

# SEEC FORM 20

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



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TOWN AND CITY CLERK  
BRISTOL, CT

## COVER PAGE

<b>1. NAME OF COMMITTEE</b> Hahn for Council 2017
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<b>2. TREASURER NAME</b>			
First Tina	MI M	Last Taylor	Suffix

<b>3. TREASURER ADDRESS</b>			
Street Address 32 Broad PL	City Bristol	State CT	Zip Code 06010

<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/07/2017	<b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee) City Council	<b>6. DISTRICT NUMBER</b> (if applicable) 1
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<b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)			
First Gregory	MI R	Last Hahn	Suffix

<b>8. TYPE OF REPORT</b> (Check One Box)			
<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to
<input type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report:
<input checked="" type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election (State Central Committees Only)	<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 7/1/17	Ending Date 9/30/17

<b>10. CERTIFICATION</b>		
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.		
	Tina M Taylor	10/9/2017
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

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

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
Hahn for Council 2017	Oct 10 Filing	
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	1,268.66	
13. Contributions Received from Individuals (Sections A and B)	1150.00	2,660.00
14. Receipts from Other Committees (Sections C1 and C2)	Ø	
15. Other Monetary Receipts (Sections D through K)	Ø	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	Ø	
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	Ø	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	2,418.66	2,660.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	3687.32	2,660.00
19. Expenses Paid by Committee (Section P)	2304.09	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1,383.13	2,660.00
21. In-Kind Donations not Considered Contributions Received (Section L4)	Ø	
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	Ø	
23. In-Kind Contributions Received (Section M)	Ø	
24. Refundable Deposit to Telephone Company (Section N)	Ø	
25. Loan Balance	Ø	
25a. + Loans Received (Section D)	Ø	
25b. + Interest and Penalties on Loan	Ø	
25c. - Payments on Loan	Ø	
25d. Total Outstanding Loan Amount	Ø	
26. Campaign Expenses Paid by Candidate (Section Q)	2,304.09	2,304.09
27. Expenses Incurred on Committee Credit Card (Section R)	Ø	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	Ø	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	Ø	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Hahn for Council 2017		Oct 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>SUBTOTAL SECTION A</b>	
		\$ 850.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Hahn		First Jeffrey	MI
Residential Street Address 296 Stevens St		City Bristol	State CT
Principal Occupation self-employed		Name of Employer self-employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081217	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: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/12/17	Aggregate Contributions 100.00
Last Name Semmel		First ERIK	MI E
Residential Street Address 58 Valley St		City Southington	State CT
Principal Occupation Vice President Sales		Name of Employer TAB Computer Systems	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/6/2017	Aggregate Contributions
Last Name Keegan		First Paul	MI
Residential Street Address 80 Sims Road		City Bristol	State CT
Principal Occupation construction		Name of Employer Bristol Water Dept.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/6/17	Aggregate Contributions
<b>SUBTOTAL Section B — This Page</b>		300.00	
<b>TOTAL of additional Section B Pages</b>		—	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$ 1150.00	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
Hahn for Council 2017						Oct 10 filing	
<b>C1. Contributions from Other Committees</b>							
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			<i>If yes, list Event # _____</i>				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			<i>If yes, list Event # _____</i>				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			<i>If yes, list Event # _____</i>				
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			Amount of Receipt		
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type			Amount of Receipt		
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
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	
Hahn for Council 2017				Oct 10 7/19	
<b>D. Loans Received this Period</b>					
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	
<b>TOTAL SECTION D</b>					
<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>					
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		
<b>TOTAL SECTION E</b>					

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> <b>Hahn for Council 2017</b>	TYPE OF REPORT <b>Off 10 filing</b>
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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
<b>TOTAL SECTION F</b>		

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

Date of Receipt	Date of Receipt	Date of Receipt
<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
<b>TOTAL SECTION G</b>		

**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
<b>TOTAL SECTION H</b>		

**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
Hahn for Council 2017	Oct 10 Ring

## 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	
Hahn for Council		2017	
<b>L1. Event Information</b>			
Event # Date of Event	Letter	Description	Was this a fundraising event?
08/12/17		Fundraiser Cookout	<input checked="" type="radio"/> Yes <input type="radio"/> No
Location: Street Address		City	State      Zip Code
145 Redwood Dr		Bristol	CT      06010
<b>Subpart 1: (All Committees)</b>			
Was this event hosted at a personal residence?		<input checked="" 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 checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input type="text" value="\$"/> <input checked="" type="radio"/> No	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes <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 checked="" type="radio"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input type="text" value="\$"/> <input checked="" type="radio"/> No	
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 type="text" value="\$"/> <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 type="text" value="\$"/> <input type="radio"/> No	
SUBTOTAL Section L1—Subpart 1 <i>(All Committees)</i> Total Receipts from Sale of Donated Items — This Page			0
SUBTOTAL Section L1—Subpart 3 <i>(Town Committees ONLY)</i> Total Receipts from Food Purchases — This Page			0
TOTAL of additional Section L1 Pages			0
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			0

