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>				750		
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>				500		
<b>TOTAL of additional Section L3 Pages</b>				3000		
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>				4250		



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

2 of 3

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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### L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser <b>East Stone</b>				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address <b>132 Main street</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06512</b>
Date Received <b>06/06/19</b>	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase <b>250.00</b>	Amount of Sign Purchase	
Name of Purchaser <b>Alphonso Barbetto</b>				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address <b>28 Unity Drive</b>		City <b>TRumbull</b>		State <b>ct</b>	Zip Code <b>06611</b>
Date Received <b>05/23/2019</b>	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase <b>250.00</b>	Amount of Sign Purchase	
Name of Purchaser <b>Loir Excavating</b>				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address <b>129 church Street</b>		City <b>New Haven</b>		State <b>ct</b>	Zip Code <b>06511</b>
Date Received <b>05/24/19</b>	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase <b>250.00</b>	Amount of Sign Purchase	
Name of Purchaser <b>CT Custom Aquatics</b>				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address <b>8 Massimo Drive</b>		City <b>North Haven</b>		State <b>ct</b>	Zip Code <b>06473</b>
Date Received <b>05/23/2019</b>	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase <b>250.00</b>	Amount of Sign Purchase	
Name of Purchaser <b>CT Dest Elimanate</b>				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address <b>New Haven</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06423</b>
Date Received <b>05/23/2019</b>	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase <b>250.00</b>	Amount of Sign Purchase	
<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>				<b>1250</b>	
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>				<b>0</b>	
<b>TOTAL of additional Section L3 Pages</b>					
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>					

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

3 of 3

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

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

### L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser <b>CATIC</b>	Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
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Street Address <b>101 Corporate Place</b>	City <b>rocky Hill</b>	State <b>CT</b>	Zip Code <b>06067</b>
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Date Received <b>06/06/19</b>	Event # <b>?</b>	Aggregate Purchases for All Events	Amount of Program Ad Purchase <b>250.00</b>	Amount of Sign Purchase
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Name of Purchaser <b>CET InC</b>	Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
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Street Address <b>270 Drove Ave</b>	City <b>Milford</b>	State <b>ct</b>	Zip Code <b>06461</b>
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Date Received <b>05/22/19</b>	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase <b>250.00</b>	Amount of Sign Purchase
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Name of Purchaser <b>Innovative Design Engineering Associate Inc</b>	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input checked="" type="radio"/> Individual/Sole Proprietorship
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Street Address <b>612 Wheeler Farm Rd</b>	City <b>milford</b>	State <b>ct</b>	Zip Code <b>06461</b>
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Date Received <b>05/22/19</b>	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase <b>250.00</b>	Amount of Sign Purchase
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Name of Purchaser <b>Cahill Electric Service LLC</b>	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input checked="" type="radio"/> Individual/Sole Proprietorship
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Street Address <b>281 Chapel</b>	City <b>New Haven</b>	State <b>ct</b>	Zip Code <b>06513</b>
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Date Received <b>05/23/2019</b>	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase <b>250.00</b>	Amount of Sign Purchase <b>250.00</b>
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Name of Purchaser <b>Pro Flow</b>	Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
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Street Address <b>303 State street</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06423</b>
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Date Received <b>05/23/2019</b>	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase <b>250.00</b>	Amount of Sign Purchase <b>250.00</b>
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<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>	<del>1000</del> <b>1,250</b>
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>	<b>500</b>
<b>TOTAL of additional Section L3 Pages</b>	
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>	

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
<b>L4. In-Kind Donations Not Considered Contributions</b>					
Name of Donor					
Street Address			City		State
Zip Code					
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address			City		State
Zip Code					
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address			City		State
Zip Code					
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address			City		State
Zip Code					
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
	Date Received	Event #	Aggregate value for this Event		
Name of Donor					
Street Address			City		State
Zip Code					
<b>SUBTOTAL Section L4— This Page</b>					
<b>TOTAL of additional Section L4 Pages</b>					
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b>					
<i>(Enter total on Line 21, Column A of Summary Page Totals)</i>					

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>				
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
Street Address			City	State    Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
Street Address			City	State    Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
Street Address			City	State    Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
Street Address			City	State    Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
Street Address			City	State    Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
Street Address			City	State    Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host candidate</i>		
<b>SUBTOTAL Section L5 — This Page</b>				
<b>TOTAL of additional Section L5 Pages</b>				
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b>				
<i>(Enter total on Line 22, Column A of Summary Page Totals)</i>				

### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT		
<b>M. In-Kind Contributions</b>								
Name								
Street Address						City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input 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 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 type="radio"/> No						<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input 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 type="radio"/> Yes <input type="radio"/> No							
Name								
Street Address						City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input 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 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 type="radio"/> No						<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input 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 type="radio"/> Yes <input type="radio"/> No							
Name								
Street Address						City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input 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 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 type="radio"/> No						<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input 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 type="radio"/> Yes <input type="radio"/> No							
Name								
Street Address						City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input 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 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 type="radio"/> No						<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input 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 type="radio"/> Yes <input type="radio"/> No							
Name								
Street Address						City	State	Zip Code
<b>SUBTOTAL Section M — This Page</b>								
<b>TOTAL of additional Section M Pages</b>								
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS</b> <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>								
<b>N. Refundable Deposit to Telephone Company</b>								
Last Name of Individual				First	MI	Date Deposit Made		
Residential Street Address						City	State	Zip Code
Name of Telephone Company						<b>Amount of Deposit</b>		
Street Address								
<b>TOTAL SECTION N</b> <i>(Enter total on Line 24, Column A of Summary Page Totals)</i>								

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
<b>P. Expenses Paid by Committee</b>					
Name of Payee Thirty -Nine Street			Date of Payment 06/25/2019		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address 98-01 67th ave		City Rego Park		State NY	Zip Code 11374
Purpose of Expenditure (by code) CNSLT	Description consultant		Event #		Amount 11500.00
Expenditure # (if applicable) 55	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee NGP VAN			Date of Payment 04/15/2019		Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address New Haven		City New Haven		State ct	Zip Code 06511
Purpose of Expenditure (by code) A-O+H	Description Misc		Event #		Amount 100.00
Expenditure # (if applicable) 56	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>			11,600.00		
<b>TOTAL of additional Section P Pages</b>			69355.77		
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			80955.77		

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ton: Harp 2019				July 10 filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Nesbitt & Parrinello, Inc. on Harvest			4/17/19		<input checked="" type="radio"/> Check # <u>104</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
1161 Mission St.		San Francisco		CA	94103
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
CNSIT	Harp Self Vulnerability Memo/Elicker Oppo Report				\$7500
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
#1	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Edward Corey			5/06/19		<input checked="" type="radio"/> Check # <u>105</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
52 Sharon Ave		Torrington		CT	06790
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
CNSLT	Campaign Management				\$3500
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
#2	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Align			5/06/19		<input checked="" type="radio"/> Check # <u>106</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
Inquiring		Inquiring		Inq.	Inquiring
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
A-SIGN	Videto Production				\$350
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
#3	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Reaper Muzik Entertainment			5/06/19		<input checked="" type="radio"/> Check # <u>107</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
Inquiring		Inquiring		Inq.	Inquiring
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
BTH	Graphic Design and Video Services				\$800
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
#4	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				<del>\$14850</del> 12,150	
<b>TOTAL of additional Section P Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b>					
<i>(Enter total on Line 19, Column A of Summary Page Totals)</i>					

### IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Harp 2019				July 10 filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee Edward Corey			Date of Payment 5/16/19		Method of Payment: <input checked="" type="radio"/> Check # 108 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 52 Sharon Ave		City Torrington		State CT	Zip Code 06790
Purpose of Expenditure (by code) CNSLT	Description Campaign Management		Event #		Amount \$2000
Expenditure # (if applicable) #5	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee Cole Haymond			Date of Payment 5/15/19		Method of Payment: <input checked="" type="radio"/> Check # 109 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 248 Georgetown Dr.		City Glastonbury		State CT	Zip Code 06033
Purpose of Expenditure (by code) CNSLT	Description Reimbursements		Event #		Amount \$203.74
Expenditure # (if applicable) #6	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee Cole Haymond			Date of Payment 5/15/19		Method of Payment: <input checked="" type="radio"/> Check # 110 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 248 Georgetown Dr.		City Glastonbury		State CT	Zip Code 06033
Purpose of Expenditure (by code) CNSLT	Description Website Development		Event #		Amount \$750
Expenditure # (if applicable) #7	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee Cole Haymond			Date of Payment 5/15/19		Method of Payment: <input checked="" type="radio"/> Check # 111 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 248 Georgetown Dr.		City Glastonbury		State CT	Zip Code 06033
Purpose of Expenditure (by code) CNSLT	Description Social Media Organizing		Event #		Amount \$1000
Expenditure # (if applicable) #8	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <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				
<b>SUBTOTAL Section P — This Page</b>				<b>\$3953.74</b>	
<b>TOTAL of additional Section P Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b>					
<i>(Enter total on Line 19, Column A of Summary Page Totals)</i>					



