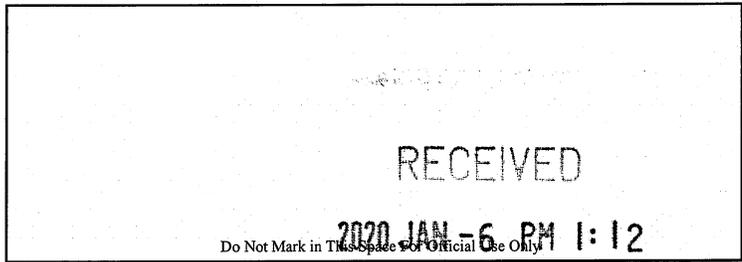


# SEEC FORM 20

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



## COVER PAGE

TOWN AND CITY CLERK  
BRISTOL, CT

### 1. NAME OF COMMITTEE

Greg Hahn for City Council

### 2. TREASURER NAME

|         |    |      |        |
|---------|----|------|--------|
| First   | MI | Last | Suffix |
| Maureen |    | Rao  |        |

### 3. TREASURER ADDRESS

|                 |         |       |          |
|-----------------|---------|-------|----------|
| Street Address  | City    | State | Zip Code |
| 233 Woodland St | Bristol | CT    | 06010    |

### 4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)  
11/05/2019

### 5. OFFICE SOUGHT (Complete only if Candidate Committee)

City Council

### 6. DISTRICT NUMBER

(if applicable)  
1

### 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

|       |    |      |        |
|-------|----|------|--------|
| First | MI | Last | Suffix |
| Greg  |    | Hahn |        |

### 8. TYPE OF REPORT (Check One Box)

- |   |   |  |  |
|---|---|--|--|
| <input checked="" 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 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<br><input type="radio"/> Primary <input type="radio"/> Election | <input type="radio"/> 45 days following election not held in November             |  |  |

### 9. PERIOD COVERED

|                |                 |
|----------------|-----------------|
| Beginning Date | Ending Date     |
| 10/30/2019     | thru 12/31/2019 |

### 10. CERTIFICATION

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

|   |                      |                   |
|---|----------------------|-------------------|
| _____                                     | Maureen Rao          | _____             |
| 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.*

**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          |                       |
|---|-------------------------|-----------------------|
| Greg Hahn for City Council  | January 10              |                       |
|   | COLUMN A<br>This Period | COLUMN B<br>Aggregate |
| 11. Balance on hand January 1 of current year for ongoing and party committees OR<br>Balance on hand from day committee was formed for all other committees |                         | 0                     |
| 12. Balance on hand at the beginning of Reporting Period  | 1544.01                 |                       |
| 13. Contributions Received from Individuals (Sections A and B)  | 0                       | 5240.00               |
| 14. Receipts from Other Committees (Sections C1 and C2)   | 269.91                  | 269.91                |
| 15. Other Monetary Receipts (Sections D through K)  | 0                       | 291.76                |
| 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)   | 0                       | 0                     |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c)   | 269.91                  | 5,801.67              |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)   | 1813.92                 | 5,801.67              |
| 19. Expenses Paid by Committee (Section P)  | 1367.08                 | 5354.83               |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)  | 446.84                  | 446.84                |
| 21. In-Kind Donations not Considered Contributions Received (Section L4)  |                         |                       |
| 22. In-Kind Donations not Considered Contributions — House Party (Section L5)   |                         |                       |
| 23. In-Kind Contributions Received (Section M)  |                         |                       |
| 24. Refundable Deposit to Telephone Company (Section N)   |                         |                       |
| 25. Loan Balance  |                         |                       |
| 25a. + Loans Received (Section D)   |                         |                       |
| 25b. + Interest and Penalties on Loan   |                         |                       |
| 25c. - Payments on Loan   |                         |                       |
| 25d. Total Outstanding Loan Amount  |                         |                       |
| 26. Campaign Expenses Paid by Candidate (Section Q)   | 0                       | 774.90                |
| 27. Expenses Incurred on Committee Credit Card (Section R)  |                         |                       |
| 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)  | 304.20                  |                       |

# I. MONETARY RECEIPTS (Sections A—K)

|  |                           |
|--|---------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>  | TYPE OF REPORT            |
| Greg Hahn for City Council   | January 10                |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i> | <b>SUBTOTAL SECTION A</b> |
| \$0  |                           |

