SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

Page 1 of 37 Do Not Mark in This Space For Official Use Only

COVER PAGE											
1. NAME OF COMMITTEE											
Lebron for Hartford											
2. TREASURER NAME											
First Dean	MI		Last Jones					Suffix			
3. TREASURER ADDRESS											
Street Address		City				State	. 1	Cip			
423 Barbour Street 4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (cons		tford			СТ		06120			
(mm/dd/yyyy) 09/12/2023	Mayor	ileta only il (C	ardidate Committee)				(if applica	RICT NUMBER			
	andidate or Exploratory Committee)										
First Nick	МІ	Las Le	et ebron					Suffix			
8. TYPE OF REPORT (Check One Box)											
	☐7th day preceding primar	y E	7th day preceding re	ferendum			ation or D	isbursement			
April 10 filing	30 days following primar	у []45 days following ref	erendum		ONLY)	•				
☐ July 10 filing	☐7th day preceding election	on C	Deficit		_	ndment to of Repo					
October 10 filing	12th day preceding elections (State Central Committees Only,	ion C	Termination		туре	or ricpor	023				
24 Hour Independent Expenditure Primary Election	☐45 days following election held in November	n not						WE CHANGE			
9, PERIOD COVERED		7.515					19	<u> </u>			
	Beginning Date		Ending D	ate			 .				
	12/01/2022	th	ru 12/31/20	22							
10. CERTIFICATION			mine and the second								
I hereby certify and state, under pe Disclosure Statement for the period	nalties of false statement, od covered is true, accurat	that all o	f the information set mplete.	forth on this	Itemize	ed Camp	paign Fi	inance			
TREASURER OR DEPUTY TREA	SURER (SIGNATURE)		Dec PRINT NAM	JEZA R	1	<u></u>	DATE	0 7 05 3 3 (mm/dd/yyyy)			
A person who is	s found to have knowingly and faces a civil		violated any provisions imprisonment or both.		ign finand	ce statue.	s				

Page 2 of 37

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Lebron for Hartford	JAN10	
	COLUMN A This Period	COLUMN B Aggregate
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		0.00
12. Balance on hand at the beginning of Reporting Period	0.00	
13. Contributions Received from Individuals (Sections A and B)	9,147.83	9,147.83
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00
15. Other Monetary Receipts (Sections D through K)	4,000.00	4,000.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00
17. Total Monetary Receipts (add totals for Line 13 through 16c)	13,147.83	13,147.83
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	13,147.83	13,147.83
19. Expenses Paid by Committee (Section P)	470.58	470.58
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	12,677.25	12,677.25
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00
23. In-Kind Contributions Received (Section M)	0.00	0.00
24. Refundable Deposit to Telephone Company (Section N)	.00	.00
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	4,000.00	4,000.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c. Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	4,000.00	
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	10,000.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	10,000.00	

I. MONETARY RECEIPTS (Sections A - K)

Page 3 of 37

NAME OF COMMITTEE (Pro	vide Comp	lete Nami	e as Registered with Filing Fleps	isitory)				TYPE OF I	alepom.	
Lebron for Hartford								JAN10		
A. Total Contribution		L.	ill Contributors-Recei			ried ONLY SECTION A	\$			0.00
			B. Itemized Contri	bulle	ons fre	m Individus	lś			
Last Name Bikakis				First	it riam					MI
Residential Street Address			<u> </u>	City				-	State	Zip Code
232 Mill Street										
Principal Occupation						Name of Employ	/er		I	<u> </u>
ls contributor a lobbyist, spouse,	<u> </u>	Amount of Contribution								
or dependent child of a lobbyist?	or a lobbyist, spouse, nt child of a lobbyist? If contribution is in excess of \$400 to a candidate for a criter 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?									
Is this contribution associated with an event reported in Section L1?	7. V 1. V 2. D 100 1									
an event reported in Section L1? If yes, list Event #	MΝ	10	If yes, indicate which brance of government the contract			Executive	Legislative	X No		5.00
Method of Contribution:	Aggregate Contri	outions								
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 12/30/2022										
Last Name				Firs	it					MI
Scott				Qui	in 					
Residential Street Address				City					State	Zip Code
19 Warrenton Ave				Har	rtford		·-		СТ	06105
Principal Occupation						Name of Employ	/er			
Chauffeur					!	Limo				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes X No	does cor	bution is in excess of \$400 to a contributor or business he/she is a at more than \$5,000?		ted with ha	ave a contract with	n said municipality		Amour	nt of Contribution
t- this contribution aspeciated with						Yes XN				
Is this contribution associated with an event reported in Section L1?	□ V [2]		Is contributor a principal of a s If yes, indicate which brance	ch or bra	anches		_	☐ Yes		25.00
If yes, list Event #	יינגו		of government the contract	is with:			Legislative	IXI No		İ
Method of Contribution:		ر_		= 4	Date Re 12/20/	-	Aggregate Contril 25.00			j
Cash Personal Check XC	redit/Debit	Card 🗀	Payroll Deduction Money	ساسيد		2022	20.00	<u></u>		
Last Name Speiller				First Len						MI
				 .		<u></u>			74-40	7- 2-4-
Residential Street Address 337 McKinley Avenue				City	, w Haven	1			State CT	Zip Code 06515
					I lavel				<u> </u>	00313
Principal Occupation						Name of Employ				
Director of Communications		1				City of New H				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes X No	does cor	bution is in excess of \$400 to a c intributor or business he/she is a at more than \$5,000?		ted with ha		said municipality		Amour	it of Contribution
Is this contribution associated with	Y	'es	Is contributor a principal of a s			prospective state	contractor?	Yes	İ	
an event reported in Section L1? If yes, list Event #	ΧN	io	If yes, indicate which branc of government the contract			☐ Executive	Legislative	X No		100.00
Method of Contribution:			<u> </u>		Date Re	ceived	Aggregate Contrit	outions		
☐ Cash ☐ Personal Check ☒ C	redit/Debit	Card 🔲	Payroll Deduction	Order	12/31/	2022	100.00)		
			SUB	ОТА	L Sect	tion & - This	Page	-	<u></u>	130.00
			TOTAL	f add	litional	Section B	Pagés		· · ·	9017.83
TOTALO	F ALL		RIBUTIONS FROM IN (Enter total on Line 18, Co					<u> </u>		9,147.83

I. MONETARY RECEIPTS (Sections A - K)

Page 4 of 37

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NAME OF COMMITTEE (Pro	vide Compi	ete Namo	s as Registered with Filing Repos	ilory)				TYPE OF I	REPORT	
Lebron for Hartford					,			JAN10		
A. Total Contributio			Il Contributors-Recely			riod ONLY SECTION A	\$			0.00
							A Company of the Comp	markan nganagan nganagan nganagan kana		es e estado e estado e en estado e en estado e en estado e en estado e en el estado e el estado
			B. Itemized Contrib		is fre	m Individus	ils			
Last Name Powell				First Jaime	Э					Mi
Residential Street Address 191 Elizabeth Street			**************************************	City Hartfo	ord				State CT	Zip Code 06105
Principal Occupation						Name of Employ	/er			00100
Registered Nurse	<u></u>	i				St. Francis H				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes X No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		i with ha		n said municipalit		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N		Is contributor a principal of a sta If yes, indicate which branch of government the contract i	or bran			contractor?	Yes No		250.00
Method of Contribution: ☐ Cash ☐ Personal Check 🛣 C	redit/Debit	Card	Payroll Deduction Money C		Date Re 12/31/		Aggregate Cor 250			
Last Name			<u> </u>	First						MI
Residential Street Address				Jessi	ca				State	Zin Codo
97 Lincoln Street				City Hartfo	ord				CT	Zip Code 06106
Principal Occupation				•		Name of Employ	rer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ☑No	does cor	oution is in excess of \$400 to a cantributor or business he/she is as at more than \$5,000?		l with ha		n said municipalit		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N		Is contributor a principal of a sta If yes, indicate which branch of government the contract i	or brane		<u> </u>	contractor?	Yes No		20.00
Method of Contribution:	redit/Debit	Card	Payroll Deduction Money C		Date Re 12/31/		Aggregate Cor 20.			
Last Name	<u> </u>	:		First						MI
Torres Roman		•••	——————————————————————————————————————	Lixan	der				Ctota	7:- Code
Residential Street Address 44 Peila Drive				City Manc	heste	r			State CT	Zip Code 06040
Principal Occupation Truck Driver				•	•	Name of Employ Abdel Transp				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	nution is in excess of \$400 to a ca ntributor or business he/she is as t more than \$5,000?		l with ha		n said municipalit		Amour	t of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	⊠ N		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or brane		prospective state	contractor?	Yes No		15.00
Method of Contribution: X Cash Personal Check C	redit/Debit	Card	Payroll Deduction Money C		Date Re 1 <mark>2/29</mark> /		Aggregate Cor 15.			
	10 pt 10 pt				Seci	ion B - This	Page			285.00
			TOTAL of	addit	iional	Section B	Pages		····	8862.83
TOTALO	F ALL		HIBUTIONS FROM IND							9,147.83