**IV. EXPENDITURES (Sections P—T)** 3 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<b>P. Expenses Paid by Committee</b>			
Name of Payee Cole Haymond		Date of Payment 5/15/19	Method of Payment: <input checked="" type="radio"/> Check # 112 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 248 Georgetown Dr.		City Glastonbury	State CT
Zip Code 06033			
Purpose of Expenditure (by code) CNSLT	Description Fundraising Consulting	Event #	Amount \$2500
Expenditure # (if applicable) #9	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Andrea Scott		Date of Payment 5/15/19	Method of Payment: <input checked="" type="radio"/> Check # 113 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 200 Howard Avenue		City New Haven	State CT
Zip Code 06519			
Purpose of Expenditure (by code) RMB	Description Tickets for the Mayor	Event #	Amount \$300
Expenditure # (if applicable) #10	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Mary Coursey		Date of Payment 5/29/19	Method of Payment: <input checked="" type="radio"/> Check # 114 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 1 Haynes Street		City Hartford	State CT
Zip Code 06103			
Purpose of Expenditure (by code) RMB	Description Cocktail Display and Passed Hors D'Oeuvres, Premium	Event #	Amount \$1611
Expenditure # (if applicable) #11	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Kandmventuresllc		Date of Payment 5/31/19	Method of Payment: <input checked="" type="radio"/> Check # 115 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 58 Everett		City West Haven	State CT
Zip Code 06516			
Purpose of Expenditure (by code) OTH	Description Men on The Same Page (Harp) We Got Her Back	Event #	Amount \$436.65
Expenditure # (if applicable) #12	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
<b>SUBTOTAL Section P — This Page</b>			<b>\$4847.65</b>
<b>TOTAL of additional Section P Pages</b>			
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b>			
<i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			

### IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<b>P. Expenses Paid by Committee</b>			
Name of Payee <b>Edward Corey</b>		Date of Payment <b>6/1/19</b>	Method of Payment: <input checked="" type="radio"/> Check # <u>117</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address <b>52 Sharon Ave</b>		City <b>Torrington</b>	State <b>CT</b> Zip Code <b>06790</b>
Purpose of Expenditure (by code) <b>CMSLT</b>	Description <b>Campaign Management, Fundraiser</b>	Event #	Amount <b>\$2021.17</b>
Expenditure # (if applicable) <b>#13</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee <b>JWB&amp;Grace</b>		Date of Payment <b>6/3/19</b>	Method of Payment: <input checked="" type="radio"/> Check # <u>118</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address <b>50 Fitch St.</b>		City <b>New Haven</b>	State <b>CT</b> Zip Code <b>06515</b>
Purpose of Expenditure (by code) <b>ONAD</b>	Description <b>Photography Walk Card-reimburse, Mileage reimbursement</b>	Event #	Amount <b>\$1224.05</b>
Expenditure # (if applicable) <b>#14</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee <b>Dexter Balyeat</b>		Date of Payment <b>6/3/19</b>	Method of Payment: <input checked="" type="radio"/> Check # <u>119</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address <b>4 Staunton Court</b>		City <b>Farmington</b>	State <b>CT</b> Zip Code <b>06032</b>
Purpose of Expenditure (by code) <b>A-SIGN</b>	Description <b>April 6 Photo and Processing</b>	Event #	Amount <b>\$250</b>
Expenditure # (if applicable) <b>#15</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee <b>VIO'S Sports Plus, LLC</b>		Date of Payment <b>4/12/19</b>	Method of Payment: <input checked="" type="radio"/> Check # <u>121</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address <b>487 Campbell Ave</b>		City <b>West Haven</b>	State <b>CT</b> Zip Code <b>06516</b>
Purpose of Expenditure (by code) <b>A-SIGN</b>	Description <b>White Tees, Screen</b>	Event #	Amount <b>\$1160</b>
Expenditure # (if applicable) <b>#16</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
<b>SUBTOTAL Section P — This Page</b>			<b>\$4,655.22</b>
<b>TOTAL of additional Section P Pages</b>			
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			