## B. Itemized Contributions from Individuals

|                            |                  |                   |
|----------------------------|------------------|-------------------|
| Last Name                  | First            | MI                |
| Residential Street Address | City             | State    Zip Code |
| Principal Occupation       | Name of Employer |                   |

|  |   |                               |
|--|---|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="radio"/> Yes<br><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?<br><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?<br><i>If yes, list Event # _____</i><br><input type="radio"/> Yes<br><input checked="" type="radio"/> No                               | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="radio"/> Executive <input checked="" type="radio"/> Legislative<br><input type="radio"/> Yes<br><input checked="" type="radio"/> No |                               |
| Method of Contribution:<br><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 |   | Date Received                 |
|  |   | Aggregate Contributions       |

|                            |                  |                   |
|----------------------------|------------------|-------------------|
| Last Name                  | First            | MI                |
| Residential Street Address | City             | State    Zip Code |
| Principal Occupation       | Name of Employer |                   |

|  |   |                               |
|--|---|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="radio"/> Yes<br><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?<br><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?<br><i>If yes, list Event # _____</i><br><input type="radio"/> Yes<br><input checked="" type="radio"/> No                               | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="radio"/> Executive <input checked="" type="radio"/> Legislative<br><input type="radio"/> Yes<br><input checked="" type="radio"/> No |                               |
| Method of Contribution:<br><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 |   | Date Received                 |
|  |   | Aggregate Contributions       |

|                            |                  |                   |
|----------------------------|------------------|-------------------|
| Last Name                  | First            | MI                |
| Residential Street Address | City             | State    Zip Code |
| Principal Occupation       | Name of Employer |                   |

|  |   |                               |
|--|---|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="radio"/> Yes<br><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?<br><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?<br><i>If yes, list Event # _____</i><br><input type="radio"/> Yes<br><input checked="" type="radio"/> No                               | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="radio"/> Executive <input checked="" type="radio"/> Legislative<br><input type="radio"/> Yes<br><input checked="" type="radio"/> No |                               |
| Method of Contribution:<br><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 |   | Date Received                 |
|  |   | Aggregate Contributions       |

|   |  |
|---|--|
| <b>SUBTOTAL Section B — This Page</b>   |  |
| <b>TOTAL of additional Section B Pages</b>  |  |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, 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         |  |
| Greg Hahn for City Council  |   |  |   |                         |                   | January 10             |  |
| <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<br><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<br><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<br><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       |                   |                        |  |
| Rosado for City Council   |   |  |   | Karen Vibert            |                   |                        |  |
| Address   |   |  | City  | State                   | Zip Code          |                        |  |
| P.O. Box 9155   |   |  | Bristol   | CT                      | 06011             |                        |  |
| Date Received   | Expenditure #<br><i>(if applicable)</i> | Payment Type   |   |                         | Amount of Receipt |                        |  |
| 12/11/2019  |   | <input checked="" type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution |   |                         | 269.91            |                        |  |
| Description   |   |  |   |                         |                   |                        |  |
| Reimbursement for Ads (Print and Online) in Bristol Press   |   |  |   |                         |                   |                        |  |
| Name of Committee   |   |  |   | Name of Treasurer       |                   |                        |  |
| Address   |   |  |   | City                    | State             | Zip Code               |  |
| Date Received   | Expenditure #<br><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>   |   |  |   |                         | 269.91            |                        |  |
| <b>TOTAL of additional Section C Pages</b>  |   |  |   |                         | 0                 |                        |  |
| <b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b><br><i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i> |   |  |   |                         | 269.91            |                        |  |

# I. MONETARY RECEIPTS (Sections A—K)

|   |                              |
|---|------------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i><br>Greg Hahn for City Council | TYPE OF REPORT<br>January 10 |
|---|------------------------------|

### D. Loans Received this Period

|   |      |  |          |  |                 |
|---|------|--|----------|--|-----------------|
| Name of Lender                                    |      | Source of Loan:<br><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?<br><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:<br><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?<br><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:<br><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?<br><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

|  |                       |
|--|-----------------------|
| <b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i> | <b>TYPE OF REPORT</b> |
| Greg Hahn for City Council   | January 10            |

**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><br><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 |
|------------------------|-----------------|-----------------|
|                        |                 |                 |
| Amount                 | Amount          | Amount          |
| <b>TOTAL SECTION G</b> |                 |                 |