Page 5 of 37

NAME OF COMMITTEE (Pro	vide Gompl	ete Nami	e as Registered with Filing Repo	silory)				TYPE OF F	HEPORT		
Lebron for Hartford								JAN10			
A. Total Contributio			ll Contributors-Receiv			eriod ONLY SECTION A	\$			0.00	
			B. Itemized Contri			m Individus	ils			IMI	
Last Name Grant				First Davi					:	MI	
Residential Street Address				City					State	Zip Code	
205 Birchwood Dr				i ·	w Britain	1			СТ	06052	
Principal Occupation						Name of Employ	yer	_			
Education	~	=			<u> </u>	Hartford Pub	lic Schools	·			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes X No	does cor	bution is in excess of \$400 to a contributor or business he/she is a at more than \$5,000?		ted with ha		th said municipality		Amour	nt of Contribution	
Is this contribution associated with		/es	Is contributor a principal of a st	tate cor				Yes	1		
an event reported in Section L1? If yes, list Event #	⊠ _N		If yes, indicate which branch of government the contract	th or brai	anches	<u> </u>	Legislative	X No	1	100.00	
If yes, list Event # Method of Contribution:		!	Of government are comme.	/S vm	Date Re		Aggregate Contr		-		
Method of Contribution: Cash Personal Check XC	`rodit/Debit	+Card [Passell Deduction Money	Order	12/20/		Aggregate Conti				
Last Name	16um	Varu	Trayron Doddonor.	First				<u>~</u>	<u> </u>	IMI	
Luna Luna				Victo					1	ivii	
Residential Street Address				City					State	Zip Code	
17 Chapin Pl					tford			!	СТ	06114	
Principal Occupation						Name of Employ	Wer		<u> </u>	<u>L.,,</u>	
Entertainment					!	Luna Ent. Pro	-				
		It contril	bution is in excess of \$400 to a c	andida'	te for a ch	1		hy	Amount of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	ontributor or business he/she is as at more than \$5,000?		led with ha		th said municipality				
Is this contribution associated with		/es	Is contributor a principal of a st	tate cor				Yes	1		
an event reported in Section L1?	N K		If yes, indicate which brance of government the contract	h or brai	anches		Legislative	⊠ No		100.00	
If yes, list Event # Method of Contribution:			Of government the contract	S WHITE	Date Re		Aggregate Contr	·	1		
Cash Personal Check XC	^sodit/Dehit	Card C	Powell Deduction Money	Order	12/31/		Aggregate Control		1		
	Teure Door.	Calu	[Fayion Decountry	First						MI	
Last Name Lopez				Keni					!	I TVII	
Residential Street Address			, , , , , , , , , , , , , , , , , , , ,	City					State	Zip Code	
18 Northbrook Dr				1 1	st Hartfo	ərd		,	СТ	06117	
<u> </u>				—		Name of Employ			<u></u>		
Principal Occupation Ordered selector					!	Aldis distribut	_			ļ	
Oldered Sciector		T.,							1 1	* Combile	
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does cor	bution is in excess of \$400 to a contributor or business he/she is as at more than \$5,000?	andioau ssociate	ed with ha	nief executive offic ave a contract with Yes XN	th said municipality	/,	Amous	nt of Contribution	
Is this contribution associated with			Is contributor a principal of a st			prospective state	a contractor?	Yes			
an event reported in Section L1? If yes, list Event #	⊠ No	,o !	If yes, indicate which branch of government the contract			Executive	Legislative	⊠ No		10.00	
Method of Contribution:			7, 3,		Date Re		Aggregate Contr	ributions	1		
Cash Personal Check XC	2redit/Debit	Card	Payroll Deduction Money	Order	12/21/		10.0				
					L Sec	lion i3 - This	s Page			210.00	
			TOTALO	t add	itiona	Section B	Panes			8937.83	
TOTALO)F ALL	CONT	RIBUTIONS FROM IN					,			
			(Enter total on Line 13, Co.							9,147.83	

Page 6 of 37

NAME OF COMMITTEE (Fro	vide Comp	ete Nami	e as Registered with Filling Repos	tory)				TYPE OF I	HEPORT	
Lebron for Hartford								JAN10	i w	
A. Total Contributio			II Contributors-Receive			riod ONLY SECTION A	\$			0.00
								and the second second second second		
			B. Itemized Contrib	utio	ns fro	m individus	ils			
Last Name				First						МІ
Torres			· · · · · · · · · · · · · · · · · · ·	Fabi	ian					
Residential Street Address 317 East Middle Toke				City Man	cheste	r			State CT	Zip Code 06040
Principal Occupation				<u> </u>		Name of Employ	ует		L	
Unemployed						Unemployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ☑No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is ass at more than \$5,000?		ed with he		h said municipality	<i>y</i> ,	Amour	nt of Contribution
Is this contribution associated with	Y-	es	is contributor a principal of a sta		tractor or	<u> </u>		Yes		4 000 00
an event reported in Section L1? If yes, list Event #	ХN	o	If yes, indicate which branch of government the contract is		nches	☐ Executive	Legislative	X No		1,000.00
Method of Contribution:					Date Re		Aggregate Cont			
Cash Personal Check 🛛 C	redit/Debit	Card	Payroll DeductionMoney O		12/30/	2022	1,000	.00		
Last Name Harrison				First Cha	risma					MI
Residential Street Address				City		·			State	Zip Code
36 W Raymond St				•	ford				СТ	06112
Principal Occupation						Name of Employ	/er	<u></u>	l 	
Flagger						Ct traffic cont	trol			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes 図No	does co	oution is in excess of \$400 to a car ntributor or business he/she is ass at more than \$5,000?		ed with ha		n said municipality	<i>t</i> ,	Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?	□Y		Is contributor a principal of a sta			prospective state	contractor?	Yes		25.00
If yes, list Event #	XN	0	If yes, indicate which branch of government the contract is		ncnes	Executive	Legislative	X No		20.00
Method of Contribution:			1		Date Re		Aggregate Cont			
Cash Personal Check 🛛 C	redit/Debit	Card	Payroll Deduction Money O		12/30/	2022	25.0	U		140
Last Name Bellucci				First Brer						MI
Residential Street Address				City		 	*		State	Zip Code
18 Lostbrook Rd				Wes	st Hartfo	ord			CT	06117
Principal Occupation						Name of Employ				
Teacher							rd of Education			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes 図No	does cor	oution is in excess of \$400 to a ca ntributor or business he/she is ass at more than \$5,000?		ed with ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Ye ⊠N		Is contributor a principal of a state If yes, indicate which branch of government the contract is	or bra			contractor?	Yes No		100.00
Method of Contribution:			or government the definition to		Date Re		Aggregate Cont	ibutions		
☐ Cash ☐ Personal Check 🔀 C	redit/Debit	Card 🔲	Payroll Deduction Money O	rder	12/27/	2022	100.0	00		
			SUBTO	ЭТА	L Sect	ion B - This	Page			1,125.00
			TOTAL of	add	itional	Section B.	Pages			8022.83
TOTALO	FALL		RIBUTIONS FROM IND (Enter-total on Line 13, Cold							9,147.83

Page 7 of 37

NAME OF COMMITTEE (Pro	vide Compi	letë Nami	e as Registered with Filing Repo-	itory)				TYPE OF I	REPORT	
Lebron for Hartford								JAN10		
A. Total Contributio			ll Contributors-Receiv			riod ONLY SECTION A	\$			0.00
			B. Itemized Contrib	outio	ns fre	m Individus	118			
Last Name Gonzalez				First Pam		0,				Mi
				+				 -	State	Zin Code
Residential Street Address 44 Peila Drive				City Man	ıcheste	r			CT	Zip Code 06040
				TVICA:	01100.0	,	 			00040
Principal Occupation						Name of Employ Catholic Cha	-			
Case Manager		T						<u></u>		nt of Contribution
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?										
Is this contribution associated with										
an event reported in Section L1? If yes, list Event # No If yes, list Event # Executive Legislative X No									1	15.00
7,750,160,210,171								ributions		†
□ Credit/Debit Card □ Payroll Deduction □ Money Order										
Last Name				First	<u> </u>					М
Alfaro				Jose						
Residential Street Address City State										Zip Code
415 Butternut St NW 8 Washington									DC	20012
Principal Occupation				· · ·	Name of Employ	ver		<u> </u>		
Latino Engagement						` *	or Gun Safety			
	——————————————————————————————————————	If contril	bution is in excess of \$400 to a ca	andidat	e for a ch			v.	Amour	nt of Contribution
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes 🛛 No	does cor	ontributor or business he/she is as at more than \$5,000?	sociate	ed with ha	ave a contract with	h said municipality	~		
Is this contribution associated with		<u> </u>	Is contributor a principal of a sta	ate cor		Yes XN		Yes		
an event reported in Section L1?	N K		If yes, indicate which branch	or brai	nches			☑ res ☑ No		100.00
If yes, list Event #			of government the contract is	s witri:			Legislative		ļ	
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	`~~dit/Debit	Cord E	Bourell Doduction Money (Order	Date Re 12/31/		Aggregate Cont 100.6			
Last Name	(GOIMPON!	Calu	Trayroll Deductionmioney C	First	e ta maria a casa a		270			М
Sierra					andro					IVA
				 					State	Zip Code
Residential Street Address 120 Monroe Street				City Hart	iford				CT	2000 06114
				1 11	1014				<u> </u>	00:14
Principal Occupation Public Works						Name of Employ				
Public Works		I.,				City of Hartfo		<u>,</u>		- CO-strikusion
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes X No	does cor	bution is in excess of \$400 to a ca ontributor or business he/she is as at more than \$5,000?		ed with <u>ha</u>		h said municipality		Amoun	nt of Contribution
Is this contribution associated with	□ Ye	es	Is contributor a principal of a sta			prospective state	e contractor?	Yes		1 500 00
an event reported in Section L1?	X		If yes, indicate which branch of government the contract is		nches	Executive	Legislative	X No		1,000.00
Method of Contribution:					Date Re		Aggregate Cont	ributions	1	
X Cash ☐ Personal Check ☐ C	redit/Debit	Card	Payroll Deduction	Order	12/30/	2022	1,000			
			SUBT	OTA	L Sect	ion B - This	; Page	<u></u>		1,115.00
			TOTAL of	add	itional	Section B	Pages	لاسبوب	<u> </u>	8032.83
TOTALO	FALL		RIBUTIONS FROM IND (Entertate) on Line 13, Col					<u> </u>		9,147.83