**IV. EXPENDITURES (Sections P—T)**

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
<b>P. Expenses Paid by Committee</b>					
Name of Payee <b>Harty</b>			Date of Payment <b>6/3/19</b>		Method of Payment: <input checked="" type="radio"/> Check # <u>122</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address <b>PO Box 324</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06513</b>
Purpose of Expenditure (by code) <b>A-SIGN</b>	Description <b>Harp Walk Cards</b>		Event #		<b>Amount</b> <b>\$783.80</b>
Expenditure # (if applicable) <b>#17</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee <b>Sheila Carmen</b>			Date of Payment <b>4/12/19</b>		Method of Payment: <input checked="" type="radio"/> Check # <u>127</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address <b>326 West Rock Ave</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06515</b>
Purpose of Expenditure (by code) <b>RMB</b>	Description <b>Balloons</b>		Event #		<b>Amount</b> <b>\$95.72</b>
Expenditure # (if applicable) <b>#18</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee <b>Ed Corey</b>			Date of Payment <b>6/13/19</b>		Method of Payment: <input checked="" type="radio"/> Check # <u>128</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address <b>52 Sharon Ave</b>		City <b>Torrington</b>		State <b>CT</b>	Zip Code <b>06790</b>
Purpose of Expenditure (by code) <b>RMB</b>	Description <b>Kickerbockers Golf Club, 2 Cordless mics, Theme Song</b>		Event #		<b>Amount</b> <b>\$200</b>
Expenditure # (if applicable) <b>#19</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee <b>CT Democratic Party-Federal</b>			Date of Payment <b>6/16/19</b>		Method of Payment: <input checked="" type="radio"/> Check # <u>129</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address <b>Inquire</b>		City <b>Inquire</b>		State <b>Inqu</b>	Zip Code <b>Inquire</b>
Purpose of Expenditure (by code) <b>PBA</b>	Description <b>Inquire</b>		Event #		<b>Amount</b> <b>\$2000</b>
Expenditure # (if applicable) <b>#20</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				<b>\$3079.52</b>	
<b>TOTAL of additional Section P Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>					

### IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
<b>P. Expenses Paid by Committee</b>				
Name of Payee <b>Jaxon Alston</b>		Date of Payment <b>2/27/19</b>	Method of Payment: <input checked="" type="radio"/> Check # <u>136</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address <b>6 Lillibridge Court</b>		City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06517</b>
Purpose of Expenditure (by code) <b>CNSLT</b>	Description <b>Reimbursement</b>	Event #	<b>Amount</b> <b>\$250</b>	
Expenditure # (if applicable) <b>#21</b>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee <b>Bear's Smokehouse BBQ @ "The Stack"</b>		Date of Payment <b>4/13/19</b>	Method of Payment: <input checked="" type="radio"/> Check # <u>8168</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address <b>470 James Street</b>		City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06513</b>
Purpose of Expenditure (by code) <b>F-00D</b>	Description <b>Mayor Harp's Re-election Announcement Party</b>	Event #	<b>Amount</b> <b>\$1364.47</b>	
Expenditure # (if applicable) <b>#22</b>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment: <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment: <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <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			
<b>SUBTOTAL Section P — This Page</b>			<b>\$1614.47</b>	
<b>TOTAL of additional Section P Pages</b>				
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>				

**IV. EXPENDITURES (Sections P—T)**

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
<b>P. Expenses Paid by Committee</b>					
Name of Payee <b>Post Master</b>			Date of Payment <b>4/4/19</b>		Method of Payment: <input checked="" type="radio"/> Check # <b>8165</b> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address <b>Fountain Street</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06511</b>
Purpose of Expenditure (by code) <b>OVHD</b>	Description <b>PO Box Payment</b>		Event #	<b>Amount</b>  <b>176.00</b>	
Expenditure # (if applicable) <b>#23</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee <b>Carlton Stagers</b>			Date of Payment <b>04/04/19</b>		Method of Payment: <input checked="" type="radio"/> Check # <b>8166</b> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address <b>IQ</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06515</b>
Purpose of Expenditure (by code) <b>OVHD</b>	Description		Event #	<b>Amount</b>  <b>600.00</b>	
Expenditure # (if applicable) <b>#24</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee <b>Amber Boykin</b>			Date of Payment <b>4/10/19</b>		Method of Payment: <input checked="" type="radio"/> Check # <b>8167</b> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06511</b>
Purpose of Expenditure (by code) <b>CNSLT</b>	Description <b>Consultnt</b>		Event #	<b>Amount</b>  <b>500</b>	
Expenditure # (if applicable) <b>#25</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee <b>Dennis Williams</b>			Date of Payment <b>4/13/19</b>		Method of Payment: <input checked="" type="radio"/> Check # <b>10020</b> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address <b>16 Hamilton St</b>		City <b>West Haven</b>		State	Zip Code
Purpose of Expenditure (by code) <b>CNSIT</b>	Description <b>Music</b>		Event #	<b>Amount</b>  <b>250.00</b>	
Expenditure # (if applicable) <b>#26</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				<b>1526.00</b>	
<b>TOTAL of additional Section P Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b>					
<i>(Enter total on Line 19, Column A of Summary Page Totals)</i>					