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

| Date of Receipt        | Method of payment:  | Amount |
|------------------------|---|--------|
|                        | <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card |        |
|                        | <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card |        |
|                        | <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card |        |
|                        | <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card |        |
| <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.

|   |                |
|---|----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| Greg Hahn for City Council  | January 10     |

**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)                  | + |  |

**Total of Other Monetary Receipts**

*(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)*

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

|  |        |             |   |          |
|--|--------|-------------|---|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>  |        |             | TYPE OF REPORT  |          |
| Greg Hahn for City Council   |        |             | January 10  |          |
| <b>L1. Event Information</b>   |        |             |   |          |
| <b>Event #</b><br>Date of Event  | Letter | Description | Was this a fundraising event?<br><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="radio"/> No <span style="float: right;">→ \$ <input style="width: 60px;" type="text"/></span>               |        |             |   |          |
| <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="radio"/> No <span style="float: right;">→ \$ <input style="width: 60px;" type="text"/></span>                |        |             |   |          |
|  |        |             |   |          |
| <b>Event #</b><br>Date of Event  | Letter | Description | Was this a fundraising event?<br><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="radio"/> No <span style="float: right;">→ \$ <input style="width: 60px;" type="text"/></span>               |        |             |   |          |
| <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="radio"/> No <span style="float: right;">→ \$ <input style="width: 60px;" type="text"/></span>                |        |             |   |          |
| <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><br><i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>   |        |             |   |          |

**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*

|  |                       |
|--|-----------------------|
| <b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i> | <b>TYPE OF REPORT</b> |
| Greg Hahn for City Council   | January 10            |

**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<br><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<br><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<br><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<br><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<br><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>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</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><br><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                 |                               |
| Greg Hahn for City Council   |  |                         |         | January 10                     |                               |
| <b>L4. In-Kind Donations Not Considered Contributions</b>  |  |                         |         |                                |                               |
| Name of Donor  |  |                         |         |                                |                               |
| Street Address   |  |                         | City    |                                | State                         |
|  |  |                         |         |                                | Zip Code                      |
| Donation Given By:   |  | Description of Donation |         |                                | Fair Market Value of Donation |
| <input type="radio"/> Business Entity<br><input type="radio"/> Individual<br><input type="radio"/> Sole Proprietorship |  |                         |         |                                |                               |
|  |  | Date Received           | Event # | Aggregate Value for this Event |                               |
| Name of Donor  |  |                         |         |                                |                               |
| Street Address   |  |                         | City    |                                | State                         |
|  |  |                         |         |                                | Zip Code                      |
| Donation Given By:   |  | Description of Donation |         |                                | Fair Market Value of Donation |
| <input type="radio"/> Business Entity<br><input type="radio"/> Individual<br><input type="radio"/> Sole Proprietorship |  |                         |         |                                |                               |
|  |  | Date Received           | Event # | Aggregate Value for this Event |                               |
| Name of Donor  |  |                         |         |                                |                               |
| Street Address   |  |                         | City    |                                | State                         |
|  |  |                         |         |                                | Zip Code                      |
| Donation Given By:   |  | Description of Donation |         |                                | Fair Market Value of Donation |
| <input type="radio"/> Business Entity<br><input type="radio"/> Individual<br><input type="radio"/> Sole Proprietorship |  |                         |         |                                |                               |
|  |  | Date Received           | Event # | Aggregate Value for this Event |                               |
| Name of Donor  |  |                         |         |                                |                               |
| Street Address   |  |                         | City    |                                | State                         |
|  |  |                         |         |                                | Zip Code                      |
| Donation Given By:   |  | Description of Donation |         |                                | Fair Market Value of Donation |
| <input type="radio"/> Business Entity<br><input type="radio"/> Individual<br><input type="radio"/> Sole Proprietorship |  |                         |         |                                |                               |
|  |  | Date Received           | Event # | Aggregate Value for this Event |                               |
| Name of Donor  |  |                         |         |                                |                               |
| Street Address   |  |                         | City    |                                | State                         |
|  |  |                         |         |                                | Zip Code                      |
| Donation Given By:   |  | Description of Donation |         |                                | Fair Market Value of Donation |
| <input type="radio"/> Business Entity<br><input type="radio"/> Individual<br><input type="radio"/> Sole Proprietorship |  |                         |         |                                |                               |
|  |  | Date Received           | Event # | Aggregate value for this Event |                               |
| <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   |          |
| Greg Hahn for City Council   |   |   |   | January 10   |          |
| <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<br><i>If yes, complete Itemization in Addendum L5</i> |  |          |
| Street Address   |   | City  |   | State  | Zip Code |
| Description of Donation  |   |   |   | Fair Market Value of Donation                                    |          |
| 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<br><i>If yes, complete Itemization in Addendum L5</i> |  |          |
| Street Address   |   | City  |   | State  | Zip Code |
| Description of Donation  |   |   |   | Fair Market Value of Donation                                    |          |
| 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<br><i>If yes, complete Itemization in Addendum L5</i> |  |          |
| Street Address   |   | City  |   | State  | Zip Code |
| Description of Donation  |   |   |   | Fair Market Value of Donation                                    |          |
| 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<br><i>If yes, complete Itemization in Addendum L5</i> |  |          |
| Street Address   |   | City  |   | State  | Zip Code |
| Description of Donation  |   |   |   | Fair Market Value of Donation                                    |          |
| 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<br><i>If yes, complete Itemization in Addendum L5</i> |  |          |
| Street Address   |   | City  |   | State  | Zip Code |
| Description of Donation  |   |   |   | Fair Market Value of Donation                                    |          |
| 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<br><i>If yes, complete Itemization in Addendum L5</i> |  |          |
| Street Address   |   | City  |   | State  | Zip Code |
| Description of Donation  |   |   |   | Fair Market Value of Donation                                    |          |
| Event #  | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate |   |  |          |
| <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> |          |