Page 8 of 37

NAME OF COMMITTEE (Provi	ae Compl	ete Nami	e as Registered with	Filing Repos	tory)			1	YPE OF I	REFORT	
Lebron for Hartford								J	AN10		
A. Total Contribution (See instructions for definition				s-Receiv	ed fi SUB	his Pe TOTAL	riod ONLY Section A	\$			0.00
				an -			**************************************				
			B. Itemized	(Contilli			m Individua	ls			
Last Name Lopez					First Dieg						MI
Residential Street Address	<u>.</u>				City					State	Zip Code
172 Affleck St					Hart	iford				СТ	06106
Principal Occupation			•				Name of Employ	er			
Youth Development							Compass Yo	uth Collaborative	e		
	☐ Yes ※ No	does co	oution is in excess of ntributor or business at more than \$5,0007	he/she is as		ed with ha		said municipality		Amour	nt of Contribution
Is this contribution associated with		 98	ls contributor a prin	ncipal of a sta	te con				Yes		
an event reported in Section L1? If yes, list Event #	ΣN		If yes, indicate of government to	which branch	or bra	nches		Legislative	X No		25.00
Method of Contribution:			G government.	THE COMMENT	, ,,,,,,,	Date Re	<u> </u>	Aggregate Contrib	utions		
Cash Personal Check X Cr	edit/Debit	Card	Payroll Deduction	☐Money C	rder	12/21/	2022	25.00			
Last Name		::			First						МІ
Bond					Mari	itza					
Residential Street Address					City			<u> </u>		State	Zip Code
14 Harbour Close		New	/ Haver	1			СТ	06519			
Principal Occupation							Name of Employ	er	······································	<u>' </u>	<u> </u>
Director							City of New F	laven			
ls contributor a lobbyist, spouse,	□Yes		oution is in excess of						<u></u>	Amour	nt of Contribution
	⊠N ₀		ntributor or business at more than \$5,000?		sociate	_	ave a contract with				
Is this contribution associated with		98	Is contributor a prir	ncipal of a sta	te con				Yes		
an event reported in Section L1?	⊠ No		If yes, indicate u	which branch	or bra			Legislative	X No		50.00
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Mckenna					Cyn	thia					j
Residential Street Address					City		······			State	Zip Code
102 Waterside Ln					Wes	st Hartfo	ord			СТ	06107
Principal Occupation							Name of Employ	 er	<u></u>		
Retired							Retired				
Is contributor a lobbyist, spouse,	Yes		oution is in excess of							Amour	nt of Contribution
	ΧNο		ntributor or business at more than \$5,000?		sociate		ave a contract with				
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an event reported in Section L1?	Σ N		If yes, indicate v	which branch	or bra	nches		Legislative	X No		100.00
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TOTAL OF	ALL.		RIBUTIONS F								9,147.83

I. MONETARY RECEIPTS (Sections A - K)

Page	9 of	37
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City Name of Employer Cartholic Chartiles Cart Shatte Cart Contribution Store Cartholic Chartiles Cartholic Char	NAME OF COMMITTEE (Provi	ide Compl	ete Nami	e as Registered with	Filing Reposi	itory)				TYPE OF I	REPORT		
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Permisylvania Avenue	Evans				,	Bria	מ			_	_	_	
Periodial Cocupation Peace Dutilider Company Compan	Residential Street Address			- 		City					State	Zip Code	
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is contributor a keibylet, spouse, or dependent child of a sobylet? No second process of \$400 to a capdidate for a shall executive officer of a municipality, or dependent child of a sobylet? No second process of \$400 to a capdidate for a shall executive officer of a municipality, or dependent child of a sobylet? No shall be contributed an approach of a state contractor or prospective state contractor? Yes officer of the state of	Principal Occupation							Name of Employ	/er				
Description of the Contribution associated with an accordance with said municipality and proposed in class of payments of contribution associated with an accordance of prospective state contractor? yes yould all and more than \$5,000 yes yould all and you yould all and more than \$5,000 yes yould all and you yould all and more than \$5,000 yes you that \$5,000 yes you that \$5,000 yes you that \$5,000 yes you than \$5,000 yes you that \$5,000 yes you that \$5,000 yes you that \$5,000 yes you that \$5,000 yes you that \$5,000 yes you that \$5,000 yes you that \$5,000 yes you that	Peace builder		<u>-</u>	<u></u>			!	Compass Pe	ace Builder		<u></u>		
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an event reported in Section 1.7		Y	es				ntractor or			Yes			
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Name of Employer Catholic Charities						City					State	Zip Code	
Name of Employer Catholic Charities					J	,		ì.		,		1 `	
Parent Service Coordinator Catholic Charities						<u></u>		Name of Employ	uer .		<u></u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? No ses contributor or business he/she is associated with have a contract with said municipality, does contributor or business he/she is associated with have a contractor? Yes No ses No service with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section 1.1? Wes, indicate which branch or branches of government the contract is with: Yes, indicate which branch or branches of government the contract is with: Executive Legislative No	Parent Service Coordinator						ļ	, ,					
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Last Name Johnson Residential Street Address 217 Franklin Ave City Hartford Name of Employer Ma9ic IIc Store owner 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? Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contribution of government the contract is with: Substituted at more than \$5,000? Amount of Contribution Total Of ALL Contributions FROM INDIVIDUALS (Section 8 - This Page) 10 Section 8 - This Page 275.00	i	redit/Debit	Card	Pavroll Deduction	Money C	irder							
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Store owner Ma9ic Ic		·				<u> </u>	7	Name of Employ	·or		<u></u> _	L	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event #							1	, ,	ar			•	
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Page 10 of 37

NAME OF COMMITTEE (PO	vide Comp	iletë Nam	e as Registered with Filing F	Зеросна	'y)			assessment and the same	TYPE OF	RIERO)HII		
Lebron for Hartford							***********************		JAN10	100 s 100 s 100 s 100 s 100 s 100 s 100 s 100 s 100 s 100 s 100 s 100 s 100 s 100 s 100 s 100 s 100 s 100 s 100 s		
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132 7th Street				٧	/erp	lanck				NY	10596	
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20 Rossetto Dr Manchester									СТ	06042		
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- Toda words 7 gorn		li sonici	oution is in excess of \$400 to	0.0000	lidak	n for a abi				Amour	at of Contribution	
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Last Name Lau				J	First Chris	stine					MI	
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3-5 Canterbury Court					•	lletown				CT	06457	
							Alama of Empley		· · · · · · · · · · · · · · · · · · ·			
Principal Occupation Retired							Name of Employ Retired	/er				
Is contributor a lobbyist, spouse,	Yes	If contrib	oution is in excess of \$400 to	o a cand	tidate	e for a chi	ef executive offic	er of a municipalit	у,	Amour	nt of Contribution	
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Page 11 of 37

NAME OF COMMITTEE (Pro	vide Compl	ele Nam	ie as Regisierad with Filling Repos	ilory)				TYPE OF I	HEPOHIV		
Lebron for Hartford								JAN10			
A. Total Contributio			all Contributors-Receive			riod ONLY SECTION A	\$			0.00	
(See ilightelithe en delimie	n on en		10)								
			B. Itemized Contrib	utic	ms fre	on) Individus	ils		= 15 -		
Last Name Gittens		<u></u>		First Das						MI	
Residential Street Address				City		<u></u>			State	Zip Code	
125 Mansfield Street		<u></u>		Harl	tford	<u>,</u>			ст	06112	
Principal Occupation Student	·					Name of Employ	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ※No	does co	ibution is in excess of \$400 to a cal ontributor or business he/she is ass at more than \$5,000?		ed with ha		h said municipality		Amous	nt of Contribution	
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Cartagena				Ang					, -		
Residential Street Address 136 Stonington St A				City Hart	tford				State CT	Zip Code 06106	
Principal Occupation Unemployed						Name of Employ Unemployed					
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	口 res	does co	ibution is in excess of \$400 to a cal ontributor or business he/she is ass at more than \$5,000?		ed with ha		h said municipality		Amount of Contribut		
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Residential Street Address				City			· · · · · · · · · · · · · · · · · · ·		State	Zip Code	
228 White Street				Hart	tford	Г			CT	06114	
Principal Occupation Driver					ļ	Name of Employ 1099	/er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Lies	does co	ibution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?		ed with ha		h said municipality		Amour	nt of Contribution	
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						Section 8				9075.00	
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SEEC FORM 20

I. MONETARY RECEIPTS (Sections A - K)

Page 12of 37

NAME OF COMMITTEE (PO)	nde Compl	ete Name	as Registered with	Filling Plepus	tory)				TYPE OF	HEPORT	
Lebron for Hartford									JAN10		
A. Total Contributio							riod ONLY SECTION A	\$			0.00
			B. Itemizeo	l Contrib			m Individus	is			l Mi
Last Name Sanchez					First Fran						3711
Residential Street Address			 		City					State	Zip Code
238 Forest Dr					Wet	hersfiel	r			СТ	06109
Principal Occupation Retired							Name of Employ Retired	/er			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ⊠No	does co	oution is in excess of ntributor or business at more than \$5,000?	he/she is as		ed with ha	ve a contract with	n said municipality	,	Amour	nt of Contribution
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Last Name Chester					First Harr	íson					IVI
Residential Street Address				<u> </u>	City					State	Zip Code
97 Lincoln Street					Hart	ford				СТ	06106
Principal Occupation							Name of Employ	rer	····	·	
							self employes	S	. <u></u>		
ls contributor a tobbyist, spouse, or dependent child of a lobbyist?	☐Yes ☑No	does co	oution is in excess of ntributor or business at more than \$5,000?	he/she is as:		d with ha		n said municipality		Атоиг	nt of Contribution
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Rodriguez					Ken					:	
Residential Street Address					City			<u> </u>		State	Zip Code
628 Asylum Ave					Hart	ford				СТ	06105
Principal Occupation Restaurant							Name of Employ Sypy Grille	er			·
ls contributor a tobbyist, spouse, or dependent child of a lobbyist?	☐Yes XNo	does cor	oution is in excess of ntributor or business it more than \$5,000?	he/she is ass		ed with ha		n said municipality	•	Amour	t of Contribution
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Page 13 of 37