## IV. EXPENDITURES (Sections P—T) 8 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
<b>P. Expenses Paid by Committee</b>					
Name of Payee <b>Bear Smokehouse</b>			Date of Payment <b>4/15/19</b>		Method of Payment: <input checked="" type="radio"/> Check # <b>10022</b> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
				CT	06511
Purpose of Expenditure (by code) <b>Food</b>	Description <b>Food</b>	Event #		<b>Amount</b>  <b>280.00</b>	
Expenditure # (if applicable) <b>#28</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <span style="margin-left: 100px;"><input type="radio"/> Independent</span> <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D					
Name of Payee <b>Cole Haymond</b>			Date of Payment <b>5/15/2019</b>		Method of Payment: <input checked="" type="radio"/> Check # <b>101</b> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address <b>248 GEorgetown drive</b>		City <b>Glastonbury</b>		State	Zip Code
				CT	06515
Purpose of Expenditure (by code) <b>CNSLT</b>	Description <b>Consulting</b>	Event #		<b>Amount</b>  <b>2500</b>	
Expenditure # (if applicable) <b>#29</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <span style="margin-left: 100px;"><input type="radio"/> Independent</span> <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D					
Name of Payee <b>katelyn Schick</b>			Date of Payment <b>4/30/2019</b>		Method of Payment: <input checked="" type="radio"/> Check # <b>102</b> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
		<b>New Haven</b>		CT	06511
Purpose of Expenditure (by code) <b>CNSLT</b>	Description <b>Data</b>	Event #		<b>Amount</b>  <b>500</b>	
Expenditure # (if applicable) <b>30</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <span style="margin-left: 100px;"><input type="radio"/> Independent</span> <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D					
Name of Payee <b>Moubapaz LLC</b>			Date of Payment <b>5/7/2019</b>		Method of Payment: <input checked="" type="radio"/> Check # <b>103</b> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address <b>Blaek street</b>		City <b>New Haven</b>		State	Zip Code
				ct	06511
Purpose of Expenditure (by code) <b>OVHD</b>	Description <b>Rent</b>	Event #		<b>Amount</b>  <b>4249.93</b>	
Expenditure # (if applicable) <b>31</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <span style="margin-left: 100px;"><input type="radio"/> Independent</span> <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D					
<b>SUBTOTAL Section P — This Page</b>				<b>7529.93</b>	
<b>TOTAL of additional Section P Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b>					
<i>(Enter total on Line 19, Column A of Summary Page Totals)</i>					