|  |                |
|--|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Greg Hahn for City Council   | January 10     |

**M. In-Kind Contributions**

Name

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

|  |  |                         |   |
|--|--|-------------------------|---|
| Type of contributor: <input type="radio"/> Committee<br><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 checked="" 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 checked="" type="radio"/> No                       |                         | <b>Fair Market Value of this Contribution</b> |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No<br><i>If yes, list Event # _____</i> | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No<br><i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative</i> |                         |   |

Name

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

|  |  |                         |   |
|--|--|-------------------------|---|
| Type of contributor: <input type="radio"/> Committee<br><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 checked="" 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 checked="" type="radio"/> No                       |                         | <b>Fair Market Value of this Contribution</b> |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No<br><i>If yes, list Event # _____</i> | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No<br><i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative</i> |                         |   |

Name

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

|   |  |                         |   |
|---|--|-------------------------|---|
| Type of contributor: <input type="radio"/> Committee<br><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 checked="" 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 checked="" type="radio"/> No                       |                         | <b>Fair Market Value of this Contribution</b> |
| Is this contribution associated with an event reported listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No<br><i>If yes, list Event # _____</i> | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No<br><i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative</i> |                         |   |

|   |  |
|---|--|
| <b>SUBTOTAL Section M — This Page</b>   |  |
| <b>TOTAL of additional Section M Pages</b>  |  |
| <b>TOTAL OF ALL IN-KIND CONTRIBUTIONS</b> (Enter total on Line 23, Column A of Summary Page Totals) |  |

**N. Refundable Deposit to Telephone Company**

|                         |       |    |                   |
|-------------------------|-------|----|-------------------|
| Last Name of Individual | First | MI | Date Deposit Made |
|-------------------------|-------|----|-------------------|

|                            |      |       |          |                          |
|----------------------------|------|-------|----------|--------------------------|
| Residential Street Address | City | State | Zip Code | <b>Amount of Deposit</b> |
| Name of Telephone Company  |      |       |          |                          |