NAME OF COMMITTEE 1/Pm	vide Compl	ete Nam	e as Registered with Fill	ing Reposi	tory)				TYPE OF I	HEPORT	
Lebron for Hartford								1	JAN10		-
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Bellon					Mig	dalia					1
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100 Kane St A6					Wes	st Hartfo	ord			СТ	06119
Principal Occupation							Name of Employe	er		<u> </u>	
Retired							Retired				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes	does co	bution is in excess of \$4 ontributor or business he at more than \$5,000?			ed with ha	nief executive office ave a contract with	said municipality	,	Amour	nt of Contribution
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Last Name					First						MI
Del Valle					Ken	neth					
Residential Street Address					City					State	Zip Code
98 Sargent Drive					Hart	tford	_			СТ	06105
Principal Occupation		*******				•	Name of Employe	er			
Front Store							cvs				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes 図No	does co	bution is in excess of \$4 ontributor or business he at more than \$5,000?			ed with ha		said municipality		Amour	nt of Contribution
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Mancini					Aida	1					
Residential Street Address					City					State	Zìp Code
37 Brent Rd					Man	ncheste	r			СТ	06042
Principal Occupation							Name of Employe	er			
Arrival Team Associate						İ	St.francis Hos	spital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ☑No	does co	bution is in excess of \$4 intributor or business he at more than \$5,000?			ed with ha		said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ Ye		Is contributor a princip If yes, indicate which of government the	ich branch e	or bra	nches	Executive	Legislative	Yes No		10.00
Method of Contribution:		_		-		Date Re		Aggregate Contril	- 1	ł	
Cash Personal Check XC	redit/Debit	Card	Payroll Deduction	Money O	rder	12/21/	2022	10.00			
				SUBTO	ЭΤΑ	L Sect	llon 8 - This	Page			20.00
			то)	ΓAL of	add	itional	Section B F	ages			9127.83
TOTAL O	FALL		RHEIUITIONS FER								9,147.83

Page 14 of 37

NAME OF COMMITTEE 1900	vide Compl	ete Nam	e as Registered with Filing Repi	istlory)		L.		TYPE OF	REPORT	
Lebron for Hartford								JAN10	411	
A. Total Contributio			III Contributors-Recei			eriod ONLY L SECTION A	\$			0.00
			B. Itemized Contri	butje	ons fre	ım İndividuə	ls			
Last Name				First						MI
St.Germain				Deb	ora					
Residential Street Address				City					State	Zip Code
72 Clermont St				1 1	rtford				СТ	06106
Principal Occupation						Name of Employe	/er		1	<u> </u>
Teacher/Tutor						Hboe	OI .			
		If contri	bution is in excess of \$400 to a	randida	to for a cl		er of a municipa	liky	Amour	nt of Contribution
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	does co	ontributor or business he/she is a at more than \$5,000?		ted with ha		n said municipali		Alliou	it or community
Is this contribution associated with an event reported in Section L1?	□ Ye	es	Is contributor a principal of a s			r prospective state	contractor?	Yes		OF 00
If yes, list Event #	XN	0	If yes, indicate which branc of government the contract			Executive	Legislative	X No		25.00
Method of Contribution:					Date Re	eceived	Aggregate Co	ntributions	1	İ
Cash Personal Check 🛛 C	Credit/Debit	Card []Payroll Deduction	Order	12/20/	/2022	25			,
Last Name				First	t t				<u>. </u>	MI
Vazquez				Ror	nnie					
Residential Street Address				City	,		***************************************		State	Zip Code
2 Park PI 10f				Har	rtford				СТ	06106
Principal Occupation						Name of Employe	'er			
Project Manager					I	City of Hartfor	rd	•		
Is contributor a lobbyist, spouse,	Yes	If contril	bution is in excess of \$400 to a	candida	ite for a cf	nief executive offic	er of a municipa	lity,	Amour	nt of Contribution
or dependent child of a lobbyist?			ontributor or business he/she is a at more than \$5,000?	ssociat	_	_ ~		ty		
Is this contribution associated with		<u> </u>	Is contributor a principal of a s	tate co				Yes		
an event reported in Section L1?	IJ Ne		If yes, indicate which brand	ch or bra	anches			☐ res ☑ No		35.00
If yes, list Event #			of government the contract	is with.			Legislative		1	
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	`-~~!!!Dabit	~~~ L	Desiral Deduction	Ordor	Date Re 12/27/		Aggregate Co.			
	realivideon.	caro L] Рауков Deduction — Пиють у	سنوال الرب		CVLL				I. ii
Last Name				First	t mari					MI
Vazquez									1	
Residential Street Address				City					State	Zip Code
47 Idle Ln				lviei	riden				СТ	06451
Principal Occupation					ŀ	Name of Employe				
Registered Nurse						Fair Haven Co				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Li Yes	does cor	bution is in excess of \$400 to a c ontributor or business he/she is a at more than \$5,000?		ted with ha		n said municipali		Amoun	nt of Contribution
Is this contribution associated with		es	Is contributor a principal of a s	tate cor				Yes	1	
an event reported in Section L1? If yes, list Event #	⊠ No		If yes, indicate which branc of government the contract	ch or bra	anches		Legislative	X No		50.00
Method of Contribution:			or government and activities		Date Re		Aggregate Co	otributions	ł	
Cash Personal Check 🗓 C	redit/Debit	Card	Payroll Deduction Money	Order	12/31/		50.			
				ОТА	LSee	tion 8 - This	Page 1	A Section Section 1		110.00
			TOTAL	l add	litiona	l Section B R	Pages		***	9037.83
TOTALO	FALL	CONT	RIBUTIONS FROM IN							9,147.83
			(Enter total on Line 13, Co	Jumn	A of Su	mmary Page To	otals)			3,147.00

Page 15 of 37

NAME OF COMMITTEE (Pro)	ride Comp	ete Nam	e as Registered with Filing Reposi	tory)				TYPEOP	REPORT	
Lebron for Hartford						and the second will be a second will be a second will be a second will be a second will be a second will be a		JAN10		
A. Total Contribution (See instructions for definition	THE RESERVE OF THE PARTY OF		II Contributors-Receive			riod ONLY SECTION A	\$	Marson and a second	Alexander of the second	0.00
			B. Itemized Contrib			m Individus	ils			
Last Name Sanchez				First Iris						MI
Residential Street Address				City			A		State	Zip Code
238 Forest Dr				Wetr	thersfield	т			СТ	06109
Principal Occupation Retired						Name of Employ Retired	<i>j</i> er			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes X No	does co	bution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?		ed with ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Ye		Is contributor a principal of a state of government the contract is	or brai	ntractor or anches	r prospective state		Yes No		100.00
Method of Contribution: Cash Personal Check XC					Date Re-	eceived	Aggregate Cont	tributions		
Last Name	100.00		The Agriculture of the Agricultu	First						MI
Devereux	 -			Jeffre	ey					
Residential Street Address 1429 Park St				City Hartl					State CT	Zip Code 06106
Principal Occupation						Name of Employ				
Small Business Owner		T	the state of the s	-"dal		Breakfast Lur		-	T Amou	- A - addition
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes X No	does cor	bution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?		ed with ha		h said municipality		Alitou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Ye ⊠Ne		Is contributor a principal of a state If yes, indicate which branch of government the contract is	or brai	nches		e contractor?	Yes No		200.00
Method of Contribution:				Ī	Date Re	eceived	Aggregate Cont	tributions		
Cash Personal Check C	redit/Debit	Card 🔲	Payroll Deduction		12/22/2	2022	200.0	00		
Last Name Ortiz			ALCOHOL:	First Raul					,	MI
Residential Street Address				City	v Britain				State	Zip Code
1886 stanley Street				New					СТ	06053
Principal Occupation Firefighter					į	Name of Employ City of new B				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ☑No	does cor	bution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?		ed with ha		h sald municipality		Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Ye		Is contributor a principal of a stat If yes, indicate which branch of of government the contract is	or brai	ntractor or	r prospective state		Yes No		50.00
Method of Contribution:	**- • •		· · · · · · · · · · · · · · · · · · ·		Date Red		Aggregate Cont			
Cash Personal Check CC	redit/Debit	Card L			12/20/2		50.0	0		
						lion B - This			<u> </u>	350.00
						Section B f			····	8797.83
TOTAL O	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Colu							9,147.83