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

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
<b>Hahn for Council 2017</b>	<b>Oct 10 filing</b>

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

Name of Purchaser				Purchase Made By:	
				<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

Name of Purchaser				Purchase Made By:	
				<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

Name of Purchaser				Purchase Made By:	
				<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

Name of Purchaser				Purchase Made By:	
				<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

Name of Purchaser				Purchase Made By:	
				<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>	<b>0</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>0</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>	<b>0</b>

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> <b>Hahn for Council</b>	TYPE OF REPORT <b>Oct 10 Filing</b>
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### L4. In-Kind Donations Not Considered Contributions

Name of Donor					
Street Address		City		State	Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation			<b>Fair Market Value of Donation</b>	
	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			<b>Fair Market Value of Donation</b>	
	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			<b>Fair Market Value of Donation</b>	
	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			<b>Fair Market Value of Donation</b>	
	Date Received	Event #	Aggregate value for this Event		

<b>SUBTOTAL Section L4 — This Page</b>	<b>0</b>
<b>TOTAL of additional Section L4 Pages</b>	<b>0</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>	<b>0</b>

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Hahn for Council 2017			Off filing	
<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	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			<b>Fair Market Value of Donation</b>	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			<b>Fair Market Value of Donation</b>	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			<b>Fair Market Value of Donation</b>	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			<b>Fair Market Value of Donation</b>	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			<b>Fair Market Value of Donation</b>	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			<b>Fair Market Value of Donation</b>	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
<b>SUBTOTAL Section L5 — This Page</b>			0	
<b>TOTAL of additional Section L5 Pages</b>			0	
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b>			0	
<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			
Hahn for Council 2017				OCT 10 Filing			
<b>M. In-Kind Contributions</b>							
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions		Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions		Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions		Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions		Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>					
<b>SUBTOTAL Section M — This Page</b>				<input checked="" type="checkbox"/>			
<b>TOTAL of additional Section M Pages</b>				<input checked="" type="checkbox"/>			
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS</b> <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>				<input checked="" type="checkbox"/>			

### N. Refundable Deposit to Telephone Company

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			City		State	
<b>TOTAL SECTION N</b> <i>(Enter total on Line 24, Column A of Summary Page Totals)</i>						<input checked="" type="checkbox"/>

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Hahnfa Council 2017				Oct 10 7/11/17	
<b>P. Expenses Paid by Committee</b>					
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 #		<b>Amount</b>	
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"/> 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: <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 #		<b>Amount</b>	
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"/> 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: <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 #		<b>Amount</b>	
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"/> 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>TOTAL of additional Section P Pages</b>					
<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	
Hahn for Council 2017				OCT 10 Filing	
<b>Q. Campaign Expenses Paid by Candidate</b>					
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?	
Minuteman Press			7/14/17	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Street Address		City	State	Zip Code	
98 Farmington Ave		Bristol	CT	06010	
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-SIGN	Lawn Signs			471.69	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?	
Benoit Photography			7/2/17	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Street Address		City	State	Zip Code	
1 Ambler Road		Bristol	CT	06010	
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-OTH	Headshot			100.00	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?	
Minuteman Press			7/18/17	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Street Address		City	State	Zip Code	
98 Farmington Ave		Bristol	CT	06010	
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-SIGN	Lawn Signs			775.00	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?	
Minuteman Press			8/25/17	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Street Address		City	State	Zip Code	
98 Farmington Ave		Bristol	CT	06010	
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-SIGN	Lawn Signs			550.00	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?	
Lindsey Rivers Photography			9/18/17	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Street Address		City	State	Zip Code	
100 Mercier Ave		Bristol	CT	06010	
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-SIGN	Lawn Signs			34.19	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?	
Minute Man Press				<input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code	
98 Farmington Ave		Bristol	CT	06010	
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-DM	Postcards			373.21	
SUBTOTAL Section Q — This Page				2,304.09	
TOTAL of additional Section Q Pages					
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>				2,304.09	



**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Hahn for Council 2017				Oct 10 Filing	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>					
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>				
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>				
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>				
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>				
<b>SUBTOTAL Section S-This Page</b>				<del>0</del>	
<b>TOTAL of additional Section S Pages</b>				<del>0</del>	
<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>				<del>0</del>	
<b>Previously reported Expenses Unpaid and still Outstanding</b>				<del>0</del>	
<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>				<del>0</del>	