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

|  |  |
|--|--|
| <b>TOTAL SECTION N</b> (Enter total on Line 24, 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                |   |
|--|--|-------------------------------|---|
| Greg Hahn for City Council   |  | January 10                    |   |
| <b>P. Expenses Paid by Committee</b>   |  |                               |   |
| Name of Payee<br>USPS  |  | Date of Payment<br>11/8/2019  | Method of Payment:<br><input checked="" type="radio"/> Check # <u>124</u><br><input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address<br>N. Main St.  |  | City<br>Bristol               | State<br>CT   |
| Zip Code<br>06010  |  |                               |   |
| Purpose of Expenditure (by code)<br>POST   | Description<br>Stamps for thank you notes  | Event #                       | Amount<br>55.00   |
| Expenditure # (if applicable)<br>30  | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i><br><input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)<br><input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                               |   |
| Name of Payee<br>Rosado for City Council   |  | Date of Payment<br>12/11/2019 | Method of Payment:<br><input checked="" type="radio"/> Check # <u>125</u><br><input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address<br>P. O. Box 9155   |  | City<br>Bristol               | State<br>CT   |
| Zip Code<br>06010  |  |                               |   |
| Purpose of Expenditure (by code)<br>RMB  | Description<br>REIMBURSEMENT for our share of mailers / Automated Mailing Ser  | Event #                       | Amount<br>632.73  |
| Expenditure # (if applicable)<br>30  | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i><br><input type="radio"/> None of the below<br><input checked="" type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)<br><input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                               |   |
| Name of Payee<br>Rosado for City Council   |  | Date of Payment<br>12/11/2019 | Method of Payment:<br><input checked="" type="radio"/> Check # <u>126</u><br><input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address<br>P. O. Box 9155   |  | City<br>Bristol               | State<br>CT   |
| Zip Code<br>06010  |  |                               |   |
| Purpose of Expenditure (by code)<br>RMB  | Description<br>REIMBURSEMENT for our share of signs / Image Ink  | Event #                       | Amount<br>374.35  |
| Expenditure # (if applicable)<br>31  | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i><br><input type="radio"/> None of the below<br><input checked="" type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)<br><input type="radio"/> Independent<br><input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                               |   |
| Name of Payee<br>The Bristol Press   |  | Date of Payment<br>10/30/2019 | Method of Payment:<br><input checked="" type="radio"/> Check # <u>120</u><br><input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address<br>N. Main St.  |  | City<br>Bristol               | State<br>CT   |
| Zip Code<br>06010  |  |                               |   |
| Purpose of Expenditure (by code)<br>A-NEWS   | Description<br>Print ad in Bristol Press   | Event #                       | Amount<br>100.00  |
| Expenditure # (if applicable)<br>25  | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i><br><input type="radio"/> None of the below<br><input checked="" type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)<br><input type="radio"/> Independent<br><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>  |  | 1162.08                       |   |
| <b>TOTAL of additional Section P Pages</b>   |  | 1                             |   |
| <b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b><br><i>(Enter total on Line 19, Column A of Summary Page Totals)</i> |  | 1367.08                       |   |

### IV. EXPENDITURES (Sections P—T)

|   |                |
|---|----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| Greg Hahn for City Council  | January 10     |

#### Q. Campaign Expenses Paid by Candidate

|   |             |                 |   |                   |
|---|-------------|-----------------|---|-------------------|
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> |             | Date of Payment | Is reimbursement claimed?<br><input type="radio"/> Yes <input type="radio"/> No |                   |
| Street Address  |             | City            |   | State    Zip Code |
| Purpose of Expenditure<br><i>(by code)</i>  | 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?<br><input type="radio"/> Yes <input type="radio"/> No |                   |
| Street Address  |             | City            |   | State    Zip Code |
| Purpose of Expenditure<br><i>(by code)</i>  | 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?<br><input type="radio"/> Yes <input type="radio"/> No |                   |
| Street Address  |             | City            |   | State    Zip Code |
| Purpose of Expenditure<br><i>(by code)</i>  | 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?<br><input type="radio"/> Yes <input type="radio"/> No |                   |
| Street Address  |             | City            |   | State    Zip Code |
| Purpose of Expenditure<br><i>(by code)</i>  | 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?<br><input type="radio"/> Yes <input type="radio"/> No |                   |
| Street Address  |             | City            |   | State    Zip Code |
| Purpose of Expenditure<br><i>(by code)</i>  | 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?<br><input type="radio"/> Yes <input type="radio"/> No |                   |
| Street Address  |             | City            |   | State    Zip Code |
| Purpose of Expenditure<br><i>(by code)</i>  | 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><br><i>(Enter total on Line 26, Column A of Summary Page Totals)</i> |  |