I. MONETARY RECEIPTS (Sections A - K)

Page 16 of 37

NAME OF COMMITTEE (Prov	ide Comp	lete Name	e as Registered with	Filing Repos	tony)				TYPE OF I	REPORT	
Lebron for Hartford			A Secondary Control	C. 1.1				· · · · · · · · · · · · · · · · · · ·	JAN10		
A. Total Contribution							rion ONLY SECTION A	\$			0.00
									market forman and an angle of the second		
			B. Itemized) Contrib	utio	ns fro	m Individus	ils			
Last Name	Maria Maria de Cara de				First						М
Bey					Lord	i					К
Residential Street Address					City Harl	ford				State CT	Zip Code 06147
Principal Occupation					<u> </u>		Name of Employ	/er			
	☐Yes	does cor	pution is in excess of ntributor or business at more than \$5,000?	he/she is ass		ed with ha	ve a contract with	n said municipali		Amour	nt of Contribution
Is this contribution associated with		1			to con		Yes XN		Пусс		
an event reported in Section L1?	□ V		Is contributor a prir If yes, indicate v of government t	which branch	or bra	nches		contractor?	Yes X		5.00
If yes, list Event # Method of Contribution:			Oi yoveniman i	Пе сопцаса в	Witi i.	Date Re		Aggregate Cor			
Method of Contribution: X Cash Personal Check Ci	redit/Debit	Card	Pavroll Deduction	Money O	rder	12/31/		Aggregate Col			
Last Name					First				And the second second		МІ
Winch					rJo						N
Residential Street Address					City					State	Zip Code
359 Sigourney St, ste 3, ste	3, ste 3				Hart	ford				СТ	06112
Principal Occupation							Name of Employ	er er			<u> </u>
Artsist							Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ☑No	does co	oution is in excess of ntributor or business at more than \$5,000?	he/she is ass		ed with ha		n said municipali		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?	□Y ⊠N		ls contributor a prir If yes, indicate v	vhich branch	or bra	nches		_	Yes No		50.00
If yes, list Event #	٠ بينا		of government to	he contract is	with:			Legislative			
Method of Contribution: ☐ Cash ☐ Personal Check 【X] Cr	dit/Dahit	^~~d [Dawell Daduction	Money O	-dar	Date Re 12/29/		Aggregate Cor 50.			
	GUINDEDI	Card L.	Payron Deduction	☐ INIONEY ○	First	L					MI
Last Name Dejesus						mond					(Vi)
Residential Street Address					City	·		<u> </u>		State	Zip Code
165 Sigourney Street					Hart	ford				СТ	06105
Principal Occupation			- · · · · · · · · · · · · · · · · · · ·	·			Name of Employ	er	· · · · · · · · · · · · · · · · · · ·		
<u></u>		· · · · · · · · · · · · · · · · · · ·					Unemployed				
	∐Yes XNo	does cor	ution is in excess of ntributor or business t more than \$5,000?	he/she is ass		ed with ha		n said municipali		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ _Y		Is contributor a prin If yes, indicate w	vhich branch	or bra		prospective state		Yes No		300.00
Method of Contribution:				<u> </u>		Date Re		Aggregate Cor			
Cash Personal Check Cr	edit/Debit	Card L	Payroll Deduction	Money O	2000	12/31/			.00		
				SUETO)TA	L Sect	ion B - This	19419E			355.00
	in the second		T	OTALet	add	itional	Section B	Pages			8792.83
TOTAL O	FALL		RIBUTIONS F (Enter total on Li								9,147.83

Page 17 of 37

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	Reposito	iy)			TYPE OF	EPORT	46 45 4
Lebron for Hartford					JAN10		
A. Total Contributions from Small Contributors-Re			Period ONLY ALSECTION A	\$			0.00
(See Instructions for definition of Small Contributor)			A President Control		turin tu primitivi altibili a s		
B. Itemized Go	ontribu	itions f	irom Individua	als			
Last Name		First					MI
Starr Residential Street Address		Vina City				State	Zip Code
20 Esquire Drive		uly Manche:	ster			CT	06042
Principal Occupation	***************************************		Name of Employ	yer			
Is contributor a lobbylst, spouse, or dependent child of a lobbylst?				h said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	branch or	r branches	or or prospective state		Yes No		5.00
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mother Mother Payroll Deduction Payroll Deduction Mother Payroll Deduction Payroll	loney Ord		Received 28/2022	Aggregate Cont			
Last Name	I -	First Nebon	,				MI
Austin Residential Street Address		Ashon City				State	Zip Code
421 Allen St		dew Brit	ain			CT	06053
Principal Occupation Direct support professional			Name of Employ Ashon Austir				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?				h said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of the section L1? If yes, list Event # Is the section L1?	branch or	r branches		e contractor?	☐ Yes ☒ No	:	25.00
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	foney Ord		Received 22/2022	Aggregate Cont			
Last Name Weinstein		First Rachel					MI
Residential Street Address		City			· · ·	State	Zìp Code
6625 Green Valley Circle Unit 306		Culver C	ity			CA	90230
Principal Occupation Director	_		Name of Employ Braver Ange				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a cand ne is assor	didate for a	a chief executive office have a contract wit	h said municipality	у,	Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of the section L1? If yes, list Event # Of government the contributor is principal of the section L1?	branch or	r branches		e contractor?	☐ Yes ☒ No		50.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	formu Ord	1	Received 27/2022	Aggregate Cont			
			etion B - This		The state of the s		80.00
ТӨТА	λL of a	dditio	nal Section B	Pages	<u></u>		9067.83
TOTAL OF ALL CONTRIBUTIONS FROM					madest som militjaggit solder		9,147.83

I. MONETARY RECEIPTS (Sections A - K)

Page 18of 37

NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with	Filing Repos	itory)				TYPE OF	HEPORT	
Lebron for Hartford									JAN10		
A. Total Contribution (See instructions for definitions)	The second second	100		CONT.			riod ONLY SECTION A	\$			0.00
Last Name			B. Itemize	a) (ete) pitalis	First		m Individus	ils			lМI
Dressler					Jeff						
Residential Street Address			, , , , , , , , , , , , , , , , , , , 		City				······································	State	Zip Code
14 Whetten Rd					Wes	st Hartfo				CT	06117
Principal Occupation Attorney							Name of Employ Dressler Stric	•		•	
		If contrib	oution is in excess of		ndidal	le for a ch				Amour	nt of Contribution
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes XNo	does co	ntributor or business at more than \$5,000	he/she is as		ed with he		h said municipality		Amous	it or containmation
Is this contribution associated with an event reported in Section L1?	ΠY	es	ls contributor a pri				prospective state	e contractor?	Yes		050.00
If yes, list Event #	XIN	o	If yes, indicate of government				Executive	Legislative	X No		250.00
Method of Contribution:						Date Re	-	Aggregate Contrib			
☐ Cash ☐ Personal Check 🛛 C	credit/Debit	Card L	Payroll Deduction	☐Money C		12/27/	2022	250,00) 		
Last Name	•				First						Mi
Davidson					Dav	ida					
Residential Street Address					City	ford				State	Zip Code
63 Wilson St					Harl	liora			- 	СТ	06106
Principal Occupation							Name of Employ	/er			
Nurse		1					Hhcmg				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes XNo	does co	oution is in excess of ntributor or business it more than \$5,000?	he/she is as:		ed with ha		n said municipality	!	Amour	nt of Contribution
Is this contribution associated with	ΠY	es	Is contributor a prir	ncipal of a sta	te cor				Yes		1
an event reported in Section L1? If yes, list Event #	ΣN		If yes, indicate of government is			nches	Executive	Legislative	X No		100.00
Method of Contribution:						Date Re		Aggregate Contrib	ulions		
Cash Personal Check 🛛 C	Credit/Debit	Card	Payroll Deduction	Money C	order	12/31/	2022	100.00)		l l
Last Name			 	Section Section	First	and the same of the	and the second s	entral and the content of the conten	A CONTRACTOR OF THE		MI
Wallace					Berr	nie					
Residential Street Address				<u> </u>	City					State	Zip Code
118 Huntington					Hart	ford				CT	06105
Principal Occupation						- "	Name of Employ	er			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ☑No	does co	oution is in excess of ntributor or business t more than \$5,000?	he/she is ass		ed with he		n said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?	□Y		Is contributor a prin If yes, indicate of of government t	which branch	or bra		prospective state		Yes X No		5.00
If yes, list Event # Method of Contribution:			or government t	na comidei is	, will i.	Date Re		Aggregate Contrib		İ	
☐ Cash ☐ Personal Check ☐ C	redit/Debit	Card 🔲	Payroll Deduction	Money O	rder	12/30/		5,00		i	
				SUBTO	TA	L Seci	ion B - This	Page			355.00
			T	OTAL of	add	itional	Section B	Pages	<u></u>	<u> </u>	8792.83
TOTAL O	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 9,147.83										

I. MONETARY RECEIPTS (Sections A - K)

Page 19 of 37

	and the second second		on on the control of		ga aranga panganas		and economic and entering	one specialists		salarin kirilda kalendari erre	
NAME OF COMMITTEE (PM	vide Comp	iletë Nam	e as Registered with Filing Repu	sitory)				ŢΥ	PE OF F	REPORT	
Lebron for Hartford								JA	N10		
- A Total Contributio	ins from	n Sma	ll Contributors-Recei	red t	bie De	riad ONLY		<u> </u>			
(See instructions for definition				110 411-52	Contract Con	SECTIONA	\$			2000-100-100-100-100-100-100-100-100-100	0.00
			B. Itemized Contri	builte	ons fre	in Individue	ıls				
Last Name				Firs							МІ
Smith				San	nariya						
Residential Street Address				City						State	Zip Code
49 Earle Street				Har	tford					CT	06120
Principal Occupation				-		Name of Employ	/er				
Project Manager						CT Historical	Society				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	bution is in excess of \$400 to a c intributor or business he/she is a at more than \$5,000?		ed with h		h said municipa			Amour	nt of Contribution
Is this contribution associated with		res	Is contributor a principal of a s	tate co				[Yes		
an event reported in Section L1? If yes, list Event #	Ĭ.		If yes, indicate which branc of government the contract			Executive	Legislative	_	X No		25.00
Method of Contribution:	-		o. go,o,,,,,,o.		Date Re		Aggregate C	ontributi	ons		:
Cash Personal Check	Credit/Debi	t Card	Payroll Deduction Money	Order	12/30/	2022		5.00			
Last Name	reaction through the	e proposed stations	Section for the second section of the section of the second section of the section of the second section of the second section of the second section of the secti	First		<u> Anno Alliani di Angelo de Parte de la com</u>	en en general part tramas que que la dis	***************************************		ja ja nemaja kenjing dibane.	MI
McIndoo				And	irew						
Residential Street Address				City						State	Zip Code
496 Henry St				Bro	okiyn					NY	11231
Principal Occupation				•		Name of Employ	rer		••••	•	
Consultant						Threshold					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	bution is in excess of \$400 to a contributor or business he/she is a at more than \$5,000?		ed with ha	ave a contract with	n said municipa			Amour	nt of Contribution
Is this contribution associated with			Is contributor a principal of a si	ate cor		Yes XN		ſ	Yes		
an event reported in Section L1?	X		If yes, indicate which brance	h or bra	anches	<u>`</u> .	_		No I		50.00
If yes, list Event # Method of Contribution:			of government the contract	is will):	Date Re		Legislative Aggregate C				
Cash Personal Check XC	redit/Debit	Card	Payroll Deduction	Order	12/28/).00) IIS		
Last Name				First	Paritional regions in ratio		in with insulational radio of women in a contraction			erdystraugher, et alexa	MI
Feltman				Art							
Residential Street Address				City					-	State	Zip Code
50 Beechtree Ln				Wes	st Hartfo	ord				CT	06107
Principal Occupation				•	1140	Name of Employ	er				
Executive director						International	Hartford				
ls contributor a tobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	oution is in excess of \$400 to a c ntributor or business he/she is a at more than \$5,000?		ed with ha		ı said municipa			Amoun	t of Contribution
Is this contribution associated with	ΠY	es	Is contributor a principal of a st	ate con					Yes		
an event reported in Section L1? If yes, list Event #	ΔN	io	If yes, indicate which branci of government the contract		nches	Executive	Legislative	C	No D		1,000.00
Method of Contribution:					Date Re	ceived	Aggregate Co	ontributio	ons		
☐ Cash ☐ Personal Check ☒ C	redit/Debit	Card	Payroll Deduction Money	Order	12/21/	2022	1,00	00.00			
			SUBT	OTA	L Seci	ion B - This	Page				1,075.00
			TOTAL of	add	itional	Section B l	⁹ ages				8072.83
TOTALO	FALL		RIBUTIONS FROM IN (Entertotal on Cine 12), Go	\$100 to 1	TO COMPANY OF THE PARTY OF						9,147.83