Revised January 2015

### IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
<b>P. Expenses Paid by Committee</b>							
Name of Payee <b>J. Peters Wilson</b>				Date of Payment <b>4/15/19</b>		Method of Payment: <input checked="" type="radio"/> Check # <b>1021</b> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address <b>New Haven</b>			City <b>New Haven</b>			State <b>CT</b>	Zip Code <b>06511</b>
Purpose of Expenditure (by code) <b>RMB</b>		Description <b>Food Filing</b>		Event #		<b>Amount</b>  <b>195.00</b>	
Expenditure # (if applicable) <b>#27</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Name of Payee <b>Thirty - Nine St Strategies</b>				Date of Payment <b>06/03/19</b>		Method of Payment: <input checked="" type="radio"/> Check # <b>116</b> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address <b>New Haven</b>			City <b>New Haven</b>			State <b>CT</b>	Zip Code <b>06515</b>
Purpose of Expenditure (by code) <b>CNSLT</b>		Description <b>Consulting</b>		Event #		<b>Amount</b>  <b>15000</b>	
Expenditure # (if applicable) <b>#32</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Name of Payee <b>Major Ruth</b>				Date of Payment <b>06/03/19</b>		Method of Payment: <input checked="" type="radio"/> Check # <b>123</b> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address <b>27 Lucy street</b>			City <b>Woodbridge</b>			State <b>CT</b>	Zip Code <b>06525</b>
Purpose of Expenditure (by code) <b>CNSLT</b>		Description <b>Data</b>		Event #		<b>Amount</b>  <b>1050</b>	
Expenditure # (if applicable) <b>33</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Name of Payee <b>New Light Ministries</b>				Date of Payment <b>06/3/19</b>		Method of Payment: <input checked="" type="radio"/> Check # <b>124</b> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address <b>New Haven</b>			City <b>New Haven</b>			State <b>ct</b>	Zip Code <b>06511</b>
Purpose of Expenditure (by code) <b>OL-OTH</b>		Description <b>Rent</b>		Event #		<b>Amount</b>  <b>250.00</b>	
Expenditure # (if applicable) <b>34</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
<b>SUBTOTAL Section P — This Page</b>						<b>16495.00</b>	
<b>TOTAL of additional Section P Pages</b>							
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>							

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### IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
<b>P. Expenses Paid by Committee</b>					
Name of Payee <b>Cole Haymond</b>			Date of Payment <b>6/10/19</b>		Method of Payment: <input checked="" type="radio"/> Check # <b>125</b> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address <b>248 Georgetown</b>		City <b>Glastonbury</b>		State <b>cT</b>	Zip Code <b>06515</b>
Purpose of Expenditure (by code) <b>CNSLT</b>	Description <b>consulting</b>	Event #		<b>Amount</b> <b>3500.00</b>	
Expenditure # (if applicable) <b>#35</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee <b>Derrick Powell</b>			Date of Payment <b>06/13/19</b>		Method of Payment: <input checked="" type="radio"/> Check # <b>126</b> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address <b>New Haven</b>		City <b>NewHaven</b>		State <b>CT</b>	Zip Code <b>06515</b>
Purpose of Expenditure (by code) <b>CNSLT</b>	Description <b>Consulting</b>	Event #		<b>Amount</b> <b>250</b>	
Expenditure # (if applicable) <b>#36</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee <b>Esther Armond</b>			Date of Payment <b>05/19/19</b>		Method of Payment: <input checked="" type="radio"/> Check # <b>130</b> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address <b>New Haven</b>		City <b>new haven</b>		State <b>CT</b>	Zip Code <b>06525</b>
Purpose of Expenditure (by code) <b>RMB</b>	Description <b>Reimbursement</b>	Event #		<b>Amount</b> <b>65.00</b>	
Expenditure # (if applicable) <b>37</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee <b>Ed Corry</b>			Date of Payment <b>06/19/19</b>		Method of Payment: <input checked="" type="radio"/> Check # <b>131</b> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address <b>52 Sharon Ave</b>		City <b>Torrington</b>		State <b>ct</b>	Zip Code <b>06511</b>
Purpose of Expenditure (by code) <b>CNSLT</b>	Description <b>Payroll</b>	Event #		<b>Amount</b> <b>2000</b>	
Expenditure # (if applicable) <b>38</b>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				<b>5815.00</b>	
<b>TOTAL of additional Section P Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>					



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**IV. EXPENDITURES (Sections P—T)**

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<b>P. Expenses Paid by Committee</b>			
Name of Payee Avabtico Jacolio		Date of Payment 06/19/19	Method of Payment: <input checked="" type="radio"/> Check # 132 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
Purpose of Expenditure (by code) CNSCT	Description Payroll	Event #	Amount 500
Expenditure # (if applicable) 39	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Sheila Carmen		Date of Payment 06/19/19	Method of Payment: <input checked="" type="radio"/> Check # 133 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 326 West Rock Ave		City New Haven	State Zip Code CT 06511
Purpose of Expenditure (by code) RMB	Description Reimbursement	Event #	Amount 124.36
Expenditure # (if applicable) 40	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Caroll E. Brown		Date of Payment 06/19/19	Method of Payment: <input checked="" type="radio"/> Check # 134 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address New Haven		City New Haven	State Zip Code ct 06511
Purpose of Expenditure (by code) RMB	Description Reimb. for Cast Iron	Event #	Amount 549.06
Expenditure # (if applicable) 41	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Jesse Phillips		Date of Payment 06/27/19	Method of Payment: <input checked="" type="radio"/> Check # 135 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address new Haven		City New Haven	State Zip Code ct 06511
Purpose of Expenditure (by code) RMB	Description Reimb Food	Event #	Amount 250.00
Expenditure # (if applicable) 42	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
<b>SUBTOTAL Section P — This Page</b>		1423.42	
<b>TOTAL of additional Section P Pages</b>			
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			