Section P. ADDITIONAL PAGE 1 of 1

|  |   |          |                 |                |  |
|--|---|----------|-----------------|----------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |   |          |                 | TYPE OF REPORT |  |
| Greg Hahn for City Council   |   |          |                 | January 10     |  |
| <b>P. Expenses Paid by Committee</b>   |   |          |                 |                |  |
| Name of Payee  |   |          | Date of Payment |                | Method of Payment:   |
| The Carousel Museum  |   |          | 10/30/2019      |                | <input checked="" type="radio"/> Check # 121<br><input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address   |   | City     |                 | State          | Zip Code   |
| 30 Laurel St #1  |   | Hartford |                 | CT             | 06106  |
| Purpose of Expenditure (by code)   | Description   |          | Event #         |                | <b>Amount</b>  |
| CHAR   | Greg attended a charitable evening  |          |                 |                | 75.00  |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  |          |                 |                |  |
| 26   | <input checked="" type="radio"/> None of the below (does not involve another candidate or committee)<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent<br><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:   |
| United Way of Central CT   |   |          |                 |                | <input checked="" type="radio"/> Check # 122<br><input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address   |   | City     |                 | State          | Zip Code   |
| 30 Laurel St #1  |   | Hartford |                 | CT             | 06106  |
| Purpose of Expenditure (by code)   | Description   |          | Event #         |                | <b>Amount</b>  |
| CHAR   | Campaign Chairwoman (Kim Caron) attended a charitable evening   |          |                 |                | 65.00  |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  |          |                 |                |  |
| 27   | <input checked="" type="radio"/> None of the below (does not involve another candidate or committee)<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent<br><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:   |
| United Way of Central CT   |   |          |                 |                | <input checked="" type="radio"/> Check # 123<br><input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address   |   | City     |                 | State          | Zip Code   |
| 30 Laurel St #1  |   | Hartford |                 | CT             | 06106  |
| Purpose of Expenditure (by code)   | Description   |          | Event #         |                | <b>Amount</b>  |
| CHAR   | Greg attended a charitable evening  |          |                 |                | 65.00  |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  |          |                 |                |  |
| 28   | <input checked="" type="radio"/> None of the below (does not involve another candidate or committee)<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent<br><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 # _____<br><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 (does not involve another candidate or committee)<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent<br><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>205.00</b>  |  |















|  |  |  |           |                |   |   |  |
|--|--|--|-----------|----------------|---|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |  |  |           | TYPE OF REPORT |   |   |  |
| Greg Hahn for City Council   |  |  |           | January 10     |   |   |  |
| <b>T. Itemization of Reimbursements and Secondary Payees</b>                   |  |  |           |                |   |   |  |
| Last Name of Worker/Consultant   |  |  | First     |                | MI  | Date of Payment to Vendor, Person or Entity |  |
| Rosado for City Council  |  |  |           |                |   | 10/31/2019                                  |  |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant           |  |  |           |                | Payment to Reimburse Committee Worker/Consultant as reported in Section P:                              |   |  |
| Automated Mailing Services L.L.C.  |  |  |           |                | <input checked="" type="radio"/> Check # 125 <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                                    |  |
| online   |  |  |           |                |   |   |  |
| Purpose of Expenditure (by code)   | Description  |  |           | Event #        |   | <b>Amount</b>                               |  |
| POST   | Automated Mailers sent to constituents   |  |           |                |   | 632.73                                      |  |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)   |  |           |                |   |   |  |
| 30   | <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 |  |           |                |   |   |  |
| Last Name of Worker/Consultant   |  |  | First     |                | MI  | Date of Payment to Vendor, Person or Entity |  |
| Rosado for City Council  |  |  |           |                |   | 10/29/2019                                  |  |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant           |  |  |           |                | Payment to Reimburse Committee Worker/Consultant as reported in Section P:                              |   |  |
| Image Ink  |  |  |           |                | <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                                    |  |
| 102 Pane Rd  |  |  | Newington |                | CT  | 06111                                       |  |
| Purpose of Expenditure (by code)   | Description  |  |           | Event #        |   | <b>Amount</b>                               |  |
| A-SIGN   | Billboards and signs   |  |           |                |   | 374.35                                      |  |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)   |  |           |                |   |   |  |
| 31   | <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 |  |           |                |   |   |  |
| 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 # (if applicable)  | Type of Expenditure (Itemization in Addendum T 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 T — This Page</b>  |  |  |           | 1007.08        |   |   |  |
| <b>TOTAL of additional Section T Pages</b>                                     |  |  |           | 0              |   |   |  |
| <b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>         |  |  |           | 1007.08        |   |   |  |