I. MONETARY RECEIPTS (Sections A - K)

Page 20 of 37

NAME OF COMMITTEE (From	de Comp	lete Name	as Registered with Filing Repos	ilany)		Plant III		TYPE OF	PERORY	
Lebron for Hartford								JAN10		
A. Total Contribution (See instructions for definition			l Contributors-Receiv			riod ONLY SECTION A	\$			0.00
				anti-service and						
Leat Name			B. Itemized Contrib		ns fre	m Individus	is :			lovi
Last Name Diaz				First Glad	lys					MI
Residential Street Address			· · · · · · · · · · · · · · · · · · ·	City		······································			State	Zip Code
52 Curtis St				Harti	ford				СТ	06106
Principal Occupation						Name of Employ	er			
Homemaker					**-	unemployed				
	∐Yes XNo	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as tt more than \$5,000?		d with ha		said municipality	<i>t</i> s :	Amoui	nt of Contribution
Is this contribution associated with	ΩY	es	Is contributor a principal of a sta			prospective state	contractor?	Yes		
an event reported in Section L1? If yes, list Event #	ΧN	lo	If yes, indicate which branch of government the contract is		nches	■ Executive	Legislative	X No		1,000.00
Method of Contribution:					Date Re	ceived	Aggregate Contr	ibutions		
Cash	edit/Debit	Card _	Payroll Deduction Money C	rder	12/30/	2022	1,000.	00		
Last Name				First						MI
Lewis				Pete	ĭ					
Residential Street Address				City	.,				State	Zip Code
96 Brook Street Apt C				Hartf	ord	······································			СТ	06120
Principal Occupation				-		Name of Employ	er			
Computer Program Design						UPS				
	Yes No	does cor	ution is in excess of \$400 to a ca atributor or business he/she is ass t more than \$5,000?		d with ha		said municipality	,	Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ Y		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bran			contractor?	☐ Yes ☒ No		5.00
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Residential Street Address				City					State	Zip Code
PO Box 831				Farm	ington				CT	06034
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Mental Health Clinician						Uconn Health)			
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TOTAL OF	ALL (RIBUTIONS FEOM IND Entertotal on Line 13, Cold							9,147.83

I. MONETARY RECEIPTS (Sections A - K)

Page 21 of 37

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NAME OF COMMITTEE (Pic	vide Comp	olete Nam	e as Registered with Filing Rep	asitory)			ī	PE OF	215(0)271	
Lebron for Hartford							JA	N10		
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20 Rossetto Dr				Mai	ncheste	r			CT	06042
Principal Occupation						Name of Employ	er			
Admin						UConn Healt	h			
ls contributor a lobbyist, spouse,	Yes		oution is in excess of \$400 to a niributor or business he/she is a						Amour	nt of Contribution
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Dormon				Jam	1es					
Residential Street Address				City					State	Zip Code
26 Roydon Road				Nev	v Haver	1			СТ	06511
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Page 22 of 37

NAME OF COMMITTEE (Pro)	vide Compi	lete Nami	a as Registered with Fi	ling Reposi	tory)				TYPE OF I	REPORT	
Lebron for Hartford	10.00								JAN10	Control of the Contro	
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Residential Street Address	<u> </u>				City					State	Zip Code
11241 Avenida Del Gato					San	Diego			!	CA	92126
Principal Occupation					<u></u>		Name of Employ	/er		L	
Assistant Professor					•	1	UC Davis				
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes X No	does cor	bution is in excess of \$4 intributor or business he at more than \$5,000?			ed with ha		h said municipality		Amour	nt of Contribution
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Residential Street Address					Clty					State	Zip Code
200 Cameo Drive]	Wind	dham				СТ	06226
Principal Occupation							Name of Employ	/er			
Retired						1	Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ☒No	does cor	bution is in excess of \$4 intributor or business he at more than \$5,000?			ed with ha		h said municipality		Amoun	nt of Contribution
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X Cash ☐ Personal Check ☐ C	redit/Debit	Card	Payroll Deduction L	_Money O	-		2022	10.0	U	t namen men all a sell	
Last Name Kavteladze					First Nino						MI
Residential Street Address					City					State	Zip Code
164 Middle Turnpike West				,		nchester	r			CT	06040
<u> </u>							Name of Employ			<u>i -: -</u> :	000.0
Principal Occupation Regional Coordinator						,	CCAOH	ei			
		T _{12 contrit}	oution is in excess of \$4	*20 to a 00				of a municipality		T Amour	nt of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes X No	does cor	outton is in excess of \$4 intributor or business he at more than \$5,000?			ed with <u>ha</u>		h said municipality		Alijoun	(t O) Community
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TOTALO	F ALL		RIBUTIONS FRO						***************************************		9,147.83

I. MONETARY RECEIPTS (Sections A - K)

Page 23 of 37

NAME OF COMMITTEE (Pro	ovide Comp	lete Nam	e as Registered with Filing Repo	sitory)				TYPE OF	REPORT	rage con or
Lebron for Hartford								JAN10		
A. Total Contribution (See instructions for definite			ll Contributors-Receiv			FIOD ONLY SECTION A	\$			0.00
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Gittens				Daw	/ne					
Residential Street Address 125 Mansfield Street				City Hart	ford				State CT	Zip Code 06112
Principal Occupation Club Director						Name of Employ Boys and Gir	er Is Club of Hartfo	ord		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes XNo	does co	oution is in excess of \$400 to a cantributor or business he/she is as at more than \$5,000?		ed with h		h said municipality		Amou	nt of Contribution
ts this contribution associated with an event reported in Section L1? If yes, list Event #	N N	lo ———	Is contributor a principal of a st If yes, indicate which branch of government the contract i	or bra is with:	tractor o	Executive		Yes No		5.00
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Hicks				Bran	ndon					
Residential Street Address 28 Forest Ln				City Bloo	mfield			<u>-</u> .	State CT	Zip Code 06002
Principal Occupation IT Analyst	····					Name of Employ	rer	··· <u>-</u> "	· · · · · · · · · · · · · · · · · · ·	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co.	oution is in excess of \$400 to a cantributor or business he/she is as at more than \$5,000?		ed with ha		n said municipality		Amour	nt of Contribution
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Residential Street Address 1882 Main St				City East	Hartfo	rd	······································	***	State CT	Zip Code 06108
Principal Occupation Real estate			· · · · · · · · · · · · · · · · · · ·	I		Name of Employ			<u> </u>	
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	oution is in excess of \$400 to a ca ntributor or business he/she is as t more than \$5,000?	ndidate sociate	d with ha	ief executive office	said municipality		Amour	t of Contribution
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I. MONETARY RECEIPTS (Sections A - K)

Page 24 of 37

NAME OF COMMITTEE 1/Pro	vide Сотр	lete Nam	e as Registered with	Filing Repos	itory)			7	(PEOF	REPORT		
Lebron for Hartford								JA	N10			
A. Total Contribution (See instructions for definition)		200			Water Street	Access of the second	riod ONLY SECTION A	\$	ingga namang pagananan ng paga sa		0.00	
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Last Name	CONTRACTOR OF THE PARTY OF THE	THE PERSON NAMED IN			First						MI	
Maroni					Mer	ari						
Residential Street Address	-				City					State	Zip Code	
2826 S Bend St	·				Lori	S				sc	29569	
Principal Occupation					•		Name of Employ	/er				
Substitute teacher						i	The Learning	Center				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes X No	does co	oution is in excess of ntributor or business at more than \$5,000?	he/she is as:		ed with ha		n said municipality		Amount of Contribution		
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an event reported in Section L1?	\overline{\over		If yes, indicate of government to	which branch	or bra	inches			IX No		10.00	
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Residential Street Address					City					State	Zip Code	
179 Beacon St					Hart	ford			1	CT	06105	
							Name of Franks				100100	
Principal Occupation Project Manager							Name of Employ				1	
r roject wanager		lu		A4004			Lane Constru					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes XNo	does co	oution is in excess of ntributor or business it more than \$5,000?	he/she is ass		ed with ha		said municipality		Amour	nt of Contribution	
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Dormon					Can							
Residential Street Address					City					State	Zip Code	
26 Roydon Road					New	Haven	1			СТ	06511	
Principal Occupation					<u> </u>		Name of Employ	er		L		
Consultant							Self employe				1	
s contributor a lobbyist, spouse,	Yes	if contrib	ution is in excess of	\$400 to a ca	ndidate	e for a ch	ief executive office	er of a municipality.		Amour	at of Contribution	
or dependent child of a lobbyist?	☐ Yes 図No		ntributor or business t more than \$5,000?		sociate		ve a contract with					
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SEEC FORM 20 Revised January 2015			I. MONETARY R	EC	EIP	S (Sectio	ns A - K)			Page 25 of 37	
NAME OF COMMITTEE (Pro	vide Comp	ete Nami	e as Registered with Filing Repos	itory)			j	YPE OF I	REPORT		
Lebron for Hartford							J	AN10			
A. Total Contributio			ll Contributors-Receiv			riod ONLY SECTION A	\$			0.00	
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Garcia	·				ando				,		
Residential Street Address 282 Sigourney Street				City Har	tford				State CT	Zip Code 06105	
Principal Occupation						Name of Employe	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ☑No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with ha		said municipality		Amoui	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #_	□Y ⊠N		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	inches		contractor?	Yes No		5.00	
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Last Name	Anna an Indiana (1992)	First								Mi	
See		Kevin									
Residential Street Address 12591 Corliss Ave N		City Seattle							State WA	Zip Code 98133	
Principal Occupation	ncipal Occupation Name of Employer										
Research Scientist						Washington D	Pept Fish & Wild	llife			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with ha		said municipality		Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	inches	prospective state		Yes No		100.00	
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Last Name Quinones				First And						MI	
Residential Street Address 707 Broadview Terrace		<u> </u>		City Harl	tford				State CT	Zip Code 06106	
Principal Occupation Truck driver			<u> </u>	<u>.</u>		Name of Employe Allied van line		<u></u>	<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes 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? Yes X No								Amour	nt of Contribution	
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(Enter total on Line 13, Column A of Summary Page Totals)

Page 26 of 37

NAME OF COMMITTEE (Pro	vide Com	olete Nam	e as Registered with Filing Repos	itony)				TYPE OF	HERORI		
Lebron for Hartford								JAN10	on socialist of some college.		
A. Total Contribution (See instructions for definite			II Contributors-Receiv			riod ONLY SECTION A	\$			0.00	
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Last Name Robles				First						MI	
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1770 W Lake Brantiey Roa	ıd			1 '	gwood				FL	32779	
Principal Occupation				<u> </u>		Name of Employ	rer	 	<u> </u>	_L	
Restoration technician						Barefoot Ente					
ls contributor a lobbylst, spouse, or dependent child of a lobbylst?	□Yes ⊠No	does co	oution is in excess of \$400 to a cantributor or business he/she is as at more than \$5,000?		ed with h	ief executive offic	er of a municipality a said municipality		Amount of Contribution		
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Sweeney				Lian	n					}	
Residential Street Address				City		<u> </u>			State	Zip Code	
29 Penn Drive				Wes	st Hartfo	ord			СТ	06119	
Principal Occupation Name of Employer											
Lobbyist						Penn Lincoln					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes X No	does co	oution is in excess of \$400 to a cantributor or business he/she is as at more than \$5,000?		ed with ha		n said municipality		Amount of Contribution		
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Last Name	hanginaka matjud	<u> </u>	<u> Personal established a personal services de la companya de la co</u>	First		and the management of a			William Charles Street	MI	
Bellon				Quw	/ana]	
Residential Street Address				City		· · · · · · · · · · · · · · · · · · ·			State	Zip Code	
145 2				Hart	ford				СТ	06112	
Principal Occupation	··· ·	***				Name of Employ	er				
Manager						Tacobell					
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	pution is in excess of \$400 to a cantributor or business he/she is as at more than \$5,000?		d with ha		said municipality		Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	\ \ \ \ \ \		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or brai			contractor?	☐ Yes ☑ No		10.00	
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	li e	- m - Ma	TOTAL of	addi	tional	Section B l	ages			9062.83	
TOTAL)F ALL		RIBUTIONS FROM INC (Enter total on Line 13, Gol							9,147.83	

Page 27 of 37

NAME OF COMMITTEE (Pro	vide Compi	ete Nam	e as Registered with Filing Repos	itory)				r	YPE OF I	REPORT	
Lebron for Hartford								J	AN10	ales politice production and an annual section of the section of t	
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Residential Street Address 55 Airport Rd				City	lford					State CT	Zip Code 06114
				111011		Nome of Employ	·			<u> </u>	06114
Principal Occupation Crisis Coordinator						Name of Employ Compass	er				
Is contributor a lobbyist, spouse,	Yes	If contril	bution is in excess of \$400 to a ca	ındidal	te for a ch	<u> </u>	er of a mur	nicipality,		Amour	nt of Contribution
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Residential Street Address 99 Laurel Street				City	cheste	r				State CT	Zip Code 06040
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Is contributor a lobbyist, spouse,	Yes	If contrib	oution is in excess of \$400 to a ca	ndidal	te for a ch			ricipality,		Amour	nt of Contribution
or dependent child of a lobbyist?	No		ntributor or business he/she is as at more than \$5,000?	sociate		ive a contract with		cipality			
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Is contributor a lobbyist, spouse,	Yes	If contrib	oution is in excess of \$400 to a ca	ndidat	e for a ch	ief executive offic	er of a mur	nicipality,		Аторг	t of Contribution
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			TØTAL of	add	itional	Section B l	Pages				9067.83
TOTALO	FALL		RIBUTIONS EROM INI (Enter total on Line 13, Col								9,147.83

Page 28 of 37

NAME OF COMMITTEE (Pro	vide Comj	ilete Nam	e as Registered with Filing Repos	ilory)			Т	Y(PE(O)F	REPORT	
Lebron for Hartford							J	AN10		
A. Total Contribution (See instructions for definite			ll Contributors-Receiv			riod ONLY SECTION A	\$			0.00
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Principal Occupation Realtor						Name of Employ				
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is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with ha		said municipality	-	Amoui	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #_	(X)		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra		<u> </u>	contractor?	Yes No		100.00
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Principal Occupation Unemployed							er			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as t more than \$5,000?	Unemployed Indidate for a chief executive officer of a municipality, sociated with have a contract with said municipality Yes No					Amour	nt of Contribution
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10650 Holman Ave 112				Los	Angele	S			CA	90024
Principal Occupation AML Policy				-	1	Name of Employe PayPal	er		,	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	ution is in excess of \$400 to a ca ntributor or business he/she is ass t more than \$5,000?		d with ha		said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ Y ⊠ N		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or brai	tractor or	prospective state	contractor?	Yes X No	! 	50.00
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			SUBTO	ATC	Sect	on 3 - This	Page			175.00
			TOTAL of	add	tional	Section B I	ages			8972.83
TOTAL C	FALL		HIBUTIONS FROM INC (Enter total on Line 13, Cold							9,147.83

I. MONETARY RECEIPTS (Sections A - K)

Page 29 of 37

NAME OF COMMITTEE 1910	vide Comp	ilete Nami	e as Registered with Filing Repos	itory)				T	/PE OF I	REPORT		
Lebron for Hartford							_	J/	N10			
A. Total Contribution			ll Contributors-Receiv			riod ONLY SECTION A	\$			A CONTRACTOR OF THE PARTY OF TH	0.00	
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Last Name Lebron				First	mika						MI	
Residential Street Address				City						State	Zip Code	
99 Lincoln Street				1 1	lford					CT	06106	
Principal Occupation	···					Name of Employ	/er				<u> </u>	
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes X No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with ha		h said muni			Amour	nt of Contribution	
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Principal Occupation Retired						Name of Employ	rer					
		If contrib	oution is in excess of \$400 to a ca	ndidat	e for a ch		er of a mun	icinality		Amoun	t of Contribution	
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Last Name Lebron				First Jenr							MI	
Residential Street Address				City						State	Zip Code	
192 Laurel St				Hart	ford					СТ	06105	
Principal Occupation					-	Name of Employ						
Special Events Coordinator	· · · · · · · · · · · · · · · · · · ·	т				Hartford Com			re			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes XNo	does cor	ution is in excess of \$400 to a ca htributor or business he/she is ass t more than \$5,000?		d with ha		said munic			Amoun	t of Contribution	
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I. MONETARY RECEIPTS (Sections A - K)

Page 30 of 37

NAME OF COMMITTEE /Pro	нае Сотрі	ete Nam	e as Registered with F	iling Repos	itory)				Ţ	YPE OF	REPORT		
Lebron for Hartford									J.	AN10		į	
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3 Brookview Circle					City	nchester	•				State CT	Zip Code 06040	
						10/10010						00040	
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is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes XNo	does co	oution is in excess of \$ ntributor or business I at more than \$5,000?	\$400 to a ca he/she is as	indidat sociate	ed with ha	let executive office the letter of the lette	h said mun	nicipality, icipality		Amour	nt of Contribution	
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Principal Occupation							Name of Employ	/er					
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Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality,							nicipality.		Amoun	t of Contribution			
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EEC FORM 20 evised January 2015		:	I. MONETARY F	EC	EIP.	rs (Section	ons A - K)			Page 31 of 37
NAME OF COMMITTEE (Pro	vide Gomp	lete Nam	as Registered with Filing Repos	itoryj			'n	YPE OF	REPORT	Tage or or
_ebron for Hartford							J	AN10		
A. Total Contribution			Contributors-Receiv			nod ONLY SECTION A	\$			0.00
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Principal Occupation Jnemployed				riai	СТ	06106				
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☐ Cash ☐ Personal Check 🔯 C	Credit/Debit	Card [Payroll Deduction	Order	12/27/		5.00			
ast Name Vrteaga										MI
esidential Street Address 1 Valley Ridge Rd									State NY	Zip Code 10528
incipal Occupation Name of Employer torney Crowell & Moring LLP										
ontributor a lobbyist, spouse, ependent child of a lobbyist?	☐Yes ※No	does co	xution is in excess of \$400 to a ca ntributor or business he/she is as it more than \$5,000?		ed with ha		said municipality		Amour	nt of Contribution
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TOTAL 6	FALL		RIBUTIONS FROM IND <i>Friter total on Line 13, Gol</i>							9,147.83

I. MONETARY RECEIPTS (Sections A - K)

Page 32 of 37

NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with Filling Repos	(itojy)				TYPEOR	REPORT	
Lebron for Hartford								JAN10		
A. Total Contributio			ll Contributors-Receiv	ed t	ris Pe	riod ONLY SECTION A	\$			0.00
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			B. Itemized Contril	aujile	ns fro	m Individus	ls			
Last Name Johnson				First						MI
Residential Street Address				City					State	Zip Code
8 Lynn Cir				1 '	mfield				СТ	06002
Principal Occupation				ļ		Name of Employ	er er	-, -, -, -, -, -, -, -, -, -, -, -, -, -		
Retired						Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes XNo	does co	oution is in excess of \$400 to a cantributor or business he/she is as at more than \$5,000?		ed with he		n said municip		Amou	nt of Contribution
Is this contribution associated with	Y	'es	Is contributor a principal of a sta	ate cor		·		Yes	1	
an event reported in Section L1? If yes, list Event #	ΣN		If yes, indicate which branch of government the contract i	or bra		<u> </u>	Legislativ	(5)	ł	25.00
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Marie				Brer	nda					
Residential Street Address				City					State	Zip Code
28 Pine Grove Rd				Bloc	mfield				CT	06002
Principal Occupation	<u> </u>			Name of Employ	er					
Unemployed				Unemployed						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with ha		said municip		Amou	nt of Contribution
Is this contribution associated with	ΟY	es	Is contributor a principal of a sta			prospective state	contractor?	Yes	1	100.00
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Method of Contribution:			<u> </u>		Date Re		Aggregate (Contributions	7	
Cash Personal Check 🛛 C	Credit/Debit	Card	Payroll Deduction Money C	order	12/20/	2022	t ₁	00.00		
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20 Esquire Drive				Man	cheste	<u> </u>			СТ	06042
Principal Occupation						Name of Employ	er			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with ha		said municip		Amoui	nt of Contribution
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			TOTAL of	add	itional	Section B I	Pages			9017.83
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SEEC FORM 20

I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Provide Comp	lete Name	as Registered with Filing Reposi	itory)				TYPE OF	REPORT	
Lebron for Hartford							JAN10		1
A. Total Contributions from (See instructions for definition of Small					riod ONLY Section A	\$			0.00
		B. Itemized Contrib	niji(e)	ns fre	ım İndividus	ls			
Last Name Ruiz Vazquez		First Char	lotte					MI	
Residential Street Address 500 Park Avenue Apt B		City East Hartford						Zip Code 06108	
Principal Occupation					Name of Employ	er			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	oution is in excess of \$400 to a ca ntributor or business he/she is ass tt more than \$5,000?		d with h		ı said municipality		Атоц	int of Contribution
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, 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:						Yes No		10.00	
Method of Contribution:	Card	Payroll Deduction Money O	1	Date Re 12/29/		Aggregate Cont 10.0			

10.00	SUBTOTAL Section B - This Page
9137.83	TOTAL of additional Section B Pages
9,147.83	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter-total on Line 13. Column A of Summary Page Totals)

SEEC FORM 20

I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Provide Complete Name as Registere	d with Filing Repo	sitory)		TYPE OF	TYPE OF REPORT			
Lebron for Hartford				JAN10				
	o. Loans Re	ceived this Period		- Continues of				
Name of Lender Nick Lebron	I 1	ource of Loan: Bank X Candidate I Ir	dividual	Other Committee	Date of Receipt 12/14/2022			
Street Address 192 Laurel Street	City Hartford		State CT	Zip Code 06105	Is there a Cosigner or Guarantor of this loan?			
Name of Cosigner/Guarantor (if applicable)	500 116 1 0 5000 1 1 1000 5244				Amount Received			
Street Address	City		State	Zip Code	4,000.00			

IV. EXPENDITURES (Sections P - T)

Page 35 of 37

					Page 55 of 37	
(Frovide Complete Name as Registered with Filing Repo	sitory)		TY/PE/OF	REPORT		
ron for Hartford JAN1			JAN10	0		
P. Expenses	Paid by Committe					
		Date of Payment:	,	Method of F		
& Bar	·	12/13/2022		Debit C		
	City			State	Zip Code	
· · · · · · · · · · · · · · · · · · ·	Avon			СТ	06001	
Descriptions Consultant Interview	1	Event#			Amount	
	"Name of the	' '- '' is sheekad)				
Type of Expenditure (Itemization in Addendum P Requ None of the below	ilred uniess "None or an) Delow" is checked,			132.04	
Coordinated with relmbursement sought (joint expendi		·				
Coordinated without reimbursement sought (In-king co	intribution) 🔲 Orga	anization: oA oB oC Date of Payment:		Method of F	^o avment	
		12/20/2022	1	Check	#	
	1				1	
!	Tel Aviv			State	Zip Code	
Descriptions	<u> </u>	Event #	+		Amount	
Campaign Website	1	1				
Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of th	e below" is checked)			172.28	
None of the below	C heat.				17-51-5	
l		•	oD		_	
		Date of Payment:	ħ			
		12/23/2022		☐ Check		
	City			State	Zip Code	
	New Orleans			LA	70112	
Descriptions		Event #			Amount	
Anedot Fees						
1 2	ired unless "None of the	e below" is checked)			99.70	
. —						
_		anization: oA oB oC	, . , , , ,	1 - L F		
		1		Method of P		
		12/14/6466		Debit Ca	T	
1	City Bloomfield		1	State Zip Code		
	<u> </u>	Γ , μ		G1	06002 Amount	
<u> </u>	ļ	Event#			Amount	
	in turing "None of th	t-taut in chanked)			· - <u>-</u>	
Type of Expenditure (Itemization in Addendum P Requi	IPED UNIESS "None of the	! below" is uneunouj			31,96	
Coordinated with reimbursement sought (joint expendit		•	0.00			
			oD I		10= 00	
Sup	TOTAL Section F	- This Page	435.98			
TOTAL	of additional Sect	ion P Pages		_	34.60	
TOTAL OF ALL EY	ernstere midleya	COMMITTEE			470.58	
	R. Expenses & Bar Descriptions	& Bar City Avon Descriptions Consultant Interview Type of Expenditure (*Itemization in Addendum P Required unless "Nome of the below Coordinated with reimbursement sought (fin-kind contribution) Organized with reimbursement sou	Bar Date of Payment: 12/13/2022	Bar Date of Payment: 12/13/2022	Bear Date of Payment: Date of Payment: Date of Payment: Date of Payment: Date of Payment: Date of Payment: Date of Payment: Date of Payment: Date of Payment: Date of Payment: Date of Payment: Date of Payment: Date of Payment: Date of Payment: D	

SEEC FORM 20

IV. EXPENDITURES (Sections P - T)

Page	36_{of}	37

Hevised January 2015			era era era era era era era era era era	75555555			Page Con 37	
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	itory)			TYPEO	REPORT		
Lebron for Hartford	ebron for Hartford JAN10				JAN10	0		
	P. Expenses	Paid by Committe	œ					
Name of Payee				Date of Payment:		Method of F		
Anedot				12/21/2022		Debit C		
Street Address		City				State	Zip Code	
1340 Poydras Street		New Orleans				LA	70112	
Purpose of Expenditure (by code)	Descriptions		Even	nt #			Amount	
BNK	Anedot Fees							
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None of th	ne belo	ow" is checked)			1.30	
(п аррпоаме)	None of the below							
	Coordinated with reimbursement sought (joint expendi	_	ependo anizati	ent ion: oA oB oC	οD			
Name of Payee			**********	Date of Payment:		Method of F	ayment	
Anedot				12/29/2022		Check		
Street Address		City				State	Zip Code	
1340 Poydras Street		New Orleans				LA	70112	
Purpose of Expenditure (by code)	Descriptions		Even	ıt#			Amount	
BNK	Anedot Fees							
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None of th	ie belo	ow" is checked)			23.40	
(,	None of the below Coordinated with reimbursement sought (joint expendi	ture) 🔲 Inda	epende	ent				
	Coordinated without reimbursement sought (in-kind co		•	ion: oA oB oC	οD			
Name of Payee				Date of Payment:		Method of F		
Wix.com LTD				12/20/2022		Check		
Street Address		City				State	Zip Code	
40 Ha-Namal Street		Tel Aviv						
Purpose of Expenditure (by code)	Descriptions		Even	it#			Amount	
WEB	Campaign Website							
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) 9,90				9.90			
(if applicable)	None of the below							
	Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	·		ent ion: oA oB oC	αD			
	The state of the s						a el a come el care a care o care el care el care el care el care el care el care el care el care el care el c	

34.60	ection P — This Page	SUBTOTA		
435.98	onal Section P Pages	os la JATOT		
470.58	PAID BY COMMITTEE A of Summary Page Totals)			

SEEC FORM 20

IV. EXPENDITURES (Sections P - T)

Page	37 of	37

	Fage • Ul U					rugo o
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE O					FREPORT	
Lebron for Hartford JAN10			JAN10			
	S. Expenses incurred by Comm	iittee but Not Pai	d During this Per	lod		
Name of Creditor					Date Incurred	
Candice Dormon			12/01/2022			
Street Address		City			State Zip Code	
26 Roydon Road		New Haven		CT 06511		
Purpose of Expenditure (by code) WAGE	Description Staff Wage		Event #		Amount Incurred (Estimated or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: oA oB oC oD			0,000.00		

10,000.00	SUBTOTAL Section S — This Page
0.00	TOTAL of additional Section S Pages
10,000.00	TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)
0.00	Previously reported Expenses Unpaid and still Outstanding
10,000.00	TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 22A, Column A of Summary Page Totals)