**IV. EXPENDITURES (Sections P—T)**

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
<b>P. Expenses Paid by Committee</b>					
Name of Payee BEST BUY 0 NORTH HAVEN CT USA			Date of Payment 05/19/19		Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 398 Universal Drive		City North Haven		State ct	Zip Code 06473
Purpose of Expenditure (by code) OVHD	Description Computer/Printer	Event #		Amount 1085.76	
Expenditure # (if applicable) 43	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee <del>Stapets</del> BJ			Date of Payment 05/19/19		Method of Payment: <input checked="" type="radio"/> Check # 133 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 555 Universal Drive		City North Haven		State CT	Zip Code 06511
Purpose of Expenditure (by code) Food	Description Food	Event #		Amount 485.87	
Expenditure # (if applicable) 44	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee Key Bank			Date of Payment 04/19/19		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address New Haven		City New Haven		State ct	Zip Code 06511
Purpose of Expenditure (by code) BNK	Description Check Supply	Event #		Amount 43.27	
Expenditure # (if applicable) 45	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee Cricket Wireless			Date of Payment 06/27/19		Method of Payment: <input checked="" type="radio"/> Check # 135 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 923 Dixwell Ave		City Hamden		State ct	Zip Code 06514
Purpose of Expenditure (by code) OVHD	Description	Event #		Amount 595.55	
Expenditure # (if applicable) 46	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				2210.45	
TOTAL of additional Section P Pages					
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b>					
(Enter total on Line 19, Column A of Summary Page Totals)					

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<b>P. Expenses Paid by Committee</b>			
Name of Payee Facebook		Date of Payment 06/30/2019	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address Facebook.com		City Facebook	State Zip Code
Purpose of Expenditure (by code) A-WEB	Description Social Media Presence	Event #	Amount 293.09
Expenditure # (if applicable) 47	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Payee KeyBank		Date of Payment 05/31/2019	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address New Haven		City New Haven	State Zip Code ct 06511
Purpose of Expenditure (by code) BNK	Description Bank Fee	Event #	Amount 30.00
Expenditure # (if applicable) 48	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Payee NationBuilder		Date of Payment 06/26/2019	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address Online Payment		City New Haven	State Zip Code ct 06511
Purpose of Expenditure (by code) A-O+H	Description	Event #	Amount 1061
Expenditure # (if applicable) 49	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Payee USPS		Date of Payment 04/10/19	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address Brewery Street		City New Haven	State Zip Code ct 06511
Purpose of Expenditure (by code) Office	Description Postage	Event #	Amount 55.00
Expenditure # (if applicable) 50	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
<b>SUBTOTAL Section P — This Page</b>		1439.09	
<b>TOTAL of additional Section P Pages</b>			
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b>			
<i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			

**IV. EXPENDITURES (Sections P—T)**

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

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
<b>Q. Campaign Expenses Paid by Candidate</b>					
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
<b>SUBTOTAL Section Q — This Page</b>					
<b>TOTAL of additional Section Q Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>					

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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#### R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	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:
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Name of Vendor, Person or Entity	Date of Transaction
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
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Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
--------------------------------------	---	--	--

Name of Vendor, Person or Entity	Date of Transaction
----------------------------------	---------------------

Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
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Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
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Name of Vendor, Person or Entity	Date of Transaction
----------------------------------	---------------------

Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
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Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
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**SUBTOTAL Section R — This Page**

**TOTAL of additional Section R Pages**

**TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD**  
*(Enter total on Line 27, Column A of Summary Page Totals)*

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
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#### S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor			Date Incurred		
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Creditor			Date Incurred		
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Creditor			Date Incurred		
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section S-This Page</b>					
<b>TOTAL of additional Section S Pages</b>					
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>					
<b>Previously reported Expenses Unpaid and still Outstanding</b>					
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>					

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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#### T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
SUBTOTAL Section T — This Page				
TOTAL of additional Section T Pages				
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS				