SEEC FORM 20

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

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Do Not Mark in This Space For Official Use Only				

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			<i>,</i> , ,	INTAU	<u> </u>			
1. NAME OF COMMITTEE								
Arunan for Hartford								
2. TREASURER NAME								
First		MI	I	_ast			Suffix	
Andrea			C	omer				
3. TREASURER ADDRESS								
Street Address			City				State	Zip Code
1 Linden Place		F	Hartfor	rd			СТ	06106
4. ELECTION/REFERENDUM DATE	5. OFFICE SOU	JGHT	(Comp	olete only if Can	didate Committee)	6. DISTRICT NUM	BER	
(mm/dd/yyyy)						(if applicable)		
11/07/2023	Mayor					0		
7. CANDIDATE NAME (Complete only	y if Candidate or Exp	loratory	Comn	nittee)				
First		MI	I	∟ast	A .D		Suffix	
Arunan			Αı	rulampalam				
8. TYPE OF REPORT (Check One B	ox)							
January 10 filing	7th day preceding p	All			y preceding referend	— (PACs ONLY		sbursement
✓ April 10 filing	30 days following	100.0		2/1	s following referend	lum Amendment to		ĺ
July 10 filing	7th day preceding 6			Defici				
October 10 filing	12th day preceding (State Central Com	election mittees	n Only)	Termi	nation	Type of Repor	č:	
24 Hour Independent Expenditure Primary Election	45 days following held in November							
9. PERIOD COVERED								
Ве	ginning Date				Ending Date	e		
01/	/01/2023			thru	03/31/2023			
10. CERTIFICATION			_					
I hereby certify and state, under pe Campaign Finance Disclosure St								
Thomas Gaudett			Тŀ	homa	s Gaı	ıdett	04/10/2	:023
TREASURER OR DEPUTY TREASU	RER (SIGNATURE)			PRINT N	AME OF SIGNER	1	DATE (mm	n/dd/yyyy)
A person who is four	nd to have knowing statutes faces o					e campaign finance		

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

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SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Arunan for Hartford	April 10 filing	
	COLUMN A	COLUMN B
	This Period	Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$0.00	
13. Contributions received from Individuals (Section A and B)	\$224,025.00	\$224,025.00
14. Receipts from Other Committees (Sections C1 and C2)	\$800.00	\$800.00
15. Other Monetary Receipts (Sections D through K)	\$0.00	\$0.00
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)		
17. Total Monetary Receipts (add totals for lines 13-16c)	\$224,825.00	\$224,825.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$224,825.00	\$224,825.00
19. Expenditures Paid by Committee (Section P)	\$32,882.68	\$32,882.68
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$191,942.32	\$191,942.32
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)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
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)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing					
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
A Stewart				Jeff	frey				
Residential Street Address			City				State	Zip Code	
30 Belden St			Hartford	1			СТ	06120-2	701
Principal Occupation Retired				Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r		_	✓ No			\$50.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde	ecutivo er	Date Received 01/12/2023	Aggregate contributions \$50.00			
Last Name			=	First		7-2.00			M.I.
Adams				Mic	helle				
Residential Street Address			City				State	Zip Code	
14 Lyman Ln			Bloomfi	eld			CT	06002-2	804
Principal Occupation Admin					of Employer d of Ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more th	or business h				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes Vo			\$100.00
If yes, list Event #	V 140	branches of government the contract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/02/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Aiyathurai		- C.		Jer	ry				S
Residential Street Address	_		City Woot Si	mch.	In (State CT	Zip Code 06092-2	110
5 Saddle Ridge Dr Principal Occupation			West Si		of Employer		O1	00092-2	.110
Management Consultant					actor				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes ✓ No			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 01/10/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page \$200	
TOTAL of Section B Pages \$224,025	
OTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,025	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	A			\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First					M.I.
Agrawal				Мо	hit				
Residential Street Address			City				State	Zip Code	ı
303 E 60th St, Apt 32I			New Yo	ork			NY	10022-1	524
Principal Occupation student					of Employer University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	-		✓ No			\$50.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debit	contract is with: Card Payroll Deduction	Money Ord	ecutiv er	Date Received 02/06/2023	Aggregate contributions \$50.00)		
Last Name				First					M.I.
Afriyie				Ant	hony				0
Residential Street Address			City		A TOP A		State	Zip Code	ı
181 Swanson Ave			Stratfor	d			СТ	06614-4	574
Principal Occupation Congressional Aide					of Employer House of Repres	sentatives			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res	1		\$25.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	eLegisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/13/2023	Aggregate contributions \$25.00)		
Last Name		00		First					M.I.
Ahmed				Kav	<i>r</i> ita				
Residential Street Address			City				State	Zip Code	007
6 Hunting Ridge Dr			Simsbu	_			СТ	06070-1	807
Principal Occupation Business owner				1	of Employer aleeb Enterprises	LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	-	_	∐ Yes ✓ No		\$	1,000.00
If yes, list Event #		contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/31/2023	Aggregate contributions \$1,000.00)		

SUBTOTAL Section B - This Page	\$1,075.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	ontributi	ions fr	om Individuals				
Last Name		First					M.I.
Alsayegh		Jeni	na				
Residential Street Address	City	-			State	Zip Code	
649 Morton PI NE	Washin	-			DC	20002-3	3427
Principal Occupation Public Affairs Director		1	of Employer elecom				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the contribution is in excess of municipality valued at more the specific product of the contribution is in excess of municipality valued at more the specific product of the contribution is in excess of the c	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:	r	or prosp		✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde			Aggregate contributions \$100.00			
Last Name		First					M.I.
Allen		Kris					
Residential Street Address	City	4			State	Zip Code	0.44
185 Penn Dr Principal Occupation	West H				СТ	06119-1	041
Musician/ Professor	4		of Employer Ims College				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the	r	, Ser 1		✓ No			\$50.00
If yes, list Event # contract is with:	Ex	ecutive	Legislat	tive			
Method of contribution: ☐ Cash Personal Check ✓ Credit/Debit Card Payroll Deduction ☐	Money Ord	ler	Date Received 01/06/2023	Aggregate contributions \$50.00			
Last Name		First					M.I.
Aiyathurai		Jerr	у				S
Residential Street Address	City				State	Zip Code	1440
5 Saddle Ridge Dr	West Si		•		СТ	06092-2	2118
Principal Occupation Management Consultant		JCFa	of Employer octor				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific contribution.	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state event reported in Section L1?		or prosp	ective state contractor?	Yes			\$50.00
If yes, list Event # If yes, list Event # If yes, indicate which branch or branches of government the contract is with:		ecutive	Legislat	ive No			,
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ler	Date Received 03/25/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford A			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Alonso				Ale	jandro				
Residential Street Address			City				State	Zip Code	
649 S Ridgeley Dr, Apt 402			Los Ang				CA	90036-4	1244
Principal Occupation Video Editor				Name Netfl	of Employer ix				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No		\$^	1,000.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debit	contract is with: Card Payroll Deduction	Money Ord	ecutive	Date Received 01/31/2023	Aggregate contributions \$1,000.00			
Last Name				First		+ 1,000100			M.I.
Alissi				Joh	n				J
Residential Street Address			City				State	Zip Code	
10 Brewster Rd			West H	artfor	d		CT	06117-2	2258
Principal Occupation Attorney			4		of Employer ke, Kelly & Spella	acy, P.C.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes Vo		\$	1,000.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/14/2023	Aggregate contributions \$1,000.00			
Last Name		00		First					M.I.
Alleyne				Ker	nneth				
Residential Street Address			City				State	Zip Code	
837 Prospect Ave			West H				СТ	06105-4	1229
Principal Occupation Physician				1	of Employer ern Orthopedics	and Sports Medicine	Э		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$500.00
If yes, list Event #		contract is with:	∐Ex	ecutive		ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/16/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$2,500.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide	e Complet	e Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford A			April 10 filing						
A. Total Contributions from Sn	nall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Sm	nall Contr	ibutor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Aktar				Sel	ina				
Residential Street Address			City				State	Zip Code	
105 Lincoln St			Middleto				СТ	06457-2	2638
Principal Occupation Owner					of Employer Supermarkets LL	_C			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of 5 municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a state If yes, indicate which branch or branches of government the				✓ No		\$^	1,000.00
If yes, list Event # Method of contribution: Cash Personal Check Cr		contract is with:	Money Orde	ecutiv	Date Received 03/03/2023	Aggregate contributions			
Last Name	redit/Debit	Card Taylon Deduction	I Wolley Ord	First		\$1,000.00			M.I.
Alam				Nur					IVI.I.
Residential Street Address			City	1 1 4 1			State	Zip Code	
5 Liberty HI			Wethers	sfield			CT	06109-3	3976
Principal Occupation Owner			4		of Employer Il Enterprises, LLO	C			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of 5 municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res]	\$	1,000.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	eLegisla	✓ No ative			
Method of contribution: ☐ Cash Personal Check ☐ Cash	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/23/2023	Aggregate contributions \$1,000.00			
Last Name		0		First					M.I.
Angelico-Stetson				JoA	nn				
Residential Street Address			City	-			State	Zip Code	
188 Stony Mill Ln			East Be				СТ	06023-1	042
Principal Occupation Legal Administrator					of Employer & Paulekas LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	pective state contractor	? Yes ✓ No			\$50.00
If yes, list Event #	-110	contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cr	redit/Debit	Card Payroll Deduction	Money Ordo	er	Date Received 02/15/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$2,050.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	, ,, , , , , , , , , , , , , , , , , , ,

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NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing	April 10 filing					
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First	t				M.I.
Amarasingham				Rul	ben				
Residential Street Address			City	_			State	Zip Code	
3107 Longmeade Dr			Farmers				TX	75234-3	3700
Principal Occupation CEO					of Employer es Technologies				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No	\$1,000.00		1,000.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Ordo		Date Received 03/07/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Anketell				Ro	mesh				
Residential Street Address			City		- 100		State	Zip Code	
1685 Brigden Rd 1685 Brigde	en Rd		Pasade				CA	91104	
Principal Occupation Foundation Program Officer			4		of Employer Ralph M. Parson	s Foundation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	spective state contractor	res			\$200.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	e Legisl	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 02/03/2023	Aggregate contributions \$200.00			
Last Name		00		First					M.I.
Amarasingham		0		Aso	ohan				
Residential Street Address			City				State	Zip Code	
940 Saint Nicholas Ave, Apt	3F		New Yo				NY	10032-5	5211
Principal Occupation Professor					of Employer University of Nev	v York			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state		or pros	spective state contractor	Yes Vo			\$250.00
If yes, list Event #	1 10	branches of government the contract is with:	Exc	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 03/01/2023	Aggregate contributions \$250.00			

	SUBTOTAL Section B - This Page	\$1,450.00
	TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL	CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$224,025.00

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NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford A			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First					M.I.
Anketell				Jeh	nan				
Residential Street Address			City				State	Zip Code	ı
1685 Brigden Rd			Pasade				CA	91104-3	3128
Principal Occupation					of Employer				
Engineer				vvoo	dard & Curran				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	?			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/14/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Andrews				Jan	net				
Residential Street Address			City	- 4	1		State	Zip Code	
18 Trotwood Dr			West H	artfor	d		СТ	06117-1	643
Principal Occupation Chief of Fiscal					of Employer e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	L Yes			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/15/2023	Aggregate contributions \$100.00)		
Last Name		0		First					M.I.
Anketell				Dili	р				М
Residential Street Address			City				State	Zip Code	
4650 Dulin Rd, Spc 85			Fallbroo				CA	92028-9	9358
Principal Occupation Retired				Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Y es			\$25.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisla	No No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/08/2023	Aggregate contributions \$25.00	1		

SUBTOTAL Section B - This Page	\$225.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford	r - J								
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor) Subtotal Section A									
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Aniskovich				Will	liam				Α
Residential Street Address			City				State	Zip Code	
15 Grove Ave			Branfor	-			СТ	06405-5	506
Principal Occupation CEO					of Employer 5, Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch of branches of government the	r		_	Yes \$100.			\$100.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debi	contract is with:	Money Orde	ecutive er	Date Received 01/27/2023	Aggregate contributions \$300.00			
Last Name				First		·			M.I.
Aniskovich				Will	liam				Α
Residential Street Address			City		1		State	Zip Code	
15 Grove Ave			Branfor				СТ	06405-5	5506
Principal Occupation CEO			4	1/1	of Employer 5, Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes Vo			\$200.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative [V] No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/24/2023	Aggregate contributions \$300.00			
Last Name		00		First					M.I.
Anderson		(1)		Arth	nur				Т
Residential Street Address			City				State	Zip Code	
221 Trumbull St, Apt 2705			Hartford				СТ	06103-1	1526
Principal Occupation Executive				l .	of Employer gineers, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or branches of government the		or pros	pective state contractor	Yes Vo			\$500.00
If yes, list Event #		contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/16/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page \$800.00	
TOTAL of Section B Pages \$224,025.00	
OTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,025.00	

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NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford April 10 filing									
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Anderson				Jef	frey				S
Residential Street Address			City Wethers	ofiold			State CT	Zip Code 06109-3	202
367 Brimfield Rd			wethers		-£E1		Ci	06109-3	5203
Principal Occupation Construction Management				Dow	of Employer nes Construction				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r		_	No	\$250.		
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde	ecutive er	Date Received 03/29/2023	Aggregate contributions \$250.00	-		
Last Name				First					M.I.
Anderson				Lor	a				R
Residential Street Address			City		- 100		State	Zip Code	
2 Jewel St			Enfield	1			СТ	06082-5	5711
Principal Occupation Chief of Staff			4	100	of Employer necticut Departm	ent of Transportation	n		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res	1		\$70.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	e Legisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/01/2023	Aggregate contributions \$70.00			
Last Name		00		First					M.I.
Angels				Ma	ckenzie				
Residential Street Address			City			<u> </u>	State	Zip Code	
443 Savage Hill Road 443 Sa	avage Hill	Rd	Berlin				СТ	06037	
Principal Occupation Lawyer					of Employer vn Paindiris & Sc	ott LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state		or pros	pective state contractor	Yes Vo			\$250.00
If yes, list Event #	A 140	branches of government the contract is with:	Exc	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/23/2023	Aggregate contributions \$250.00			

\$570.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	g Reposito	ory)		TYPE OF REPORT			
Arunan for Hartford	April 10 filing						
A. Total Contributions from Small Contributors - Received this Pe	riod ON	NLY					
(See instructions for definition of Small Contributor)		:	Subtotal Section A				\$0.00
B. Itemized Con	tributio	ons fr	om Individuals				
Last Name		First					M.I.
Anderson		Patr	icia				D
	City				State	Zip Code	
10 Covering Ct	Vallingfo				СТ	06492-6	5003
Principal Occupation Attorney			of Employer ce, Kelly & Spella	cy PC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or be municipality valued at more than	business he				Amoun	t of Cont	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the	ontractor or	r prosp		✓ No			\$250.00
If yes, list Event # contract is with:	Exec	cutive		tive —			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Mo	oney Order	r	Date Received 03/22/2023	Aggregate contributions \$250.00			
Last Name		First		•			M.I.
Anderson		Roy					L
	City	- 40			State	Zip Code	
The Standien St	lartford				CT	06114-2	2955
Principal Occupation Information Requested	-0.0		of Employer nation Requested	t			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or be municipality valued at more than	business he				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contributor apprincipal of a state contract is with: If yes, indicate which branch or branches of government the contract is with:		r prosp		✓ No			\$50.00
Method of contribution:	oney Order	r	Date Received 03/03/2023	Aggregate contributions \$50.00			
Last Name		First			ı		M.I.
Anger		Matt	hew				
Residential Street Address C	City				State	Zip Code	
131 Buckingham of	Hartford				СТ	06106-9	9407
Principal Occupation General Manager			of Employer ael Frisbie (Soap	y Noble)			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or be municipality valued at more than	business he				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of If yes, indicate which branch or branches of government the contract is with:		r prosp		∐ Yes ✓ No			\$100.00
Method of contribution:	oney Order		Date Received 03/23/2023	Aggregate contributions \$100.00			
			<u>'</u>		•		

\$400.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	om Individuals				
Last Name				First					M.I.
Avallone				Juli	anne				
Residential Street Address			City		-1		State	Zip Code	0040
46 Belknap Rd			West Ha				СТ	06117-2	2819
Principal Occupation Attorney					of Employer e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or prosp		∐ res ✓ No			\$200.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit		Money Ordo		Date Received 01/18/2023	Aggregate contributions \$200.00			
Last Name				First					M.I.
ARULAMPALAM				NAI	RESH				В
Residential Street Address			City Porter F	Panch			State CA	Zip Code 91326-1	51/
11746 Monte Leon Way Principal Occupation			1 Ofter 1		of Employer		0/1	31320 1	314
PHYSICIAN			4	100		ALAMMDMEDICAL	CORPO	RATION	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or prosp	_	✓ No		\$^	1,000.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit		Money Orde		Date Received 02/28/2023	Aggregate contributions \$1,000.00			
Last Name		~		First					M.I.
Arulanantham				Ahil	lan				
Residential Street Address			City				State	Zip Code	
1124 Hope St			South P				CA	91030-2	2513
Principal Occupation Law Professor				l .	of Employer ersity of California	a, Los Angeles			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes			\$500.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive	e Legisla	√ No tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit		Money Ordo	er	Date Received 03/23/2023	Aggregate contributions \$500.00			

TOTAL of Section B Pages \$224,025	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,025	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford						April 10 filing	April 10 filing		
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	ee instructions for definition of Small Contributor) Subtotal Section A			A			\$0.00		
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First	t				M.I.
Arulanantham				Eril	ka				L
Residential Street Address			City				State	Zip Code	
331 Arroyo Seco			Santa C	ruz			CA	95060-3	3142
Principal Occupation					of Employer				
University Lecturer				Star	ford University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or pros	_	✓ No			\$500.00
If yes, list Event #		contract is with:	Exc	ecutiv		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ordo	er	Date Received 03/30/2023	Aggregate contributions \$500.00			
Last Name				First					M.I.
Arulanantham				Inp	amani				S
Residential Street Address			City		. 400		State	Zip Code	
2713 Desert Rose Dr 2713 D	esert Ros	se Dr	Lancast				CA	93536	
Principal Occupation Physician			4		of Employer mani S Arul MD i	nc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res		\$	1,000.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv			-		
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 02/25/2023	Aggregate contributions \$1,000.00			
Last Name		00		First					M.I.
Arulampalam				Eliz	zabeth				
Residential Street Address			City				State	Zip Code	
112 Hungerford St			Hartford				СТ	06106-4	1626
Principal Occupation Minister					of Employer ter Church Hartfo	ord			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	spective state contractor	Yes			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 01/06/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page \$1,6	
TOTAL of Section B Pages \$224,0	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,0	
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Arunan for Hartford			April 10 filing			
A. Total Contributions from Small Contributors	- Received this Period Ol	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
	B. Itemized Contribution	ons from Individuals				
Last Name		First				M.I.
Arulampalam		Elizabeth				
Residential Street Address	City			State	Zip Code	
112 Hungerford St	Hartford			СТ	06106-4	626
Principal Occupation Minister		Name of Employer Center Church Hartfor	d			
dependent child of a lobbyist? municipa	bution is in excess of \$400 to a can ality does contributor or business h ality valued at more than \$5,000?			Amoun	t of Contr	ibution
event reported in Section L1? If yes, inc. VNo branches of	or a principal of a state contractor of dicate which branch or of government the	or prospective state contractor? ecutive Legisla	✓ No			\$900.00
Method of contribution:	Payroll Deduction Money Orde	Date Received	Aggregate contributions \$1,000.00			
Last Name		First				M.I.
Arulampalam		Arunan				
Residential Street Address	City			State	Zip Code	000
112 Hungerford St Principal Occupation	Hartford	Name of Employer		СТ	06106-4	026
Chief Executive Officer		Hartford Land Bank				
dependent child of a lobbyist? municipa	bution is in excess of \$400 to a can ality does contributor or business h ality valued at more than \$5,000?			Amoun	t of Contr	ibution
event reported in Section L1? If yes, inc.	or a principal of a state contractor of licate which branch or of government the	<i>y</i> -	∐ res ✓ No		\$^	00.00,1
If yes, list Event # contract is		ecutive Legisla	tive —			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card	Payroll Deduction Money Orde	Date Received 03/27/2023	Aggregate contributions \$1,000.00			
Last Name		First				M.I.
Arulanantham		David				Р
Residential Street Address	City	_		State	Zip Code	1025
345 Sheridan Ave, Apt 213	Palo Alto	Name of Employer		CA	94306-2	.035
Principal Occupation Diplomat		U.S. Department of Sta	ate			
dependent child of a lobbyist? municipa	bution is in excess of \$400 to a can ality does contributor or business h ality valued at more than \$5,000?			Amoun	t of Contr	ibution
event reported in Section L1?	or a principal of a state contractor of licate which branch or	or prospective state contractor?	Y es			\$200.00
If yes, list Event # Vo branches of contract is	of government the with:	ecutive Legislat	✓ No tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐	Payroll Deduction Money Orde	Date Received 03/31/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$2,100.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$224,025.00
(Enter total on Line 13, Column A or Summary Page	

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rage	10	OI	290

NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Arulanantham				Karı	unyan				
Residential Street Address			City				State	Zip Code	
2713 Desert Rose Dr			Lancast	ter			CA	93536-3	3324
Principal Occupation					of Employer				
Retired				Retir	ea				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	pective state contractor	i es			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	t Card Payroll Deduction	Money Orde	er	Date Received 02/04/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Arulanantham				Kar	unyan				
Residential Street Address			City	- 4			State	Zip Code	
2713 Desert Rose Dr			Lancast	ter			CA	93536-3	324
Principal Occupation Retired			4	Name Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	pective state contractor	res			\$900.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	Legisla	✓ No ntive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/04/2023	Aggregate contributions \$1,000.00			
Last Name		~0		First					M.I.
Arulampalam				Pral	hashana				R
Residential Street Address			City				State	Zip Code	
404 N Sierra Bonita Ave, Apt	203		Los Ang				CA	90036-2	2441
Principal Occupation Marketing Manager				Meta	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	pective state contractor	? Yes		\$	1,000.00
If yes, list Event #	✓No	branches of government the contract is with:	_	ecutive	Legisla	✓ No ative		•	
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	t Card Payroll Deduction	Money Orde	er	Date Received 01/31/2023	Aggregate contributions \$1,000.00			

\$2,000.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)
\$224.025	(Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Anketell				Sure	en				
Residential Street Address			City	•			State	Zip Code	
1685 Brigden Rd			Pasade				CA	91104-3	3128
Principal Occupation Retired				Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or branches of government the		or prosp	_	∐ res ✓No			\$200.00
If yes, list Event #		contract is with:	Ex	ecutive		tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/04/2023	Aggregate contributions \$200.00			
Last Name				First					M.I.
Arcuri				Chri	stian				S
Residential Street Address			City	4	- 20		State	Zip Code	700
3 Chelsea Pl			Cortland				NY	10567-6	5738
Principal Occupation Wealth Management Advisor				70.00	of Employer tian S Arcuri				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	ective state contractor	res			\$150.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive					
Method of contribution: Cash Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/23/2023	Aggregate contributions \$150.00			
Last Name				First					M.I.
Arulampalam				Suh	anthi				
Residential Street Address			City	Janah			State	Zip Code	1544
11746 Monte Leon Way Principal Occupation			Porter F		of Employer		CA	91326-1	1514
Retired				Retire					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	ective state contractor	?		\$	1,000.00
If yes, list Event #	T 10	branches of government the contract is with:	Ex	ecutive	Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/22/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$1,350.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Archie				Jeni	nifer				С
Residential Street Address			City				State	Zip Code	
724 Mckenzie Ave			Alexano				VA	22301-1	084
Principal Occupation Attorney					of Employer am & Watkins LL	Р			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp		✓ No	\$1,000.0		1,000.00
Method of contribution: Cash Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 01/06/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Arulanantham				Vija	yan				
Residential Street Address			City	A			State	Zip Code	
345 Sheridan Ave, Apt 213			Palo Alt				CA	94306-2	2035
Principal Occupation Retired			4	Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	Yes Vo	\$200.00		
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutive	Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/15/2023	Aggregate contributions \$600.00			
Last Name		0		First					M.I.
Arulanantham				Vija	yan				
Residential Street Address			City				State	Zip Code	
345 Sheridan Ave, Apt 213			Palo Alt				CA	94306-2	2035
Principal Occupation Retired				Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	Yes			\$200.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive	Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 03/05/2023	Aggregate contributions \$600.00			

SUBTOTAL Section B - This Page	\$1,400.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ224,020.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford			April 10 filing						
A. Total Contributions from Si	mall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Sr	nall Contr	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	:				M.I.
Arulanantham				Vija	ayan				
Residential Street Address			City				State	Zip Code	ı
345 Sheridan Ave, Apt 213			Palo Alt				CA	94306-2	2035
Principal Occupation Retired				Name Retii	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	-		✓ No	\$200.		\$200.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative —	_		
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/30/2023	Aggregate contributions \$600.00			
Last Name				First					M.I.
Arulanantham				Rav	viraj				
Residential Street Address			City	- 4	- 400		State	Zip Code	
1548 Bedford Ave			Sunnyv				CA	94087-3	3921
Principal Occupation Engineer				Name SKH	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/31/2023	Aggregate contributions \$200.00			
Last Name		0		First					M.I.
Arulanantham				Rav	viraj				
Residential Street Address			City				State	Zip Code	
1548 Bedford Ave			Sunnyv				CA	94087-3	3921
Principal Occupation Engineer				Name SKH	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	pective state contractor	Yes ✓ No			\$100.00
If yes, list Event #		branches of government the contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/28/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,0=2112

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NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	L			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Baltimore				Cai	ley				
Residential Street Address			City				State	Zip Code	
15 Westborough Dr			West Ha				СТ	06107-1	1042
Principal Occupation Executive					of Employer heon Technologi	es			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or pros		✓ No			\$250.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit		Money Orde		Date Received 01/16/2023	Aggregate contributions \$500.00			
Last Name				First					M.I.
Arcata				Jos	eph				
Residential Street Address			City				State	Zip Code	1000
20 Richmond Ln Principal Occupation			West Ha				СТ	06117-1	1028
Attorney			4		of Employer n Birnbaum & Sho	ea			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	750	_	✓ No	\$100.00		
If yes, list Event # Method of contribution:		contract is with:	.0	ecutiv	Date Received	Aggregate contributions			
Cash Personal Check 🗸	Credit/Debit	Card Payroll Deduction	Money Orde		01/10/2023	\$100.00			
Last Name Armstrong				First Pat					M.I.
Residential Street Address			City				State	Zip Code	
120 Ledge Rd			Plainvill	е			СТ	06062-2	2526
Principal Occupation Vice President Sales					of Employer Biologics				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Y es			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/16/2023	Aggregate contributions \$100.00			

\$450.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Arunan for Hartford			April 10 filing					
A. Total Contributions from Small Contrib	outors - Received this P	eriod Ol	NLY					
(See instructions for definition of Small Contribut	or)		S	Subtotal Section A				\$0.00
	B. Itemized Co	ntributio	ons fro	om Individuals				
Last Name			First					M.I.
Aponte			Alex	ander				
Residential Street Address		City				State	Zip Code	
40 Jackson St		New Brit				СТ	06053-3	011
Principal Occupation Attorney				f Employer Office Of Alexand	der Aponte			
dependent child of a lobbyist?	f contribution is in excess of \$4 nunicipality does contributor or nunicipality valued at more tha	r business h				Amoun	t of Contr	ibution
event reported in Section L1?	ontributor a principal of a state yes, indicate which branch or anches of government the				∐ res ✓ No	\$1,000.0		1,000.00
If yes, list Event # co Method of contribution: Cash Personal Check Credit/Debit Card	ntract is with:	Money Orde		Date Received 03/31/2023	Aggregate contributions \$1,000.00			
Last Name		- 1	First	00/01/2020	ψ.,σσσ.σσ			M.I.
Arsenault			Benj	amin				J
Residential Street Address		City	_			State	Zip Code	
1585 Meriden Ave		Southing	gton			СТ	06489-4	208
Principal Occupation Deputy Commissioner				f Employer of Connecticut				
dependent child of a lobbyist?	f contribution is in excess of \$4 nunicipality does contributor or nunicipality valued at more tha	r business h				Amoun	t of Contr	ibution
event reported in Section L1?	ontributor a principal of a state yes, indicate which branch or	contractor o	or prospe	ective state contractor	res			\$100.00
	anches of government the ntract is with:	Exe	ecutive	Legisla	✓ No ntive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction N	Money Orde	er	Date Received 03/27/2023	Aggregate contributions \$100.00			
Last Name	VO.		First			•		M.I.
Bailey			Eliza	beth				D
Residential Street Address		City				State	Zip Code	
3 Ironwood Ln		West Ha	artford			СТ	06117-1	110
Principal Occupation Retired			Name o Retire	f Employer ed				
dependent child of a lobbyist?	f contribution is in excess of \$4 nunicipality does contributor or nunicipality valued at more tha	r business h				Amoun	t of Contr	ibution
event reported in Section L1?	ontributor a principal of a state yes, indicate which branch or anches of government the			_	∐ Yes ✓ No			\$200.00
If yes, list Event # co Method of contribution: Cash Personal Check Credit/Debit Card	ntract is with:	Money Orde	ecutive	Legisla Date Received 03/28/2023	Aggregate contributions \$200.00			
		,		00/20/2020	φ200.00			

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPO			TYPE OF REPORT	T					
Arunan for Hartford		April 10 filing							
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Λ.			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Ayres				lan					
Residential Street Address			City				State	Zip Code	
15 Killams Pt			Branfor				СТ	06405-6	5225
Principal Occupation Professor				Name yale	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No		\$^	1,000.00
Method of contribution: Cash Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 03/02/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Balasingham				Livi	ngston				N
Residential Street Address			City		- 40		State	Zip Code	
19627 Alyssa Dr, # 91321			Newhal				CA	91321-2	2127
Principal Occupation Retired			4	Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	L Yes			\$25.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ord	er	Date Received 03/11/2023	Aggregate contributions \$25.00			
Last Name		0		First					M.I.
arulanantham				pet	er				r
Residential Street Address			City				State	Zip Code	
501 Hampton Rd			Piedmo				CA	94611-3	3318
Principal Occupation Unemployed					of Employer mployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or pros	pective state contractor	? Yes ✓ No			\$200.00
If yes, list Event #		contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ord	er	Date Received 03/14/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$1,225.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	1 .,020.

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	E OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this	s Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized (Contributi	ions fr	om Individuals	•			
Last Name		First					M.I.
Armstrong		Sav	annah				
Residential Street Address	City				State	Zip Code	
1616 W Germann Rd, Apt 3117	Chandle				AZ	85286-6	5997
Principal Occupation Mechanical Engineer			of Employer nrop Grumman				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the		or prosp		∐ 1es ✓ No			\$20.00
If yes, list Event # contract is with:	Exc	ecutive		tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	er	Date Received 02/21/2023	Aggregate contributions \$20.00			
Last Name		First					M.I.
Bailey		Tris	ha				
Residential Street Address	City	- 4			State	Zip Code	
2109 Brewster Ct	Orlando				FL	32833-3	3725
Principal Occupation Business Owner	4		of Employer y's Medical Equip	oment and Supplies			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a star of the section L1? If yes, indicate which branch branches of government the contract is with:	or	or prosp		☐ Yes ✓ No		\$^	1,000.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	er	Date Received 03/16/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.I.
Bates		Sco	tt				
Residential Street Address	City				State	Zip Code	
118 Water St	Stoning				СТ	06378-1	322
Principal Occupation Consultant		1	of Employer ington Point Partr	ners			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a star of the section L1? If yes, indicate which branch branches of government the contract is with.	or	or prosp		∐ Yes ✓ No			\$500.00
Method of contribution:			Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	03/17/2023	\$500.00			

SUBTOTAL Section B - This Page	\$1,520.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
Arunan for Hartford A		April 10 filing							
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Bellamy				Jar	et				Α
Residential Street Address			City				State	Zip Code	1004
11 Sunset Dr			Ashford				СТ	06278-1	1234
Principal Occupation Retired				Reti	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 02/27/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Mahajan				Rol	nit				
Residential Street Address			City		1		State	Zip Code	
3102 6th St E			West Fa				ND	58078-4	1231
Principal Occupation Physician			4		of Employer ord Health				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res			\$250.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/16/2023	Aggregate contributions \$250.00			
Last Name		00		First					M.I.
Mathews		(A)		Dav	vid				V
Residential Street Address			City				State	Zip Code	
174 Clifton St SE			Atlanta				GA	30317-2	2032
Principal Occupation Physician resident					of Employer ry university Sch	ool of medicine			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes Vo			\$250.00
If yes, list Event #	V 110	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 01/20/2023	Aggregate contributions \$250.00			

\$550.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	A			\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Bayley				Dar	in				J
Residential Street Address			City				State	Zip Code	
1335 Spokane Ave			Orlando)			FL	32803-2	2624
Principal Occupation Marketing Manager				Name VHB	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros		✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	contract is with:	Money Orde		Date Received 03/01/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Bennici				Gre	gory				J
Residential Street Address			City	. 4	-		State	Zip Code	
201 Commons Park S, Unit 8	10		Stamfor				СТ	06902-7	7067
Principal Occupation Attorney			4		of Employer nson & Cole LLP)			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	100		✓ No			\$100.00
		contract is with:	Ехе	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/21/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Marcroft				Kris	sten				
Residential Street Address		-	City				State	Zip Code	
1 Linden Pl			Hartford				СТ	06106-1	748
Principal Occupation Attorney					of Employer d Marcroft LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	∐ Yes ✓ No		\$	1,000.00
Method of contribution:		contract is with:		ccutiv	Date Received	Aggregate contributions			
Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	03/02/2023	\$1,000.00			

TOTAL of Section B Pages \$224,025,00	\$1,150.00	SUBTOTAL Section B - This Page
· · · · · · · · · · · · · · · · · · ·	\$224,025.00	TOTAL of Section B Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$224,025.00 (Enter total on Line 13, Column A of Summary Page	\$224,025.00	,

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NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons fi	om Individuals				
Last Name				First					M.I.
Margolis				Ste	phanie				
Residential Street Address			City				State	Zip Code	1000
20 Plaza St E, Apt F6			Brookly				NY	11238-4	1928
Principal Occupation Sustainability Manager				Name NYU	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde	ecutive er	Date Received 01/06/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Biggs				Mel	issa				L
Residential Street Address			City	- 4			State	Zip Code	
562 Litchfield Ave			Dayville				СТ	06241-2	2005
Principal Occupation Government Relation			4	100	of Employer ino, Nunez, & Big	ggs			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res			\$500.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exe	ecutive	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 03/21/2023	Aggregate contributions \$500.00			
Last Name		00		First					M.I.
Benson		(1)		Pet	er				
Residential Street Address			City				State	Zip Code	
33 Horseshoe Road 33 Horse	eshoe Rd		Guilford				СТ	06437	
Principal Occupation Professor					of Employer r College of Art				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r		_	∐ Yes ✓ No			\$200.00
If yes, list Event #		contract is with:	∐Exe	ecutive		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/29/2023	Aggregate contributions \$700.00			

SUBTOTAL Section B - This Page \$800.00	
TOTAL of Section B Pages \$224,025.00	
OTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,025.00	

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NAME OF COMMITTEE (Prov	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Benson				Pete	er				
Residential Street Address			City				State	Zip Code	
33 Horseshoe Road 33 Horse	eshoe Rd		Guilford				СТ	06437	
Principal Occupation Professor					of Employer College of Art				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp	pective state contractor	?			\$500.00
If yes, list Event #	• • • •	contract is with:	Ex	ecutive		itive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/31/2023	Aggregate contributions \$700.00			
Last Name				First					M.I.
Barry				Micl	hael				W
Residential Street Address			City	. 4	-		State	Zip Code	
77 Boulder Rd			Manche				СТ	06040-4	1505
Principal Occupation Coordinator					of Employer Coalition for Retire	ement Security			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	res			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutive					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 02/28/2023	Aggregate contributions \$100.00			
Last Name		20		First					M.I.
Bannon				Tim	othy				F
Residential Street Address			City				State	Zip Code	
1382 Tremont Rd			Seal Co		CF 1		ME	04674	
Principal Occupation Retired				Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	?			\$200.00
If yes, list Event #	4 140	branches of government the contract is with:	Ex-	ecutive	Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 03/25/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page \$800.00	
TOTAL of Section B Pages \$224,025.00	
OTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,025.00	

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NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Bissonnette				Kath	nryn				L
Residential Street Address			City				State	Zip Code	
961 Ridge Rd			Wethers				СТ	06109-2	2854
Principal Occupation Attorney				1	of Employer n, Paindiris & Sco	ott, LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp		∐ 1es ✓ No			\$500.00
If yes, list Event #		contract is with:	Exc	ecutive	Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ordo	ler	Date Received 02/28/2023	Aggregate contributions \$500.00			
Last Name				First					M.I.
Magnuszewski				Eva					
Residential Street Address			City	- 4			State	Zip Code	•
95 Governor St			New Bri				СТ	06053-1	908
Principal Occupation Unemployed			4		of Employer nployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or prosp	ective state contractor?	res			\$25.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive	Legisla	tive No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 01/28/2023	Aggregate contributions \$25.00			
Last Name		20		First					M.I.
May		(1)		Just	in				D
Residential Street Address			City				State	Zip Code	
24 Center St			Wethers				СТ	06109-2	2306
Principal Occupation Public Relations				1	of Employer ey Bennett Publi	c Relations			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp	ective state contractor	Yes ✓ No			\$100.00
If yes, list Event #		branches of government the contract is with:	Exc	ecutive	Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 01/31/2023	Aggregate contributions \$100.00			

\$625.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Provi	de Comple	ete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Malley				Bor	nnie				J
Residential Street Address			City				State	Zip Code	
7 Bronisz Dr			Ellingto				СТ	06029-3	3799
Principal Occupation Chief Financial Officer				l .	of Employer ford Foundation fo	or Public Giving			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros		✓ No			\$200.00
If yes, list Event #		contract is with:	Exc	ecutive		ative —			
Method of contribution: Cash Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ordo	er	Date Received 03/28/2023	Aggregate contributions \$200.00	ı		
Last Name				First					M.I.
Baltimore				Car	ley				
Residential Street Address			City				State	Zip Code	
15 Westborough Dr			West Ha				СТ	06107-1	042
Principal Occupation Executive			4	1/1	of Employer heon Technologi	es			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res]		\$250.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive	eLegisla				
Method of contribution: Cash Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/01/2023	Aggregate contributions \$500.00			
Last Name		0		First					M.I.
Bayer				Aar	on				S
Residential Street Address			City				State	Zip Code	
215 Mountain Rd			Glaston				СТ	06033-1	512
Principal Occupation Attorney					of Employer gin and Dana LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	? Yes No			\$150.00
If yes, list Event #	1 110	branches of government the contract is with:	Exc	ecutive	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ordo	er	Date Received 02/06/2023	Aggregate contributions \$150.00			

SUBTOTAL Section B - This Page	\$600.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this F	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Co	ontributi	ions fr	om Individuals				
Last Name		First					M.I.
Macy		Nan	су				В
Residential Street Address	City				State	Zip Code	
1 Gold 13E 1 St, 13E	Hartford				СТ	06103	
Principal Occupation Retired		Name o	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\times municipality does contributor of municipality valued at more that the properties of the pr	or business h				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp		✓ No			\$100.00
Method of contribution:	Money Orde	er	Date Received 03/22/2023	Aggregate contributions \$400.00			
Last Name		First					M.I.
Bandyopadhyay		Sun	andan				
Residential Street Address	City	Δ	-		State	Zip Code	
910 Hillcroft Rd	Glendal				CA	91207-1	1540
Principal Occupation Product Manager	4	Cie	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ Mo municipality does contributor of municipality valued at more that	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp		✓ No			\$100.00
Method of contribution:	Money Orde			Aggregate contributions \$100.00			
Last Name		First	01/10/2023	Ψ100.00			M.I.
Bhatt		Vina	ıy				
Residential Street Address	City	.a. 1 190			State	Zip Code	0450
119 Walnut Hill Rd	Chestnu		CE 1		MA	02467-3	3156
Principal Occupation Retired		Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\times \text{municipality does contributor of municipality valued at more that}} No	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes V No Is contributor a principal of a state If yes, indicate which branch or branches of government the			_	∐ Yes ✓ No			\$200.00
If yes, list Event # contract is with:	∐ Exe	ecutive		ive			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 01/06/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	ΨΕΕ 1,0Ε0.00

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NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	om Individuals				
Last Name				First					M.I.
batter				nich	nolas				
Residential Street Address			City				State	Zip Code	000
10576 Calhoun Rd			Omaha				NE	68112-1	323
Principal Occupation attorney				l .	of Employer kins construction	company			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			✓ No	\$100.		\$100.00
Method of contribution: Cash Personal Check ✓	Credit/Debit	contract is with:	Money Orde	ecutive er	Date Received 01/08/2023	Aggregate contributions \$100.00			
Last Name				First			'		M.I.
Martino				Rob	pert				J
Residential Street Address			City	- 4			State	Zip Code	
81 Sherwood Dr			Glaston				СТ	06033-3	3723
Principal Occupation Attorney			4		of Employer ke, Kelly & Spella	асу			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	L Yes		\$	1,000.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	t Card Payroll Deduction	Money Orde	er	Date Received 01/09/2023	Aggregate contributions \$1,000.00			
Last Name		00		First					M.I.
Manning		()		Gin	a				N
Residential Street Address			City				State	Zip Code	,ooo
67 Carriage Dr E			Merider				СТ	06450-7	800
Principal Occupation Teacher				l .	of Employer den BOE				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes			\$27.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/15/2023	Aggregate contributions \$27.00			

SUBTOTAL Section B - This Page	\$1,127.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford	Arunan for Hartford			April 10 filing					
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons fi	om Individuals				
Last Name				First					M.I.
Barrett				Dav	vid .				
Residential Street Address			City				State	Zip Code	
1364 Asylum Ave			Hartford				СТ	06105-2	2001
Principal Occupation Retired				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros		✓ No			\$150.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Ordo		Date Received 02/09/2023	Aggregate contributions \$400.00			
Last Name				First					M.I.
Barrett				Dav	⁄id				
Residential Street Address			City				State	Zip Code	
1364 Asylum Ave			Hartford		fp. 1		СТ	06105-2	2001
Principal Occupation Retired			4	Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res			\$250.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 03/29/2023	Aggregate contributions \$400.00			
Last Name				First					M.I.
Martinez		()		Cyr	nthia				
Residential Street Address			City				State	Zip Code	
185 Main St, Ste C			Farming	_	6 P. 1		СТ	06032-2	2941
Principal Occupation CFO				l .	of Employer I Connecticut Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Y es			\$25.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutive	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/31/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$425.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Martinez				Luis	S				
Residential Street Address			City				State	Zip Code	
1028 Malaga Ave			Coral G				FL	33134-6	319
Principal Occupation Owner				l	of Employer Martinez Consult	ting			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of S municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes Vo			\$200.00
If yes, list Event#	V 110	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/30/2023	Aggregate contributions \$250.00	,		
Last Name				First					M.I.
Martinez				Luis	S				
Residential Street Address			City		1		State	Zip Code	
1028 Malaga Ave			Coral G	ables			FL	33134-6	319
Principal Occupation Owner			4	100	of Employer Martinez Consult	ting			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$50.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	eLegisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/28/2023	Aggregate contributions \$250.00	,		
Last Name		0		First					M.I.
Macy-Painter				Jan	ne				
Residential Street Address			City				State	Zip Code	
32 Buckingham St			Hartford				СТ	06106-1	735
Principal Occupation Stay at home mom				Name NA	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 5 municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes ✓ No			\$50.00
If yes, list Event #	A 140	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ordo	er	Date Received 01/20/2023	Aggregate contributions \$50.00)		

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	:				M.I.
Bhalla				Var	nita				В
Residential Street Address			City				State	Zip Code	ı
26 Parkland Dr			Woodbi	ury			СТ	06798-3	3637
Principal Occupation Retired				Name Retii	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of 9 municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros		✓ No			\$100.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/19/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Billings-Smith				Adı	rienne				L
Residential Street Address			City		. 30		State	Zip Code	
21 Greenbrier Dr			West H				СТ	06117-1	519
Principal Occupation Flight attendant				100	of Employer ed airlines				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	L Yes			\$20.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	eLegisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/28/2023	Aggregate contributions \$20.00			
Last Name		0		First					M.I.
Manocchio		(A)		Doi	nna				K
Residential Street Address			City				State	Zip Code	
237 Fern St, Apt 209E			West H				СТ	06119-1	193
Principal Occupation Retired				Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	?			\$75.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/28/2023	Aggregate contributions \$75.00			

SUBTOTAL Section B - This Page	\$195.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,0==111

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NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Bessette				And	dy				F
Residential Street Address			City West H	ortfor	٦		State CT	Zip Code	2020
12 Stratford Rd			west n		of Employer		Ci	06117-2	2030
Principal Occupation Executive					elers				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:	r	or prosp		✓ res □No			\$500.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit		Money Ord	er	Date Received 03/24/2023	Aggregate contributions \$500.00			
Last Name				First					M.I.
Berman				Car	rie				
Residential Street Address	_		City Hartford				State CT	Zip Code 06105	
88 Westerly Ter 88 Westerly Principal Occupation	ıer		Паппоп		of Employer		CI	00103	
educational advocate					Bureau of Special	I Education			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or prosp	_	✓ No			\$250.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit		Money Orde	er	Date Received 03/25/2023	Aggregate contributions \$250.00			
Last Name		0		First					M.I.
Mattei		(A)		Chr	istopher				
Residential Street Address			City				State	Zip Code	
176 N Beacon St			Hartford				СТ	06105-2	2247
Principal Occupation Attorney					of Employer coff, Koskoff & Bic	eder			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	?			\$500.00
If yes, list Event #	▼ 140	branches of government the contract is with:	Ex	ecutive	e Legisla	ntive [V] NO			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	t Card Payroll Deduction	Money Ord	er	Date Received 02/25/2023	Aggregate contributions \$500.00			

\$1,250.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Mattei				Dav	vid .				
Residential Street Address			City				State	Zip Code	
950 Dorchester Ave, Unit 205	5		Boston				MA	02125-1	281
Principal Occupation Consultant				Name DEN	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more th	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$25.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 03/22/2023	Aggregate contributions \$25.00			
Last Name				First					M.I.
Benner				Dia	ne				
Residential Street Address			City		-		State	Zip Code	704
243 Steele Rd, Apt 210			West Ha				СТ	06117-1	721
Principal Occupation Retired			4	Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/03/2023	Aggregate contributions \$50.00			
Last Name		00		First					M.I.
Marcano				Dor	nnadale				
Residential Street Address			City				State	Zip Code	
92 Cromwell St			Hartford				СТ	06114-2	2818
Principal Occupation Professor				l .	of Employer ty College				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state		or pros	pective state contractor	Yes Vo			\$25.00
If yes, list Event #	1 110	branches of government the contract is with:	Exe	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/31/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page \$100.	
TOTAL of Section B Pages \$224,025.	
ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$224,025. (Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT							
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this Period ONLY							
(See instructions for definition of Small Contributor) Subtotal Section A							\$0.00
B. Itemized Cor	ntributi	ons fr	om Individuals				
Last Name		First					M.I.
Mandyck		Jack	kie				G
1,	City West Ha	artford	1		State CT	Zip Code 06117-2	0055
1037 N Main St Principal Occupation	Westile		of Employer			00117-2	2033
Executive Director			Partnership				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of If yes, indicate which branch or branches of government the		or prosp		✓ No			\$200.00
Method of contribution:	Money Orde		Date Received 03/28/2023	Aggregate contributions \$200.00			
Last Name		First					M.I.
Bausch		Jeffr	еу				
	City	- 4			State	Zip Code	
oo olah ot	New Ha		(D.)		СТ	06511-3	3877
Principal Occupation Attorney	4		of Employer ke, Kelly & Spella	cy, P.C.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	r business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of If yes, indicate which branch or branches of government the contract is with:		or prosp	_	✓ No			\$50.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction M	Money Orde	er	Date Received 03/23/2023	Aggregate contributions \$50.00			
Last Name		First					M.I.
Maxwell		Johr	า				D
	City				State	Zip Code	
7 oz zako viola Br	East Ha				СТ	06424-1	667
Principal Occupation Attorney			of Employer n, Paindiris & Sco	ott LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of If yes, indicate which branch or branches of government the contract is with:		or prosp		∐ Yes ✓ No			\$500.00
Method of contribution:	Money Orde	er	Date Received 02/22/2023	Aggregate contributions \$500.00			
							

\$750.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Beaty				Kat	hleen				A
Residential Street Address			City				State	Zip Code	1500
74 Old Main St			Rocky F		CD 1		СТ	06067-1	1502
Principal Occupation Retired				Retir					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$50.00
Method of contribution:	Credit/Debi	contract is with:	Money Ordo		Date Received 01/26/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Bhatt				Kris	shna				
Residential Street Address			City		-		State	Zip Code	2054
190 Old Gate Ln			Milford	**	fp. 1		СТ	06460-3	3651
Principal Occupation Hotelier			4	1/1	of Employer t Hospitlaity LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res			\$500.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 03/06/2023	Aggregate contributions \$500.00			
Last Name		00		First					M.I.
Bedford				Lor	raine				
Residential Street Address			City				State	Zip Code	1007
179 Ridgefield St			Hartford	-	-f.E1		СТ	06112-1	1837
Principal Occupation Retired				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	e Legisla	✓ No ative			
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/16/2023	Aggregate contributions \$100.00			

\$650.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
Arunan for Hartford	artford			April 10 filing					
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of Sr	nall Contr	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	:				M.I.
Baronas				Lyn	in				G
Residential Street Address			City				State	Zip Code	
85 Johnny Cake Ln			Glaston				СТ	06033-2	2545
Principal Occupation Retired				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of S municipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$100.00
If yes, list Event # Method of contribution:		contract is with:	Ex	ecutiv	e Legisla Date Received	Aggregate contributions	_		
Cash Personal Check C	Credit/Debit	Card Payroll Deduction	Money Ord	er	03/21/2023	\$100.00			
Last Name				First					M.I.
Berk				Ma	nnie				
Residential Street Address			City	- 4	- 47		State	Zip Code	
2536 Long Hill Rd			Guilford				СТ	06437-3	3644
Principal Occupation wine importer				1/1	of Employer Rare Wine Co.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	L Yes			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	eLegisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/27/2023	Aggregate contributions \$100.00			
Last Name		0		First					M.I.
Bergman				Ma	rk				
Residential Street Address			City				State	Zip Code	
106 Highland Ave			Middlete				NY	10940-4	1713
Principal Occupation Director					of Employer hpaw Strategies				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 9 municipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	pective state contractor	Yes Vo			\$200.00
If yes, list Event #		contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/31/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,0=2110

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NAME OF COMMITTEE (Providence)	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of Small Contributor) Subtotal Section A						\$0.00			
		B. Itemized C	Contributi	ons fi	om Individuals				
Last Name				First					M.I.
Bellamy				Per	nelope				1
Residential Street Address			City	 ما			State CT	Zip Code	705
276 Thimble Island Rd			Branfor		67. 1		Ci	06405-5	0735
Principal Occupation Retired				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			✓ No		\$	1,000.00
If yes, list Event # Method of contribution: Cash Personal Check ✓ C	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde	ecutive er	Date Received 03/06/2023	Aggregate contributions \$1,000.00			
Last Name				First		+ 1,000000			M.I.
Bhatt				Pra	shant				
Residential Street Address 190 Old Gate Ln			City Milford				State CT	Zip Code 06460-3	3651
Principal Occupation Hotelier			4	100	of Employer yrean Hospitality	LLC		•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r —	, Se		✓ No			\$500.00
If yes, list Event # Method of contribution:		contract is with:	Ex	ecutive	Date Received	Aggregate contributions			
Cash Personal Check 🗸 C	Credit/Debit	Card Payroll Deduction	Money Orde	er	03/06/2023	\$500.00			
Last Name		0		First					M.I.
Manoranjan				Rar	njan				Α
Residential Street Address			City				State	Zip Code	
3935 Tarrington Ln			Columb				ОН	43220-2	2299
Principal Occupation CPA				Name GSC	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp		∐ Yes ✓ No			\$200.00
Method of contribution:		contract is with:			Date Received	Aggregate contributions			
Cash Personal Check 🗸 C	Credit/Debit	Card Payroll Deduction	Money Orde	er	03/29/2023	\$200.00			

\$1,700.0	SUBTOTAL Section B - This Page
\$224,025.0	TOTAL of Section B Pages
\$224,025.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page
	<u> </u>

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NAME OF COMMITTEE (Provide Complete Name as Registered with	ith Filing Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford April 10 t		April 10 filing					
A. Total Contributions from Small Contributors - Received	this Period O	NLY					
(See instructions for definition of Small Contributor)		Su	btotal Section A	\			\$0.00
B. Itemiz	ed Contributi	ions fron	n Individuals				
Last Name		First					M.I.
Markham		Richa	rd				С
Residential Street Address	City				State	Zip Code	
62 Ballard Drive 62 Ballard Dr	West H				СТ	06119	
Principal Occupation Retired		Name of I Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in exceed municipality does contribution is in exceed municipality does contribution is in exceed municipality valued at n	ibutor or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which branches of government the branches of government the section of the s	nch or	or prospect	ive state contractor	✓ No			\$500.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction		D	ate Received 3/02/2023	Aggregate contributions \$500.00			
Last Name		First					M.I.
Marotta		Sal	1100				
Residential Street Address	City Rocky I	u;п			State CT	Zip Code 06067-2	0067
23 Autumn Cir Principal Occupation	ROCKY I	Name of I	Employer		Ci	00007-2	.007
President	4		Transportatio	n			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in exceed municipality does contribution is in exceed municipality does contribution is in exceed municipality valued at n	ibutor or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which brate branches of government to contract is with:	nnch or	or prospect	ive state contractor	V Yes □No		\$^	1,000.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	on Money Ord		ate Received 1/26/2023	Aggregate contributions \$1,000.00			
Last Name	50	First					M.I.
Batchelder		Sara					
Residential Street Address	City				State	Zip Code	470
10 Mathers Xing	Simsbu		- 1		СТ	06070-2	478
Principal Occupation Retired		Name of I Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	ibutor or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which bra branches of government the contract is with:	nch or	or prospect	ive state contractor	∐ Yes ✓ No			\$500.00
Method of contribution:			ate Received	Aggregate contributions			
Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	on Money Ord	ler 0	2/28/2023	\$500.00			

\$2,000.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)
\$224.025	(Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	Reposite	tory)		TYPE OF REPORT			
Arunan for Hartford April 10 filing		April 10 filing					
A. Total Contributions from Small Contributors - Received this Period ONLY							
(See instructions for definition of Small Contributor)		:	Subtotal Section A				\$0.00
B. Itemized Cont	tributio	ons fr	om Individuals				
Last Name		First					M.I.
Martz		Sara	ah				
	ity				State	Zip Code	
33 Woodside Oil	lartford				СТ	06105-1	1120
Principal Occupation Homemaker			of Employer emaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 municipality does contributor or b municipality valued at more than \$100	ousiness he				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contributor and a state contributor		or prosp ecutive		✓ No			\$100.00
Method of contribution:	oney Order		Date Received 03/21/2023	Aggregate contributions \$250.00			
Last Name		First					M.I.
Martz		Sara	h				
	ity				State	Zip Code	
de vvedeside en	lartford				СТ	06105-1	1120
Principal Occupation Homemaker			of Employer emaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 municipality does contributor or b municipality valued at more than \$100	ousiness he				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contributor apprincipal of a state contract is with:		or prosp ecutive	_	✓ No			\$150.00
Method of contribution: □ Cash □ Personal Check ✓ Credit/Debit Card □ Payroll Deduction □ Mo	oney Order	er	Date Received 03/28/2023	Aggregate contributions \$250.00			
Last Name		First					M.I.
Becker		Sara	ah				
	ity				State	Zip Code	
754 1 165pcct 7Wc	lartford				СТ	06105-4	1218
Principal Occupation Unemployed			of Employer nployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 municipality does contributor or b municipality valued at more than \$400	ousiness he				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contributor apprincipal of a state contract is which branch or branches of government the contract is with:		or prosp ecutive		∐ Yes ✓ No			\$50.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Mo	oney Order	er	Date Received 03/30/2023	Aggregate contributions \$50.00			

s Page \$300.00	SUBTOTAL Section B - This Page
Pages \$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	om Individuals				
Last Name				First					M.I.
Basche				Ste	ven				
Residential Street Address			City				State	Zip Code	
54 Ballard Dr			West Ha				СТ	06119-1	118
Principal Occupation Attorney				l .	of Employer Lawyers				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r	or prosp		∐ res ✓No			\$500.00
Method of contribution: Cash Personal Check	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 02/24/2023	Aggregate contributions \$500.00			
Last Name				First					M.I.
Bettera				Sve	etlana				
Residential Street Address			City				State	Zip Code	7050
145 Cooper Ave, Unit 20			Weatog		of Employer		СТ	06089-7	952
Principal Occupation COO			4	PKV					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:		or prosp	_	✓ Yes □No			\$700.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit		Money Orde	er	Date Received 02/28/2023	Aggregate contributions \$700.00			
Last Name		~		First	'				M.I.
Bermudez				Wild	daliz				
Residential Street Address			City	•			State	Zip Code	
121 Lexington Ave, Unit 11			New Ha				СТ	06513-4	1437
Principal Occupation Fair Rent Commission				l .	of Employer of Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or pros	pective state contractor	Yes			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive	e Legisla	tive No			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ordo	er	Date Received 02/19/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,1=1111

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NAME OF COMMITTEE (Provide C	omplete	Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford April			April 10 filing						
A. Total Contributions from Smal	l Conti	ributors - Received this	Period O	NLY					
(See instructions for definition of Small	Contrib	outor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Bell				Zer	nna				
Residential Street Address			City				State	Zip Code	
905 Plymouth St			Windso	r			CT	06095-3	713
Principal Occupation APR					of Employer Wellness Care				
domandant shild of a labbraist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Contr	ibution
event reported in Section L1?	res	s contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$50.00
If yes, list Event # Method of contribution: Cash Personal Check Credi	t/Debit Ca	contract is with: ard Payroll Deduction	Money Orde	ecutiv er	Date Received 03/03/2023	Aggregate contributions \$50.00			
Last Name				First			1		M.I.
Barrington				Cro	owall				
Residential Street Address			City				State	Zip Code	
400 Cornwall St			Hartford				CT	06112-1	109
Principal Occupation Shipper					of Employer n Shipping Co				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amoun	t of Contr	ibution
event reported in Section L1?	res	s contributor a principal of a state If yes, indicate which branch or branches of government the		750	_	✓ No			\$100.00
If yes, list Event #		contract is with:	Exe	ecutiv	e Legisla	ative			
Method of contribution: ✓ Cash Personal Check Credi	t/Debit C	ard Payroll Deduction	Money Orde	er	Date Received 03/16/2023	Aggregate contributions \$100.00			
Last Name		00		First					M.I.
Marshall		(c.		Phi	llip				
Residential Street Address			City				State	Zip Code	F07
373 Blue Hills Ave			Hartford		of Employer		СТ	06112-1	507
Principal Occupation Stylist					ip Marshall				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Contr	ibution
event reported in Section L1?	res	s contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	pective state contractor	?			\$100.00
If yes, list Event #		contract is with:	Exe	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check Credi	t/Debit C	ard Payroll Deduction	Money Orde	er	Date Received 03/30/2023	Aggregate contributions \$100.00			

B - This Page \$250.00	SUBTOTAL Section B - This Page
ction B Pages \$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
Arunan for Hartford			April 10 filing						
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of Small Contributor) Subtotal Section A			1			\$0.00			
		B. Itemized C	ontributi	ions fi	om Individuals				
Last Name				First					M.I.
Carroll Duffy				Sus	sanne				D
Residential Street Address			City				State	Zip Code	
594 Shore Rd			Perry				ME	04667-3	3228
Principal Occupation Psychologist				l	of Employer anne Carroll Duffy	y			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp		✓ No	\$25.00		
Method of contribution: Cash Personal Check	Credit/Debit	contract is with:	Money Orde		Date Received 01/28/2023	Aggregate contributions \$25.00			
Last Name				First					M.I.
Brown				Jen	nifer				G
Residential Street Address			City	. 4	193		State	Zip Code	
15 Killams Pt			Branfor				СТ	06405-6	5225
Principal Occupation Law Professor and Administr	ator		4		of Employer nipiac University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more ti	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch of branches of government the		or pros	pective state contractor	Yes Vo			\$200.00
If yes, list Event #	V 110	contract is with:	Exc	ecutive	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	t Card Payroll Deduction	Money Orde	er	Date Received 01/23/2023	Aggregate contributions \$200.00			
Last Name		0		First					M.I.
Calchera				Meg	gan				
Residential Street Address			City				State	Zip Code	
148 Chestnut St			Willimar				СТ	06226-2	2436
Principal Occupation Information Requested					of Employer mation Requeste	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp		∐ Yes ✓ No			\$40.00
Method of contribution:		contract is with:			Date Received	Aggregate contributions			
Cash Personal Check	Credit/Debit	t Card Payroll Deduction	Money Orde	er	03/15/2023	\$40.00			

\$265.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
Arunan for Hartford			April 10 filing						
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First	:				M.I.
Blondin				Aud	drey				
Residential Street Address			City				State	Zip Code	
174 Sherbrook Dr			Goshen				СТ	06756-1	911
Principal Occupation Attorney				l .	of Employer din Law Office LL	.C			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No	\$100.00		
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 03/30/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
McNamara				Joh	n				
Residential Street Address			City		-		State	Zip Code	
56 Brighton St			New Bri				СТ	06053-3	3202
Principal Occupation Retired			4	Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res			\$25.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ordo	er	Date Received 03/05/2023	Aggregate contributions \$25.00			
Last Name		00		First					M.I.
Blinder				Cat	herine				
Residential Street Address			City				State	Zip Code	
7 Regent St			Hartford				СТ	06105-3	3920
Principal Occupation Outreach Officer				l .	of Employer e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or pros		∐ Yes ✓ No			\$100.00
If yes, list Event #		contract is with:	Exc	ecutiv		ative			
Method of contribution: Cash Personal Check	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 03/24/2023	Aggregate contributions \$100.00			

\$225.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Com	olete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford April 10 filing			April 10 filing					
A. Total Contributions from Small C	ontributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor) Subtotal Section A						\$0.00		
	B. Itemized C	Contributi	ions fr	om Individuals				
Last Name			First					M.I.
Colon			Mel	vyn				
Residential Street Address		City				State	Zip Code	
6 Fish Plain Road 6 Fish Plain Rd		Clinton				СТ	06413	
Principal Occupation Manager of nonprofit organization			1	of Employer hside Institutions	Neighborhoods Allia	ance		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or prosp		✓ No	\$100.00		
Method of contribution: Cash Personal Check Credit/De		Money Ord		Date Received 03/31/2023	Aggregate contributions \$100.00			
Last Name			First					M.I.
Butler			Gre	g				
Residential Street Address		City Madisor	. 4			State CT	Zip Code 06443-2	170
66 Governors Way Principal Occupation		Madisol		of Employer		CI	00443-2	170
EVP and General Counsel		4	10000	source				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes V No	Is contributor a principal of a star If yes, indicate which branch o branches of government the contract is with:	r	or prosp	_	✓ Yes □No		\$^	1,000.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/De	bit Card Payroll Deduction	Money Ord	er	Date Received 01/06/2023	Aggregate contributions \$1,000.00			
Last Name	0		First					M.I.
Boulet			Isab	elle				
Residential Street Address		City				State	Zip Code	
1343 28th St NW		Washin	_			DC	20007-3	3101
Principal Occupation Writer			1	of Employer el Boulet				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	manuni simolitza dono contuibanton	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes	Is contributor a principal of a star If yes, indicate which branch o branches of government the contract is with:	r	or prosp	_	∐ Yes ✓ No			\$100.00
Method of contribution:				Date Received	Aggregate contributions			
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Ord	er	02/28/2023	\$100.00			

\$1,200.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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1 age	40	OI	200

NAME OF COMMITTEE (Provi	EE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT								
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
McKeon				Kell	у				
Residential Street Address			City	•			State	Zip Code	
100 Yorktown Rd			Southin	-			СТ	06489-4	1336
Principal Occupation Lawyer				Perso	of Employer onal				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she is			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r			✓ No			\$50.00
If yes, list Event # Method of contribution:		contract is with:	Ex	ecutive	Date Received	Aggregate contributions	_		
Cash Personal Check 🗸	Credit/Debit	Card Payroll Deduction	Money Ord	ler	03/22/2023	\$50.00			
Last Name				First					M.I.
McEleney				Kev	rin				
Residential Street Address			City				State	Zip Code	1005
33 April Dr			Glaston				СТ	06033-1	1305
Principal Occupation Attorney					of Employer ke, Kelly & Spella	acy, P.C.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she is			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	pective state contractor	L Yes	1		\$500.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutive					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/08/2023	Aggregate contributions \$500.00			
Last Name		00		First					M.I.
Butler				Sara	ah				С
Residential Street Address			City				State	Zip Code	2440
210 Flatbush Ave, # 2			Brookly				NY	11217-2	2116
Principal Occupation Marketing Director					of Employer advisor				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she is			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or branches of government the		or prosp	pective state contractor	? Yes ✓ No			\$100.00
If yes, list Event#	110	branches of government the contract is with:	Ex	ecutive	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 01/06/2023	Aggregate contributions \$200.00			

\$650.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	Reposito	ory)		TYPE OF REPORT			
Arunan for Hartford A		April 10 filing					
A. Total Contributions from Small Contributors - Received this Per	iod ON	NLY					
(See instructions for definition of Small Contributor)		:	Subtotal Section A				\$0.00
B. Itemized Cont	tributio	ns fr	om Individuals				
Last Name		First					M.I.
Butler		Sara	ah				С
Residential Street Address Cit	-				State	Zip Code	
2101141343117110, 11 2	rooklyn				NY	11217-2	2116
Principal Occupation Marketing Director			of Employer dvisor				
_							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 municipality does contributor or but municipality valued at more than \$	usiness he				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contributor a state contributor a principal of a state contributor a principal of a state contributor a principal of a state contributor a principa	ntractor or	r prosp	ective state contractor?	i es			\$100.00
If yes, list Event # Vo branches of government the contract is with:	Exec	cutive	Legislat				
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Mon	ney Order	r	Date Received 03/23/2023	Aggregate contributions \$200.00			
Last Name		First					M.I.
Chowdhury		Yasa	amin				
Residential Street Address Cit					State	Zip Code	2005
THE BIOCHMATON THE WITE	rookhav		CE 1		GA	30319-2	2865
Principal Occupation Physician		Kaise	of Employer I				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 municipality does contributor or by municipality valued at more than \$	usiness he				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes V No Is contributor a principal of a state cor If yes, indicate which branch or branches of government the	ntractor or	r prosp	ective state contractor?	☐ Yes ✓ No			\$100.00
If yes, list Event # blanches of government the contract is with:	Exec	cutive		tive —			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Mon	ney Order	r	Date Received 01/18/2023	Aggregate contributions \$100.00			
Last Name		First			ı		M.I.
Meiklejohn		Alex	ander				М
Residential Street Address Cit					State	Zip Code	2004
TTTEPSUITTU	amden		CF 1		СТ	06517-2	2921
Principal Occupation Retired		Name o	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 municipality does contributor or by municipality valued at more than \$	usiness he				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the	ntractor or	r prosp	ective state contractor?	☐ Yes ✓ No		\$	1,000.00
If yes, list Event # branches of government the contract is with:	Exec	cutive	Legislat	tive			
Method of contribution: ☐ Cash	ney Order	r	Date Received 01/25/2023	Aggregate contributions \$1,000.00			

\$1,200.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Com	olete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT				
Arunan for Hartford					April 10 filing	April 10 filing			
A. Total Contributions from Small C	ontributors - Received this	Period O	NLY						
(See instructions for definition of Small Co	ntributor)		:	Subtotal Section A				\$0.00	
	B. Itemized C	Contributi	ions fr	om Individuals					
Last Name			First					M.I.	
Burgess			Blair						
Residential Street Address		City	•			State	Zip Code		
1118 Morningside PI NE		Atlanta				GA	30306-3	3060	
Principal Occupation IT Director				of Employer / Health System					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business l	he/she is			Amoun	t of Conti	ribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp	ective state contractor? Legislat	✓ No			\$50.00	
Method of contribution: Cash Personal Check ✓ Credit/Dec	contract is with: bit Card Payroll Deduction	Money Orde		Date Received 01/20/2023	Aggregate contributions \$50.00				
Last Name			First					M.I.	
Brechlin			Chris	stopher					
Residential Street Address		City				State	Zip Code		
72 Village Dr, Apt 314		Hartford				CT	06109-1	099	
Principal Occupation Data Director			COMI	of Employer PASS					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business l	he/she is			Amoun	t of Conti	ribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or prosp	ective state contractor?	✓ No			\$100.00	
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/De	bit Card Payroll Deduction	Money Orde	ler	Date Received 02/09/2023	Aggregate contributions \$100.00				
Last Name	0		First	•				M.I.	
Boushee			Emil	у					
Residential Street Address		City				State	Zip Code		
255 Church St		Newing				СТ	06111-4	1805	
Principal Occupation Government Relations Manager			1	of Employer ecticut Children's	3				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business l	he/she is			Amoun	t of Conti	ribution	
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	ective state contractor?	Y es			\$100.00	
If yes, list Event #	branches of government the contract is with:	Ex	ecutive	Legisla	tive No				
Method of contribution: Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Orde	ler	Date Received 02/17/2023	Aggregate contributions \$100.00				

SUBTOTAL Section B - This Page \$25	
TOTAL of Section B Pages \$224,02	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page \$224,02	

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NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford A			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First	i				M.I.
Concepcion				Juli	io				
Residential Street Address			City				State	Zip Code	
1212 Main St, Apt 221			Hartford				СТ	06103-1	262
Principal Occupation Executive Director					of Employer OHartford Alliance	е			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$250.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	contract is with: Card Payroll Deduction	Money Ordo		Date Received 03/23/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Braun				Juc	dith				С
Residential Street Address			City		1		State	Zip Code	
19832 Redwing St 19832 Re	dwing St		Woodla				CA	91364	
Principal Occupation Retired			4	Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o		or pros	spective state contractor	Yes V No			\$50.00
If yes, list Event #	VINO	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/15/2023	Aggregate contributions \$50.00			
Last Name		00		First					M.I.
Cerame				Ma	rio				K
Residential Street Address			City				State	Zip Code	1447
252 Sisson Ave, Apt A4			Hartford		-£E1		СТ	06105-3	3117
Principal Occupation Attorney					of Employer nole Bush & Lewi	s LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			∐ Yes ✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde	ecutiv er	eLegisla Date Received 01/06/2023	Aggregate contributions \$100.00			
							1		

\$400.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Arunan for Hartford A		April 10 filing					
A. Total Contributions from Small Contributors - Rec	eived this Period O	NLY					
(See instructions for definition of Small Contributor)		5	Subtotal Section A				\$0.00
B. I	temized Contributi	ions fr	om Individuals				
Last Name		First					M.I.
Capone		April					
Residential Street Address	City				State	Zip Code	
105 Quinnipiac Ave	North H	laven			CT	06473-3	3623
Principal Occupation			f Employer				
Director		INatio	nal Apartment As	ssociation			
dependent child of a lobbyist? municipality doe	s in excess of \$400 to a car es contributor or business h ued at more than \$5,000?				Amoun	it of Conti	ribution
event reported in Section L1? If yes, indicate w		or prospe	ective state contractor	Yes ✓ No			\$50.00
If yes, list Event # contract is with:	nment the Exc	ecutive		tive			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll	Deduction Money Orde	er	Date Received 02/21/2023	Aggregate contributions \$50.00			
Last Name		First					M.I.
carroll		jon					
Residential Street Address	City	_			State	Zip Code	
1473 W Wesley Rd NW	Atlanta				GA	30327-1	1846
Principal Occupation consulting	4	Jon C	of Employer Carrol				
dependent child of a lobbyist? municipality doe	s in excess of \$400 to a car es contributor or business h ued at more than \$5,000?				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a pring If yes, indicate we branches of gover contract is with:	nment the	or prospo		✓ No		\$	1,000.00
Method of contribution:	Deduction Money Orde	er	Date Received 02/28/2023	Aggregate contributions \$1,000.00			
Last Name	20,	First	<u> </u>				M.I.
carroll		clau	dia				
Residential Street Address	City				State	Zip Code	
1473 W Wesley Rd NW	Atlanta				GA	30327-1	1846
Principal Occupation Homemaker			of Employer emaker				
dependent child of a lobbyist? municipality doe	s in excess of \$400 to a car es contributor or business h ued at more than \$5,000?				Amoun	it of Conti	ribution
event reported in Section L1? If yes, indicate w branches of gover	nment the	or prospe		☐ Yes ✓ No		\$	1,000.00
Method of contribution: Contract is with:		- Tunve	Date Received	Aggregate contributions	-		
	Deduction Money Orde	er	02/28/2023	\$1,000.00			

SUBTOTAL Section B - This Page	\$2,050.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	4

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this Peri	iod ON	ILY					
(See instructions for definition of Small Contributor)		Subtotal	Section A				\$0.00
B. Itemized Contr	ributio	ns from Indi	viduals				
Last Name		First					M.I.
Blei		Judith					
Residential Street Address Cit	-				State	Zip Code	
3 Lynwood Di	ernon				СТ	06066-6	3136
Principal Occupation Retired	I	Name of Employe Retired	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an Invariant Is this contribution associated with an Invariant Is the contributor of a state contri	usiness he	/she is associated	I with have a Yes	contract with said No	Amoun	t of Conti	ribution
event reported in Section L1? If yes, list Event # Yes If yes, list Event # If yes, list Event # Yes If yes, indicate which branch or branches of government the contract is with:		cutive	Legisla	✓ No			\$50.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Mon	ney Order	Date Reco 03/04/2	I	Aggregate contributions \$50.00			
Last Name		First					M.I.
Calabrese		Ashley					
Residential Street Address Cit		1	A .		State	Zip Code	
THE IT MAIN ET	est Har				CT	06117-1	209
Principal Occupation Lobbyist		Name of Employe Novartis	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 municipality does contributor or bu municipality valued at more than \$50 municipality	usiness he	/she is associated			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state con If yes, indicate which branch or branches of government the contract is with:		prospective state	e contractor?	∐ Yes ✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Mon	ney Order	Date Rece 03/27/2		Aggregate contributions \$100.00			
Last Name		First					M.I.
Braswell		Natalie					
Residential Street Address Cit					State	Zip Code	
de i mey et de i mey et	loomfiel				СТ	06002	
Principal Occupation Attorney	I	Name of Employe State of Conr					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 municipality does contributor or bu municipality valued at more than \$50.00 municipality valued	usiness he	/she is associated			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state con If yes, indicate which branch or branches of government the contract is with:		prospective state	e contractor?	∐ Yes ✓ No			\$250.00
Method of contribution:	ney Order	Date Reco	I	Aggregate contributions \$250.00			
					1		

\$400.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford	runan for Hartford			April 10 filing					
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
McDermott				Bria	an				М
Residential Street Address			City				State	Zip Code	
70 Reverknolls			Avon				СТ	06001-2	2036
Principal Occupation Business Development Cons	ultant				of Employer aint International				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch of branches of government the	r		_	✓ No	\$200		\$200.00
Method of contribution: Cash Personal Check ✓	Credit/Debi	contract is with:	Money Orde	ecutiv er	Date Received 03/04/2023	Aggregate contributions \$200.00			
Last Name				First			!		M.I.
Cook-Littman				Tar	a				
Residential Street Address			City		1		State	Zip Code	
5460 Congress Street 5460 C	Congress	St	Fairfield				СТ	06824	
Principal Occupation homemaker			4	100	of Employer emaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes Volume You			\$500.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/31/2023	Aggregate contributions \$500.00			
Last Name		00		First					M.I.
Comer		(A)		And	drea				
Residential Street Address			City				State	Zip Code	744
1 Linden PI, Apt 203			Hartford				СТ	06106-1	1744
Principal Occupation Chief of Staff				l .	of Employer e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or branches of government the		or pros	pective state contractor	? Yes ✓ No			\$250.00
If yes, list Event #	٠٠٠ ــــــــــــــــــــــــــــــــــ	contract is with:	Exc	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 01/08/2023	Aggregate contributions \$350.00			

SUBTOTAL Section B - This Page	\$950.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	small Cont	ributor)			Subtotal Section A	A			\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals	•			
Last Name				First					M.I.
Comer				And	drea				
Residential Street Address			City				State	Zip Code	
1 Linden PI, Apt 203			Hartford	<u></u>			СТ	06106-1	744
Principal Occupation Chief of Staff					of Employer e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	_	✓ No	\$100.		\$100.00
If yes, list Event #	<u>.</u>	contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/30/2023	Aggregate contributions \$350.00			
Last Name				First					M.I.
McGuigan				Shi	rley				Α
Residential Street Address			City		-		State	Zip Code	
24 Pearl St			Glaston				СТ	06033-1	013
Principal Occupation Postal Carrier				USP	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv			_		
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/28/2023	Aggregate contributions \$100.00			
Last Name		0		First					M.I.
Chien				Ge	orge				Α
Residential Street Address			City				State	Zip Code	
68 Lincoln St			Hartford				СТ	06106-3	3204
Principal Occupation Retired				Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	r? Yes ✓ No			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv		ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/12/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	422 1,020.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Contr	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Bohigian				Aar	on				М
Residential Street Address			City				State	Zip Code	
71 High Farms Rd			West H				СТ	06107-1	544
Principal Occupation Commercial Banker					of Employer ester Bank				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros		✓ No			\$50.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/25/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Chapdelaine				Jim					
Residential Street Address			City	- 4	1		State	Zip Code	
27 Auburn Rd			West H				СТ	06119-1	304
Principal Occupation Musician					of Employer Chapdelaine				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	eLegisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/29/2023	Aggregate contributions \$50.00			
Last Name		0		First					M.I.
Chase				Jar	ed				
Residential Street Address			City				State	Zip Code	
17 A Capitol Ave			Hartford				СТ	06106-1	707
Principal Occupation Staff Writer and Editor					of Employer sion Real Estate	Association			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 5 municipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Y es			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/21/2023	Aggregate contributions \$50.00)		

SUBTOTAL Section B - This Page	\$150.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provi	de Comple	ete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford A			April 10 filing						
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	:				M.I.
Brown				Ric	hard				
Residential Street Address			City				State	Zip Code	ı
7 Bronisz Dr			Ellingto	n			СТ	06029-3	3799
Principal Occupation Real estate investor				l l	of Employer Eight Holdings L	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 5 municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$500.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debit	contract is with: Card Payroll Deduction	Money Ord	ecutiv	Date Received 02/07/2023	Aggregate contributions \$700.00	-		
Last Name				First			<u> </u>		M.I.
Brown				Ric	hard				
Residential Street Address			City				State	Zip Code	l
7 Bronisz Dr			Ellingto	n			CT	06029-3	3799
Principal Occupation Real estate investor			4		of Employer Eight Holdings L	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$200.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/01/2023	Aggregate contributions \$700.00			
Last Name		0		First			_		M.I.
Bradley				Ma	rc				
Residential Street Address			City				State	Zip Code	•
8 Shadbush Ln			Westpo	_			СТ	06880-1	838
Principal Occupation Retired				Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r		_	∐ Yes ✓ No			\$250.00
If yes, list Event #		contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/21/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	
TOTAL of Section B Pages \$224,	
OTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,	

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NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY		1			
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	\			\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Conant				Lisa	ı				
Residential Street Address			City	•			State	Zip Code	
173 Pucker St			Coventr	<u> </u>			СТ	06238-3	3452
Principal Occupation Grants & Contracts Specialis	t				of Employer ersity of Connect	icut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			✓ No			\$25.00
If yes, list Event # Method of contribution: Cash Personal Check ✓	Credit/Debit	contract is with: Card Payroll Deduction	Money Ord	ler	Date Received 03/01/2023	Aggregate contributions \$25.00			
Last Name				First					M.I.
Bourne				Chri	istine				
Residential Street Address			City	- 4			State	Zip Code	
17 Red Orange Rd			Middlete	own			СТ	06457-4	1916
Principal Occupation Finance Director					of Employer Haven Public Sc	hools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	? Yes			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutive	Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/23/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
McFadden		(-		Lau	rie				
Residential Street Address			City				State	Zip Code	
484 Long Hill Rd			Middlete				СТ	06457-4	1917
Principal Occupation Retired				Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			∐ Yes ✓ No			\$25.00
If yes, list Event #	_	contract is with:	∐Ex	ecutive		ative]		
Method of contribution: Cash Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 01/06/2023	Aggregate contributions \$25.00			

\$150.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Con	tributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Conti	ributor)			Subtotal Section	A			\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals	3			
Last Name				First					M.I.
Cloud				Ada	am				М
Residential Street Address			City				State	Zip Code	
86 Bloomfield Ave			Hartford				СТ	06105-1	1006
Principal Occupation Partner					of Employer ver Lane Ventur	es			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the		or prosp		✓ No			\$250.00
If yes, list Event #		contract is with:	Ex	ecutive		slative	_		
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/30/2023	Aggregate contributions \$250.00			
Last Name				First		L	1		M.I.
Bornhorst				Nico	ole				
Residential Street Address			City	- 4	A B		State	Zip Code	
92 Hublard Dr			Vernon				СТ	06066-5	5302
Principal Occupation Program Specialist					of Employer ds on Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	pective state contract	res	1		\$25.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutive	eLegis	slative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 01/31/2023	Aggregate contributions \$25.00	1		
Last Name		00		First					M.I.
Cahill				Lau	ra				Α
Residential Street Address			City				State	Zip Code	
17 Montauk Way 17 Montauk	Way		Glaston				СТ	06033	
Principal Occupation Retired				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the		or prosp	•	∐ Yes ✓ No		\$	1,000.00
If yes, list Event #	<u></u>	branches of government the contract is with:	Ex	ecutive	e Legis	slative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 01/10/2023	Aggregate contributions \$1,000.00			

TOTAL of Section B Pages \$224,02	SUBTOTAL Section B - T	Γhis Page	\$1,275.00
	TOTAL of Section	B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,02	· ·	,	\$224,025.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fili	ing Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford A			April 10 filing				
A. Total Contributions from Small Contributors - Received this F	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Co	ontributi	ions fr	om Individuals				
Last Name		First					M.I.
Clair		Kath	arine				
Residential Street Address	City				State	Zip Code	
16 Green Ln	South W				СТ	06074-1	265
Principal Occupation College Administration			of Employer / College				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\\$municipality does contributor of municipality valued at more that	r business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes If yes, indicate which branch or branches of government the		or prosp	_	☐ Yes ✓ No			\$50.00
Method of contribution:	Money Orde			Aggregate contributions \$50.00			
Last Name		First					M.I.
Cooper		Alan					J
Residential Street Address	City				State	Zip Code	•
14722 Weddington Street 14722 Weddington St	Sherma				CA	91411	
Principal Occupation Attorney	4		of Employer Gilmor and Cha	zen			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\\$\subset\$ municipality does contributor o municipality valued at more that	r business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, list Event # Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp		✓ No			\$100.00
Method of contribution:	Money Orde			Aggregate contributions \$100.00			
Last Name		First			<u> </u>		M.I.
Miller		W.					K
Residential Street Address	City				State	Zip Code	
18 Swan Ave	Seymou				СТ	06483-2	2712
Principal Occupation Chief Fiscal Officer			of Employer of Ansonia				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\sigma\$ municipality does contributor o municipality valued at more that	r business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp	_	∐ Yes ✓ No			\$100.00
Method of contribution:	Money Orde			Aggregate contributions \$100.00			
			<u>'</u>				

SUBTOTAL Section B - This Page	\$250.00				
TOTAL of Section B Pages	\$224,025.00				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00				
(Enter total on Line 13, Column A of Summary Page					

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NAME OF COMMITTEE (Prov	ide Comple	te Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	A			\$0.00
		B. Itemized C	Contributi	ons fi	rom Individuals				
Last Name				First					M.I.
Brownstein				Aar	on				
Residential Street Address			City				State	Zip Code	
11801 Laurel Hills Rd			Studio (CA	91604-3	3724
Principal Occupation Writer				Name Hulu	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros		✓ No			\$100.00
Method of contribution: Cash Personal Check ✓	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 01/06/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
McCoy				Sar	ah				
Residential Street Address			City		-		State	Zip Code	
47 Ashley St			Hartford				СТ	06105-1	1402
Principal Occupation Grant writer			4		of Employer er for Leadership	and Justice			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state of the		or pros	pective state contractor	Yes Vo			\$100.00
If yes, list Event #	V NO	branches of government the contract is with:	Exc	ecutive	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/06/2023	Aggregate contributions \$100.00			
Last Name		00		First					M.I.
Church		(1)		JoA	nn				
Residential Street Address			City				State	Zip Code	2004
25 Eldane St			New Lo				СТ	06320-2	2904
Principal Occupation Retired				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state		or pros	pective state contractor	r? Yes ✓ No			\$50.00
If yes, list Event #	. TAO	branches of government the contract is with:	Exc	ecutive	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ordo	er	Date Received 02/18/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page \$25	
TOTAL of Section B Pages \$224,02	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page \$224,02	

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NAME OF COMMITTEE (Provide C	omplete Na	me as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing	April 10 filing					
A. Total Contributions from Sma	ll Contrib	utors - Received this	Period O	NLY	7				
(See instructions for definition of Small	Contribute	or)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ons f	from Individuals				
Last Name				Firs	t				M.I.
Bjornberg				En	nily				Α
Residential Street Address			City				State	Zip Code	
59 Brush Hill Rd			Lyme				СТ	06371-3	3004
Principal Occupation					e of Employer	otion otata of OT			
Senior consultant				Onic	ce of higher educa	ation, state of C1			
domandant shild of a labbrust?	IN _O	contribution is in excess of nunicipality does contributor nunicipality valued at more that	or business h				Amoun	t of Conti	ibution
event reported in Section L1?	Ify	ntributor a principal of a stat res, indicate which branch o nches of government the	r		_	✓ No			\$200.00
If yes, list Event #		tract is with:	Exe	ecutiv		ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credi	t/Debit Card	Payroll Deduction	Money Orde	er	Date Received 02/17/2023	Aggregate contributions \$200.00			
Last Name				Firs	it				M.I.
Bourdeaux				Jol	hn				W
Residential Street Address			City				State	Zip Code	
212 N Beacon St			Hartford				СТ	06105-2	2247
Principal Occupation Economic development			4		e of Employer anceCT				
dependent shild of a labbraist?	INO III	contribution is in excess of nunicipality does contributor nunicipality valued at more that	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If y	ntributor a principal of a states, indicate which branch on the of government the		, Se	_	✓ No		\$^	1,000.00
<u> </u>	cor	tract is with:	Exe	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credi	t/Debit Card	Payroll Deduction	Money Orde	er	Date Received 02/07/2023	Aggregate contributions \$1,000.00			
Last Name	4	0		Firs	t				M.I.
Miner				Sa	rah				
Residential Street Address			City				State	Zip Code	
314 Fern St			West Ha				СТ	06119-1	133
Principal Occupation Professor					e of Employer versity of Hartford				
dependent child of a lobbyist?	IN _O	contribution is in excess of nunicipality does contributor nunicipality valued at more that	or business h				Amoun	t of Conti	ibution
event reported in Section L1?	Yes If y	ntributor a principal of a states, indicate which branch o		or pro	spective state contractor	Yes			\$100.00
If yes, list Event #		nches of government the atract is with:	Exe	ecutiv	ve Legisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credi	t/Debit Card	Payroll Deduction	Money Orde	er	Date Received 02/05/2023	Aggregate contributions \$100.00			
							_		

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Prov.	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Clark				Kris	sten M.				
Residential Street Address			City				State	Zip Code	
15 Covington St, Apt 217			New Bri				СТ	06053-2	2177
Principal Occupation Coordinator					of Employer Village				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r		_	No			\$200.00
If yes, list Event # Method of contribution: Cash Personal Check ✓	Credit/Debi	contract is with:	Money Ordo	ecutive er	Date Received 02/05/2023	Aggregate contributions \$200.00			
Last Name				First					M.I.
Blinstrubas				Mat	tthew				
Residential Street Address			City		- 40		State	Zip Code	
35 Clarkson Ave, Apt 4B			Brookly				NY	11226-1	965
Principal Occupation Freelancer			4	1/1	of Employer hew Blinstrubas				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or pros	pective state contractor	Yes Vo			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 02/04/2023	Aggregate contributions \$100.00			
Last Name		0		First					M.I.
McCarthy Vahey		(A)		Cris	stin				
Residential Street Address			City				State	Zip Code	0.44
1625 Melville Ave			Fairfield		CF 1		СТ	06825-2	2044
Principal Occupation State Representative				l .	of Employer e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or		or pros	pective state contractor	? Yes ✓ No			\$100.00
If yes, list Event #	₩ 110	branches of government the contract is with:	Exc	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 01/31/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,0=2110

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NAME OF COMMITTEE (Providence of COMMITTEE)	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of Se	mall Conti	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First					M.I.
Blackwood				Anı	nette				
Residential Street Address			City				State	Zip Code	ı
21 A Capitol Ave			Hartford	t L			CT	06106-1	707
Principal Occupation					of Employer				
Retired				Retii	rea				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes ✓ No			\$250.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutiv	e Legisla	ative V NO			
Method of contribution: ☐ Cash ☐ Personal Check ✓ (Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/30/2023	Aggregate contributions \$350.00			
Last Name				First			'		M.I.
Blackwood				Anı	nette				
Residential Street Address			City		100		State	Zip Code	
21 A Capitol Ave			Hartford				CT	06106-1	707
Principal Occupation Retired				Name Retii	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ (Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/21/2023	Aggregate contributions \$350.00			
Last Name		0		First					M.I.
Connolly				Sea	an				М
Residential Street Address			City				State	Zip Code	
15 Wildflower Dr			Hebron				СТ	06248-1	448
Principal Occupation Attorney					of Employer artment of the Na	vy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes ✓ No			\$200.00
If yes, list Event #	▼ 140	branches of government the contract is with:	Ex	ecutiv	e Legisla	ative VINO			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/26/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Cahill				Dor	is				М
Residential Street Address			City				State	Zip Code	
29 Overlook Dr 29 Overlook I	Dr		Southbo				MA	01772	
Principal Occupation Retired				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r			✓ No		\$	1,000.00
If yes, list Event #		contract is with:	Ex	ecutive		tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 01/23/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
McDermott				Gaia	a				В
Residential Street Address			City	- 4			State	Zip Code	
28 Valley Run Dr			Cromwe	ell			CT	06416-2	2578
Principal Occupation Clerk					of Employer e of Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	pective state contractor	res			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	eLegisla	tive No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/21/2023	Aggregate contributions \$50.00			
Last Name		0		First		<u> </u>			M.I.
Brady				Joh	n				
Residential Street Address			City	•			State	Zip Code	
159 Snake Meadow Hill Rd			Sterling				СТ	06377-1	611
Principal Occupation Vice President				1	of Employer Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r			∐ Yes ✓ No			\$100.00
If yes, list Event #		contract is with:	Ex	ecutive		tive	1		
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/16/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	4

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NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Boesiger				Abb	ру				
Residential Street Address			City	•			State	Zip Code	
2820 W 7th Ave, Apt 7			Spokan				WA	99224-1	100
Principal Occupation Student				1	of Employer ern Washington L	Jniveristy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or prosp	pective state contractor	?			\$44.00
If yes, list Event #	<u>.</u>	contract is with:	Ex	ecutive	e Legisla	itive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 02/21/2023	Aggregate contributions \$44.00			
Last Name				First					M.I.
Bricklin-Goldstein				Alin	a				
Residential Street Address			City	- 4			State	Zip Code	
72 Uconn Ave			Glaston	, ,			СТ	06033-1	366
Principal Occupation attorney					of Employer Bricklin-Goldstei	n			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	res			\$36.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	eLegisla				
Method of contribution: Cash Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 02/20/2023	Aggregate contributions \$36.00			
Last Name		00		First					M.I.
Carter				Antl	hony				W
Residential Street Address			City				State	Zip Code	•
65 Mayflower Ln			Merider				СТ	06450-3	3520
Principal Occupation Training Manager				Name COH	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch of branches of government the	r		•	∐ Yes ✓ No			\$250.00
If yes, list Event #		contract is with:	∐Ex	ecutive		itive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/12/2023	Aggregate contributions \$250.00			

age \$330.00	SUBTOTAL Section B - This Page
ges \$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Providence of COMMITTEE)	de Complet	e Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	mall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Sa	mall Contr	ibutor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Cavallaro				Anto	onio				
Residential Street Address			City				State	Zip Code	
18 Stone Hill Dr			Rocky I				СТ	06067-4	1257
Principal Occupation President					of Employer ort Road Auto Boo	dy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r		_	∐ res ✓ No			\$500.00
If yes, list Event # Method of contribution: Cash ✓ Personal Check ✓		contract is with:	Money Ord	ecutive	Date Received 03/21/2023	Aggregate contributions			
Last Name		Card Taylon Deduction	Jivioney Ord	First	03/21/2023	\$500.00			M.I.
Cafero					oara				E E
Residential Street Address			City	Dall	Jaia		State	Zip Code	
119 Gregory Blvd, Apt 33			Norwalk	k			CT	06855-2	2500
Principal Occupation				Name	of Employer				
Retired			49	Retire	_0`				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	pective state contractor?	res			\$250.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive					
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/22/2023	Aggregate contributions \$250.00			
Last Name		0		First	<u>.</u>				M.I.
Canagarajah		(1)		Bert	ram				J
Residential Street Address			City				State	Zip Code	
4605 Winding Stone Circle 46	05 Windii	ng Stone C	Olney	1			MD	20832	
Principal Occupation Scientist				Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	pective state contractor	Yes			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive					
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/22/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page \$800.00	
TOTAL of Section B Pages \$224,025.00	
OTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,025.00	

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NAME OF COMMITTEE (Provide Co	omplete !	Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from Smal	l Contr	ibutors - Received this	Period O	NLY					
(See instructions for definition of Small	Contrib	utor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First	:				M.I.
Cavallari				Car	ra				
Residential Street Address			City				State	Zip Code	ı
23 Bradford Walk			Farming	gton			СТ	06032-4	1530
Principal Occupation Attorney					of Employer vn, Paindiris & Sc	ott			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of smunicipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	es	contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	pective state contractor	?			\$250.00
If yes, list Event #		contract is with:	Exc	ecutiv		ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit	/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 03/02/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Merrick				Car	roline				
Residential Street Address			City				State	Zip Code	
6445 Nottingham Ave, Apt 1W			Saint Lo				МО	63109-2	2614
Principal Occupation RN			4	100	of Employer les Jewish Childre	en's Hospital			
dependent shild of a lobbyist?	Yes No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
event reported in Section L1?	es	contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	L Yes	\$300.0		\$300.00
If yes, list Event #	I	branches of government the contract is with:	Exc	ecutiv	eLegisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit	/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 03/24/2023	Aggregate contributions \$300.00			
Last Name		~		First					M.I.
McArdle				Chi	ris				
Residential Street Address			City				State	Zip Code	
57 Charter Oak Ave, Apt 317			Hartford				СТ	06106-2	2888
Principal Occupation Logistics					of Employer Ex Ground				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of smunicipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
event reported in Section L1?	es	contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Y es			\$25.00
If yes, list Event #	I	branches of government the contract is with:	Exc	ecutiv	eLegisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit	/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 03/31/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$575.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V ,

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NAME OF COMMITTEE (Provid	(Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT								
Arunan for Hartford				April 10 filing					
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of Sr	nall Conti	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Brigham				Chr	ristopher				
Residential Street Address			City				State	Zip Code	
6 Uplands Dr			Hartford	<u></u>			СТ	06107-1	037
Principal Occupation Attorney					of Employer ke, Kelly & Spella	acy, P.C.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros		✓ No			\$200.00
If yes, list Event #		contract is with:	Ex	ecutive		ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/08/2023	Aggregate contributions \$200.00			
Last Name				First					M.I.
Brinson				Cor	rey				
Residential Street Address			City		190		State	Zip Code	
221 Trumbull St, Apt 1706			Hartford				СТ	06103-1	523
Principal Occupation Cosecnsultant			4		of Employer and Chance Firm				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$200.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive					
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/21/2023	Aggregate contributions \$200.00			
Last Name		~		First					M.I.
Burgio				Dar	niel				
Residential Street Address			City	•			State	Zip Code	
48 Westbrook Rd			West H				СТ	06107-3	3468
Principal Occupation Realtor					of Employer io Sousa Team L	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r		_	∐ Yes ✓ No			\$500.00
If yes, list Event #		contract is with:	Ex	ecutive	e Legisla	ative			
Method of contribution: Cash Personal Check C	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/23/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page \$900.	
TOTAL of Section B Pages \$224,025.	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$224,025. (Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Prov	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing					
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of	Small Cont	ributor)			Subtotal Section A	A			\$0.00
		B. Itemized C	Contributi	ons fr	om Individuals				
Last Name				First					M.I.
Castrucci				Don	ninick				
Residential Street Address			City				State	Zip Code	
3 River Park Dr			Cromwe				СТ	06416-1	1559
Principal Occupation Body Shop Manager					of Employer o Auto Body				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp		✓ No	\$100.00		
Method of contribution:	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 03/23/2023	Aggregate contributions \$100.00	_		
Last Name				First					M.I.
CHAPMAN				DO	NALD				W
Residential Street Address			City Windson	. 4			State CT	Zip Code 06095	
37 Barber St 37 Barber St Principal Occupation			VVIIIusul		of Employer		Ci	00093	
Exec. Director , Nonprofit			4		uilding Together I	Hartford, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	Yes ✓ No			\$505.00
If yes, list Event#	VINO	branches of government the contract is with:	Exe	ecutive	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/29/2023	Aggregate contributions \$505.00			
Last Name		00		First					M.I.
Bryan		(4.		Edv	vard				
Residential Street Address			City				State	Zip Code	
15 Inwood Lane 15 Inwood L	.n		Farming		27. 4		СТ	06032	
Principal Occupation Attorney				l .	of Employer on Paindiris & Sc	ott LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			∐ Yes ✓ No			\$200.00
If yes, list Event #	_	contract is with:	∐Exe	ecutive		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/20/2023	Aggregate contributions \$500.00			

\$805.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First	:				M.I.
Bryan				Edv	ward				
Residential Street Address			City				State	Zip Code	
15 Inwood Lane 15 Inwood L	n		Farming				СТ	06032	
Principal Occupation Attorney					of Employer vn Paindiris & Sco	ott LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$300.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 03/02/2023	Aggregate contributions \$500.00			
Last Name				First					M.I.
Concepcion				Erir	1				
Residential Street Address			City	. 4	-		State	Zip Code	
1212 Main St, Apt 221			Hartford				СТ	06103-1	262
Principal Occupation Operations			4		of Employer Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res			\$250.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/23/2023	Aggregate contributions \$250.00			
Last Name		0		First					M.I.
Capodilupo				Fra	ncesca				
Residential Street Address			City				State	Zip Code	
513 Branchville Rd			Ridgefie				СТ	06877-6	5032
Principal Occupation Campaign Manager				l .	of Employer es for Congress				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or pros		∐ Yes ✓ No			\$100.00
If yes, list Event #	٠. ت	contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 03/01/2023	Aggregate contributions \$100.00			

\$650.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Prov	ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT								
Arunan for Hartford Apri			April 10 filing						
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Carducci				Gae	etano				
Residential Street Address			City				State	Zip Code	
80 Falcon Ridge Rd			Rocky F				СТ	06067-1	004
Principal Occupation					of Employer Automotive, Inc				
Business owner									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more th	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch of branches of government the		or pros	_	✓ No			\$250.00
If yes, list Event #		contract is with:	Exe	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/07/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
miano				gius	seppe				
Residential Street Address			City		- 47		State	Zip Code	
5 Garden Hill Rd			Wethers				СТ	06109-3	3614
Principal Occupation manager			4	70	of Employer lers brake and ali	gnment			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	v res			\$200.00
If yes, list Event #	✓No	branches of government the contract is with:	Exe	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/23/2023	Aggregate contributions \$200.00			
Last Name		0		First					M.I.
cortes-barrios				Her	mann				d
Residential Street Address			City				State	Zip Code	
18 Governors Row			West Ha				СТ	06117-1	931
Principal Occupation architect				l .	of Employer are design inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	✓ Yes			\$200.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exe	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/31/2023	Aggregate contributions \$200.00			

\$650.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Butler				lan					
Residential Street Address			City				State	Zip Code	
215 Castlewood			Windso				СТ	06095-1	049
Principal Occupation Attorney				l	of Employer Lawyers				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:	r	or pros		∐ Yes ✓ No			\$200.00
Method of contribution: Cash Personal Check	Credit/Debit		Money Ord		Date Received 03/01/2023	Aggregate contributions \$200.00			
Last Name				First					M.I.
Connor			1	Jan	nes				
Residential Street Address 470 Weir St			City Glaston	hurv			State CT	Zip Code 06033-3	2523
Principal Occupation			Cidotori		of Employer		01	00000	020
Attorney			_ 4		ke, Kelly & Spella	acy, P.C.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:	r	or pros	_	✓ No			\$500.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/14/2023	Aggregate contributions \$500.00			
Last Name		0		First			•		M.I.
mills				jam	ie				
Residential Street Address			City				State	Zip Code	
120 Cleveland Rd			New Ha				СТ	06515-2	2700
Principal Occupation Retired				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r	•	•	∐ Yes ✓ No			\$250.00
If yes, list Event #		contract is with:	Ex	ecutive		itive			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/04/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$950.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	Contributi	ons f	rom Individuals				
Last Name				First					M.I.
Bratt				Jan	nie				
Residential Street Address			City				State	Zip Code	
111 Westerly Ter			Hartford				СТ	06105-1	118
Principal Occupation Consultant					of Employer & O'Neill				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business han \$5,000?	he/she i	is associated with have Yes	a contract with said No	Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or pros	_	No No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi		Money Ord	er	Date Received 03/27/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Cohen				Jas	son				
Residential Street Address			City	hm.			State CT	Zip Code 06033-3	0004
91 Valley View Rd Principal Occupation			Glaston		of Employer		Ci	06033-3	0021
state government			4	100	e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contractor	L Yes			\$25.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 02/28/2023	Aggregate contributions \$25.00			
Last Name		0		First					M.I.
Milstein				Jea	nne				М
Residential Street Address			City				State	Zip Code	
25 Eldane St			New Lo				СТ	06320-2	2904
Principal Occupation Director, Human Services					of Employer of New London				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state of the		or pros		∐ Yes ✓ No			\$50.00
If yes, list Event #		contract is with:	∐Ex	ecutiv		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 02/24/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$175.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons fr	om Individuals				
Last Name				First					M.I.
Colombo				Jes	sica				
Residential Street Address			City				State	Zip Code	
163 Whitney St			Hartford				СТ	06105-2	2268
Principal Occupation					of Employer				
Attorney					ey Rice LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			✓ No			\$50.00
If yes, list Event #		contract is with:	Exe	ecutive		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ordo	er	Date Received 03/24/2023	Aggregate contributions \$50.00			
Last Name				First			•		M.I.
Cabral				Jon	athan				
Residential Street Address			City	- 4			State	Zip Code	
25 Capitol Ave			Hartford				СТ	06106-1	707
Principal Occupation Director			4	7/1	of Employer Connecticut Proje	ect			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	res			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutive	eLegisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 02/21/2023	Aggregate contributions \$100.00			
Last Name		~		First			•		M.I.
Burns				Jos	eph				В
Residential Street Address			City				State	Zip Code	
355 River Rd			Hamder				СТ	06518-1	412
Principal Occupation Attorney					of Employer nble Law Group I	_LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	Yes			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutive					
Method of contribution: ☐ Cash Personal Check ☐	Credit/Debi	Card Payroll Deduction	Money Ordo	er	Date Received 03/16/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page \$25	
TOTAL of Section B Pages \$224,02	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page \$224,02	

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NAME OF COMMITTEE (Providence of Committee)	de Comple	te Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	Contributi	ons fr	om Individuals				
Last Name				First					M.I.
Cavallaro				Jos	eph				
Residential Street Address			City				State	Zip Code	740
170 Brunswick Ave			West Ha				СТ	06107-1	716
Principal Occupation Auto Body Specialist					of Employer ort Auto Body				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			✓ No			\$500.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde	ecutive er	Date Received 03/20/2023	Aggregate contributions \$500.00			
Last Name				First			•		M.I.
Caiazzo				Jos	eph				
Residential Street Address			City	- 4			State	Zip Code	
103 Sylvan St, Unit 2			Danvers				MA	01923-3	3621
Principal Occupation Consultant			4	70	of Employer icn group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch of branches of government the		or prosp	_	✓ No			\$200.00
If yes, list Event #		contract is with:	Exe	ecutive	e Legisla	ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/20/2023	Aggregate contributions \$200.00			
Last Name		00		First					M.I.
Coss		(A)		Katl	hleen				
Residential Street Address			City				State	Zip Code	
50 Capitol Ave			Hartford				СТ	06106-1	706
Principal Occupation Attorney					of Employer e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			∐ Yes ✓ No			\$100.00
If yes, list Event #		contract is with:	∐ Exe	ecutive					
Method of contribution: ✓ Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/31/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page \$800.00	
TOTAL of Section B Pages \$224,025.00	
OTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,025.00	

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NAME OF COMMITTEE (Prov.	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
McClary				Ker	า				
Residential Street Address			City				State	Zip Code	
8 Haviland Rd			Bloomfi				СТ	06002-3	3442
Principal Occupation State				Name CT	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$50.00
Method of contribution: Cash Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 03/13/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Callahan				Kei	ry				
Residential Street Address			City		1		State	Zip Code	
21 Penfield Pl			Farming				СТ	06032-2	2246
Principal Occupation Attorney			4	UKS	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res			\$200.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 03/14/2023	Aggregate contributions \$200.00			
Last Name		00		First					M.I.
Casasanta		()		Kev	/in				
Residential Street Address			City				State	Zip Code	
9 Hartwell Rd			Wethers				СТ	06109-2	2826
Principal Occupation Systems Engineer					of Employer theed Martin				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes ✓ No			\$250.00
If yes, list Event #	₩ 140	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 03/30/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$500.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	, ,, ,,

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NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Campanelli				Lois	6				М
Residential Street Address			City	•			State	Zip Code	
56 Hummingbird Dr			Berlin				СТ	06037-2	2426
Principal Occupation Retired				Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:	r	or pros		∐ Yes ✓ No			\$500.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit		Money Ord	er	Date Received 02/24/2023	Aggregate contributions \$500.00			
Last Name				First					M.I.
Brown				Lor	ie				
Residential Street Address			City	. 4			State	Zip Code	24.40
1028 N Sharon Amity Rd Principal Occupation			Charlott		of Employer		NC	28211-3	3140
Financial services			4		s Fargo				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:		or pros	_	✓ No			\$25.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit		Money Orde	er	Date Received 03/27/2023	Aggregate contributions \$25.00			
Last Name		0		First					M.I.
Mead		(1)		Mai	rissa				
Residential Street Address			City				State	Zip Code	
122 Bedford Avenue 122 Bed	ford Ave		Hamdei				СТ	06517	
Principal Occupation Architect					of Employer als + Partners				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or		or pros	pective state contractor	?			\$25.00
If yes, list Event #	A 140	branches of government the contract is with:	Ex	ecutive	e Legisla	ntive [V] NO			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/10/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,1=3133

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford	Arunan for Hartford			April 10 filing					
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Coursey				Ма	ry				В
Residential Street Address			City West Ha	artfor	d		State CT	Zip Code 06119-1	1344
21 Walbridge Rd Principal Occupation			***************************************		of Employer		01	00110	1011
PR Consultant				Cou	rsey & Company				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$300.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 03/31/2023	Aggregate contributions \$300.00			
Last Name				First					M.I.
Canarie				Mic	hael				
Residential Street Address			City	- 4	-		State	Zip Code	
21 Auburn Rd			West Ha				СТ	06119-1	1302
Principal Occupation Physician			4	1/1	of Employer University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes Vo			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	eLegisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ordo	er	Date Received 03/25/2023	Aggregate contributions \$100.00			
Last Name		0		First					M.I.
Botelho				Mic	hael				
Residential Street Address			City				State	Zip Code	•
15 Pilgard Lane 15 Pilgard Lr	1		Glaston	<u> </u>			СТ	06033	
Principal Occupation Attorney				l .	of Employer ke, Kelly & Spella	acy, P.C.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or pros		∐ Yes ✓ No			\$500.00
If yes, list Event #	٠. ت	contract is with:	Exc	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 03/31/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page \$900.	
TOTAL of Section B Pages \$224,025.	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$224,025. (Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide Complete Name as Regis	stered with Filing Reposi	tory)	TYPE OF REPORT			
Arunan for Hartford			April 10 filing			
A. Total Contributions from Small Contributors - Re	eceived this Period Ol	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
В.	Itemized Contribution	ons from Individuals				
Last Name		First				M.I.
CARDILLO		NICHOLAS				
Residential Street Address	City			State	Zip Code	
10 Vexation Hill Dr	Rocky F	lill		СТ	06067-4	234
Principal Occupation JEWELER		Name of Employer BARIBAULT JEWELE	R			
dependent child of a lobbyist? municipality d		didate committee for a chief en e/she is associated with have a Yes		Amoun	t of Conti	ibution
event reported in Section L1? If yes, indicate branches of gov	which branch or ernment the	or prospective state contractor:	✓ No			\$500.00
Method of contribution:	ll Deduction Money Orde	Date Received	Aggregate contributions \$500.00			
Last Name		First				M.I.
Caamano		Oscar				
Residential Street Address	City			State	Zip Code	
221 Trumbull St, Apt 3008	Hartford			СТ	06103-1	528
Principal Occupation Business Owner		Name of Employer El Gallo y El Coqui LL	С			
dependent child of a lobbyist? municipality d		didate committee for a chief entershe is associated with have a Yes		Amoun	t of Conti	ibution
avant remented in Section I 19	which branch or	or prospective state contractor?	Yes ✓ No			\$100.00
If yes, list Event # branches of gov contract is with:		ecutive Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payro	ll Deduction Money Orde	Date Received 03/15/2023	Aggregate contributions \$100.00			
Last Name	00	First				M.I.
McMahon	(1)	Patrick				J
Residential Street Address	City			State	Zip Code	
75 Timothy Terrace 75 Timothy Ter	Windsor			СТ	06095	
Principal Occupation Director		Name of Employer Town of Windsor				
dependent child of a lobbyist? municipality d		adidate committee for a chief entershe is associated with have a Yes		Amoun	t of Conti	ibution
event reported in Section L1? Yes If yes, indicate V No branches of gov	which branch or	or prospective state contractor?	Yes Vo			\$100.00
If yes, list Event # contract is with:		ecutive Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payro	ll Deduction Money Orde	Date Received 03/11/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	Reposito	ory)	TYPE OF REPORT			
Arunan for Hartford			April 10 filing			
A. Total Contributions from Small Contributors - Received this Perio	od ON	LY				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
B. Itemized Contri	ibution	ns from Individuals				
Last Name		First				M.I.
Brown		Richard				R
Residential Street Address City	•			State	Zip Code	
	astonbu			CT	06033-2	2805
Principal Occupation Attorney		lame of Employer Brown, Paindiris & Sco	ott LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to municipality does contributor or busing municipality valued at more than \$5,00 to mu	siness he/			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contract of the section L1? If yes, list Event # Is contributor a principal of a state contract of the section L1? If yes, indicate which branch or branches of government the contract is with:	Exec		☐ Yes ✓ No			\$500.00
Method of contribution:	ey Order	Date Received 02/20/2023	Aggregate contributions \$500.00			
Last Name		First				M.I.
Carella		Richard				
Residential Street Address City				State	Zip Code	1050
85 High St Principal Occupation	rtland	lame of Employer		СТ	06480-1	1000
Attorney		Jpdike Kelly & Spellac	·y			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to municipality does contributor or busing municipality valued at more than \$5,000 to	siness he/			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contract of the section L1? If yes, list Event # Is contributor a principal of a state contract is with:	Exec	<u>_</u>	Yes V No			\$250.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money	ey Order	Date Received 03/22/2023	Aggregate contributions \$250.00			
Last Name		First				M.I.
Cavallaro		Rita				
Residential Street Address City				State	Zip Code	
	cky Hil			СТ	06067-4	1257
Principal Occupation Admin		lame of Employer Airport Road Auto Bod	у			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to municipality does contributor or busin municipality valued at more than \$5.00 to municipality valued at more than \$5.00 to municipality valued.	siness he/			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the			∐ Yes ✓ No		\$	1,000.00
If yes, list Event # contract is with:	Exec		ive			
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	ey Order	Date Received 03/20/2023	Aggregate contributions \$1,000.00			

\$1,750.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Provide Complete Na	ame as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford					April 10 filing			
A. Total Contributions from Small Contrib	outors - Received this	Period O	NLY					
(See instructions for definition of Small Contribut	or)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons fr	om Individuals				
Last Name			First					M.I.
Bourne			Rob	ert				J
Residential Street Address		City	•			State	Zip Code	1010
17 Red Orange Rd		Middleto				СТ	06457-4	1916
Principal Occupation Retired			Retire	of Employer ed				
dependent child of a lobbyist?	f contribution is in excess of nunicipality does contributor nunicipality valued at more th	or business l				Amoun	t of Cont	ribution
event reported in Section L1? If yes list Event # If No brace list Event #	ontributor a principal of a stat- yes, indicate which branch or anches of government the ntract is with:	r	or prosp		✓ No			\$150.00
Method of contribution: Cash Credit/Debit Card		Money Orde	er	Date Received 01/26/2023	Aggregate contributions \$200.00			
Last Name			First					M.I.
Bourne			Rob	ert				J
Residential Street Address		City Middleto	ou n			State	Zip Code	1016
17 Red Orange Rd Principal Occupation		Middlett		of Employer		СТ	06457-4	1916
Retired		4	Retire					
dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more that	or business l				Amoun	t of Cont	ribution
event reported in Section L1? If we list Event # If No branches	ontributor a principal of a state yes, indicate which branch or anches of government the ntract is with:		or prosp	_	☐ Yes ✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction	Money Orde	er	Date Received 02/28/2023	Aggregate contributions \$200.00			
Last Name	00		First					M.I.
Merritt	(a)		Rob	ert (Nick)				
Residential Street Address		City				State	Zip Code	
165 Elizabeth Street 165 Elizabeth St		Hartford		-f.E1		СТ	06105	
Principal Occupation Attorney				of Employer oh Merrit & Co.				
dependent child of a lobbyist?	f contribution is in excess of nunicipality does contributor nunicipality valued at more the	or business l				Amoun	t of Cont	ribution
event reported in Section L1? Yes If we list Event #	ontributor a principal of a stat- yes, indicate which branch or anches of government the ntract is with:	r	or prosp		∐ Yes ✓ No			\$100.00
Method of contribution:				Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card	Payroll Deduction	Money Orde	er	03/04/2023	\$100.00			

s Page \$300.00	SUBTOTAL Section B - This Page
Pages \$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	ontributi	ions fr	om Individuals				
Last Name		First					M.I.
McLaren		Roc	helle				S
Residential Street Address	City				State	Zip Code	
3 Hilltop Cir	Bloomfi				СТ	06002-1	822
Principal Occupation Anesthesiologist			of Employer gfield Anesthesia	Services			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state of the section of th	r	or prosp		✓ No			\$500.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received 03/16/2023	Aggregate contributions \$500.00			
Last Name		First					M.I.
Bodley		Sara	ah				
Residential Street Address	City				State	Zip Code	540
40 Claire Hill Rd Principal Occupation	Burlingt		of Employer		СТ	06013-1	516
nonprofit administrator	4		Il Enterprise Trus	t, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the		, e		∐ Yes ✓ No			\$100.00
If yes, list Event # contract is with:	Ex	ecutive			_		
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	er	Date Received 03/02/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Clayton		Step	hanie				
Residential Street Address	City				State	Zip Code	
165 School St, Apt 3	Manche				СТ	06040-3	3101
Principal Occupation Nanny			of Employer nanie Clayton				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ✓ No If contribution is in excess of municipality does contributor municipality valued at more the municipality valued at more the municipality valued.	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes V No Is contributor a principal of a state of the section L1? If yes, indicate which branch of branches of government the	r		_	∐ Yes ✓ No			\$25.00
If yes, list Event # contract is with:	∐Ex	ecutive		tive			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ordo	er	Date Received 03/22/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$625.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$224,025.00

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NAME OF COMMITTEE (Provi	de Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A	A			\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	t				M.I.
Miller				Tar	ra				
Residential Street Address			City				State	Zip Code	
18 Swan Ave			Seymou	ur			СТ	06483-2	2712
Principal Occupation Admin Ast					of Employer n of Seymour				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$200.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/27/2023	Aggregate contributions \$200.00			
Last Name				First					M.I.
Clemons				Tar	ris				D
Residential Street Address			City		1		State	Zip Code	
21 Temple St			Hartford				СТ	06103-1	310
Principal Occupation Muralist				1/1	of Employer Solutions				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$150.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisl				
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/28/2023	Aggregate contributions \$150.00			
Last Name		0		First	t				M.I.
Carroll				Tec	b				
Residential Street Address			City				State	Zip Code	
31 Woodland St, Apt 12K			Hartford				СТ	06105-4	1339
Principal Occupation Retired				Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	spective state contractor	r? Yes ✓ No			\$100.00
If yes, list Event #	▼ 140	branches of government the contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ✓ Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/24/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	, ,, , , , , , , , , , , , , , , , , , ,

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
runan for Hartford April 10 filing									
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Carroll				Ted	d				
Residential Street Address			City				State	Zip Code	
31 Woodland St, Apt 12K			Hartford				СТ	06105-4	1339
Principal Occupation Retired				Name Retii	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$150.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 03/25/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Cavallaro				Tor	ny				
Residential Street Address			City	4	1		State	Zip Code	
199 Clearfield Rd 199 Clearfi	eld Rd		Wethers		fp. 1		СТ	06109	
Principal Occupation Auto Body			4	1	of Employer ort Auto Body				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes No			\$500.00
If yes, list Event #	V NO	branches of government the contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ord	er	Date Received 03/22/2023	Aggregate contributions \$500.00			
Last Name		00		First					M.I.
Bumpen		0		Uss	sawin				R
Residential Street Address			City				State	Zip Code	2000
48 Sherman St			Hartford		CF 1		СТ	06105-2	2208
Principal Occupation Hearings Coordinator				l .	of Employer e of Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	•		∐ Yes ✓ No			\$100.00
If yes, list Event #		contract is with:	∐Ex	ecutiv		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ord	er	Date Received 03/30/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$750.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	Filing Reposi	itory)		TYPE OF REPORT			
runan for Hartford April 10 filing							
A. Total Contributions from Small Contributors - Received this	s Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized (Contributi	ions fr	om Individuals				
Last Name		First					M.I.
Carbone		Vinc	ent				J
Residential Street Address	City	<i>.</i>			State	Zip Code	
25 Garden St	Wethers				СТ	06109-3	3118
Principal Occupation Restaurant Business			of Employer one Hospitality				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state of the section L1? If yes, indicate which branch branches of government the	or	or prosp		✓ No			\$500.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord			Aggregate contributions \$500.00	_		
Last Name		First					M.I.
Boulton		Way	ne e				
Residential Street Address	City	. 4			State	Zip Code	
111 Pearl St, Apt 410	Hartford		60.1		СТ	06103-2	2453
Principal Occupation attorney		AXA	of Employer XL				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the	or	, E	_	∐ Yes ✓ No			\$25.00
If yes, list Event # contract is with:	Ex	ecutive		rive —			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 03/29/2023	Aggregate contributions \$25.00			
Last Name		First					M.I.
Melendez		Yve	tte				
Residential Street Address	City				State	Zip Code	
94 Southpond Rd	South C				СТ	06073-2	2324
Principal Occupation Retired		Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the	or		_	∐ Yes ✓ No			\$200.00
If yes, list Event # contract is with:	∐Ex	ecutive		ive			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 03/27/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$725.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,0=0.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filir	F COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Arunan for Hartford	April 10 filing						
A. Total Contributions from Small Contributors - Received this Period ONLY							
(See instructions for definition of Small Contributor) Subtotal Section A						\$0.00	
B. Itemized Con	ntributi	ions fro	om Individuals				
Last Name		First					M.I.
Chowdhury		Muha	ammad				Α
	City				State	Zip Code	20.47
o to maple Ave	Hartford				СТ	06114-2	2347
Principal Occupation Manager		Nurul	f Employer Enterprises LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state of If yes, indicate which branch or branches of government the contract is with:		or prospe	ective state contractor?	✓ No		\$	1,000.00
Method of contribution:	Money Orde		Date Received 03/03/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.I.
Mitchel		Rosa	aline				
	City		-		State	Zip Code	
120 Holdellib Ct	Hartford				СТ	06112-1	512
Principal Occupation Information Requested			f Employer nation Requested	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Yes If contribution is in excess of \$4 If	business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of If yes, indicate which branch or branches of government the contract is with:		or prospe	ective state contractor?	✓ No			\$100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction M	Money Orde		Date Received 02/03/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Fobi		Briar	า				Т
	City				State	Zip Code	
3000 VV I dilet St	Edina				MN	55410-2	2362
Principal Occupation Consulting			f Employer nWrite				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of If yes, indicate which branch or branches of government the contract is with:		or prospe	ective state contractor?	∐ Yes ✓ No			\$500.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction N	Money Orde		Date Received 01/18/2023	Aggregate contributions \$500.00			

\$1,600.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford	A			April 10 filing					
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	:				M.I.
Fuchsman				Wil	liam				
Residential Street Address			City				State	Zip Code	ı
175 Adams St, Apt 14A			Brookly	'n			NY	11201-1	859
Principal Occupation Attorney					of Employer urst, LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$250.00
If yes, list Event # Method of contribution: Cash Personal Check ✓		contract is with:	Money Ord	ecutiv	Date Received	Aggregate contributions			
	Credit/Debi	Card Payron Deduction	Money Ord		01/06/2023	\$250.00			347
Last Name				First	omas				M.I.
Hyde Residential Street Address			City	THC	Jillas		State	Zip Code	
140 South Rd			Farming	gton			CT	06032-2	2552
Principal Occupation				Name	of Employer				
Economic Development				Nau	gatuck Valley Re	gional Development	Corp		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	eLegisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/12/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Hochadel				Jan	1				
Residential Street Address			City				State	Zip Code	
69 Mattabasset Dr			Merider				СТ	06450-7	431
Principal Occupation President				AFT	of Employer -CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	pective state contractor	Yes Vo			\$100.00
If yes, list Event #		branches of government the contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/14/2023	Aggregate contributions \$100.00			

\$450.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Providence of Committee)	de Comple	te Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from Si	mall Cor	tributors - Received this	Period O	NLY					
(See instructions for definition of Si	mall Conti	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First	t				M.I.
Elliott				Jos	shua				
Residential Street Address			City				State	Zip Code	ı
59 Macarthur Dr			Hamdei				СТ	06518-1	408
Principal Occupation Owner					of Employer Common Bond M	1arket			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$200.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/08/2023	Aggregate contributions \$200.00			
Last Name				First					M.I.
Fedeli				Jos	sh				
Residential Street Address			City	- 4	. 70		State	Zip Code	
66 Mary Violet Rd			Stamfor				СТ	06907-1	144
Principal Occupation Sales			4	Orac	of Employer Cle				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	L Yes			\$250.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/28/2023	Aggregate contributions \$250.00			
Last Name		0		First					M.I.
Grady				Doi	rothy				М
Residential Street Address			City				State	Zip Code	
42 Cornwall Dr			Coventr				СТ	06238-1	606
Principal Occupation Deputy Registrar of Voters					of Employer n of Coventry				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	_	∐ Yes ✓ No			\$100.00
If yes, list Event #	٠.٠٠	contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/16/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filin	ng Reposit	tory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this Pe	eriod Ol	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Cor	ntributio	ons fr	om Individuals	•			
Last Name		First					M.I.
Gianquinto		Matt	t				
Residential Street Address 0	City				State	Zip Code	ı
31 Drumlin Rd	West Sir	msbu	ry		СТ	06092-2	2909
Principal Occupation Client Executive	1	Name o	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$44 municipality does contributor or municipality valued at more than	business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of the section L1? No branches of government the			_	∐ res ✓ No			\$50.00
If yes, list Event # contract is with: Method of contribution:	Exe	cutive	Legisla	Aggregate contributions	_		
Cash Personal Check ✓ Credit/Debit Card Payroll Deduction M	Ioney Orde	r	03/03/2023	\$50.00			
Last Name		First					M.I.
Karnes		Nath	nan				
	City		-		State	Zip Code	
4 damper rea	Windsor		-		СТ	06095-1	853
Principal Occupation Financial Project Manager			of Employer of Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$44 municipality does contributor or municipality valued at more than	business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, indicate which branch or branches of government the contract is with:		or prosp	_	☐ Yes ✓ No			\$100.00
Method of contribution:	Money Orde	er	Date Received 02/16/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Gruber		Rich	nard				J
Residential Street Address (City	1			State	Zip Code	1
29 Tremont St	Hartford				CT	06105-3	3070
Principal Occupation Youth Program Adminisrator			of Employer Anic Health Coun	cil			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or municipality valued at more than	business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state of If yes, indicate which branch or branches of government the contract is with:	_	or prosp		✓ res □No			\$200.00
Method of contribution:		1	Date Received	Aggregate contributions	†		
	Ioney Orde	er	02/26/2023	\$200.00			

\$350.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Kozak				Dav	vid				J
Residential Street Address			City				State	Zip Code	7.10
31 Hunters Rdg			Rocky F				СТ	06067-1	742
Principal Occupation Gov. Relations				K&S	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes □ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$500.00
Method of contribution:	Credit/Debi	contract is with:	Money Orde		Date Received 01/26/2023	Aggregate contributions \$500.00			
Last Name				First					M.I.
Dantos				Eva	an				
Residential Street Address			City		-		State	Zip Code	
44 Wadsworth St			Glaston		(D.)		СТ	06033-3	8008
Principal Occupation Lobbyist			4	100	of Employer ernment Relation	s Group of Robinson	n and Co	ole	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res			\$30.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	eLegisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 02/28/2023	Aggregate contributions \$30.00			
Last Name		00		First					M.I.
Huleatt		0		Sar	ah				Н
Residential Street Address			City				State	Zip Code	
121 N Humiston Dr			Bethany				СТ	06524-3	8119
Principal Occupation Social Worker				l .	of Employer shire Public Scho	ools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch of branches of government the		or pros	pective state contractor	Yes ✓ No			\$50.00
If yes, list Event #	V 110	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 01/06/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$580.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	, ,,

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1 agc	12	OI	270

NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	Contributi	ions fr	om Individuals				
Last Name				First					M.I.
Huleatt				Sara	ah				Н
Residential Street Address			City				State	Zip Code	2440
121 N Humiston Dr			Bethany				СТ	06524-3	3119
Principal Occupation Social Worker				1	of Employer Shire Public Scho	ools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			✓ No			\$50.00
If yes, list Event # Method of contribution: Cash Personal Check ✓		contract is with:	Money Ord	lecutive	Date Received 01/07/2023	Aggregate contributions \$100.00	_		
Last Name				First	01/01/2020	Ψ100.00	1		M.I.
Gruber				Sara	ah				17712
Residential Street Address			City	- 4			State	Zip Code	
88 Homestead Dr			South G	Glasto	nbury		СТ	06073-2	2804
Principal Occupation Attorney					of Employer artment of Justice	e			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	Yes Vo			\$500.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutive	Legisla	ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 01/09/2023	Aggregate contributions \$500.00			
Last Name		0		First					M.I.
Das				Riju					
Residential Street Address			City				State	Zip Code	
4 Talcott Gln, Unit B			Farming				СТ	06032-3	3523
Principal Occupation Attorney				1	of Employer of Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			∐ Yes ✓ No			\$25.00
If yes, list Event #	_	contract is with:	∐Ex	ecutive		ative			
Method of contribution: Cash Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 01/06/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page \$57	
TOTAL of Section B Pages \$224,02	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,02	
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide C	Complete N	Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford	April 10 filing								
A. Total Contributions from Sma	all Contri	butors - Received this	Period O	NLY					
(See instructions for definition of Small	ıll Contribu	itor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Goodsite				Frai	nces				R
Residential Street Address			City				State	Zip Code	
13440 Fairfield Ln			Seal Be				CA	90740-3	3774
Principal Occupation Retired				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Contr	ibution
event reported in Section L1?	No b	contributor a principal of a state f yes, indicate which branch or ranches of government the	r	or prosp		✓ No			\$25.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Crec		ontract is with: d Payroll Deduction	Money Ord		Date Received 02/20/2023	Aggregate contributions \$25.00			
Last Name				First					M.I.
Dubow				Ben	ijamin				D
Residential Street Address 18 Elm St			City Hartford	d			State CT	Zip Code 06106-1	769
Principal Occupation Executive Director			4		of Employer e City Works				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Contr	ibution
event reported in Section L1?	No b	contributor a principal of a state f yes, indicate which branch or ranches of government the		or prosp		✓ res □No			\$100.00
Method of contribution: Cash Personal Check ✓ Cree		ontract is with: d Payroll Deduction	Money Orde		Date Received 01/05/2023	Aggregate contributions \$400.00			
Last Name		1		First		+ 133.00			M.I.
Dubow				Ben	njamin				D
Residential Street Address			City				State	Zip Code	
18 Elm St			Hartford				СТ	06106-1	769
Principal Occupation Executive Director					of Employer e City Works				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l nan \$5,000?	he/she is	s associated with have a	contract with said No	Amoun	t of Contr	ibution
event reported in Section L1?	Yes II	contributor a principal of a state f yes, indicate which branch or ranches of government the contract is with:	r	or prosp		✓ Yes □No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cree			Money Orde	er	Date Received 01/21/2023	Aggregate contributions \$400.00			

SUBTOTAL Section B - This Page	\$225.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	422 1,020.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
Arunan for Hartford	an for Hartford			April 10 filing					
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of Small Contributor) Subtotal Section A					\$0.00				
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Dubow				Ber	njamin				D
Residential Street Address			City				State	Zip Code	
18 Elm St			Hartford	-			СТ	06106-1	769
Principal Occupation Executive Director					of Employer e City Works				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			V Tes □No			\$100.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debit	contract is with: Card Payroll Deduction	Money Ord	ecutive	Date Received 03/20/2023	Aggregate contributions \$400.00			
Last Name				First					M.I.
Dubow				Ber	njamin				D
Residential Street Address			City	. 4			State	Zip Code	
18 Elm St			Hartford	-			СТ	06106-1	769
Principal Occupation Executive Director					of Employer e City Works				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	v res	1		\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutive	eLegisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/30/2023	Aggregate contributions \$400.00			
Last Name		0		First					M.I.
Johnson				Col	leen				
Residential Street Address			City				State	Zip Code	
11 Shady Ln			West H				СТ	06117-3	3042
Principal Occupation Managing Director, Communi	ications			Name Cign	of Employer a				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r		_	∐ Yes ✓ No			\$500.00
If yes, list Event #		contract is with:	∐Ex	ecutive		ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/23/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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NAME OF COMMITTEE (Provide	Complete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford					April 10 filing			
A. Total Contributions from Sm	all Contributors - Received this	Period O	NLY					
(See instructions for definition of Sma	all Contributor)		5	Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ions fro	om Individuals				
Last Name			First					M.I.
Kumar			Hima	alesh				
Residential Street Address		City				State	Zip Code	
8831 Collett Ave		North H	lills			CA	91343-4	1825
Principal Occupation Entrepreneur				f Employer T BUSINESS SE	RVICES			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of \$\forall \text{No}\$ municipality does contributor municipality valued at more the \$\textstyle \text{V}\$ \text{Solution}\$ Is contributor a principal of a state	or business han \$5,000?	he/she is	associated with have a	contract with said	Amoun	t of Conti	ribution
event reported in Section L1? If yes, list Event #	Yes If yes, indicate which branch or branches of government the contract is with:	r	ecutive	Legisla	i les ✓ No		\$	1,000.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre	edit/Debit Card Payroll Deduction	Money Orde		Date Received 03/08/2023	Aggregate contributions \$1,000.00			
Last Name			First					M.I.
Kamola			Isaad	C				
Residential Street Address		City				State	Zip Code	
138 N Main St		West Ha		(D)		СТ	06107-1	209
Principal Occupation Professor		4		f Employer College				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prospe	ective state contractor?	✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre	edit/Debit Card Payroll Deduction	Money Orde		Date Received 01/28/2023	Aggregate contributions \$100.00			
Last Name	~		First	-				M.I.
Drenning			Kath	ryn				
Residential Street Address		City				State	Zip Code	
345 Sheridan Ave, Apt 213		Palo Alt				CA	94306-2	2035
Principal Occupation Diplomat				f Employer Department of St	ate			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of \$\frac{1}{2}\$ No municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prospe	ective state contractor?	Yes ✓ No			\$200.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive	Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre	edit/Debit Card Payroll Deduction	Money Orde		Date Received 03/31/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,1=1111

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford April 10 filing							
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	ontributi	ions fr	om Individuals				
Last Name		First					M.I.
Gruber		Miel	a				J
Residential Street Address	City				State	Zip Code	
103 Union St	Vernon				СТ	06066-3	3130
Principal Occupation ND			of Employer of Family Medicine	e			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of smunicipality does contributor of municipality valued at more the	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes V No If yes, list Event #	r			☐ Yes ✓ No			\$25.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	ecutive er		Aggregate contributions \$25.00			
Last Name		First					M.I.
Hopgood		Suz	anne				М
Residential Street Address	City	- 4			State	Zip Code	ı
266 Pearl St, Apt 508	Hartford				СТ	06103-2	2021
Principal Occupation Retired	4	Name o	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of 8 municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the		, Se .	_	☐ Yes ✓ No			\$100.00
Method of contribution:	Ехе	ecutive					
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 01/07/2023	Aggregate contributions \$200.00			
Last Name		First					M.I.
Hopgood		Suz	anne				M
Residential Street Address	City				State	Zip Code	
266 Pearl St, Apt 508	Hartford	t			СТ	06103-2	2021
Principal Occupation Retired		Name o	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of 8 municipality does contributor of municipality valued at more the	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	or prosp	_	☐ Yes ✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde			Aggregate contributions \$200.00			

\$225.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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ı age	21	OI	290

NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Krause				Ama	anda				J
Residential Street Address			City				State	Zip Code	1004
1823 E St NE			Washin	-			DC	20002-4	1601
Principal Occupation Attorney					of Employer umer financial pr	otection bureau			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she is			Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r		_	∐ 1es ✓ No			\$100.00
If yes, list Event #		contract is with:	Exc	ecutive		tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 01/08/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Farrell				Chri	stopher				J
Residential Street Address			City		-		State	Zip Code	
59 Mulberry St, Apt 4			Pawtucl				RI	02860-3	8900
Principal Occupation Senior Advisor			4		of Employer e of the Governoi	- State of Rhode Is	land		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h	he/she is			Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	ective state contractor	res			\$500.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive	Legisla	tive No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 02/09/2023	Aggregate contributions \$700.00			
Last Name		00		First					M.I.
Farrell		(1)		Chri	stopher				J
Residential Street Address			City				State	Zip Code	
59 Mulberry St, Apt 4			Pawtucl				RI	02860-3	3900
Principal Occupation Senior Advisor				1	of Employer e of the Governor	- State of Rhode Is	land		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she is			Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the		or prosp	ective state contractor	?			\$200.00
If yes, list Event#		branches of government the contract is with:	Exc	ecutive	Legisla	tive			
Method of contribution: Cash Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 03/28/2023	Aggregate contributions \$700.00			

SUBTOTAL Section B - This Page \$800.00	
TOTAL of Section B Pages \$224,025.00	
OTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,025.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	mall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Conti	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Guarnieri				Cod	dy				N
Residential Street Address			City				State	Zip Code	
39 Quarry Brook Dr			South V	Vinds	or		СТ	06074-3	3592
Principal Occupation Lawyer				1	of Employer n, Paindiris & Sc	cott, LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of S municipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$500.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debit	contract is with:	Money Ord	ecutivo	Date Received 03/02/2023	Aggregate contributions \$500.00			
Last Name			, ,	First		Ψοσο.σο			M.I.
Entenman					leen				R
Residential Street Address			City				State	Zip Code	
22 Hatters Ln			Farming	gton			СТ	06032-2	2343
Principal Occupation Fundraiser			4		of Employer nipiac University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes Vo			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ 0	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/20/2023	Aggregate contributions \$100.00			
Last Name		0		First					M.I.
Jandhyala				Dee	eksha				
Residential Street Address			City				State	Zip Code	
1 Trimont Ln, Apt 400A			Pittsbur				PA	15211-1	254
Principal Occupation Physician				l l	of Employer Jheny health netw	vork			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r _		_	∐ Yes ✓ No			\$200.00
If yes, list Event #		contract is with:	∐Ex	ecutiv		ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/27/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$800.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Fredlund				Jas	on				М
Residential Street Address			City				State	Zip Code	•
54 New Park Avenue 54 New	/ Park Av	e	Hartford				СТ	06106	
Principal Occupation Racial Justice Educator				1	of Employer n Fredlund				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r			✓ No			\$200.00
If yes, list Event # Method of contribution: Cash Personal Check		contract is with:	Money Orde	ecutive	Date Received 01/09/2023	Aggregate contributions \$200.00			
Last Name	- Credit Been	Taylon Deduction]o.e, o.u.	First		Ψ200.00			M.I.
Glassman					berly				A
Residential Street Address			City	13	iborry		State	Zip Code	'
55 Sharon Dr			East Ha	aven			CT	06512-1	1520
Principal Occupation Director			4	100	of Employer Idation for Fair Co	ontracting of Conne	cticut	•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	? Yes			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	t Card Payroll Deduction	Money Ord	ler	Date Received 01/31/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Ferrari		(1)		Lyn	n				Н
Residential Street Address			City				State	Zip Code	
33 Charter Oak Pl			Hartford		27. 4		СТ	06106-1	1965
Principal Occupation Retired				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp	_	∐ Yes ✓ No		\$	1,000.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	contract is with:	Money Ord		Date Received 02/28/2023	Aggregate contributions \$1,000.00			
					l.		l		

SUBTOTAL Section B - This Page	\$1,250.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$224,025.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received	this Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemi	zed Contributi	ions fr	om Individuals				
Last Name		First					M.I.
Johnson		Micl	hael				В
Residential Street Address	City				State	Zip Code	
11 Shady Ln	West H				СТ	06117-3	3042
Principal Occupation Lobbyist		1	of Employer van & LeShane				
	ributor or business l		committee for a chief es associated with have a Yes		Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which by	ranch or	or prosp	pective state contractor?	Yes ✓ No			\$100.00
If yes, list Event # branches of government contract is with:	the Ex	ecutive	Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduct	tion Money Orde	ler	Date Received 01/07/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Kelly		Pete	er				G
Residential Street Address	City	4	-		State	Zip Code	
PO Box 283	Middle I				СТ	06456-0)283
Principal Occupation Retired		Retir	of Employer ed				
	ributor or business l		committee for a chief es associated with have a		Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which by branches of government contract is with:	ranch or	or prosp		∐ Yes ✓ No		\$	1,000.00
Method of contribution:		ecutive	Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduct	tion Money Ord	ler	02/28/2023	\$1,000.00			
Last Name	0	First			ı		M.I.
Fowler		Rex					
Residential Street Address	City				State	Zip Code	
35 Vineland Ter	Hartford	b			СТ	06112-2	2034
Principal Occupation CEO			of Employer ord Community L	oan Fund			
	ributor or business l		committee for a chief es associated with have a		Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which by branches of government	ranch or	or prosp	pective state contractor	Yes Vo			\$200.00
If yes, list Event # branches of government contract is with:	Ex	ecutive	Legisla	tive			
Method of contribution: ☐ Cash Personal Check ✓ Credit/Debit Card Payroll Deduct	tion Money Orde	ler	Date Received 01/05/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	4

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NAME OF COMMITTEE (Provide Complete Name as Registered with I	Filing Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received thi	s Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized	Contributi	ions fr	om Individuals				
Last Name		First					M.I.
Dey		Rob	een				
Residential Street Address	City				State	Zip Code	
1416 S Barrington Ave, Apt 4	Los Ang				CA	90025-2	2363
Principal Occupation Musician			of Employer elab LLC				
<u>, , , , , , , , , , , , , , , , , , , </u>							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business l	he/she is			Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the		or prosp	ective state contractor?	☐ Yes ✓ No			\$50.00
If yes, list Event # contract is with:	Ex	ecutive		ive —			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 02/01/2023	Aggregate contributions \$50.00			
Last Name		First			Į.		M.I.
Duckett		Tah	ir				
Residential Street Address	City				State	Zip Code	
1355 Shepherd St NW, Apt 3	Washin				DC	20011-5	575
Principal Occupation Academic	4		of Employer getown Law				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business l	he/she is			Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the		or prosp	ective state contractor?	☐ Yes ✓ No			\$100.00
If yes, list Event #	□ Ex	ecutive	Legislat	ive			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 01/08/2023	Aggregate contributions \$100.00			
Last Name)	First	<u>'</u>		•		M.I.
Fleury		Matt	t				
Residential Street Address	City				State	Zip Code	•
7 Deepwood Ln	West H				СТ	06107-1	800
Principal Occupation Nonprofit management			of Employer ecticut Science C	enter, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business l	he/she is			Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a st If yes, indicate which branch		or prosp	ective state contractor?	✓ Yes			\$100.00
If yes, list Event #		ecutive	Legislat	ive No			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	ler	Date Received 02/17/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	422 1,020.00

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NAME OF COMMITTEE (Prov.	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford	or Hartford April 10 filing								
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
DeFilippis				Antl	hony				С
Residential Street Address			City				State	Zip Code	
37 Linnard Rd			West Ha				СТ	06107-1	1233
Principal Occupation Tour Operator				l	of Employer ZO Tours				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp		✓ No			\$250.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Ordo		Date Received 01/06/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Hennessy				Mat	thew				J
Residential Street Address			City		190		State	Zip Code	
161 Tremont St			Hartford				СТ	06105-2	2541
Principal Occupation Managing Director			4		of Employer nont Public Advis	ors			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	Yes No			\$200.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive	e Legisla	ative			
Method of contribution: Cash ✓ Personal Check	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/24/2023	Aggregate contributions \$200.00			
Last Name		0		First					M.I.
King		(A)		Don	nna				1
Residential Street Address			City				State	Zip Code	
71 Aiken St, # Q-16			Norwalk				СТ	06851-2	2157
Principal Occupation Retired				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or branches of government the		or prosp	pective state contractor	Yes Vo			\$100.00
If yes, list Event #		contract is with:	Exc	ecutive	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/06/2023	Aggregate contributions \$175.00			

SUBTOTAL Section B - This Page \$550.	
TOTAL of Section B Pages \$224,025.	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page \$224,025.	

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this Period ONLY							
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized	Contributi	ions fr	om Individuals				
Last Name		First					M.I.
King		Dor	nna				1
Residential Street Address	City				State	Zip Code	
71 Aiken St, # Q-16	Norwall				СТ	06851-2	2157
Principal Occupation Retired		Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution is in excess municipality valued at more municipality valued at more municipality.	tor or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branc branches of government the	h or			✓ No			\$50.00
If yes, list Event # contract is with:	∐Ex	ecutive		tive —			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 01/28/2023	Aggregate contributions \$175.00			
Last Name		First					M.I.
King		Dor	nna				1
Residential Street Address	City	- 4			State	Zip Code	
71 Aiken St, # Q-16	Norwall				СТ	06851-2	2157
Principal Occupation Retired		Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution municipality valued at more municipality valued at more dependent child of a lobbyist?	tor or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lif yes, indicate which branc branches of government the contract is with:	h or	or prosp		✓ No			\$25.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received 03/21/2023	Aggregate contributions \$175.00			
Last Name)	First					M.I.
Cronin		Will	iam				J
Residential Street Address	City				State	Zip Code	1
60 Goodwin Cir	Hartford	d			CT	06105-5	5206
Principal Occupation Retired		Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution municipality valued at more municipality valued at more dependent child of a lobbyist?	tor or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lif yes, indicate which branc branches of government the	h or	or prosp		☐ Yes ✓ No		\$	1,000.00
Method of contribution:			Date Received	Aggregate contributions	1		
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	01/16/2023	\$1,000.00			

SUBTOTAL Section B - This Page	\$1,075.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide C	Complete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford					April 10 filing			
A. Total Contributions from Small	ll Contributors - Received this	Period O	NLY					
(See instructions for definition of Small	l Contributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ions fr	om Individuals				
Last Name			First					M.I.
Healy			Jam	nes				J
Residential Street Address		City				State	Zip Code	
102 Griswold Dr		West H				СТ	06119-1	146
Principal Occupation Attorney			1	of Employer dery, Murphy, Dar	nnehy & Healy, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of smunicipality does contributor municipality valued at more th	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	r	or prosp		✓ No		\$^	1,000.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credi		Money Ord		Date Received 03/20/2023	Aggregate contributions \$1,000.00			
Last Name			First					M.I.
Hammond			Les	lie				N
Residential Street Address		City		-		State	Zip Code	740
1 Linden PI Principal Occupation		Hartford		- f. F		СТ	06106-1	748
Realtor /Broker			100	of Employer mond Realty IIc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of smunicipality does contributor of municipality valued at more the	or business l				Amoun	t of Contr	ibution
event reported in Section L1?	Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the		, S.	_	∐ Yes ✓ No			\$50.00
If yes, list Event #	contract is with:	Ex	ecutive					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credi	it/Debit Card Payroll Deduction	Money Ord	er	Date Received 03/30/2023	Aggregate contributions \$50.00			
Last Name			First					M.I.
Freed			Meg	ghan				Е
Residential Street Address		City	J			State	Zip Code	720
3 Linden PI, Unit B Principal Occupation		Hartford		of Employer		СТ	06106-1	730
Attorney				d Marcroft LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of § municipality does contributor of municipality valued at more th	or business l				Amoun	t of Contr	ibution
event reported in Section L1?	Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the	_		_	∐ Yes ✓ No			\$100.00
If yes, list Event #	contract is with:	∐Ex	ecutive		tive			
Method of contribution: Cash Personal Check Credi	it/Debit Card Payroll Deduction	Money Ord	er	Date Received 02/28/2023	Aggregate contributions \$1,000.00			

\$1,150.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPO			TYPE OF REPORT						
Arunan for Hartford		April 10 filing							
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Freed				Ме	ghan				Е
Residential Street Address			City				State	Zip Code	700
3 Linden PI, Unit B			Hartford				СТ	06106-1	730
Principal Occupation Attorney					of Employer ed Marcroft LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$900.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 03/02/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Kuhar				Kat	hy				
Residential Street Address			City		1		State	Zip Code	
8 Maple Street 8 Maple St			Milford	1			CT	06460	
Principal Occupation Education Admin				100	of Employer Inipiac University	School of Law			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state of the		or pros	pective state contractor	res			\$50.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutiv	e Legisl	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 01/31/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Evans		(1)		Dav	vid				J
Residential Street Address			City				State	Zip Code	
75 Hockanum Blvd, Unit 321	1		Vernon				СТ	06066-4	1079
Principal Occupation Consultant/Atty					of Employer vans & Associates	s LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contractor	Yes Vo			\$50.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 02/17/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$1,000.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Property)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing)	Repositor	ry)		TYPE OF REPORT			
Arunan for Hartford A			April 10 filing				
A. Total Contributions from Small Contributors - Received this Per	iod ONI	LY					
(See instructions for definition of Small Contributor)		Subtot	al Section A				\$0.00
B. Itemized Contr	ribution	s from In	dividuals				
Last Name	1	First					M.I.
Cronin		Ann					Р
Residential Street Address Cit	-				State	Zip Code	ı
CO GOCOWITI OII	artford				СТ	06105-5	5206
Principal Occupation Retired	I .	ame of Emplo etired	oyer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 municipality does contributor or bu municipality valued at more than \$500.	usiness he/s 55,000?	she is associa	ted with have a Yes	contract with said No	Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes V No Is contributor a principal of a state con If yes, indicate which branch or branches of government the contract is with:	ntractor or j	-	ate contractor?	✓ No			\$100.00
Method of contribution:	ney Order	Date R	eceived 8/2023	Aggregate contributions \$300.00	-		
Last Name	1	First					M.I.
Cronin		Ann					Р
Residential Street Address Cit		7	72		State	Zip Code	
oo oodawiii oii	artford	6P 1			СТ	06105-5	206
Principal Occupation Retired	400	ame of Emplo etired	oyer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 municipality does contributor or bu municipality valued at more than \$:	usiness he/s				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the		6	_	✓ No			\$200.00
If yes, list Event # contract is with:	Execu		Legisla		_		
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ney Order	I	eceived 8/2023	Aggregate contributions \$300.00			
Last Name]	First					M.I.
Gallagher	1	Bridget					С
Residential Street Address Cit					State	Zip Code	
10 Camago 21	lastonbu	•			СТ	06033-3	3227
Principal Occupation Attorney		ame of Emplo rown, Pair	oyer ndiris & Sco	ott LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 municipality does contributor or bu municipality valued at more than \$:	usiness he/s				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state con If yes, indicate which branch or branches of government the	ntractor or j		ate contractor?	∐ Yes ✓ No		\$^	1,000.00
Method of contribution: Contract is with:	Ехесі		eceived	Aggregate contributions	4		
	ney Order		2/2023	\$1,000.00			

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	, ,,

2322 W K 2322 West Ave, K

Is contributor a lobbyist, spouse, or

Is this contribution associated with an

dependent child of a lobbyist?

event reported in Section L1?

If yes, list Event #

Cash

Method of contribution:

Cash

Last Name

Retired

Jayakumar Residential Street Address

Principal Occupation

Method of contribution:

Yes

✓ No

Yes

✓ No

Personal Check Credit/Debit Card

Personal Check Credit/Debit Card

SEEC FORM 20 Revised January 2015 I. MONETAR	Y RECEI	PTS	(Sections A-K)	Pag	ge 10	07 of	298
NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this	s Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	1			\$0.00
B. Itemized (Contributi	ons fi	om Individuals				
Last Name		First					M.I.
Farrell		Rob	ert				C
Residential Street Address 188 Alston Ave	City New Ha	ven			State CT	Zip Code 06515-2	2002
Principal Occupation Professor			of Employer nipiac University		1	1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	r or business h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a star of the section L1? If yes, indicate which branches of government the contract is with:	or	or prosp		∐ Yes ✓ No			\$200.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	er	Date Received 02/06/2023	Aggregate contributions \$200.00	1		
Last Name		First					M.I.
Gruber		Sha	ron				
Residential Street Address	City				State	Zip Code	
9 Portside Rd	Hopatco				NJ	07843-	1424
Principal Occupation Retired	4	Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	r or business h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a star of the section L1? If yes, indicate which branches of government the contract is with:	or	or prosp		∐ Yes ✓ No			\$25.00

Date Received

01/16/2023

Yes

Date Received

03/30/2023

Legislative

Jayaratnam

Name of Employer

Retired

If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a

municipality does contributor or business he/she is associated with have a contract with said

Executive

Aggregate contributions

Yes

✓ No

Aggregate contributions

\$100.00

\$25.00

State

CA

M.I.

\$100.00

Zip Code

93536

Amount of Contribution

ge \$325.00	SUBTOTAL Section B - This Page
es \$224,025.00	TOTAL of Section B Pages
B) \$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
ge \(\psi \psi \chi \chi \chi \chi \chi \chi \chi \ch	(Enter total on Line 13, Column A of Summary Page

Payroll Deduction | Money Order

municipality valued at more than \$5,000?

Payroll Deduction Money Order

If yes, indicate which branch or

branches of government the

contract is with:

City

Is contributor a principal of a state contractor or prospective state contractor?

Lancaster

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I uge	100	O1	2/0

NAME OF COMMITTEE (Provide C	Complete	Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford April 10 filing			April 10 filing						
A. Total Contributions from Sma	ll Contr	ributors - Received this	Period O	NLY	•				
(See instructions for definition of Smal	l Contrib	outor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals	•			
Last Name				Firs	t				M.I.
Dauw				Cu	rtis				
Residential Street Address			City				State	Zip Code	
1623 Chatham Ave			Charlott				NC	28205-3	8623
Principal Occupation					e of Employer s Stores				
Strategy				105	5 310165				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∫Yes ∕No	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ibution
event reported in Section L1?	ies	s contributor a principal of a state		or pros	spective state contractor	? Yes			\$50.00
If yes, list Event #	I	branches of government the contract is with:	Exe	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cred	lit/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 01/09/2023	Aggregate contributions \$50.00			
Last Name				Firs	t				M.I.
Kadaba				Sri	dhar				G
Residential Street Address			City		- 40		State	Zip Code	
296 Grandview Dr			Glaston				СТ	06033-3	3946
Principal Occupation Management			4		e of Employer rstell IIC				
dependent child of a lobbyist?	∫Yes ∕No	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	res	s contributor a principal of a state If yes, indicate which branch or branches of government the		150	_	✓ No			\$25.00
<u> </u>		contract is with:	Ехе	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cred	lit/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 01/09/2023	Aggregate contributions \$25.00			
Last Name		0		Firs	t				M.I.
Firestone				Ca	rrie				
Residential Street Address			City				State	Zip Code	
36 Cambridge Xing			Avon				СТ	06001-4	104
Principal Occupation Author					e of Employer e Firestone				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ibution
event reported in Section L1?	Y es	s contributor a principal of a state If yes, indicate which branch or		or pros	spective state contractor	Y es			\$200.00
If yes, list Event #		branches of government the contract is with:	Exe	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cred	lit/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 01/06/2023	Aggregate contributions \$400.00			
							_		

\$275.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide C	Complete	Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from Sma	ıll Contr	ributors - Received this	Period O	NLY					
(See instructions for definition of Smal	ll Contrib	outor)			Subtotal Section	A			\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First					M.I.
Firestone				Car	rrie				
Residential Street Address			City				State	Zip Code	•
36 Cambridge Xing			Avon				СТ	06001-4	104
Principal Occupation					of Employer				
Author				Can	e Firestone				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ibution
event reported in Section L1?	res	s contributor a principal of a state If yes, indicate which branch or		or pros	pective state contracto	i es			\$200.00
If yes, list Event #		branches of government the contract is with:	Ex	ecutiv	e Legisl	ative No			
Method of contribution: ☐ Cash Personal Check ✓ Cred	lit/Debit Ca	ard Payroll Deduction	Money Ord	er	Date Received 03/06/2023	Aggregate contributions \$400.00	,		
Last Name				First		•	,		M.I.
DEPEAU				AN	DREW				
Residential Street Address			City		1		State	Zip Code	•
55 Horizon Cir			South V	Vinds	or		СТ	06074-3	8818
Principal Occupation Attorney					of Employer inson & Cole, LL	P			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ibution
event reported in Section L1?	res	s contributor a principal of a state If yes, indicate which branch or		or pros	pective state contracto	v res			\$500.00
If yes, list Event #		branches of government the contract is with:	Ex	ecutiv	e Legisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cred	lit/Debit Ca	ard Payroll Deduction	Money Ord	er	Date Received 03/23/2023	Aggregate contributions \$500.00			
Last Name		0		First					M.I.
Hemphill				Jan	nes				Т
Residential Street Address			City	.bm.r			State	Zip Code	204
17 Montauk Way			Glaston		- f. F 1		СТ	06033-3	3394
Principal Occupation Retired				Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ibution
event reported in Section L1?	res	s contributor a principal of a state If yes, indicate which branch or		or pros	pective state contracto	Y es		\$	1,000.00
If yes, list Event #		branches of government the contract is with:	Ex	ecutiv	e Legisl	ative No			
Method of contribution: Cash Personal Check Cred	lit/Debit Ca	ard Payroll Deduction	Money Ord	er	Date Received 02/03/2023	Aggregate contributions \$1,000.00			

TOTAL of Section B Pages \$224,025	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,025	

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1 age	110	OI	270

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford A			April 10 filing						
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First	:				M.I.
Coyne				Juli	eann				K
Residential Street Address			City				State	Zip Code	
1989 Linda Flora Dr			Los Ang				CA	90077-1	404
Principal Occupation Non profit					of Employer ne and Associate:	S			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of 5 municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the				✓ No			\$100.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative —			
Method of contribution: Cash Personal Check	Credit/Debit	t Card Payroll Deduction	Money Ord	er	Date Received 01/06/2023	Aggregate contributions \$100.00			
Last Name				First			•		M.I.
Etem				Asi	m				
Residential Street Address			City		A STATE OF		State	Zip Code	
60 Villa Louisa Rd			Bolton				СТ	06043-7	7540
Principal Occupation Restaurant owner			4		of Employer nino Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 5 municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$250.00
If yes, list Event #	✓ No	branches of government the contract is with:	□ Ex	ecutiv	eLegisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/13/2023	Aggregate contributions \$250.00			
Last Name		0		First					M.I.
Ferdon				Val	erie				М
Residential Street Address			City				State	Zip Code	
19 Argyle Ave			West H	artfor	d		СТ	06107-1	702
Principal Occupation Attorney					of Employer ke, Kelly & Spella	acy, P.C.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 5 municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	_	∐ Yes ✓ No			\$100.00
If yes, list Event #		contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/13/2023	Aggregate contributions \$100.00			

\$450.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford A				April 10 filing					
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Hyde				Cha	arles				Z
Residential Street Address			City	- f : - -			State	Zip Code	200
10 Hubbard Pl			Wethers		27. 4		СТ	06109-2	2333
Principal Occupation Attorney					of Employer e of Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp		✓ No			\$25.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 02/14/2023	Aggregate contributions \$25.00			
Last Name				First			•		M.I.
DeFazio				Ang	jelo				
Residential Street Address			City	- 4			State	Zip Code	
120 Indian Hill Rd			Collinsv				СТ	06019-3	3623
Principal Occupation Pharmacist CEO			4	Ang l	of Employer Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	res		\$	1,000.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutive	Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ord	er	Date Received 01/18/2023	Aggregate contributions \$1,000.00			
Last Name		0		First					M.I.
Jasinski				Vale	erie				
Residential Street Address			City				State	Zip Code	
206 Beacon St			Hartford				СТ	06105-2	2913
Principal Occupation Homemaker					of Employer emaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or prosp	pective state contractor	? Yes		\$	1,000.00
If yes, list Event #		contract is with:	Ex	ecutive	Legisla Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 02/20/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$2,025.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V ==1,0=1

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NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Contr	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Koch				Jan	et				E
Residential Street Address			City	•			State	Zip Code	
35 1/2 S B St			Taftville				СТ	06380-	1157
Principal Occupation Retired				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			∐ Yes ✓ No			\$25.00
If yes, list Event # Method of contribution:		contract is with:		ecutive	Date Received	Aggregate contributions			
Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord		01/28/2023	\$25.00			1.4.
Last Name Duff				First	istopher				M.I.
Residential Street Address			City	-			State	Zip Code	
1108 New Britain Ave			Rocky I	Hill			СТ	06067-	1710
Principal Occupation					of Employer				
Customer Success Executive)			Heal	thEdge				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	res			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutive					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/13/2023	Aggregate contributions \$100.00			
Last Name		0		First					M.I.
Graesser				Chr	istine				
Residential Street Address			City	•			State	Zip Code	
28 Lawrence Ave			Avon	1			СТ	06001-3	3620
Principal Occupation Retired				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or prosp		∐ Yes ✓ No			\$100.00
If yes, list Event #		contract is with:	Ex	ecutive	eLegisla	ntive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 01/09/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$225.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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NAME OF COMMITTEE (Providence of Committee)	MITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT								
unan for Hartford			April 10 filing						
A. Total Contributions from St	mall Con	ntributors - Received this	Period O	NLY					
(See instructions for definition of Si	nall Conti	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	:				M.I.
Graesser				Chi	ristine				
Residential Street Address			City				State	Zip Code	ı
28 Lawrence Ave			Avon				СТ	06001-3	8620
Principal Occupation Retired				Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$100.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative —	1		
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/22/2023	Aggregate contributions \$200.00			
Last Name				First					M.I.
Ellovich				Alic	ce				
Residential Street Address			City		1		State	Zip Code	
1 Gold St, Apt 5E			Hartford				СТ	06103-2	2906
Principal Occupation Retired				Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res]		\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/08/2023	Aggregate contributions \$100.00	ļ		
Last Name		0		First					M.I.
Kerrigan				Bet	:h				
Residential Street Address			City				State	Zip Code	•
50 Arnoldale Rd			West H		<u> </u>		СТ	06119-1	702
Principal Occupation Retired				Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	? Yes ✓ No			\$40.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/05/2023	Aggregate contributions \$40.00			

SUBTOTAL Section B - This Page	\$240.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE O			TYPE OF REPORT	YPE OF REPORT					
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First	t				M.I.
Kavros DeGraw				Ele	eni				
Residential Street Address			City	•			State	Zip Code	
112 Westland Rd			Avon				СТ	06001-2	2349
Principal Occupation State Representative				l .	e of Employer e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No	\$250.00		
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Ord		Date Received 01/06/2023	Aggregate contributions \$450.00			
Last Name				First					M.I.
Kavros DeGraw				Ele	ni				
Residential Street Address			City		. 30		State	Zip Code	
112 Westland Rd			Avon	_			СТ	06001-2	2349
Principal Occupation State Representative			4	10	e of Employer e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	spective state contractor	res			\$200.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 03/04/2023	Aggregate contributions \$450.00			
Last Name				First	t				M.I.
DeBeatham-Brown		0		suz	zette				
Residential Street Address			City				State	Zip Code	
25 Fairfield Lane 25 Fairfield	Ln		Bloomfi				СТ	06002	
Principal Occupation Office Coordinator				l .	of Employer BHD				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or pros	spective state contractor	Yes ✓ No			\$200.00
If yes, list Event #	- 110	contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/22/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	ţ= 1 ,0 2 0.00

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First					M.I.
Kohl				Jas	son				М
Residential Street Address			City				State	Zip Code	
18 Oswegatchie Rd			Waterfo				СТ	06385-1	1118
Principal Occupation Political consultant					of Employer on Kohl				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros		✓ No			\$10.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/31/2023	Aggregate contributions \$10.00			
Last Name				First			1		M.I.
Crockett				Gai	i T				М
Residential Street Address			City		. 700		State	Zip Code	
31 Plainfield Rd			West H				СТ	06117-1	1936
Principal Occupation Retired			4	Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$35.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutiv	eLegisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/28/2023	Aggregate contributions \$35.00			
Last Name		0		First			•		M.I.
Kowalyshyn				Kat	hleen				
Residential Street Address			City				State	Zip Code	
28 Forster St			Hartford				СТ	06106-4	1214
Principal Occupation Attorney				1	of Employer lleen Kowalyshyn	LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes Vo			\$100.00
If yes, list Event #	7 140	branches of government the contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/11/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$145.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,0=3100

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NAME OF COMMITTEE (Prov	TTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			TYPE OF REPORT					
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Graveley				Brei	nton				
Residential Street Address			City				State	Zip Code	•
261 Kenyon St			Hartford				СТ	06105-2	2239
Principal Occupation Professor					of Employer ersity of Connecti	icut Health Center			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or prosp	pective state contractor	?			\$100.00
If yes, list Event #		contract is with:	Exc	ecutive		tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/05/2023	Aggregate contributions \$300.00			
Last Name				First					M.I.
Graveley				Brei	nton				
Residential Street Address			City				State	Zip Code	•
261 Kenyon St			Hartford				СТ	06105-2	2239
Principal Occupation Professor			4		of Employer ersity of Connecti	icut Health Center			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	res			\$200.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive	Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/23/2023	Aggregate contributions \$300.00	ı		
Last Name		0		First					M.I.
Hasen				Mar	nn				
Residential Street Address			City				State	Zip Code	•
49 Sentinal Woods			Hebron				СТ	06248-1	271
Principal Occupation CTO					of Employer Campaign				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	Y es			\$5.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive	Legisla	√ No ntive			
Method of contribution: Cash Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ordo	er	Date Received 01/05/2023	Aggregate contributions \$5.00			

\$305.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First					M.I.
Johnson				Pat	rick				
Residential Street Address			City				State	Zip Code	ı
67 Sunbright Dr S			Merider	า 			СТ	06450-4	620
Principal Occupation Business Controller					of Employer ra Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	-	_	✓ No	\$2		\$25.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debit	contract is with: Card Payroll Deduction	Money Ord	ecutiv er	Date Received 01/06/2023	Aggregate contributions \$25.00	<u> </u> 		
Last Name				First		·			M.I.
Kapoor				Nic	holas				
Residential Street Address			City				State	Zip Code	ı
109 Meadows End Rd			Monroe				СТ	06468-1	705
Principal Occupation VP, Operations				100	of Employer gineering, Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$250.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisl	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/06/2023	Aggregate contributions \$250.00			
Last Name		0		First					M.I.
Garrett				Dai	niel				
Residential Street Address			City				State	Zip Code	
106 Sherman Ave			Hamde				СТ	06518-1	902
Principal Occupation property manager					of Employer name of business				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	_	∐ Yes ✓ No			\$25.00
If yes, list Event #		contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/06/2023	Aggregate contributions \$25.00)		

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Prov.	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons fi	om Individuals				
Last Name				First					M.I.
Gianquinto				Emi	ily				
Residential Street Address			City				State	Zip Code	
316 White St			Hartford	<u></u>			СТ	06106-4	1302
Principal Occupation				l .	of Employer	LD			
Lawyer				IVICU	arter & English L	LP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state of the		or pros	pective state contractor	Yes No			\$100.00
If yes, list Event #		branches of government the contract is with:	Exc	ecutive	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 01/07/2023	Aggregate contributions \$350.00			
Last Name				First			•		M.I.
Gianquinto				Emi	ily				
Residential Street Address			City	- 4			State	Zip Code	
316 White St			Hartford				СТ	06106-4	1302
Principal Occupation Lawyer			4	100	of Employer arter & English L	LP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more ti	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state of the		or pros	pective state contractor	res			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutive					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/31/2023	Aggregate contributions \$350.00			
Last Name		00		First					M.I.
Gianquinto				Emi	ily				
Residential Street Address			City				State	Zip Code	
316 White St			Hartford				СТ	06106-4	1302
Principal Occupation Lawyer					of Employer arter & English L	LP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contractor	Y es			\$150.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutive					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/24/2023	Aggregate contributions \$350.00			

\$350.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provi	de Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A	A			\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals	•			
Last Name				First					M.I.
Klarides				The	emis				
Residential Street Address			City				State	Zip Code	
66 Governors Way			Madiso	n			СТ	06443-2	2178
Principal Occupation Attorney					of Employer no Zabel and Sch	nellenberg			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros		✓ No	\$1,000		1,000.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/08/2023	Aggregate contributions \$1,000.00			
Last Name				First			_		M.I.
Klarides Ditria				Nic	ole				
Residential Street Address			City	- 4	1		State	Zip Code	
23 Osprey Dr			Seymou				СТ	06483-2	2368
Principal Occupation State Representative				100	of Employer e of Ct				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res]		\$500.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/08/2023	Aggregate contributions \$500.00			
Last Name		0		First			ı		M.I.
Estrella				Em	ilio				
Residential Street Address			City				State	Zip Code	
23 Prasser Dr			East Ha				СТ	06118-3	3455
Principal Occupation Lawyer					of Employer en and Wolf, P.C				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	r? Yes ✓ No			\$25.00
If yes, list Event #	▼ 140	branches of government the contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/09/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This P	age \$1,525.00
TOTAL of Section B Pa	ges \$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A - (Enter total on Line 13, Column A of Summary P	\$224.025.00

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NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Fitzpatrick				Sea	an				
Residential Street Address			City				State	Zip Code	
7620 Beachview Dr			North B				FL	33141-4	8004
Principal Occupation Professor					of Employer ty College				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more th	or business I nan \$5,000?	ne/she i	s associated with have a	a contract with said No	Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or pros		∐ Yes ✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit		Money Ord	er	Date Received 02/16/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Gary				Alb	ert				
Residential Street Address			City	. 4			State	Zip Code	
189 Kenyon St			Hartford				СТ	06105-2	2237
Principal Occupation Construction Manager			4	100	of Employer CMLLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:		or pros	_	✓ No			\$500.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/15/2023	Aggregate contributions \$500.00			
Last Name		0		First					M.I.
Horton				Bar	naby				W
Residential Street Address			City				State	Zip Code	
97 Westerly Ter			Hartford				СТ	06105-1	116
Principal Occupation Financial Advisors					of Employer ill Lynch				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r	•	•	∐ Yes ✓ No		\$	1,000.00
If yes, list Event #	_	contract is with:	∐Ex	ecutive		itive]		
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/13/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$1,600.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,1=1111

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NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fr	om Individuals				
Last Name				First					M.I.
Hockenhull				Jen	nifer				
Residential Street Address			City				State	Zip Code	
135 Oxford St			Hartford				СТ	06105-2	2515
Principal Occupation Accountant				ACH.	of Employer A				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r			∐ res ✓ No			\$50.00
If yes, list Event # Method of contribution: Cash Personal Check ✓	Credit/Debit	contract is with: Card Payroll Deduction	Money Ordo	ecutive er	Date Received 02/13/2023	Aggregate contributions \$50.00			
Last Name				First			ļ.		M.I.
de Zoysa				Dhu	ılsini				
Residential Street Address			City	. 4	190		State	Zip Code	
3807 Legation St NW			Washin	400			DC	20015-2	2701
Principal Occupation Retired			4	Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:	r	or prosp	_	✓ No			\$250.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 02/11/2023	Aggregate contributions \$250.00			
Last Name		~		First					M.I.
Hershman		(1)		Jay					
Residential Street Address			City				State	Zip Code	
262 Preston Ter			Cheshir				СТ	06410-3	3137
Principal Occupation attorney					of Employer e & Hershman P(0			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosi	pective state contractor	Yes			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutive	eLegisla	vitive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ordo	er	Date Received 02/10/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$224,025.00

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NAME OF COMMITTEE (Provide Complete Name as Registered wi	th Filing Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received	this Period O	NLY					
(See instructions for definition of Small Contributor)		:	Subtotal Section A				\$0.00
B. Itemize	ed Contributi	ions fr	om Individuals				
Last Name		First					M.I.
Keo		Mike)				
Residential Street Address	City				State	Zip Code	
2 Wampanoag Dr 2 Wampanoag Dr	West Ha				СТ	06117	
Principal Occupation Community Engagement Manager			of Employer istorical Society				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in exce municipality does contri municipality valued at municipali	butor or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes V No If yes, list Event #	nch or	or prosp		✓ No			\$50.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction			Date Received 02/09/2023	Aggregate contributions \$50.00			
Last Name		First					M.I.
Hershman		Josh	1				
Residential Street Address	City				State	Zip Code 06437-2	0047
695 Podunk Rd Principal Occupation	Guilford	4	of Employer		СТ	06437-2	2217
Advisor	4	HIJ	or Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excemunicipality does contrimunicipality valued at municipality valued at municipality valued at municipality valued.	butor or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes If scontributor a principal of If yes, indicate which bra branches of government the contract is with:	nch or	or prosp	_	∐ Yes ✓ No			\$250.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	on Money Orde	er	Date Received 02/09/2023	Aggregate contributions \$250.00			
Last Name	50	First					M.I.
Hill		How	ard				K
Residential Street Address	City				State	Zip Code	
1287 Chapel Street 1287 Chapel St	New Ha		£ F1		СТ	06511	
Principal Occupation Funeral Director		1	of Employer ard K. Hill Funera	l Services			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in exce municipality does contri municipality valued at municipality valued at municipality valued.	butor or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which bra branches of government the contract is with:	nch or	or prosp	_	∐ Yes ✓ No			\$500.00
Method of contribution:			Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	on Money Orde	er	02/09/2023	\$1,000.00			

SUBTOTAL Section B - This Page \$800.00	
TOTAL of Section B Pages \$224,025.00	
OTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,025.00	

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NAME OF COMMITTEE (Providence of COMMITTEE)	de Complet	te Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	mall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Se	mall Contr	ributor)			Subtotal Section A	Λ.			\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Hill				Но	ward				K
Residential Street Address			City				State	Zip Code	
1287 Chapel Street 1287 Cha	pel St		New Ha				СТ	06511	
Principal Occupation Funeral Director					of Employer ard K. Hill Funera	al Services			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 5 municipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the				✓ No			\$500.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓ (Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/29/2023	Aggregate contributions \$1,000.00			
Last Name				First			'		M.I.
Jacabacci				Will	liam				
Residential Street Address			City		A BAR		State	Zip Code	
30 Oakland Ave			Milford				СТ	06460-7	7342
Principal Occupation Construction Estimator			4	Name JCA	of Employer Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 5 municipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	eLegisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/07/2023	Aggregate contributions \$50.00			
Last Name		~0		First					M.I.
Ford				Ma	rilyn				
Residential Street Address			City	-			State	Zip Code	
162 Hoyt Farm Rd			New Ca				СТ	06840-5	5038
Principal Occupation Attorney				l l	of Employer nipiac University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes ✓ No			\$200.00
If yes, list Event #	<u>•</u> 110	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/04/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$750.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fr	om Individuals				
Last Name				First					M.I.
Heinimann				Rob	pert				
Residential Street Address			City				State	Zip Code	
121 N Humiston Dr			Bethany				СТ	06524-3	3119
Principal Occupation Lawyer				l .	of Employer enti & Heinimann,	LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or prospecutive		∐ res ✓ No			\$50.00
Method of contribution: Cash Personal Check	Credit/Debit		Money Ord	er	Date Received 02/03/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Dabney				Tan	nara				
Residential Street Address			City East Ha	rtford			State CT	Zip Code 06108-2	1107
40 Ellsworth St Principal Occupation			Lasi na		of Employer		CI	00100-2	107
Public Affairs Specialist			4	DoD	or Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or prosp	_	✓ No			\$100.00
Method of contribution: Cash Personal Check	Credit/Debit		Money Ord	er	Date Received 02/02/2023	Aggregate contributions \$100.00			
Last Name		0		First			•		M.I.
Crossette Thambiah				Log	a				L
Residential Street Address			City				State	Zip Code	
2559 Canterbury Lane 2559 (Canterbu	ry Ln	Simi Va				CA	93063	
Principal Occupation Compliance Officer					of Employer Care Assurance C	company			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosi	pective state contractor	Yes			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	e Legisla	✓ No tive			
Method of contribution: Cash Personal Check	Credit/Debit		Money Ord	er	Date Received 02/02/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	422 1,020.00

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NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Gibbs				Chr	ris				
Residential Street Address			City	.,			State	Zip Code	
295 Quaker Ln S, Fl 2			West H				СТ	06119-2	2220
Principal Occupation Teacher				l .	of Employer tol Region Educa	tion Council			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or pros		∐ res ✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit		Money Ord	er	Date Received 02/01/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Cuyler				Sco	ott (and Elizabeth)				
Residential Street Address			City				State	Zip Code	
174 High Ridge Rd			Avon				СТ	06001-3	3243
Principal Occupation Program manager			4	Covr	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:		or pros	_	✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/31/2023	Aggregate contributions \$100.00			
Last Name		~		First	•				M.I.
Klarides Ditria				Cad	de				s
Residential Street Address			City				State	Zip Code	
23 Osprey Dr			Seymou				СТ	06483-2	2368
Principal Occupation Student				Name Stud	of Employer ent				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r			∐ Yes ✓ No			\$200.00
If yes, list Event #		contract is with:	∐Ex	ecutiv	e Legisla	itive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/31/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	ΨΕΕ 1,0Ε0.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filin	ng Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this P	eriod O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Co	ntributi	ons fr	om Individuals				
Last Name		First					M.I.
Heslin		Johr	ı W				
	City				State	Zip Code	ı
17 Gun Mill Rd 17 Gun Mill Rd	Bloomfi	eld			СТ	06002	
Principal Occupation			f Employer	lma			
Insurance Agent		vvent	worth DeAngelis,	inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more that	r business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the			_	✓ No			\$100.00
11 yes, list Event # contract is with:	Exe	ecutive		tive —	ļ		
Method of contribution:	Money Orde	er	Date Received 01/31/2023	Aggregate contributions \$200.00			
Last Name		First	01/01/2020	Ψ200.00			M.I.
Heslin		Johr	n W				
Residential Street Address	City	- 40			State	Zip Code	
17 Gun Mill Rd 17 Gun Mill Rd	Bloomfi				СТ	06002	
Principal Occupation Insurance Agent		70	of Employer worth DeAngelis,	Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more that	r business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the		, Se .		☐ Yes ✓ No			\$100.00
If yes, list Event # contract is with:	Exe	ecutive	Legislat	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ N	Money Orde	er	Date Received 03/30/2023	Aggregate contributions \$200.00			
Last Name		First					M.I.
Fecteau		Ama	ında				
Residential Street Address	City				State	Zip Code	
24 Tonica Spring Trl	Manche	ester			CT	06040-6	5747
Principal Occupation Retired		Name o	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	r business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the	_		_	∐ Yes ✓ No			\$100.00
If yes, list Event # contract is with:	Ex	ecutive					
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction N	Money Orde	er	Date Received 01/31/2023	Aggregate contributions \$100.00			

TOTAL of Section B Pages \$224,025	
101712 of 20011011 21 agos 422 1,020	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$224,025 (Enter total on Line 13, Column A of Summary Page	

Is contributor a lobbyist, spouse, or

Is this contribution associated with an

dependent child of a lobbyist?

event reported in Section L1?

If yes, list Event #

Cash

Method of contribution:

Yes

✓ No

Yes

✓ No

Personal Check Credit/Debit Card

1 Gold St, Apt 5A Principal Occupation

Attorney

EEC FORM 20 vised January 2015 I. MONETARY RECEIPTS (Sections A-K) Pa					ge 1	27 of	298	
NAME OF COMMITTEE (Provide C	omplete Name as Registered with Fil	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford					April 10 filing			
A. Total Contributions from Smal	l Contributors - Received this	Period O	NLY					
(See instructions for definition of Small	Contributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			First					M.I.
Fay			Sar	ah				L
Residential Street Address 1531 Salvia Ct 1531 Salvia Ct		City Golden				State CO	Zip Code 80401	
Principal Occupation data analyst	-			of Employer d Education				
dependent child of a lobbyist?	No If contribution is in excess of S municipality does contributor municipality valued at more th	or business h				Amou	nt of Cont	ribution
event reported in Section L1?	ent reported in Section L1? If yes, indicate which branch or No branches of government the						\$50.00	
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit	t/Debit Card Payroll Deduction	Money Orde	er	Date Received 01/31/2023	Aggregate contributions \$50.00			
Last Name			First					M.I.
Coyne			Juli	е				K
Residential Street Address		City				State	Zip Code	
1989 Linda Flora Dr		Los Ang				CA	90077-	1404
Principal Occupation Retired		4	Name Retir	of Employer ed				
domandant shild of a labbraist?	No If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative					\$25.00			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit	t/Debit Card Payroll Deduction	Money Orde	er	Date Received 01/29/2023	Aggregate contributions \$25.00			
Last Name	~		First					M.I.
Hayes			Lisa	а				
Residential Street Address		City				State	Zip Code	

CT

06103-2906

\$100.00

Amount of Contribution

SUBTOTAL Section B - This Page	\$175.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

Hartford

Is contributor a principal of a state contractor or prospective state contractor?

municipality valued at more than \$5,000?

Payroll Deduction Money Order

If yes, indicate which branch or

branches of government the

contract is with:

Name of Employer

If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a

municipality does contributor or business he/she is associated with have a contract with said

Executive

Hartford Healthcare Corporation

Legislative

Yes

Date Received

01/28/2023

✓ No

Yes

✓ No

Aggregate contributions

\$100.00

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NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford					April 10 filing			
A. Total Contributions from Small Con	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Cont	ributor)			Subtotal Section A	Λ			\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			Firs	t				M.I.
Gressier			Ме	lissa				
Residential Street Address		City				State	Zip Code	
44 Sand Hill Rd		Weatog	ue			СТ	06089-9	9701
Principal Occupation Attorney				e of Employer Office of Melissa	Osborne, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$50.00
Method of contribution: Cash Personal Check ✓ Credit/Debi	contract is with:	Money Orde		Date Received 01/28/2023	Aggregate contributions \$50.00			
Last Name			Firs	t				M.I.
Dubow			Ric	hard				J
Residential Street Address		City				State	Zip Code	
67 Hemmelskamp Rd		Wilton	1			СТ	06897-2	2104
Principal Occupation Retired		4	Name	e of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or pros	_	∐ Yes ✓ No			\$25.00
Method of contribution: Cash Personal Check ✓ Credit/Debi		Money Orde		Date Received 01/28/2023	Aggregate contributions \$25.00			
Last Name	.00		Firs					M.I.
Evans		l ~.	Ma	X				
Residential Street Address 410 Acoma St, Unit 609		City Denver				State	Zip Code 80204-5	5166
Principal Occupation Customer Solutions				of Employer ter Intelligence				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Yes If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros		∐ Yes ✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi	contract is with:	Money Orde		Date Received 01/28/2023	Aggregate contributions \$50.00	-		

AL Section B - This Page	\$125.00
OTAL of Section B Pages	\$224,025.00
DUALS (Sections A + B)	\$224,025.00
)	TAL of Section B Pages

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	Contributi	ions fr	om Individuals				
Last Name		First					M.I.
Kindall		Clar	e				
Residential Street Address	City				State	Zip Code	404
27 High Hill Rd	Bloomfi		65. 1		СТ	06002-2	121
Principal Occupation Retired		Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more that the contribution is in excess of municipality valued at more that the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution ind	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with	r	or prosp		✓ No			\$500.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received 01/27/2023	Aggregate contributions \$500.00			
Last Name		First					M.I.
Drici		Klint					
Residential Street Address	City				State	Zip Code	000
1 Gold St Principal Occupation	Hartford		of Employer		СТ	06103-2	900
Head of Business Development	4	70.00	xivity Research				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the specif	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes Yes If yes, indicate which branch o branches of government the	r	, E.		∐ Yes ✓ No			\$500.00
If yes, list Event # contract is with:	Ex	ecutive					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	er	Date Received 01/27/2023	Aggregate contributions \$500.00			
Last Name		First					M.I.
Jimenez		Dav	id				R
Residential Street Address	City				State	Zip Code	
11 Rocco Rd	Bolton				СТ	06043-7	754
Principal Occupation Attorney			of Employer son Lewis, LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ✓ No If contribution is in excess of municipality does contributor municipality valued at more the specific contribution is in excess of municipality valued at more than the specific contribution is in excess of municipality valued at more than the specific contribution is in excess of municipality valued at more than the specific contribution is in excess of municipality valued at more than the specific contribution is in excess of municipality valued at more than the specific contribution is in excess of municipality valued at more than the specific contribution is in excess of municipality valued at more than the specific contribution is in excess of municipality valued at more than the specific contribution is in excess of municipality valued at more than the specific contribution is in excess of municipality valued at more than the specific contribution is in excess of municipality valued at more than the specific contribution is in excess of municipality valued at more than the specific contribution is in excess of municipality valued at more than the specific contribution is in excess of municipality valued at more than the specific contribution is in excess of municipality valued at more than the specific contribution is in excess of municipality valued at more than the specific contribution is in excess of the specific contribution in excess of the sp	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with	r	or prosp	_	∐ Yes ✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received 01/27/2023	Aggregate contributions \$300.00			
		-			•		

SUBTOTAL Section B - This Page	\$1,100.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Prov	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Jimenez				Dav	id				R
Residential Street Address			City				State	Zip Code	
11 Rocco Rd			Bolton				СТ	06043-7	754
Principal Occupation Attorney					of Employer son Lewis, LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	pective state contractor	i es			\$200.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	Legisla	tive No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/23/2023	Aggregate contributions \$300.00			
Last Name				First					M.I.
Jakubowski				Jaso	on				
Residential Street Address			City	- 4			State	Zip Code	
33 Westminster Dr			West H				СТ	06107-3	3353
Principal Occupation CEO					of Employer necticut Foodshar	re			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	pective state contractor	res			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	Legisla	tive No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 01/26/2023	Aggregate contributions \$100.00			
Last Name		0		First					M.I.
Indomenico				Salv	/atore				
Residential Street Address			City				State	Zip Code	
75 Bysiewicz Dr			Middlete				СТ	06457-7	7563
Principal Occupation Vice President				1	of Employer ecticut Mason Co	ontractors Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	pective state contractor	? Yes			\$500.00
If yes, list Event #	✓No	branches of government the contract is with:		ecutive	Legisla	tive No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 01/26/2023	Aggregate contributions \$500.00			

\$800.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provi	ide Complet	te Name as Registered with Fil	ling Repos	itory)			TYPE OF REPORT			
Arunan for Hartford							April 10 filing			
A. Total Contributions from S	Small Con	tributors - Received this	Period O	NLY						
(See instructions for definition of S	Small Contr	ributor)			Subtotal Se	ction A				\$0.00
		B. Itemized C	ontributi	ions f	rom Indivi	duals				
Last Name				First						M.I.
Flaherty				Bria	an					J
Residential Street Address			City					State	Zip Code	1004
40 Beardsley Ave			Oakville					СТ	06779-1	1631
Principal Occupation Executive VP				1	of Employer van & LeSh	nane Pu	ublic Relations, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 5 municipality does contributor municipality valued at more th	or business			ith have a		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the					✓ No			\$250.00
If yes, list Event #		contract is with:	Ex	ecutiv		Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Receive 01/24/202		Aggregate contributions \$250.00			
Last Name				First						M.I.
Cullen				Ant	oinette					
Residential Street Address			City		1			State	Zip Code	
1 Linden PI, Apt 209			Hartford					СТ	06106-1	1744
Principal Occupation Retired				Reti	of Employer ed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more th	or business			ith have a		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		100			✓ No	\$100.0		\$100.00
-		contract is with:	Ех	ecutiv		Legisla		-		
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Receive 01/24/202		Aggregate contributions \$100.00			
Last Name		0		First						M.I.
DeVito				Vin	cent					
Residential Street Address			City					State	Zip Code	
11263 Inglish Mill Dr			Great F					VA	22066-1	1709
Principal Occupation Executive				Name Cox	of Employer Op					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business			ith have a		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	· _	or pros		ontractor?	∐ Yes ✓ No			\$250.00
Method of contribution:		contract is with:			Date Receive		Aggregate contributions	-		
Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	ler	01/22/202		\$500.00			

\$600.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Arunan for Hartford			April 10 filing				
A. Total Contributions from Small Contributors - Received this P	eriod Ol	NLY					
(See instructions for definition of Small Contributor)		:	Subtotal Section A				\$0.00
B. Itemized Co	ntributi	ons fr	om Individuals	•			
Last Name		First					M.I.
DeVito		Vinc	ent				
	City				State	Zip Code	
1 1200 Highert Will Di	Great Fa				VA	22066-1	709
Principal Occupation Executive		Cox C	of Employer Op				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	r business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes V No Is contributor a principal of a state of the section L1? If yes, indicate which branch or branches of government the		or prosp	ective state contractor? Legisla	✓ No			\$250.00
Method of contribution:	Money Orde		Date Received 03/30/2023	Aggregate contributions \$500.00			
Last Name		First					M.I.
Dawson		Bria	1				
	City				State	Zip Code	
11 Charton Cak 11	Hartford				СТ	06106-1	961
Principal Occupation Lobbyist	4		of Employer & Robinson				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? VYes If contribution is in excess of \$4 municipality does contributor or municipality valued at more tha	r business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state. If yes, indicate which branch or branches of government the contract is with:		or prosp	ective state contractor	☐ Yes ✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction №	Money Orde	er	Date Received 01/20/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Green		Floy	d				W
	City				State	Zip Code	
1310 3 Asylulli Ave, # 2	Hartford	-			СТ	06105-6	5001
Principal Occupation Retired		Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	r business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp	ective state contractor	∐ Yes ✓ No		\$	1,000.00
Method of contribution:	Money Orde	er	Date Received 01/19/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$1,350.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	4

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fil	ing Reposi	itory)			TYPE OF REPORT			
Arunan for Hartford					April 10 filing			
A. Total Contributions from Small Contributors - Received this I	Period O	NLY						
(See instructions for definition of Small Contributor)			Subtotal	Section A				\$0.00
B. Itemized Co	ontributi	ons fr	om Ind	ividuals				
Last Name		First						M.I.
Harris		Lucy	y					В
Residential Street Address	City					State	Zip Code	
8 Chipping Campden	Farming					СТ	06032-1	1525
Principal Occupation Underwriter			of Employe dian Life					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$\frac{1}{2}\$ municipality does contributor of municipality valued at more the second of the	or business h		associated			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp		e contractor?	∐ res ✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Rec 03/28/2		Aggregate contributions \$100.00			
Last Name		First						M.I.
Dwyer		Phili	ip	1				J
Residential Street Address	City Fairfield					State CT	Zip Code 06824-7	7110
2607 Congress St Principal Occupation	1 all lielu		of Employ	er		Ci	00024-7	110
Retired	4	Retire		08.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ municipality does contributor of municipality valued at more the second of the contribution is in excess of \$\frac{1}{2}\$ municipality valued at more the second of the contribution is in excess of \$\frac{1}{2}\$ municipality valued at more the second of the contribution is in excess of \$\frac{1}{2}\$ municipality valued at more the second of the contribution is in excess of \$\frac{1}{2}\$ municipality valued at more the second of the contribution is in excess of \$\frac{1}{2}\$ municipality valued at more the second of the contribution is in excess of \$\frac{1}{2}\$ municipality valued at more the second of \$\frac{1}{2}\$ municipality va	or business h		associated			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp		e contractor?	✓ No			\$200.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Rec 03/23/2		Aggregate contributions \$200.00			
Last Name		First						M.I.
Kim		Ginr	ny					
Residential Street Address	City					State	Zip Code	
169 Lakewood Rd	South G					СТ	06073-2	2321
Principal Occupation Attorney			of Employe of Coni	_{er} necticut T	reasurer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ municipality does contributor of municipality valued at more the	or business h		associated			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, list Event # Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	. <u></u>	or prosp		e contractor?	∐ Yes ✓ No			\$100.00
Method of contribution:	Money Orde	er	Date Rec 02/20/2	eived	Aggregate contributions \$100.00			
						ı		

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	ΨΕΕ 1,0Ε0.00

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1 age	134	OI	220

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Arunan for Hartford					April 10 filing				
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Evans				Dia	na				
Residential Street Address			City				State	Zip Code	2004
22 Beverly Rd			Wethers				СТ	06109-3	3301
Principal Occupation Retired				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 02/07/2023	Aggregate contributions \$150.00			
Last Name				First					M.I.
Evans				Dia	na				
Residential Street Address			City		-		State	Zip Code	
22 Beverly Rd			Wethers				СТ	06109-3	3301
Principal Occupation Retired			4	Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	L Yes			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/04/2023	Aggregate contributions \$150.00			
Last Name		00		First					M.I.
Gonci		()		Abi	gail				
Residential Street Address			City				State	Zip Code	
10440 W 81st PI			Arvada				СО	80005-2	2073
Principal Occupation Physical therapist				l .	of Employer ct medical				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contractor	? Yes ✓ No			\$100.00
If yes, list Event #	™ NO	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 02/28/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,0==111

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Page	135	of	298

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Arunan for Hartford					April 10 filing				
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
English				Ala	n				
Residential Street Address			City				State	Zip Code	
235 Kenyon St			Hartford				СТ	06105-2	2239
Principal Occupation Marketing				Vont	of Employer ier				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r		_	✓ No			\$50.00
Method of contribution: Cash Personal Check ✓	Credit/Debi	contract is with:	Money Orde	ecutiv er	Date Received 03/19/2023	Aggregate contributions \$50.00			
Last Name				First			!		M.I.
Jackson				Alle	en				
Residential Street Address			City		1		State	Zip Code	
88 Hickory Ln			Madisor				СТ	06443-1	1755
Principal Occupation Consultant			4		of Employer Consulting, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes Vo			\$250.00
If yes, list Event #	V NO	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 03/20/2023	Aggregate contributions \$250.00			
Last Name		00		First					M.I.
Groski		()		Aly	ssa				
Residential Street Address			City				State	Zip Code	
4 Short Oak Dr			Brookfie				СТ	06804-2	2080
Principal Occupation Marketing Ops				l .	of Employer nringer ingelheim				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state		or pros	pective state contractor	Yes Vo			\$100.00
If yes, list Event #	₩ 140	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 02/18/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,0=2112

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Arunan for Hartford				April 10 filing					
A. Total Contributions from Sm.	all Contr	ibutors - Received this	Period O	NLY					
(See instructions for definition of Sma	all Contrib	outor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	om Individuals				
Last Name				First					M.I.
Klay				Am	anda				
Residential Street Address			City				State	Zip Code	
133 Cottage St, Apt G6			New Ha				СТ	06511-2	2460
Principal Occupation Law student				l .	of Employer L Student				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of smunicipality does contributor omunicipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	l es	s contributor a principal of a state If yes, indicate which branch or branches of government the		or pros		✓ No			\$25.00
If yes, list Event #		contract is with:	Exc	ecutive		ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre	edit/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 03/21/2023	Aggregate contributions \$25.00			
Last Name				First					M.I.
Diaz-Matos				And	drew				
Residential Street Address			City	- 4			State	Zip Code	
221 Trumbull St, Apt PH3			Hartford				СТ	06103-1	540
Principal Occupation Executive			4		of Employer lina Re				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of smunicipality does contributor omunicipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	res	s contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res		\$	1,000.00
If yes, list Event #		branches of government the contract is with:	Exc	ecutive	eLegisla	✓ No ative			
Method of contribution: ☐ Cash Personal Check ✓ Cre	edit/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 02/24/2023	Aggregate contributions \$1,000.00			
Last Name		0		First					M.I.
Crumbie				And	drew				
Residential Street Address			City	•			State	Zip Code	•
100 Pearl St, # 12THFLOOR			Hartford				СТ	06103-4	506
Principal Occupation Lawyer					of Employer nbie Law Group L	LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of \$\frac{9}{2}\$ municipality does contributor of municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	res	s contributor a principal of a state If yes, indicate which branch or branches of government the		or pros		∐ res ✓ No		\$	1,000.00
If yes, list Event #		contract is with:	Exc	ecutive	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre	edit/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 03/16/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$2,025.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V ==1,0=1

Method of contribution:

Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order

Revised January 2015	I. MONETARY	Y RECEI	PTS	S (Sections A-K)) Pag	ge 137	7 of	298
NAME OF COMMITTEE (Provide Compl	lete Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford					April 10 filing			
A. Total Contributions from Small Co	ontributors - Received this	Period O	NLY					
(See instructions for definition of Small Con	tributor)			Subtotal Section A	1			\$0.00
	B. Itemized C	Contributi	ons f	rom Individuals				
Last Name			Firs	t				M.I.
Hussain			An	drew				J
Residential Street Address		City				State	Zip Code	
276 Main St, # 276		Farming				СТ	06032-3	3624
Principal Occupation				e of Employer				
Developer			Grni	usa Properties				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes V No 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: Executive Legislative					\$^	1,000.00	
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	contract is with: it Card Payroll Deduction	Money Orde		Date Received 03/30/2023	Aggregate contributions \$1,000.00	-		
Last Name			Firs	t				M.I.
DiBona			An	thony				М
Residential Street Address		City				State	Zip Code	
177 Loop Rd		Waterto				СТ	06795-1	561
Principal Occupation Attorney		4	100	e of Employer dy & Riley LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes V No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r —	100		✓ No			\$250.00
If yes, list Event #	contract is with:	Exe	ecutiv		ative			
Method of contribution: ☐ Cash	it Card Payroll Deduction	Money Orde	er	Date Received 03/21/2023	Aggregate contributions \$250.00	!		
Last Name	0		Firs	t				M.I.
DiMauro			An	thony				
Residential Street Address		City	•			State	Zip Code	
805 Garden St 805 Garden St		Hartford				СТ	06112	
Principal Occupation Project Manager			l .	e of Employer rnes Construction				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Vol. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	•	_	✓ Yes □No			\$250.00
If yes, list Event #	contract is with:	∐Ex	ecutiv	e Legisla	ative]		

\$1,500.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
Ψ224,023.00	(Enter total on Line 13, Column A of Summary Page

Aggregate contributions

\$250.00

Date Received

03/29/2023

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If yes, list Event #	NAME OF COMMITTEE (Provi	de Comple	ete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Security Subtract	Arunan for Hartford						April 10 filing			
But Name First F	A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
Last Name Bronnan Bronnan Bronnan Bronnan State Zip Code V V Soft	(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A	1			\$0.00
Residential Street Address City State Contribution associated with an exercise of a contribution associated			B. Itemized C	ontributi	ons f	rom Individuals				
Residential Street Address 1820 Leeward Ct Principal Occupations Bike tech Some of Enabover Gear wizard Amount of Contribution Indicates the same cannot with said punishing viabed at more than \$5,000° or learned to enable the contract with said punishing viabed at more than \$5,000° or learned to enable the contract of the same contract with said punishing viabed at more than \$5,000° or learned to enable the contract of the same contract with said punishing viabed at more than \$5,000° or learned to enable the contract of the contract is with Method of contribution Courthey Residential Street Address Some of Enabover Some of Enabover Payroll Deduction Money Order Ditte Received Aggregate countilutions Quizard Amount of Contribution Date Received Aggregate countilutions Quizard Amount of Contribution Brital Some of Enabover Will Cast Some of Enabover Courthey Residential Street Address Some of Enabover Principal Occupation attorney Is contribution a shotlysist, spouse, or dependent child of a lobbysist? No Some of Enabover No Some of Enabover Payroll Deduction Money Order Ditte Received Aggregate countilutions Occupation The contribution associated with an even of the same of the sam	Last Name				First					M.I.
Marco September Marco September Marco September Sept	Gaffney				Bre	nnan				V
Name of Employer Contribution is in excess of \$900 to a canadidate committee for a chief executive officer of a municipality does contribute to a bubbyta; spouse, or dependent child of a lobbyta; spouse, or dependent contribution associated with an excess of \$900 to a canadidate committee for a chief executive officer of a municipality valued at more than \$5,000?	Residential Street Address			City						
Security				Bozema	ın			MT	59718-6	3143
dependent child of a lobbysis? No municipality does contributor or bisiness be-bise is associated with have a contract with said municipality and at more than \$\$\color{\co										
Sevent reported in Section L1? Yes If yes, is Event # Payroll Deduction Money Order Date Received Date Received Aggregate contributions S20.00			municipality does contributor	or business h		s associated with have	a contract with said	Amoun	t of Contr	ibution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Ozi/20/20/203 Aggregate contributions \$20.00	event reported in Section L1?		If yes, indicate which branch or	r			✓ No			\$20.00
Courtney Residential Street Address 155 Blake Rd Principal Occupation attorney If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor a principal of a state contract vith said municipality and contribution is with: Method of contribution Personal Check Credit/Debit Card Payroll Deduction Money Order Money Order Payroll Deduction Payro	Method of contribution:	Credit/Debit		<u></u>		Date Received	Aggregate contributions			
Residential Street Address 155 Blake Rd Principal Occupation attorney Name of Employer Updike Kelly & Spellacy	Last Name				First					M.I.
155 Blake Rd	Courtney				Bria	an				
Principal Occupation attorney Name of Employer Updike Kelly & Spellacy	Residential Street Address			City		A BAR			Zip Code	'
Attorney Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is 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 # South Personal Check Credit/Debit Card Payroll Deduction Money Order Money Order Catherine Sand Order Catherine Sand Order Catherine Sand Order Sand Ord				Hamder				СТ	06517-3	3321
dependent child of a lobbyist? No				4			су			
sevent reported in Section L1?			municipality does contributor	or business h		s associated with have	a contract with said	Amoun	t of Contr	ibution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 03/08/2023 S200.00 Last Name Kenney Residential Street Address 580 Cherry Brook Rd Principal Occupation Farmer Is contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Contract is with: Date Received O3/08/2023			If yes, indicate which branch of		or pros	pective state contractor	res			\$200.00
Cash	If yes, list Event #	VINO		Exe	ecutiv	e Legisla	ative			
Kenney Residential Street Address 580 Cherry Brook Rd Principal Occupation Farmer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: City Canton Name of Employer Sheepnose Farm Name of Employer Sheepnose Farm Name of Employer Sheepnose Farm Amount of Contribution T Amount of Contribution T Amount of Contribution T Amount of Contribution State CTip Code O6019-5012 Test Sheepnose Farm Sheepnose Farm If contribution a candidate committee 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? Tyes Tyes Tyes Tyes Tyes Tyes Tyes Tye		Credit/Debit	Card Payroll Deduction	Money Orde	er					
Residential Street Address 580 Cherry Brook Rd City Canton Name of Employer Sheepnose Farm Is 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 # Method of contribution: City Canton Name of Employer Sheepnose Farm State CT 06019-5012 Amount of Contribution Farner Date Received Aggregate contributions	Last Name				First					M.I.
S80 Cherry Brook Rd Principal Occupation Farmer Is 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 # Method of contribution: Canton Name of Employer Sheepnose Farm Sheepnose Farm Amount of Contribution of Contribution of Paraches of Sovernment the contract or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions	Kenney		- C.		Cat	herine				Т
Principal Occupation Farmer Name of Employer Sheepnose Farm				_						.012
Is 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 # Sheepnose Farm If contribution is in excess of \$400 to a candidate committee 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 Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions	,			Canton	No	of Employer		UI	06019-5	0012
dependent child of a lobbyist? In municipality does contribution 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 # Method of contribution: Date Received Aggregate contributions	·									
event reported in Section L1? If yes, list Event # If yes, indicate which branch or branches of government the contract is with: Yes			municipality does contributor	or business h		s associated with have	a contract with said	Amoun	t of Contr	ibution
Method of contribution: Method of contribution: Date Received Aggregate contributions Date Received Aggregate contributions Date Received Date			If yes, indicate which branch or		or pros	pective state contractor	Y es			\$50.00
	If yes, list Event #			Exe	ecutiv	e Legisla	ative			
		Credit/Debit	Card Payroll Deduction	Money Orde	er		_			

SUBTOTAL Section B - This Page \$270.00	
TOTAL of Section B Pages \$224,025.00	
JTIONS FROM INDIVIDUALS (Sections A + B) \$224,025.00 total on Line 13, Column A of Summary Page	TOTAL O

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NAME OF COMMITTEE (Prov	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Contr	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
D'Italia				Catl	herine				
Residential Street Address			City				State	Zip Code	
31 Woodland St, Apt 12E			Hartford				СТ	06105-4	1339
Principal Occupation Retired				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or branches of government the		or prosp		∐ res ✓ No			\$250.00
If yes, list Event #		contract is with:	Ex	ecutive		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/03/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Houlihan				Cha	rles				D
Residential Street Address			City	- 4			State	Zip Code	740
2 Somerset Ln			Simsbu				СТ	06070-1	716
Principal Occupation Attorney					of Employer Office of Charles	D. Houlihan Jr			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	pective state contractor	res			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	eLegisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/28/2023	Aggregate contributions \$50.00			
Last Name		0		First					M.I.
Horton		(1)		Chlo	ре				L
Residential Street Address			City				State	Zip Code	
220 Terry Rd			Hartford				СТ	06105-1	113
Principal Occupation Retired				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r			∐ Yes ✓ No			\$500.00
If yes, list Event #		contract is with:	Ex	ecutive		ntive			
Method of contribution: Cash ✓ Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/24/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page \$800.00	
TOTAL of Section B Pages \$224,025.00	
OTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,025.00	

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NAME OF COMMITTEE (Provide	e Complet	e Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from Sn	nall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Sm	nall Contr	ibutor)			Subtotal Section	A			\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				Firs	t				M.I.
desopo				chr	issie				
Residential Street Address			City	•			State	Zip Code	
289 W Avon Rd			Avon				СТ	06001-2	2238
Principal Occupation retired				Name	of Employer				
Tetiled				reur					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	res	Is contributor a principal of a stat If yes, indicate which branch or		or pros	spective state contractor	i es			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cr	redit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/21/2023	Aggregate contributions \$100.00			
Last Name				Firs		ı	,		M.I.
Keane				Co	nor				
Residential Street Address			City				State	Zip Code	ı
790 S Vine St			Denver				СО	80209-4	617
Principal Occupation Executive					of Employer ng Mobile Solution	anc.			
Executive			4	Spii	ing Mobile Solution	0115			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	_ res	Is contributor a principal of a stat If yes, indicate which branch or		or pros	spective state contractor	res			\$500.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutiv	e Legisl				
Method of contribution: Cash Personal Check ✓ Cr	redit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/27/2023	Aggregate contributions \$500.00	ı		
Last Name		0		Firs	t				M.I.
Hurley				Co	nor				
Residential Street Address			City	•			State	Zip Code	
925 N Garfield St, Apt 306			Arlingto				VA	22201-2	2198
Principal Occupation Sr. Program/Policy Analyst				1	of Employer National Educati	on Association			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	i es	Is contributor a principal of a stat If yes, indicate which branch or		or pros	spective state contractor	1 es			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:		ecutiv	e Legis				
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cr	redit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/31/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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Page	141	OI	298

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this F	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Co	ontributi	ons fr	om Individuals				
Last Name		First					M.I.
Dodge		Dall	as				С
Residential Street Address	City				State	Zip Code	
188 Westmont St	West Ha				СТ	06117-2	2926
Principal Occupation Consultant			of Employer & Leroy				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? VYes If contribution is in excess of \$\\$municipality does contributor of municipality valued at more than the second seco	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state If yes, indicate which branch or branches of government the contraction with the section of the sect	_	or prosp		✓ No			\$250.00
Method of contribution:	Money Orde		Date Received 03/31/2023	Aggregate contributions \$250.00			
Last Name		First					M.I.
Kueper		Dan	iel				
Residential Street Address	City	- 4			State	Zip Code	
58 Stephen St	Manche				CT	06040-4	1446
Principal Occupation Retired	4	Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}No\$ municipality does contributor of municipality valued at more that	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp	_	∐ Yes ✓ No			\$10.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 02/25/2023	Aggregate contributions \$10.00			
Last Name		First		<u> </u>			M.I.
Filomeno		Dan	iel				J
Residential Street Address	City				State	Zip Code	
1178 Silas Deane Hwy	Wethers				СТ	06109-4	1340
Principal Occupation Contractor			of Employer stic's Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\ \text{municipality does contributor of municipality valued at more that} \]	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp	_	∐ Yes ✓ No			\$500.00
Method of contribution:	Money Orde	er	Date Received 03/23/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$760.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$224,025.00

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1 age	172	Oi	270

NAME OF COMMITTEE (Provide Complete Name as Register	red with Filing Repo	ository)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Rece	eived this Period	ONLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. It	emized Contribu	tions fr	om Individuals				
Last Name		First					M.I.
Klaynberg		Dan	niel				
Residential Street Address	City	, .			State	Zip Code	
40 E 84th St, Apt 3C	New Y				NY	10028-1	101
Principal Occupation Contractor			of Employer etra Construction	and Development			
dependent child of a lobbyist? municipality does	in excess of \$400 to a cs contributor or busines ed at more than \$5,000	s he/she is			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes If yes, indicate wh branches of govern contract is with:	ment the	or or prosp Executive		∐ res ✓ No			\$500.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Debit Card ☐ Card ☐ Card ☐ Payroll Debit Card ☐ Card ☐ Payroll Debit Card ☐	Deduction Money O	rder	Date Received 03/28/2023	Aggregate contributions \$500.00			
Last Name		First					M.I.
Edwards		Dav	rian				D
Residential Street Address	City Hartfo	rd A			State CT	Zip Code 06112-1	1002
137 Burnham St Principal Occupation	Tiaitio		of Employer		Ci	00112-1	003
Mechanic			an D Edwards				
dependent child of a lobbyist? municipality does	in excess of \$400 to a contributor or busines ed at more than \$5,000	s he/she is			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a princ If yes, indicate wh branches of govern contract is with:	ment the	or or prosp Executive	_	✓ No			\$50.00
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll D	Deduction Money O	rder	Date Received 02/22/2023	Aggregate contributions \$50.00			
Last Name	00	First	'				M.I.
Fine	(4)	Dav	rid				
Residential Street Address	City				State	Zip Code	
116 Gristmill Ln	Great		CF 1		NY	11023-1	839
Principal Occupation Executive Manager		1	of Employer ti of Manhasset				
dependent child of a lobbyist? municipality does	in excess of \$400 to a cs contributor or busines ed at more than \$5,000	s he/she is			Amoun	t of Conti	ribution
event reported in Section L1? Yes If yes, indicate wh		or or prosp	pective state contractor	?		\$	1,000.00
If yes, list Event # branches of govern contract is with:	ment the	Executive	e Legisla	ntive [V] NO			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Debit Card Credit/Debit Card Payroll Debit Card Credit/Debit Card Payroll Debit Card Credit/Debit Ca	Deduction Money O	rder	Date Received 03/23/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page \$1,55	
TOTAL of Section B Pages \$224,02	
ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,02	TOTAL

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NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons fi	om Individuals				
Last Name				First					M.I.
Jeffers				Dec	ctora				С
Residential Street Address			City				State	Zip Code	
122 Warrenton Ave			Hartford				СТ	06105-3	3930
Principal Occupation Retired				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp		✓ No			\$100.00
Method of contribution:	Credit/Debit	contract is with:	Money Ordo		Date Received 03/04/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Foster				Des	sna				
Residential Street Address			City	- 4	190		State	Zip Code	
91 Midian Ave			Windso				СТ	06095-4	1220
Principal Occupation Retired			4	Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	L Yes		\$	1,000.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutive	eLegisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	t Card Payroll Deduction	Money Orde	er	Date Received 03/08/2023	Aggregate contributions \$1,000.00			
Last Name		00		First					M.I.
Fitzpatrick				Dia	ne				
Residential Street Address			City				State	Zip Code	
40 Whippoorwill Way			Wethers				СТ	06109-3	3560
Principal Occupation Retired				l .	of Employer e Fitzpatrick				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Y es			\$25.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutive	eLegisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ordo	er	Date Received 03/25/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$1,125.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	\$224,020.00

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1 age	144	OI	250

NAME OF COMMITTEE (Provide Complete Name as Registered v	vith Filing Reposi	tory)	TYPE OF REPORT			
Arunan for Hartford			April 10 filing			
A. Total Contributions from Small Contributors - Received	this Period O	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
B. Itemi:	zed Contributi	ons from Individuals				
Last Name		First				M.I.
Horn		DJ				
Residential Street Address	City			State	Zip Code	
165 Girard Ave	Hartford			СТ	06105-2	2232
Principal Occupation Physical Therapy		Name of Employer DJ Horn				
	ributor or business l	ndidate committee for a chief ene/she is associated with have		Amoun	t of Conti	ribution
event reported in Section L1? If yes, indicate which branches of government branches of government	ranch or	or prospective state contractor ecutive Legisla	∐ res ✓ No			\$100.00
Method of contribution: Cash		Date Received 03/24/2023	Aggregate contributions \$100.00			
Last Name		First				M.I.
Gersten		eliot				
Residential Street Address	City	ut a u		State	Zip Code	040
231 Farmington Ave Principal Occupation	Farming	Name of Employer		СТ	06032-1	940
Member Member		Pullman & Comley LL	С			
	ributor or business h	ndidate committee for a chief ene/she is associated with have		Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which by branches of government contract is with:	ranch or	or prospective state contractor ecutiveLegisla	✓ Yes □ No		\$	1,000.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduct	ion Money Orde	Date Received 03/09/2023	Aggregate contributions \$1,000.00			
Last Name	0	First				M.I.
Goldstein		Evan				s
Residential Street Address	City			State	Zip Code	
44 High St	Farming			СТ	06032-2	2315
Principal Occupation Attorney		Name of Employer Updike, Kelly & Speal	lacy PC			
	ributor or business l	ndidate committee for a chief ene/she is associated with have		Amoun	t of Conti	ribution
event reported in Section L1? Yes If yes, indicate which by	anch or	or prospective state contractor	? Yes			\$200.00
If yes, list Event # branches of government contract is with:	tne Ex	ecutive Legisla	ntive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduct	ion Money Orde	Date Received 03/22/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	, ,,

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF RE		TYPE OF REPORT							
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals	•			
Last Name				Firs	t				M.I.
Currier				Fra	ncis				Т
Residential Street Address			City				State	Zip Code	
15 Columbia Landing 15 Columbia	ımbia Ln	dg	Columb				СТ	06237	
Principal Occupation Real estate broker					of Employer All points realty				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch of branches of government the	r			∐ res ✓ No			\$50.00
If yes, list Event #		contract is with:	Exe	ecutiv		ntive			
Method of contribution: Cash Personal Check	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 02/28/2023	Aggregate contributions \$50.00			
Last Name				Firs					M.I.
Hagaman				Fra	ınk				
Residential Street Address			City		1		State	Zip Code	
31 Woodland Apt 31 St, Apt 6	6-H		Hartford				СТ	06105	
Principal Occupation Retired			4	Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more th	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	spective state contractor	res			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Exe	ecutiv	e Legisla	✓ No ntive			
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/02/2023	Aggregate contributions \$100.00			
Last Name		0		Firs	t				M.I.
GORDON-QUIROGA		(A)		FR	ANK				
Residential Street Address			City				State	Zip Code	704
32 Buckingham St, Apt 3			Hartford		- f E 1		СТ	06106-1	761
Principal Occupation INSURANCE					of Employer COMPANIES				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	spective state contractor	Yes			\$25.00
If yes, list Event #	✓No	branches of government the contract is with:	Exe	ecutiv		ntive No			
Method of contribution: Cash Personal Check	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 03/31/2023	Aggregate contributions \$25.00			

\$175.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide	e Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford April 10			April 10 filing						
A. Total Contributions from Sn	nall Cor	ntributors - Received this	Period O	NLY	•				
(See instructions for definition of Sm	nall Conti	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals	•			
Last Name				Firs	t				M.I.
Federico				Gir	na				
Residential Street Address			City				State	Zip Code	
23 Riggs Ave			West Ha	artfo	rd		CT	06107-2	2722
Principal Occupation					e of Employer	.,			
Fundraiser				пап	ford Public Librar	у			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state		or pro	spective state contractor	? Yes			\$200.00
If yes, list Event #	2]110	branches of government the contract is with:	Exe	ecutiv	ve Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Co	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/21/2023	Aggregate contributions \$200.00			
Last Name				Firs	t				M.I.
Criscuolo				Gir	na				
Residential Street Address			City		- 40		State	Zip Code	
68 Maple Avenue 200 Stanley	St		North H				СТ	06473	
Principal Occupation Controller			4		e of Employer Ines Construction	Co.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or pro		V Yes □No			\$250.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Co	redit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 03/29/2023	Aggregate contributions \$250.00			
Last Name		~		Firs	t		1		M.I.
Davis				Gle	enn				
Residential Street Address			City				State	Zip Code	1400
49 Fitzmaurice Cir			Windso		6E 1		СТ	06095-1	1160
Principal Occupation CRA Officer					e of Employer erty Bank				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more th	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pro	spective state contractor	Y es			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exe	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Co	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/01/2023	Aggregate contributions \$100.00			
							_		

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford April 10 filing							
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized (Contributi	ions fr	om Individuals				
Last Name		First					M.I.
Granfield-Horton		Har	nah				F
Residential Street Address	City				State	Zip Code	
97 Westerly Terrace 97 Westerly Ter	Hartford				СТ	06105	
Principal Occupation Foundation Director			of Employer pital for Special Ca	are			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific property of the second se	r or business l				Amoun	t of Cont	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a star figure which branch of branches of government the	or			✓ No			\$500.00
If yes, list Event # contract is with:	Ex	ecutive		tive —			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 03/30/2023	Aggregate contributions \$500.00			
Last Name		First			<u>I</u>		M.I.
Goldfield		Har	old				Р
Residential Street Address	City	- 4			State	Zip Code	
2137 Bancroft PI NW	Washin				DC	20008-4	1019
Principal Occupation Attorney	4		of Employer an Lovells LLP US	3			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific property of the	r or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a star If yes, indicate which branch of branches of government the contract is with:	or	or prosp		∐ Yes ✓ No			\$500.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	er	Date Received 02/27/2023	Aggregate contributions \$500.00			
Last Name		First	•				M.I.
Granston		Hue	ey .				
Residential Street Address	City				State	Zip Code	
39 Newbury St	Hartford				СТ	06114-1	761
Principal Occupation Pharmacist		Name CVS	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific property of the	r or business l				Amoun	t of Cont	ibution
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 branches of government the branches of government the	or	or prosp		∐ Yes ✓ No			\$250.00
Method of contribution:			Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	03/27/2023	\$250.00			

\$1,250.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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1 age	140	OI	270

NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing	ril 10 filing		
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fr	om Individuals				
Last Name				First					M.I.
Czapiga				Jan	nes				
Residential Street Address			City				State	Zip Code	
68 Knollwood Dr			Hebron				СТ	06248-1	280
Principal Occupation President & CEO				Name CAT	of Employer IC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp		✓ No			\$250.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Ordo		Date Received 03/20/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Hellgren				Jas	on				
Residential Street Address			City	4			State	Zip Code	
1823 Kingsdale Ave			Redond				CA	90278-3	8416
Principal Occupation Quality Assurance Tester			4	70.00	of Employer ts Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes V No		\$	1,000.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutive	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 03/14/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Fusco		(1)		Jen	nifer				G
Residential Street Address			City				State	Zip Code	
47 Northgate Avon Ct, 6001			Avon		6 D 1		СТ	06001	
Principal Occupation Attorney				l .	of Employer ke, Kelly & Spella	асу			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or pros	pective state contractor	? Yes ✓ No			\$250.00
If yes, list Event #		contract is with:	Exc	ecutive	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 03/10/2023	Aggregate contributions \$250.00			

\$1,500.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYP			ΓΥΡΕ OF REPORT						
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	A			\$0.00
		B. Itemized C	Contributi	ons fr	om Individuals				
Last Name				First					M.I.
Johnson				Jero	ome				J
Residential Street Address			City	-1-1			State	Zip Code	2440
16 Arthur Dr			Bloomfi		677 1		СТ	06002-3	3113
Principal Occupation Auto Tech					of Employer Mobile Mechanic				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp		✓ No	\$50.00		
Method of contribution:	Credit/Debi	contract is with:	Money Orde		Date Received 03/21/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Hutensky				Jill					
Residential Street Address			City	4	199		State Zip Code		
30 Hollister Dr			West Ha				СТ	06117-1	1016
Principal Occupation Marketing			4	70.00	of Employer c of America				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	res			\$250.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutive	e Legisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ordo	er	Date Received 03/21/2023	Aggregate contributions \$250.00			
Last Name		0		First					M.I.
Hill-Lilly				Jod	i				
Residential Street Address			City				State	Zip Code	
11 Spy Glass Cir			Bloomfi				СТ	06002-2	2391
Principal Occupation Administrator				DCF	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch o		or prosp	pective state contractor	Yes Vo			\$100.00
If yes, list Event #	▼ 140	branches of government the contract is with:	Exc	ecutive	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 03/20/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,0=2112

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NAME OF COMMITTEE (Provi	(Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT								
runan for Hartford			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First	t				M.I.
Karrer				Joh	nn				Р
Residential Street Address			City				State	Zip Code	
84 E Burnham St			Hartford	<u></u>			СТ	06112-1	218
Principal Occupation					of Employer				
retired				retire	ea				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes ✓ No			\$100.00
If yes, list Event #	VINO	branches of government the contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/25/2023	Aggregate contributions \$100.00	ı		
Last Name				First			•		M.I.
Fraioli				Joh	ın				Т
Residential Street Address			City	- 4	. 7		State	Zip Code	
33 Wettleson Ave			West H				СТ	06107-2	2656
Principal Occupation Construction Manager					of Employer rnes Construction	Company			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	spective state contractor	v res]		\$250.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/29/2023	Aggregate contributions \$250.00			
Last Name		~		First					M.I.
Flis				Joh	n				
Residential Street Address			City				State	Zip Code	
60 Oakridge Rd			Bristol				СТ	06010-3	3119
Principal Occupation General Superintendent				Name Dow	of Employer (nes				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	spective state contractor	v res			\$250.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv		ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	t Card Payroll Deduction	Money Ord	er	Date Received 03/29/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$600.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) ITYPE OF REPORT								
Arunan for Hartford April 10 filing			April 10 filing					
A. Total Contributions from Small Contr	ributors - Received this	Period O	NLY					
(See instructions for definition of Small Contrib	outor)		S	Subtotal Section A	Δ			\$0.00
	B. Itemized C	ontributi	ons fr	om Individuals				
Last Name			First					M.I.
King			John	1				С
Residential Street Address		City	horou	ah		State NH	Zip Code 03254-0	747
PO Box 747 Principal Occupation		Moulton		f Employer		INIL	03234-0	0747
Retired			Retire					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
event reported in Section L1?	s contributor a principal of a state If yes, indicate which branch or branches of government the		or prospe		No			\$100.00
If yes, list Event #	contract is with:	Exe	ecutive	Legisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit C	ard Payroll Deduction	Money Orde		Date Received 03/31/2023	Aggregate contributions \$100.00)		
Last Name			First					M.I.
Hooker			Jona	than				В
Residential Street Address		City				State	Zip Code	2540
40 N Beacon St Principal Occupation		Hartford		f F 1		СТ	06105-2	2510
Contractor		4		f Employer han Hooker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes V No	s contributor a principal of a state If yes, indicate which branch or		or prospe	ective state contractor	? Yes			\$25.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive	Legisla	ative			
Method of contribution: Cash ✓ Personal Check Credit/Debit C	ard Payroll Deduction	Money Orde		Date Received 03/23/2023	Aggregate contributions \$25.00			
Last Name	00		First			-		M.I.
Diaz			Jose	<u> </u>				
Residential Street Address		City				State	Zip Code	
850 Mountain Rd		West Ha				СТ	06117-1	143
Principal Occupation General Manager			Name o	f Employer /ays				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more than the state of	or business h				Amoun	t of Conti	ribution
event reported in Section L1?	s contributor a principal of a state If yes, indicate which branch or		or prospe	ective state contractor	Y es		\$	1,000.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive	Legisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit C	ard Payroll Deduction	Money Orde		Date Received 03/28/2023	Aggregate contributions \$1,000.00)		

SUBTOTAL Section B - This Page \$1,125.00	
TOTAL of Section B Pages \$224,025.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page \$224,025.00	

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NAME OF COMMITTEE (Provide	e Complete Name as Registered with Fil	ling Reposi	sitory) TYPE OF REPORT					
Arunan for Hartford			April 10 filing					
A. Total Contributions from Sm	nall Contributors - Received this	Period O	NLY					
(See instructions for definition of Sm	all Contributor)		S	Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ions fro	om Individuals				
Last Name			First					M.I.
Klaynberg			Jose	ph				
Residential Street Address		City				State	Zip Code	
8 E 48th St, Apt 4C		New Yo				NY	10017-1	005
Principal Occupation Retired			Retire	f Employer d				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the	·	or prospe	ective state contractor? Legislat	✓ No			\$360.00
Method of contribution: Cash ✓ Personal Check Creation	contract is with:	Money Orde		Date Received 01/26/2023	Aggregate contributions \$720.00			
Last Name			First					M.I.
Klaynberg			Jose	ph				
Residential Street Address		City	sule A			State NY	Zip Code	005
8 E 48th St, Apt 4C Principal Occupation		New Yo		f Employer		INT	10017-1	1005
Retired		4	Retire					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prospe	ective state contractor? Legislat	✓ No			\$360.00
Method of contribution: Cash Personal Check ✓ Cre		Money Orde		Date Received 03/28/2023	Aggregate contributions \$720.00			
Last Name	70		First	•				M.I.
Dhawan			Kama	al				Р
Residential Street Address		City				State	Zip Code	
3336 Camino Del Sur		Lancast				CA	93536-2	2835
Principal Occupation Physician			1	f Employer r Permanente				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a state		or prospe	ective state contractor?	Yes			\$200.00
	If yes, indicate which branch or branches of government the contract is with:		ecutive	Legisla	✓ No tive			Ψ200.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre	<u>'</u>	Money Orde		Date Received 03/21/2023	Aggregate contributions \$200.00			

\$920.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Hayden Ames				Kath	nerine				
Residential Street Address			City	- ·			State	Zip Code	
1043 Hopewell Rd			South G				СТ	06073-2	2426
Principal Occupation Research					of Employer on Health				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r		_	∐ Yes ✓ No			\$50.00
If yes, list Event # Method of contribution:		contract is with:		ecutive	Date Received	Aggregate contributions			
Cash Personal Check 🗸	Credit/Debit	Card Payroll Deduction	Money Ord		03/30/2023	\$50.00			T
Last Name Krayeske				First	neth				M.I.
Residential Street Address			City	IXCII	Heur		State	Zip Code	
121 Lexington Ave, Unit 11			New Ha	aven			CT	06513-4	437
Principal Occupation				_	of Employer				
Attorney			49	BBB	Attorneys, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	pective state contractor	res			\$500.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	Legisla	✓ No ntive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/28/2023	Aggregate contributions \$500.00			
Last Name		0		First			-		M.I.
Dunlap		(1)		Ken	t				D
Residential Street Address			City				State	Zip Code	
188 Warrenton Ave			West H				СТ	06119-1	841
Principal Occupation Professor				1	of Employer y College				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r			∐ Yes ✓ No			\$100.00
If yes, list Event #		contract is with:	∐Ex	ecutive		itive			
Method of contribution: Cash ✓ Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 03/04/2023	Aggregate contributions \$100.00			

\$650.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford						April 10 filing			
A. Total Contributions from St	mall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Sn	nall Contr	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
di Thelmes				Kev	vin				В
Residential Street Address			City				State	Zip Code	
131 Buckingham St, Apt 204			Hartford				СТ	06106-9	9408
Principal Occupation Car Wash					of Employer by Noble				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$100.00
If yes, list Event # Method of contribution:		contract is with:	Ex	ecutiv	e Legisla Date Received	Aggregate contributions	_		
Cash Personal Check C	redit/Debit	Card Payroll Deduction	Money Ord	er	03/23/2023	\$100.00			
Last Name				First					M.I.
Curtis				Lav	vrence				
Residential Street Address			City	- 4			State	Zip Code	
211 Ipswich Road 211 Ipswich	n Rd		Boxford				MA	01921	
Principal Occupation President and Managing Mem	ber				of Employer Development				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$200.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv			_		
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/28/2023	Aggregate contributions \$200.00			
Last Name		0		First					M.I.
Huie				Llo	yd .				Α
Residential Street Address			City				State	Zip Code	
17 Butternut Ln			Weatog	jue			СТ	06089-9	9744
Principal Occupation Sales				Name Libe	of Employer rty				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	_	∐ Yes ✓ No			\$250.00
If yes, list Event #		contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check C	credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/16/2023	Aggregate contributions \$250.00			

\$550.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received the	is Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized	Contributi	ions fr	om Individuals				
Last Name		First					M.I.
Jones		Luz					M
Residential Street Address	City				State	Zip Code	
83 Deborah Rd	Windso				СТ	06096-	1132
Principal Occupation Paralegal		1	of Employer Iter Hartford Lega	l Aid			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribut municipality valued at more	or or business l				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the	n or			✓ No			\$100.00
If yes, list Event # contract is with: Method of contribution:	Ex	ecutive	Date Received	tive —	_		
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	03/29/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Gill		Maj	a				
Residential Street Address	City				State	Zip Code	1
387 Capitol Ave, Apt 3	Hartford	-			СТ	06106-	1423
Principal Occupation HR Professional			of Employer University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribut municipality valued at more municipality valued at more	or or business l				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, indicate which branch branches of government the contract is with:	n or	or prosp		✓ No			\$250.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord		Date Received 03/29/2023	Aggregate contributions \$250.00			
Last Name)	First	•				M.I.
Gallo Hall		Mar	ie				Е
Residential Street Address	City	•			State	Zip Code	•
40 Old Tolland Tpke	Coventi	_			СТ	06238-	1856
Principal Occupation Agency Legal Director- WCL		1	of Employer e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribut municipality valued at more	or or business l				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, indicate which branch branches of government the contract is with.	n or	or prosp		☐ Yes ✓ No			\$50.00
Method of contribution:			Date Received	Aggregate contributions	1		
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	03/04/2023	\$50.00			

\$400.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford	Arunan for Hartford			April 10 filing	April 10 filing				
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Gallo-Hall				Mai	rie				Е
Residential Street Address			City				State	Zip Code	050
40 Old Tolland Tpke			Coventr				СТ	06238-1	856
Principal Occupation Attorney				l .	of Employer e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r		_	✓ No			\$50.00
Method of contribution:	Credit/Debi	contract is with:	Money Orde	ecutive er	Date Received 03/31/2023	Aggregate contributions \$50.00			
Last Name				First			'		M.I.
Jasinski				Mat	thew				
Residential Street Address			City		1		State	Zip Code	
206 Beacon St			Hartford				СТ	06105-2	2913
Principal Occupation Attorney			4		of Employer ey Rice LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes Vo		\$	1,000.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 02/20/2023	Aggregate contributions \$1,000.00			
Last Name		00		First					M.I.
Frisbie		(1)		Mic	hael				
Residential Street Address			City				State	Zip Code	000
204 Root Rd			Somers				СТ	06071-1	230
Principal Occupation President				l .	of Employer e Gas Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	•		∐ Yes ✓ No			\$100.00
If yes, list Event #		contract is with:	Exc	ecutiv		ative			
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 01/26/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	4

Last Name Frisbie

NAME OF COMMITTEE

A. Total Contributions from Small Con (See instructions for definition of Small Cont

Arunan for Hartford

Residential Street Address 204 Root Rd Principal Occupation President

Is contributor a lobbyist, spouse, or

Is this contribution associated with an

dependent child of a lobbyist?

event reported in Section L1?

Residential Street Address 190 Shadow Lake Rd Principal Occupation Accountant

Is contributor a lobbyist, spouse, or

Is this contribution associated with an

dependent child of a lobbyist?

event reported in Section L1?

Residential Street Address

Is contributor a lobbyist, spouse, or

Is this contribution associated with an

dependent child of a lobbyist?

event reported in Section L1?

80 Airport Rd Principal Occupation

Construction

If yes, list Event #

Cash

Method of contribution:

If yes, list Event # Method of contribution:

Cash Last Name Giliberto

If yes, list Event # Method of contribution:

✓ Cash

Last Name Hussain

Yes

✓ No

Yes

✓ No

Personal Check Credit/Debit Card

I. MONETARY	Y RECEI	PTS (Sections A	a-K) Pa	ge 15	7 of	298
OMMITTEE (Provide Complete Name as Registered with Fi	iling Reposi	tory)	TYPE OF REPORT			
Hartford			April 10 filing			
ontributions from Small Contributors - Received this	Period O	NLY				
ons for definition of Small Contributor)		Subtotal Secti	on A			\$0.00
B. Itemized C	Contributi	ons from Individu	als			
		First				M.I.
		Michael				
reet Address	City	1		State	Zip Code	
₹d	Somers			СТ	06071-	1230
upation		Name of Employer Noble Gas Inc				
a lobbyist, spouse, or Ld of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l			Amour	nt of Cont	ribution
ution associated with an I in Section L1? ✓ No Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	_	ractor? Yes V No egislative			\$100.00
ntribution: Personal Check Credit/Debit Card Payroll Deduction	Money Ordo	Date Received 03/23/2023	Aggregate contributions \$200.00			
		First Michael				M.I.
reet Address	City			State	Zip Code	1000
ow Lake Rd upation	Ridgefie	Name of Employer		СТ	06877-	1032
upanon Nt	4	Grhusa Properties	5			
a lobbyist, spouse, or Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l			Amour	nt of Cont	ribution
ution associated with an Yes Is contributor a principal of a stat In Section L1? In Section L1? No Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	<u>_</u>	ractor? Yes V No egislative		\$	1,000.00
ntribution: Personal Check Credit/Debit Card Payroll Deduction	Money Ordo	Date Received 03/30/2023	Aggregate contributions \$1,000.00			
~		First	•			M.I.
		Michael Giliberto)			

State

CT

Zip Code

Amount of Contribution

06114-2003

\$250.00

\$1,350.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

City

Is contributor a principal of a state contractor or prospective state contractor?

municipality valued at more than \$5,000?

Payroll Deduction Money Order

If yes, indicate which branch or

branches of government the

contract is with:

Hartford

Name of Employer Giliberto & Sons

Yes

Date Received

03/24/2023

Legislative

✓ No

✓ Yes

No

Aggregate contributions

\$250.00

If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a

municipality does contributor or business he/she is associated with have a contract with said

Executive

ъ	1.50	c	200
Page	158	of	298

NAME OF COMMITTEE (Provide	e Complete	Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from Sm	nall Cont	ributors - Received this	Period O	NLY					
(See instructions for definition of Sma	all Contril	outor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Hellgren				Mic	chelle				
Residential Street Address			City				State	Zip Code	
1823 Kingsdale Ave			Redond				CA	90278-3	3416
Principal Occupation Administrastive Coordinator III					of Employer er Permanente				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes I	s contributor a principal of a state If yes, indicate which branch or branches of government the				✓ No		\$	1,000.00
If yes, list Event # Method of contribution: Cash Personal Check Cre		contract is with:	Money Orde	ecutiv	Date Received	Aggregate contributions			
Last Name	- Cuit/Debit C	ard ayron beduction	I Wioney Orde	First	03/14/2023	\$1,000.00			M.I.
Haxhi				Mir					IVI.I.
Residential Street Address			City	17111	Old		State	Zip Code	
105 Stanley Dr			Glaston	bury			CT	06033-2	2619
Principal Occupation		-		Name	of Employer				
Accountant			4	Crun	nbie Law Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	_ res	s contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$200.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cree	redit/Debit C	ard Payroll Deduction	Money Orde	er	Date Received 03/17/2023	Aggregate contributions \$200.00			
Last Name				First					M.I.
Knorr		(C.		Мо	lly				
Residential Street Address			City				State	Zip Code	
1144 Prospect Ave			Hartford		CF 1		СТ	06105-1	124
Principal Occupation Retired				Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes I	s contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	pective state contractor	Yes Vo		\$	1,000.00
If yes, list Event #		contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check Cre	edit/Debit C	ard Payroll Deduction	Money Ordo	er	Date Received 03/24/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$2,200.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provi	de Comple	ete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Conti	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Kuganathan				Nac	darajah				
Residential Street Address			City				State	Zip Code	
1683 Via Sevilla St			Corona				CA	92881-0)778
Principal Occupation Principal Consultant					of Employer ay Consulting Sei	vices Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros		✓ No			\$100.00
If yes, list Event #		contract is with:	Exc	ecutive		ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ordo	er	Date Received 03/23/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Habesch				Naj	ib				0
Residential Street Address			City		A BAR		State	Zip Code	
101 Highland St			Wethers				CT	06109-4	1017
Principal Occupation Engineer			4		of Employer A Group, Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	v res		\$	1,000.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutive	eLegisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ordo	er	Date Received 03/21/2023	Aggregate contributions \$1,000.00			
Last Name		0		First					M.I.
DeMaio				Nic	ole				
Residential Street Address			City	•			State	Zip Code	•
1 Westside Ln			Shelton				СТ	06484-1	955
Principal Occupation Vice President				l .	of Employer nes Construction	Company			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes No			\$250.00
If yes, list Event #	<u>-</u> 110	branches of government the contract is with:	Exc	ecutive	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/29/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page \$1,	
TOTAL of Section B Pages \$224,	
OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,1	TOTAL C

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	ng Reposit	tory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this Pe	eriod ON	NLY					
(See instructions for definition of Small Contributor)		5	Subtotal Section A				\$0.00
B. Itemized Con	ntributio	ons fro	om Individuals				
Last Name		First					M.I.
Klingman		Patri	ck				Α
	City				State	Zip Code	
141 Westiand /We	West Ha				СТ	06107-3	3057
Principal Occupation Attorney			f Employer nan Law LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or municipality valued at more than	business he				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes V No Is contributor a principal of a state or If yes, indicate which branch or branches of government the		or prospective	ective state contractor?	✓ No			\$100.00
Method of contribution:	Money Order			Aggregate contributions \$100.00			
Last Name		First					M.I.
Farley		Patri	ck				
,	City		-27		State	Zip Code	.000
GO BIOGRAMIO BI	West Ha		6 D 1		СТ	06107-1	203
Principal Occupation Retired		Retire	f Employer d				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or municipality valued at more than	business he				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state of If yes, indicate which branch or branches of government the		9	_	✓ No			\$25.00
Method of contribution:	Ехе	cutive	Legislat Date Received				
	Ioney Order	r	03/27/2023	Aggregate contributions \$25.00			
Last Name		First					M.I.
Kaleta		Paul					
Residential Street Address C	City				State	Zip Code	
103 Mount Pelia Rd	Bluffton				SC	29910-8	3352
Principal Occupation Retired	I	Name o Retire	f Employer d				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or municipality valued at more than	business he				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of If yes, indicate which branch or branches of government the	_		_	∐ Yes ✓ No			\$500.00
contract is with:	Exe	cutive	Legislat				
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction M	Ioney Order	r	Date Received 03/30/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$625.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,1=1111

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT							
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	:				M.I.
Gagnon				Phi	I				
Residential Street Address			City				State	Zip Code	ı
13 Harrisa Dr			Cromwe				СТ	06416	
Principal Occupation Real Estate					of Employer Gagnon				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r		_	✓ No			\$250.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative			
Method of contribution: Cash ✓ Personal Check □	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/23/2023	Aggregate contributions \$250.00			
Last Name				First			<u>I</u>		M.I.
Da Rosa				Ray	ymond				Е
Residential Street Address			City		1		State	Zip Code	
829 Main St			East Ha	-			CT	06108-3	3119
Principal Occupation Program Manager					of Employer uilding Together I	Hartford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$25.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisl	✓ No ative			
Method of contribution: ✓ Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/26/2023	Aggregate contributions \$25.00			
Last Name		0		First					M.I.
Goel				Ritu	J.				
Residential Street Address			City				State	Zip Code	
80 Cornerstone Dr			South V				СТ	06074-2	2399
Principal Occupation Realtor					of Employer tury 21 all point re	ealty			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	pective state contractor	? Yes ✓ No			\$25.00
If yes, list Event #	▼ 140	branches of government the contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/30/2023	Aggregate contributions \$25.00			

TOTAL of Section B Pages \$224,025	
101712 of 20011011 21 agos 422 1,020	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$224,025 (Enter total on Line 13, Column A of Summary Page	

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1 age	102	Oi	270

NAME OF COMMITTEE (Provide Complete Name as Registered with Filin	ng Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this Pe	eriod O	NLY					
(See instructions for definition of Small Contributor)		:	Subtotal Section A				\$0.00
B. Itemized Cor	ntributi	ons fr	om Individuals				
Last Name		First					M.I.
Giansiracusa		Rob	erto				
	City				State	Zip Code	
42 Victoria Road 241 Ledyard Ot	Hartford				СТ	06114	
Principal Occupation Owner		Name of Gima	of Employer Sport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or municipality valued at more than	business h				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state of If yes, indicate which branch or branches of government the		or prosp	_	☐ Yes ✓ No			\$250.00
Method of contribution:	Ioney Orde			Aggregate contributions \$250.00			
Last Name		First					M.I.
Indomenico		Salv	atore				
	City		-		State	Zip Code	
o i vvougewood 2.	Wethers				СТ	06109-3	962
Principal Occupation Masonry	4		of Employer ason Contractors				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or municipality valued at more than	business h				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state of If yes, indicate which branch or branches of government the		or prosp		✓ No			\$500.00
Method of contribution:		Cunve		Aggregate contributions			
	Ioney Orde	er	03/23/2023	\$500.00			
Last Name		First			l		M.I.
Jones		Sara	ıh				E
Residential Street Address (City				State	Zip Code	
34 Jeffrey Rd	Bristol				CT	06010-2	433
Principal Occupation Attorney			of Employer of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or municipality valued at more than	business h				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of If yes, indicate which branch or branches of government the			_	∐ Yes ✓ No			\$25.00
contract is with:	Ехе	ecutive					
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction M	Ioney Orde	er	Date Received 02/27/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$775.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	ΨΕΕ 1,0Ε0.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford				April 10 filing					
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Danley				Sar	ah				
Residential Street Address			City				State	Zip Code	447
130 Westerly Ter			Hartford				СТ	06105-1	117
Principal Occupation Attorney					of Employer Dept. of Health a	and Human Services	3		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or pros		∐ Yes ✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit		Money Orde		Date Received 03/24/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Harriott				Sas	sa				
Residential Street Address			City Windso	. 4			State CT	Zip Code 06095-4	1760
411 Pond Bridge Rd Principal Occupation			VVIIIusu	Allelia	of Employer		CI	00093-2	1700
Nurse			4	Harri					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:		or pros	_	✓ No			\$500.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit		Money Orde	er	Date Received 03/16/2023	Aggregate contributions \$500.00			
Last Name		0		First					M.I.
Garosshen				Sco	ott				Т
Residential Street Address			City				State	Zip Code	
29 Vera Street 29 Vera St			West Ha				СТ	06119	
Principal Occupation Attorney					of Employer nson & Cole LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes			\$200.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive	e Legisla	✓ No ntive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ordo	er	Date Received 03/29/2023	Aggregate contributions \$200.00			

\$800.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Arunan for Hartford			April 10 filing			
A. Total Contributions from Small Contributors - Received this Period	od ON	LY				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
B. Itemized Contributions from Individuals						
Last Name]	First				M.I.
Kelly	;	Shane				R
Residential Street Address City				State	Zip Code	
22 Goldfibla Gt	rtford			СТ	06106-1	312
Principal Occupation Construction		ame of Employer Ram Industries LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to municipality does contributor or busin municipality valued at more than \$5.00 to municipality valued at more than \$5.00 to municipality valued.	siness he/s			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contract of some state of some state contract is with: Is contributor a principal of a state contract of some state contract is with:	Execu	_	No			\$250.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money	ey Order	Date Received 03/30/2023	Aggregate contributions \$250.00			
Last Name		First				M.I.
Knall	,	Shannon				
Residential Street Address City	nsbury			State CT	Zip Code 06070-1	270
8 Kilbourn Rd Sim: Principal Occupation		lame of Employer		CI	00070-1	270
Special Education Advocate	- (1)	Shannon Knall				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to municipality does contributor or busin municipality valued at more than \$5,0	siness he/s			Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contract of the section of the sect	ractor or	<u> </u>	✓ No			\$50.00
Method of contribution:	ey Order	Date Received 02/24/2023	Aggregate contributions \$50.00			
Last Name]	First				M.I.
llangovan	:	Soma				
Residential Street Address City				State	Zip Code	
	uthamp			PA	18966-2	2896
Principal Occupation Retired		ame of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to municipality does contributor or busin municipality valued at more than \$5.00 to municipality valued at more than \$5.00 to municipality valued.	siness he/s			Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contra	ractor or	prospective state contractor?	Yes			\$100.00
If yes, list Event # If yes, list Event # If yes, indicate which branch or branches of government the contract is with:	Execu	utiveLegislat	✓ No			Ţ.00.00
Method of contribution:	ey Order	Date Received 03/28/2023	Aggregate contributions \$100.00			

\$400.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First					M.I.
Haran				Sri					
Residential Street Address			City				State	Zip Code	
10845 Winchcombe Dr			Dublin				ОН	43016-9	9405
Principal Occupation President					of Employer an Watson & Com	npany			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r			✓ No			\$250.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/25/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Giamalis				Ste	phen				N
Residential Street Address			City	- 4	- 47		State	Zip Code	
10 Sea Breeze Ave			Niantic	1			СТ	06357-3	3420
Principal Occupation CPA				1/1	of Employer hen Giamalis				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or pros	pective state contractor	res			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/02/2023	Aggregate contributions \$100.00			
Last Name		~		First					M.I.
Hussain				Ste	eve				
Residential Street Address			City				State	Zip Code	
28 South Rd			Kent				СТ	06757-1	719
Principal Occupation Real estate investor					of Employer DDS HOLDINGS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or branches of government the		or pros	_	∐ Yes ✓ No			\$500.00
If yes, list Event #		contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/30/2023	Aggregate contributions \$500.00)		

SUBTOTAL Section B - This Page	\$850.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	\$22.1,020.00

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NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Rep	ository)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors	- Received this Period	ONLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
	B. Itemized Contributions from Individuals						
Last Name		Firs	t				M.I.
Hays		Su	san				
Residential Street Address	City				State	Zip Code	
145 Cooper Ave, Unit 32	Weat	<u> </u>			СТ	06089-7	7952
Principal Occupation Counsel			e of Employer ike, Kelly & Spella	acy PC			
dependent child of a lobbyist? municipa	oution is in excess of \$400 to a dity does contributor or busine dity valued at more than \$5,00	ss he/she			Amoun	t of Conti	ribution
event reported in Section L1?	or a principal of a state contracticate which branch or f government the	tor or pros Executiv		∐ 1 es			\$250.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card 1	Payroll Deduction Money (Order	Date Received 03/13/2023	Aggregate contributions \$250.00			
Last Name		Firs					M.I.
Hercules		Tia	na				
Residential Street Address	City Hartfo	ord			State CT	Zip Code 06105-1	450
33 Sargeant St Principal Occupation	Папп		e of Employer		CI	00105-1	450
Attorney	4		y Jane. LLC				
dependent child of a lobbyist? municipa	oution is in excess of \$400 to a dity does contributor or busine dity valued at more than \$5,00	ss he/she			Amoun	t of Conti	ribution
event reported in Section L1?	or a principal of a state contracticate which branch or f government the with:	tor or pros Executiv	_	✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card	Payroll Deduction Money (Order	Date Received 03/14/2023	Aggregate contributions \$100.00			
Last Name	200	Firs	t				M.I.
Jorgensen	V (4)	Toı	ny				
Residential Street Address	City				State	Zip Code	0.40
84 Winthrop Rd	Wind				СТ	06095-1	919
Principal Occupation Attorney			of Employer Jorgensen Law F	irm LLC			
dependent child of a lobbyist? municipa	oution is in excess of \$400 to a dity does contributor or busine dity valued at more than \$5,00	ss he/she			Amoun	t of Conti	ribution
event reported in Section L1? Yes If yes, ind	or a principal of a state contracticate which branch or	tor or pros	spective state contractor	?			\$250.00
If yes, list Event # V No branches o contract is	f government the with:	Executiv	e Legisla	tive V NO			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card □	Payroll Deduction Money (Order	Date Received 03/27/2023	Aggregate contributions \$250.00			

\$600.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registe	ered with Filing Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing				
A. Total Contributions from Small Contributors - Rec	eived this Period O	NLY					
(See instructions for definition of Small Contributor)		S	Subtotal Section A				\$0.00
B. I	temized Contributi	ions fro	m Individuals	•			
Last Name		First					M.I.
Crosdale		Tristo	on				
Residential Street Address	City				State	Zip Code	
22 Long Hill Rd	Windso	r			СТ	06095-2	2649
Principal Occupation		1	Employer				
Mortgage Loan Originator		vvinas	or Federal Savi	ngs			
dependent child of a lobbyist? municipality doe	s in excess of \$400 to a car es contributor or business I ued at more than \$5,000?				Amoun	t of Conti	ribution
event reported in Section L1?		or prospe	ctive state contractor	L i es			\$50.00
If yes, list Event # branches of gover contract is with:	nment the Exc	ecutive	Legisla		_		
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll	Deduction Money Orde		Date Received 02/23/2023	Aggregate contributions \$50.00	,		
Last Name		First					M.I.
Harper		Vane	essa				н
Residential Street Address	City	- 4			State	Zip Code	
40 Plainfield St	Hartford				CT	06112-1	533
Principal Occupation Real Estate	4		Employer iley Group				
dependent child of a lobbyist? municipality doe	s in excess of \$400 to a car es contributor or business h ued at more than \$5,000?				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a pring If yes, indicate we branches of gover contract is with:	nment the	or prospe	ctive state contractor	∐ Yes ✓ No			\$250.00
Method of contribution:	Deduction Money Orde		Date Received 03/28/2023	Aggregate contributions \$250.00	;)		
Last Name	0	First					M.I.
Johnson		Warr	en				Α
Residential Street Address	City				State	Zip Code	-
76 Jacobs St	Bristol				СТ	06010-5	662
Principal Occupation Transport		Name of J Brotl	Employer hers				
dependent child of a lobbyist? municipality doe	s in excess of \$400 to a car es contributor or business h ued at more than \$5,000?				Amoun	t of Conti	ribution
event reported in Section L1? If yes, indicate w branches of gover	nment the	or prospe	ctive state contractor	∐ Yes ✓ No			\$50.00
Method of contribution:			Date Received	Aggregate contributions	-		
	Deduction Money Orde		02/27/2023	\$50.00	,		

\$350.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	See instructions for definition of Small Contributor) Subtotal Section A			1			\$0.00		
		B. Itemized C	Contributi	ions fi	rom Individuals				
Last Name				First					M.I.
Horton				We	sley				W
Residential Street Address			City				State	Zip Code	
220 Terry Rd			Hartford				СТ	06105-1	113
Principal Occupation Lawyer					of Employer Iroy Deutsch				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp	_	✓ No			\$500.00
Method of contribution:	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 03/24/2023	Aggregate contributions \$500.00	-		
Last Name				First					M.I.
Howard				Will	liam				E
Residential Street Address			City	4	1		State	Zip Code	
59 Concord St			West Ha				СТ	06119-1	306
Principal Occupation Retired			4	Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res			\$500.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive	eLegisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/23/2023	Aggregate contributions \$500.00			
Last Name		00		First					M.I.
Gill		(1)		Aar	ron				
Residential Street Address			City				State	Zip Code	100
387 Capitol Ave, Apt 3			Hartford				СТ	06106-1	423
Principal Occupation Real Estate Development/Ma	anagemei	nt			of Employer verine Property Ll	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or pros	pective state contractor	Yes Vo			\$200.00
If yes, list Event #		contract is with:	Exc	ecutive	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ordo	er	Date Received 02/27/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$1,200.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Re	epository)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contribut	ors - Received this Perio	od ONLY	7				
(See instructions for definition of Small Contributor))		Subtotal Section A				\$0.00
	B. Itemized Contri	butions	from Individuals				
Last Name		Fire	st				M.I.
Gamble		All	ie				
Residential Street Address	City				State	Zip Code	
42 Aspen Dr	Sou	ıth Glast			СТ	06073-2	938
Principal Occupation Founder			e of Employer al 8 Design				
dependent child of a lobbyist? mur	ontribution is in excess of \$400 to nicipality does contributor or businicipality valued at more than \$5,000.	iness he/she			Amoun	t of Contr	ibution
event reported in Section L1? If yes	ributor a principal of a state contra , indicate which branch or hes of government the	actor or pro	_	☐ res			\$300.00
If yes, list Event # contra	act is with:	Executiv		tive			
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit Card	Payroll Deduction Money	y Order	Date Received 02/09/2023	Aggregate contributions \$300.00			
Last Name		Fire	st				M.I.
Jayanthan		Ja	y				K
Residential Street Address	City		4 700		State	Zip Code	
3590 S Ocean 3590 South Blvd, Unit 904	Sou	ıth Palm	40'		FL	33480	
Principal Occupation Retired			e of Employer ired				
dependent child of a lobbyist? mur	ontribution is in excess of \$400 to nicipality does contributor or busin nicipality valued at more than \$5,0	iness he/she			Amoun	t of Contr	ibution
event reported in Section L1?	ributor a principal of a state contra , indicate which branch or	actor or pro	spective state contractor	res		\$1	1,000.00
	hes of government the act is with:	Executiv	ve Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction Money	y Order	Date Received 03/17/2023	Aggregate contributions \$1,000.00			
Last Name	~	Fire	st				M.I.
Daddeo		Pe	eter				
Residential Street Address	City	•			State	Zip Code	
1101 3rd St E	Palr	metto			FL	34221-4	253
Principal Occupation real estate			e of Employer nmercial Services	Realty			
dependent child of a lobbyist? mur	ontribution is in excess of \$400 to nicipality does contributor or busin nicipality valued at more than \$5,0	iness he/she			Amoun	t of Contr	ibution
event reported in Section L1?	ributor a principal of a state contra , indicate which branch or hes of government the	actor or pro	spective state contractor	?		\$1	1,000.00
	act is with:	Executiv	ve Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction Money	y Order	Date Received 03/13/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$2,300.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Reposi	tory)	TYPE OF REPORT			
Arunan for Hartford			April 10 filing			
A. Total Contributions from Small Contributors	s - Received this Period O	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
	B. Itemized Contribution	ons from Individuals				
Last Name		First				M.I.
Dooley		Paula				
Residential Street Address	City	I		State	Zip Code	
77 Autumn Dr	South W	/indsor		СТ	06074-2	2952
Principal Occupation		Name of Employer				
Head of Household		Head of Household				
dependent child of a lobbyist? municip	bution is in excess of \$400 to a can pality does contributor or business hality valued at more than \$5,000?			Amoun	t of Conti	ibution
event reported in Section L1?	tor a principal of a state contractor of dicate which branch or of government the	_	✓ No			\$250.00
If yes, list Event # contract is	- Lu	ecutive Legisla	tive			
Method of contribution: ☐ Cash	Payroll Deduction Money Orde	Date Received 01/26/2023	Aggregate contributions \$250.00			
Last Name		First				M.I.
Cummins		Hazel				
Residential Street Address	City			State	Zip Code	
25 Litchfield St	Hartford			СТ	06112-1	136
Principal Occupation Information Requested		Name of Employer Information Requested	d			
dependent child of a lobbyist? municip	bution is in excess of \$400 to a can bality does contributor or business hality valued at more than \$5,000?			Amoun	t of Conti	ribution
event reported in Section L1?	or a principal of a state contractor of dicate which branch or of government the	J. Committee of the com	✓ No			\$100.00
If yes, list Event # contract is		ecutive Legisla	tive			
Method of contribution: ✓ Cash Personal Check Credit/Debit Card	Payroll Deduction Money Orde	Date Received 03/16/2023	Aggregate contributions \$100.00			
Last Name	70)	First		<u> </u>		M.I.
Doeg		Donald				
Residential Street Address	City			State	Zip Code	
41 Basswood Rd	Farming	jton		СТ	06032-1	143
Principal Occupation Attorney		Name of Employer Updike, Kelly, & Spella	acy PC			
dependent child of a lobbyist? municip	button is in excess of \$400 to a car bality does contributor or business hality valued at more than \$5,000?			Amoun	t of Conti	ribution
event reported in Section L1? Yes If yes, in branches	tor a principal of a state contractor of dicate which branch or of government the	or prospective state contractor? ecutive Legisla	∐ Yes ✓ No			\$250.00
Method of contribution:	s with:	Date Received	Aggregate contributions			
	Payroll Deduction Money Orde		\$250.00			

SUBTOTAL Section B - This Page	\$600.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	ţ= 2 1,020.00

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IETARY RECEIPTS (Sections A-K)		171	of	298
ered with Filing Repository)	TYPE OF REPORT			
	A 11 40 (11)			

NAME OF COMMITTEE (Provide Complete Name as Reg	istered with Filing Reposit	(O1 y)	I TPE OF REPORT			
Arunan for Hartford			April 10 filing			
A. Total Contributions from Small Contributors - R	eceived this Period Of	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
E	3. Itemized Contribution	ons from Individuals				
Last Name		First				M.I.
Gratton-LaPierre		Roxanne				
Residential Street Address	City			State	Zip Code	
22 N Beacon St	Hartford			СТ	06105-2	2510
Principal Occupation Nurse		Name of Employer Hartford Healthcare				
dependent child of a lobbyist? municipality	n is in excess of \$400 to a can does contributor or business h valued at more than \$5,000?			Amoun	t of Conti	ibution
avont remarked in Castian I 12		or prospective state contractor cutive Legisla	✓ No			\$200.00
Method of contribution: Cash Personal Check Credit/Debit Card Payr	oll Deduction Money Orde	Date Received 03/27/2023	Aggregate contributions \$200.00			
Last Name		First				M.I.
Gersten		Kathy				В
Residential Street Address	City	A 300		State	Zip Code	
40 Orchard Rd	West Ha			СТ	06117-2	2912
Principal Occupation Information Requested		Name of Employer Information Requeste	d			
dependent child of a lobbyist? municipality	on is in excess of \$400 to a can does contributor or business h valued at more than \$5,000?			Amoun	t of Conti	ibution
avont remarked in Section I 12		or prospective state contractor	✓ No			\$150.00
Method of contribution: Cash Personal Check Credit/Debit Card Payr	oll Deduction Money Orde	Date Received 01/06/2023	Aggregate contributions \$150.00			
Last Name	.00	First				M.I.
Green	(4	Andel				
Residential Street Address	City Hartford			State CT	Zip Code 06112-1	212
231 Colebrook St Principal Occupation		Name of Employer		Ci	00112-1	313
Managing Director		Colebrook Property				
dependent child of a lobbyist? municipality	n is in excess of \$400 to a can does contributor or business h valued at more than \$5,000?			Amoun	t of Conti	ibution
event reported in Section L1? Yes If yes, indicate	orincipal of a state contractor of which branch or	or prospective state contractor	Yes			\$100.00
If yes, list Event # V No branches of go contract is with	I I Erro	cutive Legisla				
Method of contribution: Cash Personal Check Credit/Debit Card Payr	oll Deduction Money Orde	Date Received 03/30/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$224,025.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	g Reposit	tory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this Pe	riod Ol	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Con	tributio	ons fr	om Individuals				
Last Name		First					M.I.
Hume		Allo	y				
	City				State	Zip Code	
1101 dilet Bi	Vest Ha	artford			СТ	06117-1	313
Principal Occupation			of Employer				
Attorney		50101	kin Law				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or be municipality valued at more than	business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or	ontractor o	or prosp	ective state contractor?	i es			\$100.00
If yes, list Event # branches of government the contract is with: Method of contribution:	Exe	ecutive	Legisla				
	oney Orde	er	03/30/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Howard		Huo	n				
	City	- 4			State	Zip Code	
02 Burner Biva	Bloomfie				СТ	06002-2	2876
Principal Occupation Owner			of Employer es Jamaican Res	taurant			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or be municipality valued at more than	business h				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state of If yes, indicate which branch or branches of government the contract is with:		or prosp		✓ No			\$100.00
Method of contribution:	oney Orde	er	Date Received 03/30/2023	Aggregate contributions \$100.00			
Last Name		First		•	l .		M.I.
Gooden		Hug	hie				
Residential Street Address C	City				State	Zip Code	
153 Westbourne Pkwy	Hartford	l			CT	06112-1	735
Principal Occupation Owner			of Employer Dow Variety Store	;			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or by municipality valued at more than	business h				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of If yes, indicate which branch or branches of government the contract is with:		or prosp		☐ Yes ✓ No			\$100.00
Method of contribution:	oney Orde	er	Date Received 03/30/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	t				M.I.
Silverman				Mic	chael				
Residential Street Address			City				State	Zip Code	ı
15 Jones St, Apt 5G			New Yo	rk			NY	10014-4	1180
Principal Occupation Researcher				Name Zero	of Employer o100				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of S municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the			_	✓ No			\$200.00
If yes, list Event # Method of contribution:		contract is with:	<u> </u>	ecutiv	Date Received	Aggregate contributions			
Cash Personal Check 🗸	Credit/Debit	Card Payroll Deduction	Money Ord	1	03/17/2023	\$200.00			
Last Name				First					M.I.
Neelon				Ch	elsea			T	
Residential Street Address			City West H	artfor	d		State CT	Zip Code 06119-2	230
25 Seymour Ave Principal Occupation			VVCStTI		of Employer			001102	.000
Associate Director of Policy			4		necticut children's	s medical center			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	spective state contractor	res			\$150.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisl				
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/01/2023	Aggregate contributions \$150.00	l		
Last Name		0		First					M.I.
van Luling				Zad	chary				М
Residential Street Address			City				State	Zip Code	•
18 Boulder Dr			Rocky I				СТ	06067-1	074
Principal Occupation Political consultant					of Employer and State, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 9 municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	_	∐ Yes ✓ No			\$100.00
If yes, list Event #	<u></u>	contract is with:	Ex	ecutiv	e Legisl	ative]		
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/09/2023	Aggregate contributions \$125.00			

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
van Luling				Zac	chary				М
Residential Street Address			City				State	Zip Code	
18 Boulder Dr			Rocky H				СТ	06067-1	074
Principal Occupation Political consultant				l	of Employer and State, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r		_	✓ No			\$25.00
If yes, list Event # Method of contribution:		contract is with:	Ex	ecutiv	e Legisl Date Received	Aggregate contributions	_		
Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	01/31/2023	\$125.00			
Last Name				First					M.I.
Zyjeski				Jef	frey				Α
Residential Street Address			City		. 70		State	Zip Code	
1176 N Main St			West H				СТ	06117-1	209
Principal Occupation Lobbyist			4		of Employer ney, Bennett & A	ssociates			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/28/2023	Aggregate contributions \$100.00			
Last Name		0		First					M.I.
Regan-Lefebvre				Jer	nifer				
Residential Street Address			City				State	Zip Code	
19 Willard St			Wethers	sfield			СТ	06109-1	811
Principal Occupation Professor					of Employer ty College				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes Vo			\$50.00
If yes, list Event #	▼ 140	branches of government the contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/12/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$175.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	, , , , , , , , , , , , , , , , , , , ,

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	A			\$0.00
		B. Itemized C	ontributi	ions fi	om Individuals				
Last Name				First					M.I.
Stauble				Deb	oorah				L
Residential Street Address			City				State	Zip Code	
8 Cupola Ln			Plymou				MA	02360-5	5707
Principal Occupation Client Development					of Employer vate Health				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r			✓ No			\$200.00
If yes, list Event # Method of contribution: Cash Personal Check ✓	Credit/Debit	contract is with: Card Payroll Deduction	Money Ord	ler	Date Received 01/11/2023	Aggregate contributions \$200.00	-		
Last Name				First			<u>I</u>		M.I.
Sullivan				Ger	aldine				Р
Residential Street Address			City				State	Zip Code	-
249 Oxford St			Hartford	d			СТ	06105-2	2249
Principal Occupation Retired				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or		or pros	pective state contractor	r?			\$500.00
If yes, list Event#	V 110	branches of government the contract is with:	Ex	ecutive	eLegisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 02/09/2023	Aggregate contributions \$600.00			
Last Name		00		First					M.I.
Sullivan				Ger	aldine				Р
Residential Street Address			City				State	Zip Code	
249 Oxford St			Hartford				СТ	06105-2	2249
Principal Occupation Retired				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r	or prosp		∐ Yes ✓ No			\$100.00
Method of contribution:		contract is with:			Date Received	Aggregate contributions	-		
Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	ler	03/22/2023	\$600.00	,		

SUBTOTAL Section B - This Page	\$800.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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Page	1/0	OI	290

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Arunan for Hartford					April 10 filing				
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor) Subtotal Section A						1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Ouellette				Nic	holas				N
Residential Street Address			City				State	Zip Code	
65 Dyer Ave			Canton				СТ	06019-3	3233
Principal Occupation Attorney					of Employer en Ouellette LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	d in Section L1? ✓ No Yes If yes, indicate which branch or Yes ✓ No branches of government the ✓ No Volume V					\$500.0		\$500.00	
Method of contribution: Cash Personal Check ✓	Credit/Debi	contract is with:	Money Orde	ecutiv er	Date Received 01/31/2023	Aggregate contributions \$500.00			
Last Name				First			•		M.I.
Stanback				Anı	ne				
Residential Street Address			City		- 20		State	Zip Code	1400
44 Wright Dr			Avon	NY.	CF 1		СТ	06001-2	2106
Principal Occupation Retired			4	Reti	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res		\$	1,000.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ord	er	Date Received 02/04/2023	Aggregate contributions \$1,000.00			
Last Name		00		First					M.I.
Weisel		(1)		Lyr	ın				
Residential Street Address			City				State	Zip Code	0.4.5
17 Maple Edge Dr			Bloomfi		CD 1		СТ	06002-1	615
Principal Occupation Recording Secretary					of Employer n of Bloomfield				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes If yes, indicate which branch or \$150						\$150.00		
If yes, list Event #		branches of government the contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 01/15/2023	Aggregate contributions \$150.00			

SUBTOTAL Section B - This Page	\$1,650.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	\$224,020.00

I.

I. MONETARY	RECEI	PTS (Sections A-K)	P	age 177	7 of	298		
s Registered with Fil	ling Reposi	tory)	TYPE OF REPORT					
			April 10 filing					
s - Received this								
		Subtotal Section A				\$0.00		
B. Itemized Contributions from Individuals								
		First				M.I.		
		Martha						
	City	1		State	Zip Code			
	Bloomfi	CT	06002-1	110				
		Name of Employer Phoenix Manufacturing	g Inc.	•				
ibution is in excess of \$400 to a candidate committee for a chief executive officer of a pality does contributor or business he/she is associated with have a contract with said pality valued at more than \$5,000? Yes No					t of Contr	ibution		
nor a demicidal of a state	1							

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford A			April 10 filing				
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	A			\$0.00
B. Itemized C	Contributi	ions fr	om Individuals				
Last Name		First					M.I.
Prou		Mar	tha				
Residential Street Address	City				State	Zip Code	
232 Duncaster Rd	Bloomfi	eld			CT	06002-1	1110
Principal Occupation			of Employer				
Executive		Phoe	nix Manufacturir	ng Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a sta	te contractor	or prosp	pective state contractor	r? Yes]		\$200.00
event reported in Section L1? If yes, indicate which branch of branches of government the	_			. No			φ200.00
If yes, list Event # contract is with:	Exe	ecutive	Legisl	ative			
Method of contribution:	Money Orde	er	Date Received 03/30/2023	Aggregate contributions \$200.00			
Last Name		First					M.I.
Salina		Ada	m				Р
Residential Street Address	City	- 4	-		State	Zip Code	2004
95 Spicewood Lane	Berlin				СТ	06037-2	2831
Principal Occupation Government Relations	4	70.00	of Employer k & Salina				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a sta	te contractor	or prosp	pective state contractor	r? Yes	1		\$500.00
event reported in Section L1? If yes, indicate which branch of pranches of government the	or		_	✓ No			\$500.00
If yes, list Event # contract is with:	Exe	ecutive	Legisl	ative			
Method of contribution:	Money Orde	er	Date Received 01/26/2023	Aggregate contributions \$500.00			
Last Name		First					M.I.
Moyer		Jeni	nifer				
Residential Street Address	City				State	Zip Code	
62 Eastview St	Hartford				СТ	06114-2	2312
Principal Occupation Paraprofessional			of Employer ol Region Educa	ation Council			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of the section L1?		or prosp	pective state contractor	r? Yes			\$100.00
If yes, list Event # If yes, list Event # If yes, indicate which branch of branches of government the contract is with:			□r:-1	✓ No			ψ100.00
Method of contribution:	EX	ecutive	Legisl	alive			

\$800.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
\$224,023.00	(Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filin	ng Reposit	tory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this Pe	eriod ON	NLY					
(See instructions for definition of Small Contributor)		:	Subtotal Section A				\$0.00
B. Itemized Cor	ntributio	ons fr	om Individuals				
Last Name		First					M.I.
Strumph		Kaitl	in				
	City				State	Zip Code	ı
175 W 351d St, # 101 101	New Yor				NY	10025-9	313
Principal Occupation			of Employer	-4			
physician		MONE	efiore Medical cer	nter			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or municipality valued at more than	business ho				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state c If yes, indicate which branch or branches of government the				✓ No			\$20.00
If yes, list Event # contract is with:	Exe	ecutive	Legislat	tive			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction M	Ioney Orde	er	Date Received 01/08/2023	Aggregate contributions \$20.00			
Last Name		First					M.I.
Rajasingham		Sintl	na				
	City				State	Zip Code	
6. 6. 1 resident 6., n. 1111	Brooklyn				NY	11231-5	5039
Principal Occupation General manager		Name of Hey J	of Employer ane				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or municipality valued at more than	business he				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state c If yes, indicate which branch or branches of government the		9		✓ No			\$200.00
If yes, list Event # contract is with:	Exe	cutive	Legislat	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ M	Ioney Orde	er	Date Received 03/22/2023	Aggregate contributions \$200.00			
Last Name		First					M.I.
Schain		Den	nis				S
l	City				State	Zip Code	
245 Nedwood Nu	Manches				СТ	06040-6	333
Principal Occupation Retired		Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or municipality valued at more than	business he				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of event reported in Section L1?	contractor o	or prosp	ective state contractor?	Yes			\$50.00
If yes, list Event # If yes, indicate which branch or branches of government the contract is with:	Exe	ecutive	Legislat	ive No			ψου.υυ
Method of contribution:	Money Order	er	Date Received 01/08/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$270.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	422 1,020.00

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NAME OF COMMITTEE (Providence of Committee)	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	mall Cor	tributors - Received this	Period O	NLY					
(See instructions for definition of St	mall Conti	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	om Individuals				
Last Name				First					M.I.
Zelin				Ada	am				
Residential Street Address			City				State	Zip Code	
3209 Washington Ave			Costa M				CA	92626-2	2225
Principal Occupation Baseball Agent					of Employer s Corporation				
Is 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 #	Yes ✓ No Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the straightful service of government the straightful services of government the str	or business I han \$5,000? te contractor	he/she i	s associated with have a Yes pective state contractor	a contract with said No Yes No	Amoun	t of Conti	sibution \$50.00
Method of contribution: Cash Personal Check ✓ C	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 01/12/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Williams				Cha	arles				F
Residential Street Address			City	- 4			State	Zip Code	
53 Ryan Rd 53 Ryan Rd			Tolland	NY.	65. 1		СТ	06084	
Principal Occupation Retired			4	Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or prosp	_	✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/20/2023	Aggregate contributions \$50.00			
Last Name		~		First					M.I.
Simpson				Geo	offrey				
Residential Street Address			City				State	Zip Code	
2407 15th St NW, Apt 609			Washin	_			DC	20009-4	1137
Principal Occupation Campaigns Director				l .	of Employer ce Democrats				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or pros	pective state contractor	Yes			\$250.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive	e Legisla	✓ No tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit		Money Ordo	er	Date Received 01/06/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$350.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,1=3133

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NAME OF COMMITTEE (Providence of Committee)	de Comple	te Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from Si	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of Si	mall Conti	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Simpson				Ge	offrey				
Residential Street Address			City				State	Zip Code	ı
2407 15th St NW, Apt 609			Washin				DC	20009-4	1137
Principal Occupation Campaigns Director					of Employer ce Democrats				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$250.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative —	_		
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/07/2023	Aggregate contributions \$500.00			
Last Name				First			J		M.I.
Yennie				Нуа	acinth				
Residential Street Address			City		1		State	Zip Code	
190 Cheshire St			Hartford				CT	06114-2	2204
Principal Occupation Retired			4	Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisla				
Method of contribution: Cash ✓ Personal Check C	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/09/2023	Aggregate contributions \$125.00			
Last Name		0		First					M.I.
Yennie				Нуа	acinth				
Residential Street Address			City				State	Zip Code	
190 Cheshire St			Hartford				СТ	06114-2	2204
Principal Occupation Retired				Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 9 municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes Vo			\$25.00
If yes, list Event #	<u>•</u> 110	branches of government the contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: ✓ Cash Personal Check C	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/05/2023	Aggregate contributions \$125.00			

SUBTOTAL Section B - This Page	\$375.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,1=3133

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NAME OF COMMITTEE (Provid	le Comple	te Name as Registered with Fi	ling Reposi	itory)			TYPE OF REPORT			
Arunan for Hartford							April 10 filing			
A. Total Contributions from Sr	nall Cor	tributors - Received this	Period O	NLY						
(See instructions for definition of Sn	nall Conti	ributor)			Subtotal	Section A				\$0.00
		B. Itemized C	ontributi	ons fr	om Ind	ividuals				
Last Name				First						M.I.
Woulfe				Jan	nes					E
Residential Street Address			City					State	Zip Code	
2 Columbia St			Hartford	t				СТ	06106-1	1312
Principal Occupation Insurance executive					of Employ Traveler	er s Compai	nies			
	1 37	Tro . 19 . 1 . 1	ф.100 ·			<u>'</u>				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l		s associate			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective stat	te contractor?	? Yes			\$250.00
If yes, list Event #	✓ No	branches of government the contract is with:		ecutive	e	Legisla	tive No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Rec 03/28/2	I	Aggregate contributions \$250.00			
Last Name				First						M.I.
Nelson				Ları	ry					
Residential Street Address			City	4	1	20		State	Zip Code	
26 Westpoint Ter			West H					СТ	06107-3	3647
Principal Occupation Teacher			4		of Employ tonbury		Education			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l		s associate			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp		Legisla	✓ No			\$250.00
Method of contribution:		contract is with:		Cutive	Date Rec		Aggregate contributions			
Cash Personal Check C	redit/Debit	Card Payroll Deduction	Money Ord	er	01/15/2	I	\$250.00			
Last Name		~0		First		-		ı		M.I.
Lombardi				Seb	astian					
Residential Street Address			City					State	Zip Code	
14 Clover Ln			Weatog					СТ	06089-9	9400
Principal Occupation Attorney					of Employ Pitney L					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l		s associate			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp		e contractor?	∐ Yes ✓ No			\$200.00
Method of contribution:		contract is with:			Date Rec		Aggregate contributions			
Cash Personal Check C	redit/Debit	Card Payroll Deduction	Money Ord	er	03/26/2		\$200.00			

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$224,025.00

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I uge	102	OI	270

NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford A			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Wasson				Lou	iis				В
Residential Street Address			City	•			State	Zip Code	1
649 Morton PI NE			Washin	-			DC	20002-3	3427
Principal Occupation Consultant				1	of Employer Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$500.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative —			
Method of contribution: Cash Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/06/2023	Aggregate contributions \$1,000.00			
Last Name				First			J		M.I.
Wasson				Lou	iis				В
Residential Street Address			City				State	Zip Code	
649 Morton PI NE			Washin				DC	20002-3	3427
Principal Occupation Consultant					of Employer Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$500.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	eLegisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/02/2023	Aggregate contributions \$1,000.00			
Last Name		~0		First					M.I.
Nandakumaran				Raj	eev				
Residential Street Address			City				State	Zip Code	
1260 Daveric Dr			Pasade				CA	91107-	1642
Principal Occupation Owner - preschool					of Employer ge Montessori				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	pective state contractor	? Yes ✓ No			\$100.00
If yes, list Event #		contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/21/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$1,100.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ224,020.00

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1 age	103	OI	250

NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford Ar			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
raju				vars	sha				
Residential Street Address			City				State	Zip Code	
501 Hampton Rd			Piedmo				CA	94611-3	3318
Principal Occupation program manager					of Employer OSOft				
	1 1								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r			∐ res ✓ No			\$200.00
If yes, list Event #		contract is with:	Ex	ecutive		tive			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/31/2023	Aggregate contributions \$200.00			
Last Name				First					M.I.
Soter				Ale	x				
Residential Street Address			City				State	Zip Code	
22 Boylston St			Milford				СТ	06461-2	2301
Principal Occupation Attorney				100	of Employer ngrid Service Com	npany			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the		or pros	_	✓ Yes □No			\$50.00
Method of contribution:		contract is with:		ecutive	Date Received	Aggregate contributions			
Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	01/20/2023	\$50.00			
Last Name		~		First			l		M.I.
Phuong				Am	у				
Residential Street Address		· · · · · · · · · · · · · · · · · · ·	City		-		State	Zip Code	
106 Chester Ave SE			Atlanta				GA	30316-1	204
Principal Occupation Management					of Employer nta Hawks				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat		or pros	pective state contractor	? Yes			\$100.00
If yes, list Event #	✓No	If yes, indicate which branch or branches of government the contract is with:		ecutive	eLegisla	✓ No			÷.55.50
Method of contribution: Cash Personal Check	Credit/Debit		Money Ord	er	Date Received 02/20/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$350.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	,

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Page	104	OI	220

NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First	t				M.I.
Rajasingham				Anı	u				
Residential Street Address			City				State	Zip Code	
1811 Wellbourne Northeast 1	811 Dr N	<u>IE</u>	Atlanta				GA	30324	
Principal Occupation Public health engineer				CDC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r	or pros	_	✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 02/28/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Skretta				Arr	nold				
Residential Street Address			City				State	Zip Code	
313 S Union St			Guilford				СТ	06437-2	2824
Principal Occupation Attorney			4		of Employer Compliance and L	aw Services, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or pros	spective state contractor	res			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/28/2023	Aggregate contributions \$100.00			
Last Name		00		First	t				M.I.
Mullen				Ca	therine				R
Residential Street Address			City	~4~~			State DC	Zip Code 20015-2	00.47
5301 Wisconsin Ave NW, Ste Principal Occupation	450		Washin	_	of Employer		ЪС	20015-2	1047
Fundraising					Gill University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or		or pros	spective state contractor	Yes ✓ No			\$36.00
If yes, list Event #	V 140	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/09/2023	Aggregate contributions \$36.00			

SUBTOTAL Section B - This Page	\$186.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	, , , , , , , , , , , , , , , , , , , ,

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	g Reposit	tory)		TYPE OF REPORT			
Arunan for Hartford Ap			April 10 filing				
A. Total Contributions from Small Contributors - Received this Pe	riod ON	NLY					
(See instructions for definition of Small Contributor)		5	Subtotal Section A				\$0.00
B. Itemized Con	tributio	ons fro	om Individuals				
Last Name		First					M.I.
Murray		Char	rles				
	City				State	Zip Code	ı
1 To Marily 11 Di	Glastonb	bury			СТ	06033-4	131
Principal Occupation		Name o	f Employer				
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or be municipality valued at more than	business he				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of If yes, indicate which branch or branches of government the			_	✓ No			\$100.00
If yes, list Event # contract is with:	Exe	cutive	Legislat	ive			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Method of contribution:	oney Order	er	Date Received 01/28/2023	Aggregate contributions \$200.00			
Last Name		First					M.I.
Murray		Char	rles				
ـ ا	City	- 4			State	Zip Code	
	Glastonb		fp. 1		СТ	06033-4	131
Principal Occupation Retired		Retire	f Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or be municipality valued at more than	business he				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of If yes, indicate which branch or branches of government the		9		✓ No			\$100.00
If yes, list Event # contract is with:	Exe	ecutive	Legislat	ive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ Method of Contribution ☐ Method of Contribution: ☐ Method of Contribution: ☐ Payroll Deduction ☐ Method of Contribution: ☐ Method of Contribution: ☐ Method of Contribution: ☐ Payroll Deduction ☐ Payro	oney Order	er	Date Received 02/27/2023	Aggregate contributions \$200.00			
Last Name		First					M.I.
Nurse		Eller	1				S
.	City				State	Zip Code	
5071	Hartford		CD 1		СТ	06114	
Principal Occupation Retired		Retire	f Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or be municipality valued at more than	business he				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	ontractor o	or prospe	ective state contractor?	Yes			\$100.00
If yes, list Event # If yes, list Event # If yes, indicate which branch or branches of government the contract is with:	Exe	ecutive	Legislat	ive No			ψ100.00
Method of contribution:	oney Ordei	er	Date Received 03/28/2023	Aggregate contributions \$100.00			

TOTAL of Section B Pages \$224,025	
101712 of 20011011 21 agos 422 1,020	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$224,025 (Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing F	Repositor	ry)	TYPE OF REPORT			
Arunan for Hartford A			April 10 filing			
A. Total Contributions from Small Contributors - Received this Period	iod ONI	LY				
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.00
B. Itemized Contr	ribution	s from Individuals				
Last Name	I	First				M.I.
Sanborn		Jennifer				
Residential Street Address City	2			State	Zip Code	
15 Wooster Rd	ariffville			СТ	06081-9	9656
Principal Occupation Adult education		ame of Employer merican Baptist Ho	me Mission Societies	5		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 t municipality does contributor or bus municipality valued at more than \$5	usiness he/s 55,000?	she is associated with hav	e a contract with said No	Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state cont If yes, indicate which branch or branches of government the	ntractor or p	_	or? Yes ✓ No lative			\$25.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	ney Order	Date Received 01/31/2023	Aggregate contributions \$25.00			
Last Name	I	First				M.I.
Scollins		Joshua				
Residential Street Address City				State	Zip Code	-000
7 1	rlington			VA	22201-5	923
Principal Occupation Consultant		ame of Employer Oshua Scollins				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 t municipality does contributor or bus municipality valued at more than \$5	usiness he/s			Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state cont If yes, indicate which branch or branches of government the contract is with:	ntractor or p	<u>_</u>	☐ Yes ✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money	ney Order	Date Received 01/06/2023	Aggregate contributions \$100.00			
Last Name	I	First		-		M.I.
Zartman		Justin				Α
Residential Street Address City				State	Zip Code	
o Columbia St	artford			СТ	06106-1	312
Principal Occupation Attorney		ame of Employer T Education Assoc	iation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 t municipality does contributor or bus municipality valued at more than \$5	usiness he/s			Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state cont If yes, indicate which branch or branches of government the contract is with:	ntractor or p	_	∐ Yes ✓ No			\$100.00
Method of contribution:		Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Mond	ney Order	03/31/2023	\$100.00			

\$225.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Singh				Ker	shwin				
Residential Street Address			City				State	Zip Code	•
77 Deer Run			Avon				СТ	06001-3	3147
Principal Occupation Compliance lead				l l	of Employer L Medical				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r		_	✓ No			\$200.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative —			
Method of contribution: Cash Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/08/2023	Aggregate contributions \$200.00			
Last Name				First			!		M.I.
Morgan				Mic	key				
Residential Street Address			City				State	Zip Code	1
468 N Flores St			Los Ang				CA	90048-2	2612
Principal Occupation teacher			4		of Employer wood School				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$200.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: Cash Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/28/2023	Aggregate contributions \$200.00			
Last Name		0		First			•		M.I.
Rao				Pre	rna				
Residential Street Address			City	-			State	Zip Code	
26 Palestine Rd			Newtow				СТ	06470-2	2525
Principal Occupation Attorney					of Employer nia Law, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes ✓ No			\$100.00
If yes, list Event #	A 140	branches of government the contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/06/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$500.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	, ,, ,,

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NAME OF COMMITTEE (Provid	le Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford A			April 10 filing	April 10 filing					
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of Sr	nall Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Yeager				Rol	pert				М
Residential Street Address			City				State	Zip Code	
3 Murthas Way, Apt 436			Granby				СТ	06035-2	2649
Principal Occupation Attorney					of Employer nan, Herrmann &	Menard			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r		_	✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ C	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde	ecutiv er	Date Received 03/30/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Nandakumaran				Sar	njeev				
Residential Street Address			City				State	Zip Code	
834 Via Gregorio			San Din	nas			CA	91773-3	3934
Principal Occupation Physician			4	100	of Employer er Permanente				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes Vo			\$25.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/24/2023	Aggregate contributions \$25.00			
Last Name				First					M.I.
Lacy				Sco	ott				
Residential Street Address			City				State	Zip Code	
3250 Fairfield Ave, Apt 208			Bridgep				СТ	06605-3	3270
Principal Occupation Associate Dean & Professor				l .	of Employer ield University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes Vo	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			∐ Yes ✓ No			\$47.00
If yes, list Event # Method of contribution: Cash Personal Check	`redit/Debit	contract is with:	Money Orde	ecutiv	Date Received 01/08/2023	Aggregate contributions \$47.00			
			J		01/00/2023	φ47.00			

\$172.00
224,025.00
224,025.00
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NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Λ.			\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Patricelli				Mar	garet				s
Residential Street Address			City				State	Zip Code	
77 Hartford Rd			Simsbu				СТ	06070-2	2506
Principal Occupation Retired				Name o	of Employer ed				
To contaibutou a labbruist amouse on	Yes	If contribution is in excess of	\$400 to a cor	ndidoto :	aammittaa fan a ahiaf	avacutive officer of a	Г		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ No	municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	? Yes		\$	1,000.00
If yes, list Event #	V 110	branches of government the contract is with:	Exc	ecutive	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ordo	er	Date Received 01/11/2023	Aggregate contributions \$1,000.00			
Last Name				First			•		M.I.
Taylor				Alla	n				В
Residential Street Address			City	- 4	-		State	Zip Code	
238 Whitney St			Hartford				СТ	06105-2	2270
Principal Occupation Retired			4	Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	res		\$	1,000.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutive	Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ordo	er	Date Received 02/27/2023	Aggregate contributions \$1,000.00			
Last Name		0		First			-		M.I.
Taylor				Sall	у				S
Residential Street Address			City				State	Zip Code	
238 Whitney St			Hartford	_	27. 4		СТ	06105-2	2270
Principal Occupation Retired				Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	Y es		\$^	1,000.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 02/14/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$3,000.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Provide Complete N	lame as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford					April 10 filing			
A. Total Contributions from Small Contrib	butors - Received this	Period O	NLY					
(See instructions for definition of Small Contribu	tor)		5	Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons fro	om Individuals				
Last Name			First					M.I.
Sullivan			Dani	el				L
Residential Street Address		City	•			State	Zip Code	
539 Hawthorne Ln		Windso				СТ	06095-4	714
Principal Occupation Retired			Retire	f Employer ed				
dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor omunicipality valued at more th	or business h				Amoun	t of Conti	ibution
event reported in Section L1? If we list Event #	contributor a principal of a state yes, indicate which branch or ranches of government the	·	or prospo	ective state contractor? Legisla	∐ res ✓No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card	ontract is with: d Payroll Deduction	Money Orde		Date Received 02/06/2023	Aggregate contributions \$100.00			
Last Name			First					M.I.
Tsarkov			Alex					
Residential Street Address		City				State	Zip Code	702
367 Laurel St Principal Occupation		Hartford		f Employer		СТ	06105-2	2703
Professor		4	UCon					
dependent child of a lobbyist?	If contribution is in excess of \$\frac{9}{2}\$ municipality does contributor of municipality valued at more the	or business h				Amoun	t of Conti	ibution
event reported in Section L1? If we list Event #	contributor a principal of a state yes, indicate which branch or ranches of government the contract is with:		or prospo	ective state contractor? Legisla	✓ No			\$50.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card		Money Orde		Date Received 03/31/2023	Aggregate contributions \$50.00			
Last Name	00		First					M.I.
Patel	(A)		Gaui	rav				S
Residential Street Address		City				State	Zip Code	
167 Hampshire Dr		Glaston		CE 1		СТ	06033-3	3086
Principal Occupation Partner				f Employer on Street Consul	ting			
dependent child of a lobbyist?	If contribution is in excess of \$\frac{9}{2}\$ municipality does contributor of municipality valued at more the	or business h				Amoun	t of Conti	ibution
event reported in Section L1?	contributor a principal of a state yes, indicate which branch or		or prospe	ective state contractor?	Yes			\$500.00
It vec list Event #	ranches of government the ontract is with:	Exe	ecutive	Legisla	.tive			
Method of contribution: Cash Personal Check Credit/Debit Card	d Payroll Deduction	Money Orde		Date Received 01/13/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	,

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NAME OF COMMITTEE (Provide	le Complete I	Name as Registered with Fil	ing Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from Sn	nall Contr	ibutors - Received this l	Period O	NLY					
(See instructions for definition of Sm	nall Contrib	utor)			Subtotal Section A				\$0.00
		B. Itemized Co	ontributi	ons fr	om Individuals				
Last Name				First					M.I.
Leach				Cliff	ord				G
Residential Street Address			City				State	Zip Code	
3 Kenmore Rd			Bloomfi				СТ	06002-2	2131
Principal Occupation Attorney/Lobbyist					of Employer H86artford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of \$\frac{9}{2}\$ municipality does contributor of municipality valued at more th	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No	contributor a principal of a state if yes, indicate which branch or pranches of government the	·	or prosp	_	∐ res ✓ No			\$150.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cr		contract is with:	Money Orde		Date Received 03/30/2023	Aggregate contributions \$150.00			
Last Name				First					M.I.
Sadin				She	lley				R
Residential Street Address			City		- 33		State	Zip Code	1005
201 Armory St Principal Occupation			Hamder		of Employer		СТ	06517-4	1005
law school administrator			4		nipiac University	School of Law			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of \$\frac{9}{2}\$ municipality does contributor of municipality valued at more th	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No	contributor a principal of a state if yes, indicate which branch or branches of government the contract is with:		or prosp		∐ Yes ✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cı			Money Orde		Date Received 01/20/2023	Aggregate contributions \$100.00			
Last Name		20		First		·	<u> </u>		M.I.
Torres-Ferguson				Mild	lred				
Residential Street Address			City	1			State	Zip Code	
85 Catherine Dr			Merider	1			CT	06450-2	2069
Principal Occupation Project Manager					of Employer of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of \$\frac{9}{2}\$ municipality does contributor of municipality valued at more th	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No	contributor a principal of a state if yes, indicate which branch or oranches of government the contract is with:		or prosp	_	∐ Yes ✓ No			\$100.00
Method of contribution: Cash Personal Check C	I		Money Orde	er	Date Received 01/31/2023	Aggregate contributions \$100.00	-		

SUBTOTAL Section B - This Page	\$350.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	,

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NAME OF COMMITTEE (Provide Complete Na	me as Registered with Filing	Repository)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contrib	utors - Received this Peri	iod ONLY	7				
(See instructions for definition of Small Contribute	or)		Subtotal Section A				\$0.00
	B. Itemized Contr	ributions	from Individuals				
Last Name		Firs	st				M.I.
Sanchez		Ro	bert				С
Residential Street Address	Cit	-			State	Zip Code	
269 Washington St	Ne	ew Britain			СТ	06051-1	024
Principal Occupation State Representative			e of Employer te of CT				
dependent child of a lobbyist?	f contribution is in excess of \$400 nunicipality does contributor or bu nunicipality valued at more than \$5	siness he/she			Amoun	t of Contr	ibution
event reported in Section L1? If yes list Event # If you have list Event #	ntributor a principal of a state con res, indicate which branch or inches of government the	tractor or pro		✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card	ntract is with: Payroll Deduction Mon	ney Order		Aggregate contributions \$100.00			
Last Name		Firs	t				M.I.
Wenograd		Ве	n				
Residential Street Address	Cit				State	Zip Code	20.4
39 Lilley Rd	VV	est Hartfo			СТ	06119-1	334
Principal Occupation Union Representative		40.	e of Employer Connecticut				
dependent child of a lobbyist?	f contribution is in excess of \$400 nunicipality does contributor or bununicipality valued at more than \$5	siness he/she			Amoun	t of Contr	ibution
event reported in Section L1?	ntributor a principal of a state con yes, indicate which branch or unches of government the		_	✓ No			\$100.00
	ntract is with:	Executiv					
Method of contribution: Cash Personal Check ✓ Credit/Debit Card	Payroll Deduction Mon	ney Order	Date Received 01/12/2023	Aggregate contributions \$100.00			
Last Name	0	Firs	t				M.I.
Paolino		Ja	mes				S
Residential Street Address	Cit				State	Zip Code	
29 S Colman Rd	VV	olcott	6E 1		СТ	06716-2	2855
Principal Occupation Lobbyist		I .	e of Employer CUS Government A	Affairs			
dependent child of a lobbyist?	f contribution is in excess of \$400 nunicipality does contributor or bu nunicipality valued at more than \$5	siness he/she			Amoun	t of Contr	ibution
event reported in Section L1?	ntributor a principal of a state con yes, indicate which branch or unches of government the	_	_	∐ Yes ✓ No			\$100.00
If yes, list Event # cor	ntract is with:	Executiv		ive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction Mon	ney Order	Date Received 02/01/2023	Aggregate contributions \$100.00			

TOTAL of Section B Pages \$224,025	
101712 of 20011011 21 agos 422 1,020	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$224,025 (Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford	Arunan for Hartford A		April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Vickers				Cor	nstance				E
Residential Street Address			City	•			State	Zip Code	•
881 Lafayette Blvd			Bridgep				СТ	06604-4	705
Principal Occupation Outreach				Name Avar	of Employer ngrid				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros		✓ No			\$100.00
If yes, list Event #		contract is with:	Ex	ecutive		ative —	1		
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/05/2023	Aggregate contributions \$100.00	I		
Last Name				First					M.I.
Tharmarajah				Siva	akumaran				
Residential Street Address			City				State	Zip Code	ı
1148 W Bateman Point Dr			West Jo	ordan			UT	84084-2	2556
Principal Occupation VP of Quality Engineering				100	of Employer ut, Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res		\$	1,000.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutive	eLegisl				
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/21/2023	Aggregate contributions \$1,000.00			
Last Name		~0		First					M.I.
Thiagarajah				Chi	tta				
Residential Street Address			City				State	Zip Code	
3333 Camino Del Sur			Lancast	ter			CA	93536-2	2834
Principal Occupation Physician				1	of Employer a Thiagarajah				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes Vo			\$200.00
If yes, list Event #	▼ 140	branches of government the contract is with:	Ex	ecutive	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/26/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,1=1111

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NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Selva				Sar	ngar				Р
Residential Street Address			City				State	Zip Code	
2594 Still Meadow Ln			Lancast				CA	93536-5	362
Principal Occupation Retired				Name Retii	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$200.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Ordo		Date Received 02/27/2023	Aggregate contributions \$200.00			
Last Name				First					M.I.
schrag				aar	on				
Residential Street Address			City		-		State	Zip Code	
405 Atlantic St, Unit 17N			Stamfor				СТ	06901-3	3569
Principal Occupation Teacher			4		of Employer nford Public Scho	pols			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res			\$25.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	e Legisl	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/11/2023	Aggregate contributions \$25.00			
Last Name		00		First					M.I.
Tharmarajah		0		Aat	haven				
Residential Street Address			City				State	Zip Code	
1148 W Bateman Point Dr			West Jo				UT	84084-2	2556
Principal Occupation Actor					of Employer Returns, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or pros	pective state contractor	Yes Vo		\$	1,000.00
If yes, list Event #		contract is with:	Exc	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 01/23/2023	Aggregate contributions \$1,000.00			

e \$1,225.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
3224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing				
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	L			\$0.00
B. Itemized C	ontributi	ions fr	om Individuals				
Last Name		First					M.I.
Sentner		Fran	nk				Х
Residential Street Address	City				State	Zip Code	1707
21 A Capitol Ave	Hartford		6 P. 1		СТ	06106-1	1707
Principal Occupation Consultant		1	of Employer wood Consulting				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of the section of the sec	r	or prosp		✓ No			\$250.00
Method of contribution:	Money Ordo		Date Received 01/30/2023	Aggregate contributions \$350.00			
Last Name		First					M.I.
Sentner		Fran	nk				X
Residential Street Address	City	. 4	- 30		State	Zip Code	
21 A Capitol Ave	Hartford				СТ	06106-1	1707
Principal Occupation Consultant	4		of Employer wood Consulting				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, indicate which branch of branches of government the contract is with:		or prosp		✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	ler	Date Received 02/28/2023	Aggregate contributions \$350.00			
Last Name		First					M.I.
Roncari		Gild	a				
Residential Street Address	City				State	Zip Code	
34 Kenmore Rd	Bloomfi				СТ	06002-2	2111
Principal Occupation Director of Donor Relations		1	of Employer ord Public Library	y			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, list Event # Is contributor a principal of a state of the section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, indicate which branch of branches of government the contract is with:	r	or prosp	_	✓ Yes No			\$100.00
Method of contribution:			Date Received	Aggregate contributions			
Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	ler	03/21/2023	\$100.00			

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$224,025.00

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NAME OF COMMITTEE (Provide Complete Name as Regi	istered with Filing Reposit	tory)	TYPE OF REPORT			
Arunan for Hartford			April 10 filing			
A. Total Contributions from Small Contributors - R	eceived this Period Ol	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
В	. Itemized Contribution	ons from Individuals				
Last Name		First				M.I.
Wiles		Benjamin				
Residential Street Address	City			State	Zip Code	
5930 Blairstone Dr	Culver C			CA	90232-3	3002
Principal Occupation Attorney		Name of Employer Prospera Law LLP				
dependent child of a lobbyist? municipality of		didate committee for a chief exe/she is associated with have a Yes		Amoun	t of Conti	ibution
event reported in Section L1? If yes, list Event # If yes, indicate branches of gov	which branch or vernment the	or prospective state contractor? ccutive Legisla	□ res			\$500.00
Method of contribution:	oll Deduction Money Orde	Date Received	Aggregate contributions \$500.00			
Last Name		First				M.I.
Small		Phyllis				
Residential Street Address	City			State	Zip Code	
40 Whetten Rd	West Ha			СТ	06117-2	2856
Principal Occupation Retired		Name of Employer Retired				
dependent child of a lobbyist? municipality of		didate committee for a chief exe/she is associated with have a Yes		Amoun	t of Conti	·ibution
event reported in Section L1? If yes, indicate branches of go	which branch or	or prospective state contractor?	✓ No			\$100.00
If yes, list Event # contract is with	: Exe	ecutive Legisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payro	oll Deduction Money Orde	Date Received 02/27/2023	Aggregate contributions \$100.00			
Last Name	0	First				M.I.
Winch	()	rJo				
Residential Street Address	City			State	Zip Code	
359 Sigourney St	Hartford			СТ	06112-2	352
Principal Occupation Retired		Name of Employer Retired				
dependent child of a lobbyist? municipality of		didate committee for a chief exe/she is associated with have a Yes		Amoun	t of Conti	ibution
event reported in Section L1? Yes If yes, indicate branches of gove	which branch or	or prospective state contractor?	∐ Yes ✓ No			\$50.00
If yes, list Event # contract is with		ecutive Legisla	tive			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payro	oll Deduction Money Orde	Date Received 02/27/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	ţ= 1 ,0 2 0.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford			April 10 filing						
A. Total Contributions from Sma	all Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Smal	ll Contr	ibutor)			Subtotal Section A				\$0.00
		B. Itemized C	Contributi	ons f	rom Individuals				
Last Name				First	:				M.I.
Wilson				Bia	nca				
Residential Street Address			City				State	Zip Code	
16 Chatham St			Hartford				СТ	06112-1	408
Principal Occupation Real Estate					of Employer Russell Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ibution
event reported in Section L1?]Yes]No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			✓ No	\$100.0		\$100.00
If yes, list Event # Method of contribution: Cash Personal Check Cred	dit/Debit	contract is with: Card Payroll Deduction	Money Orde	ecutiv er	Date Received 03/16/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Welz				Wil	liam				
Residential Street Address			City				State	Zip Code	
113 Highland Rd			Mansfie				СТ	06250-1	547
Principal Occupation Lobbyist			4		of Employer o & Robinson				
dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contributor municipality valued at more that	or business h				Amoun	t of Conti	ibution
event reported in Section L1?	Yes No	Is contributor a principal of a state of the		or pros	pective state contractor	? ☐ Yes ✓ No			\$100.00
If yes, list Event #]110	branches of government the contract is with:	Exe	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash Personal Check ✓ Cred	dit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/10/2023	Aggregate contributions \$100.00			
Last Name		00		First					M.I.
Price		(1)		Ric	hard				Р
Residential Street Address			City				State	Zip Code	
292 Deming Rd, Trlr 2			Berlin	Ma	of Employer		СТ	06037-1	1007
Principal Occupation Retired				Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	_Yes ∕No	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ibution
event reported in Section L1?	Yes No	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contractor	?			\$10.00
If yes, list Event #	1110	branches of government the contract is with:	Exe	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check ✓ Cred	dit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/27/2023	Aggregate contributions \$10.00			

SUBTOTAL Section B - Th	nis Page	\$210.00
TOTAL of Section	B Pages \$2	224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summa	52	224,025.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this l	Period O	NLY					
(See instructions for definition of Small Contributor)		Subt	otal Section A	A			\$0.00
B. Itemized Co	ontributi	ions from 1	Individuals				
Last Name		First					M.I.
Patel		Bhupen					N
Residential Street Address	City				State	Zip Code	l
43 Green Ave	Newing	ton			CT	06111-2	2708
Principal Occupation Retired		Name of Em Retired	ployer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{9}{2}\$ municipality does contributor of municipality valued at more the state of the contributor a principal of a state of the contributor and principal of the	or business han \$5,000?	he/she is assoc	Yes Yes	a contract with said No Yes	Amoun	t of Cont	sibution \$50.00
If yes, list Event # branches of government the contract is with:	Exe	ecutive	Legisl		-		
Method of contribution: ☐ Cash	Money Orde		Received 23/2023	Aggregate contributions \$50.00			
Last Name		First					M.I.
Spinato Grant		Kathy	100				Α
Residential Street Address	City				State	Zip Code	2224
2405 Whitney Ave, Apt 710 Principal Occupation	Hamder	Name of Em	mloviou		СТ	06518-3	5221
Data Integrity Technician II	4		Haven Hea	alth System			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{9}{2}\$ municipality does contributor of municipality valued at more the second se	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prospective	state contractor	✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde		Received 06/2023	Aggregate contributions \$50.00			
Last Name		First					M.I.
Thomas		Lisa					
Residential Street Address	City				State	Zip Code	
255 Geraldine Dr	Coventr				СТ	06238-1	331
Principal Occupation Retired		Name of Em Retired	ployer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ municipality does contributor of municipality valued at more the second	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	. <u></u>	or prospective	state contractor	∐ Yes ✓ No			\$25.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde		Received 31/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$125.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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I uge	1//	OI	200

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	t				M.I.
Sabin				Eli					
Residential Street Address			City				State	Zip Code	
123 York St, Apt 12A			New Ha				СТ	06511-5	5696
Principal Occupation Legislative coordinator					of Employer necticut Voices fo	or Children			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros		✓ No	\$100		\$100.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/10/2023	Aggregate contributions \$100.00			
Last Name				First			•		M.I.
Rutledge				Pey	yton				
Residential Street Address			City		1		State	Zip Code	
9 Alexis Dr			Bolton				СТ	06043-7	7843
Principal Occupation Retired				Name Retii	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	spective state contractor	res			\$50.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutiv	e Legisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/09/2023	Aggregate contributions \$50.00			
Last Name		0		First	t .				M.I.
Sabin				Pai	ul				
Residential Street Address			City				State	Zip Code	
104 Linden St			New Ha				СТ	06511-2	2425
Principal Occupation Academic					of Employer University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes ✓ No			\$250.00
If yes, list Event #	A 140	branches of government the contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/08/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$224,025.00

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NAME OF COMMITTEE (Prov.	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Lavine				Gai	ry				j
Residential Street Address			City				State	Zip Code	
6808 Holliston Cir			Fayette				NY	13066-1	700
Principal Occupation attorney					of Employer ounsel Bousquet	Holstein PLLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No	\$1,000.00		1,000.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Ordo		Date Received 02/09/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Soto				Chi	ris				
Residential Street Address			City		1		State	Zip Code	
18 Crouch St			New Lo	41			СТ	06320-5	322
Principal Occupation Senior Advisor			4	100	of Employer Department of Ed	ucation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	e Legisl	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 02/01/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Taylor		(C.		Kar	en				
Residential Street Address			City				State	Zip Code	
117 Sigourney St, Apt 3			Hartford				СТ	06105-2	2757
Principal Occupation Director				l .	of Employer of Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state		or pros	pective state contractor	Yes Vo			\$25.00
If yes, list Event #	₩ 140	branches of government the contract is with:	Exc	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/06/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$1,125.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	\$224,020.00

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NAME OF COMMITTEE (Provide Complete Name as Registere	d with Filing Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford A		April 10 filing					
A. Total Contributions from Small Contributors - Receiv	ved this Period O	NLY					
(See instructions for definition of Small Contributor)		;	Subtotal Section A				\$0.00
B. Ite	mized Contributi	ions fr	om Individuals	•			
Last Name		First					M.I.
Taylor		Kare	en				
Residential Street Address	City				State	Zip Code	
117 Sigourney St, Apt 3	Hartford				СТ	06105-2	2757
Principal Occupation Director			of Employer of Hartford				
dependent child of a lobbyist? municipality does c	excess of \$400 to a car ontributor or business I I at more than \$5,000?	he/she is			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which	h branch or	or prosp	ective state contractor	?			\$25.00
If yes, list Event # branches of governm contract is with:	ent the Ex	ecutive	Legisla	ntive			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Dec	duction Money Orde	ler	Date Received 01/06/2023	Aggregate contributions \$50.00			
Last Name		First					M.I.
van Luling		Mari	е				Т
Residential Street Address	City	- 4			State	Zip Code	
16 Anchors Aweigh Rd	Brewste				MA	02631-1	435
Principal Occupation Retired		Name o	of Employer ed				
dependent child of a lobbyist? municipality does c	excess of \$400 to a car ontributor or business 1 at more than \$5,000?	he/she is			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes V No Is contributor a princip If yes, indicate which branches of governm	h branch or	, E		✓ No			\$150.00
If yes, list Event # contract is with:	Ex	ecutive		ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Dec	duction Money Orde	ler	Date Received 02/27/2023	Aggregate contributions \$150.00			
Last Name	0	First	l				M.I.
Rutnam		Yem	ishtha				E
Residential Street Address	City				State	Zip Code	l
8804 Shepard Dr	Plano				TX	75025-3	3873
Principal Occupation Development		1	of Employer & Girls Clubs of	America			
dependent child of a lobbyist? municipality does c	excess of \$400 to a car ontributor or business I I at more than \$5,000?	he/she is			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes V No Is contributor a princip If yes, indicate which branches of governm	h branch or	or prosp	_	∐ Yes ✓ No			\$100.00
If yes, list Event # contract is with:	Ex	ecutive	Legisla	ntive]		
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Dec	duction Money Orde	ler	Date Received 03/30/2023	Aggregate contributions \$100.00			

AL Section B - This Page \$275.00	SUBTOTAL
OTAL of Section B Pages \$224,025.00	TOTA
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDU (Enter total on Line 13, Column

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NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section	A			\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals	3			
Last Name				First					M.I.
Van Buren				Tyle	er				
Residential Street Address			City				State	Zip Code	
49 Red Hill Dr			Glaston				СТ	06033-3	3128
Principal Occupation Director of Communications					of Employer e of the Treasu	rer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l	he/she is			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$250.00
If yes, list Event # Method of contribution:		contract is with:	,	ecutive	Date Received	Aggregate contributions			
Cash Personal Check 🗸	Credit/Debit	Card Payroll Deduction	Money Ord		01/09/2023	\$250.00)		
Last Name				First					M.I.
Shah				Tusl	har				G
Residential Street Address			City	-e-1-l			State	Zip Code	1070
17 Highland St			Wethers		CE 1		СТ	06109-4	1070
Principal Occupation Attorney			4		of Employer stream Law Gro	oup, LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she is			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or prosp	ective state contract	or? Yes ✓ No			\$500.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	Legis	slative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 03/31/2023	Aggregate contributions \$500.00			
Last Name				First					M.I.
Peterson				Bob	bye				K
Residential Street Address			City				State	Zip Code	2050
10 Knox Blvd			Middlete		CP 1		CT	06457-2	2352
Principal Occupation Chief of Staff					of Employer of Middletown				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she is			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contract	Y es			\$25.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive					
Method of contribution: Cash Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 01/11/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page \$775.00	
TOTAL of Section B Pages \$224,025.00	
AL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page \$224,025.00	

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NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Reposit	tory)	TYPE OF REPORT			
Arunan for Hartford A		April 10 filing				
A. Total Contributions from Small Contributors	- Received this Period Of	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
	B. Itemized Contribution	ons from Individuals				
Last Name		First				M.I.
Ostrout		Sherry				
Residential Street Address	City			State	Zip Code	
105 Kenyon St	Hartford			СТ	06105-2	2506
Principal Occupation Social Work - administration		Name of Employer Connecticut Communi	ty Care Inc			
dependent child of a lobbyist? municipa	bution is in excess of \$400 to a can ality does contributor or business h ality valued at more than \$5,000?			Amoun	t of Conti	ibution
event reported in Section L1? If yes, ind	or a principal of a state contractor of dicate which branch or of government the	_	✓ No			\$50.00
If yes, list Event # contract is		ecutive Legisla	tive —			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐	Payroll Deduction Money Orde	Date Received 01/11/2023	Aggregate contributions \$100.00			
Last Name		First				M.I.
Ostrout		Sherry				
Residential Street Address	City			State	Zip Code	
105 Kenyon St	Hartford			СТ	06105-2	2506
Principal Occupation Social Work - administration		Name of Employer Connecticut Communi	ty Care Inc			
dependent child of a lobbyist? municipa	bution is in excess of \$400 to a can ality does contributor or business h ality valued at more than \$5,000?			Amoun	t of Conti	ibution
event reported in Section L1?	or a principal of a state contractor of dicate which branch or of government the with:	or prospective state contractor?	✓ No			\$50.00
Method of contribution: ☐ Cash	Payroll Deduction Money Orde	Date Received 03/31/2023	Aggregate contributions \$100.00			
Last Name	700	First				M.I.
Wood Reviczky		Jillian				
Residential Street Address	City			State	Zip Code	
110 Wall St	Coventry	<u> </u>		СТ	06238-3	3164
Principal Occupation Owner		Name of Employer GW Association Mana	gement Sol			
dependent child of a lobbyist? municipa	bution is in excess of \$400 to a can ality does contributor or business h ality valued at more than \$5,000?			Amoun	t of Conti	ibution
event reported in Section L1? If yes, ind V No branches of	or a principal of a state contractor of dicate which branch or of government the	or prospective state contractor: ecutive Legisla	✓ No			\$100.00
Method of contribution:	with:	Date Received	Aggregate contributions			
	Payroll Deduction Money Orde		\$100.00			

\$200.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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1 age	204	OI	270

NAME OF COMMITTEE (Prov.	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing	April 10 filing					
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Vallam				Tej	al				
Residential Street Address			City				State	Zip Code	
45 Andover Dr			Rocky F				СТ	06067-1	733
Principal Occupation Owner					of Employer sa LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$5.00
Method of contribution: Cash Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 03/22/2023	Aggregate contributions \$155.00			
Last Name				First					M.I.
Vallam				Tej	al				
Residential Street Address			City		1		State	Zip Code	
45 Andover Dr			Rocky F				СТ	06067-1	733
Principal Occupation Owner			4	100	of Employer sa LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes No			\$150.00
If yes, list Event #	V NO	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 03/22/2023	Aggregate contributions \$155.00			
Last Name		0		First					M.I.
Rodney				And	drew				
Residential Street Address			City				State	Zip Code	
208 Cornwall St, 6112			Hartford				СТ	06112-1	423
Principal Occupation Police Officer				l .	of Employer Of Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes ✓ No			\$25.00
If yes, list Event #	▼ 140	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 02/16/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$180.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	1== 1,0=0.00

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1 age	203	OI	200

NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Santos				Farl	ey				
Residential Street Address			City	•			State	Zip Code	
27 Westview Dr			Danbur				СТ	06810-7	020
Principal Occupation SBDanbury & CT Gen. Asser	nbly				of Employer community Dev. N	/lgr. & Legislator			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the		or prosp	pective state contractor	?			\$100.00
If yes, list Event #	• 110	contract is with:	Ex	ecutive	Legisla	tive			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 01/19/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Surgeon				Shir	ley				
Residential Street Address			City	. 4	-		State	Zip Code	
160 Adams St			Hartford				СТ	06112-1	802
Principal Occupation Seasional			4	100	of Employer of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	pective state contractor	res			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	Legisla	tive No			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 01/12/2023	Aggregate contributions \$50.00			
Last Name		0		First					M.I.
Saunig				Mat	thew				
Residential Street Address			City				State	Zip Code	
186 Chimney Sweep Hill Rd			Glaston				СТ	06033-3	3904
Principal Occupation Assistant Division Director					of Employer ecticut Departme	ent of Banking			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	pective state contractor	?			\$100.00
If yes, list Event #	▼ 140	branches of government the contract is with:	Ex	ecutive	Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ 0	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 01/31/2023	Aggregate contributions \$100.00			

\$250.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Parkinson				Ang	gie				
Residential Street Address			City				State	Zip Code	ı
31 High St, Apt 7308			East Ha	artford	<u> </u>		СТ	06118-3	8805
Principal Occupation Teacher					of Employer				
reacher				Coic	hester BoE				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 5 municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes ✓ No			\$50.00
If yes, list Event #	V 110	branches of government the contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/20/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Macy				Nar	ncy				В
Residential Street Address			City		A BAR		State	Zip Code	
1 Gold 13E 1 St, 13E			Hartford				СТ	06103	
Principal Occupation Retired			4	Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 5 municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$200.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	eLegisla				
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/21/2023	Aggregate contributions \$400.00	,		
Last Name		0		First					M.I.
Macy				Nar	ncy				В
Residential Street Address			City				State	Zip Code	
1 Gold 13E 1 St, 13E			Hartford				СТ	06103	
Principal Occupation Retired				Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Y es			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisla				
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/20/2023	Aggregate contributions \$400.00	ı		

SUBTOTAL Section B - This Page	\$350.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	,

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1 age	207	OI	220

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	t				M.I.
Patricelli				Rol	bert and Margare	t			
Residential Street Address			City				State	Zip Code	ı
77 Hartford Rd			Simsbu	ry			СТ	06070-2	2506
Principal Occupation					of Employer				
Retired				Retii	rea				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	pective state contractor	Yes ✓ No		\$	1,000.00
If yes, list Event #	V 110	contract is with:	☐ Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/11/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
nesiah				nag	gulan				
Residential Street Address			City		1		State	Zip Code	
815 2nd Ave			New Yo				NY	10017-4	1503
Principal Occupation Senior Program OFfiicer					of Employer copal Relief & De	evelonment			
-			43		AO.		,		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/11/2023	Aggregate contributions \$100.00			
Last Name		0		First	t				M.I.
Zoppo				Elle	en				
Residential Street Address			City				State	Zip Code	•
47 Kory Ln			Bristol				СТ	06010-7	'180
Principal Occupation Town Manager					of Employer n of Enfield				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/11/2023	Aggregate contributions \$100.00			

\$1,200.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Providence of Committee)	de Complete	Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	mall Contr	ibutors - Received this	Period O	NLY					
(See instructions for definition of St	mall Contrib	outor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Taubes				Alex	kander				
Residential Street Address			City				State	Zip Code	
360 State St, Apt 1622			New Ha	aven			СТ	06510-3	614
Principal Occupation Civil Rights Attorney					of Employer Offices of Alexand	der T. Taubes PLL0	С		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of 5 municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No	s contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	·	or prosp		✓ No		\$^	1,000.00
Method of contribution: Cash Personal Check ✓ C			Money Ord		Date Received 01/11/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Pillsbury				Cha	rles				Α
Residential Street Address			City	- 4	-		State	Zip Code	
247 Saint Ronan St			New Ha	-	CD 1		СТ	06511-2	2313
Principal Occupation Law Professor			4		^{of Employer} nipiac Univ. Scho	ol of Law			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No	s contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp		✓ No			\$100.00
Method of contribution: ☐ Cash Personal Check ✓ C		_ ~~	Money Ord		Date Received 01/13/2023	Aggregate contributions \$100.00	-		
Last Name		0		First					M.I.
Snell				Pete	er				
Residential Street Address			City	1			State	Zip Code	
1516 N Colonial Ter			Arlingto	n			VA	22209-1	406
Principal Occupation Real Estate				l .	of Employer Ila Capital				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of 5 municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No	s contributor a principal of a state If yes, indicate which branch or branches of government the	·	or prosp		∐ Yes ✓ No		\$^	1,000.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	<u> </u>	contract is with: ard Payroll Deduction	Money Ord		Date Received 01/13/2023	Aggregate contributions \$1,000.00	-		

SUBTOTAL Section B - This Page	\$2,100.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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1 age	20)	OI	270

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this Pe	eriod ON	NLY					
(See instructions for definition of Small Contributor)		5	Subtotal Section A				\$0.00
B. Itemized Cor	ntributio	ons fro	om Individuals				
Last Name		First					M.I.
Paoletto		Anth	ony				
	City				State	Zip Code	
	Bridgepo				СТ	06610-1	233
Principal Occupation	I		f Employer				
Special Projects Manager			f Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or municipality valued at more than	business he				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of the section L1? If yes, indicate which branch or branches of government the				✓ No			\$100.00
If yes, list Event # contract is with:	Exe	cutive	Legislat	ive			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Method of contribution:	Money Order		Date Received 01/13/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Schlossberg		Benj	amin				
	City				State	Zip Code	00.40
268 Jackson Pines Rd Principal Occupation	Jackson		f F 1		NJ	08527-2	2946
Real Estate		Shelb	f Employer Ourne				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$44 municipality does contributor or municipality valued at more than	business he				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of the section L1? If yes, indicate which branch or branches of government the	contractor o	or prospe	ective state contractor?	☐ Yes ✓ No			\$400.00
If yes, list Event # branches of government the contract is with:	Exe	cutive	Legislat	ive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ Method of contribution: ☐ Cash ☐ Personal Check ☐ Payroll Deduction ☐ Method of contribution: ☐ Cash ☐ Personal Check ☐ Payroll Deduction ☐ Method of contribution: ☐ Cash ☐ Personal Check ☐ Payroll Deduction ☐ Method of contribution: ☐ Cash ☐ Payroll Deduction ☐ Method of contribution ☐ Method of contribut	Money Order		Date Received 01/17/2023	Aggregate contributions \$400.00			
Last Name		First					M.I.
Moyer		Kurt					
l	City				State	Zip Code	
122 Boddon Till Bi 122 Boddon Till Bi	West Ha				СТ	06117	
Principal Occupation Chemist			f Employer Lake Labs				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$44 municipality does contributor or municipality valued at more than	business he				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of the section L1?	contractor o	or prospe	ective state contractor?	Yes			\$500.00
If yes, list Event # If yes, list Event # If yes, indicate which branch or branches of government the contract is with:	Exe	cutive	Legislat	ive No			ψοσο.σο
Method of contribution:	Money Order		Date Received 01/18/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - Th	s Page \$1,000.00
TOTAL of Section E	Pages \$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summa)	\$224.025.00

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1 450	210	OI	2/0

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	:				M.I.
Voelker				Jos	eph				R
Residential Street Address			City				State	Zip Code	•
19 Cedar Spring Rd			Arecibo				PR	00613	
Principal Occupation Human Resource Consultant				l	of Employer rone & O'Neill				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r		_	✓ No			\$500.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debit	contract is with: Card Payroll Deduction	Money Ord	ecutiv	Date Received 01/18/2023	Aggregate contributions \$500.00)		
Last Name				First					M.I.
Naeem				Oja	ıla				
Residential Street Address			City				State	Zip Code	
100 Pierce Blvd			Windso	r			СТ	06095-1	1711
Principal Occupation Management					of Employer relers				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes Vo	\$100.00		\$100.00
If yes, list Event #	VINO	branches of government the contract is with:	Ex	ecutiv	e Legisl	ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/05/2023	Aggregate contributions \$100.00			
Last Name		0		First			-1		M.I.
Lathrop				Dav	vid				
Residential Street Address			City				State	Zip Code	1
53 Sherman St			Hartford	<u></u>			СТ	06105-2	2260
Principal Occupation Accountant				l l	of Employer ford Behaviorial H	Health			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	•	_	∐ Yes ✓ No			\$50.00
If yes, list Event #		contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/05/2023	Aggregate contributions \$50.00)		

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	,

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	A			\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals	•			
Last Name				First					M.I.
Lovejoy				Ber	njamin				J
Residential Street Address			City				State	Zip Code	
68 Mayflower St			West H				СТ	06110-1	420
Principal Occupation Regional planner				Name Scrc	of Employer Og				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of S municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$250.00
If yes, list Event # Method of contribution:		contract is with:	Ex	ecutiv	e Legisla Date Received	Aggregate contributions	_		
Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	01/05/2023	\$300.00			
Last Name				First					M.I.
Lovejoy				Ber	njamin				J
Residential Street Address			City	- 4	1		State	Zip Code	
68 Mayflower St			West H	artfor	d		CT	06110-1	420
Principal Occupation Regional planner			4	Name Scrc	of Employer Og				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$50.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutiv	eLegisla				
Method of contribution: Cash Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/31/2023	Aggregate contributions \$300.00			
Last Name		0		First					M.I.
Seagull				Mic	helle				
Residential Street Address			City				State	Zip Code	
310 Founders Rd			Glaston	bury			СТ	06033-3	3210
Principal Occupation Agency head				1	of Employer artment of Consu	mer Protection			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of S municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r		_	✓ No			\$200.00
If yes, list Event #		contract is with:	∐Ex	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/05/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$500.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	, ,, ,,

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	See instructions for definition of Small Contributor) Subtotal Section A			Λ.			\$0.00		
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Russell				Lyn	dsey				
Residential Street Address			City		-1		State	Zip Code	005
35 Foxridge Rd			West Ha				СТ	06107-3	3625
Principal Occupation Teacher					of Employer tol Region Educa	ation council			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp		✓ No			\$100.00
Method of contribution: Cash Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 01/06/2023	Aggregate contributions \$125.00			
Last Name				First					M.I.
Russell				Lyn	dsey				
Residential Street Address			City				State	Zip Code	
35 Foxridge Rd			West Ha				СТ	06107-3	8625
Principal Occupation Teacher			4		of Employer tol Region Educa	ation council			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	L Yes			\$25.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutive	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/31/2023	Aggregate contributions \$125.00			
Last Name		00		First					M.I.
Lentini				Jera	ald				
Residential Street Address			City				State	Zip Code	
524 Birch Mountain Rd			Manche				СТ	06040-6	804
Principal Occupation Attorney				l	of Employer ano P.C.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state		or prosp	pective state contractor	? Yes ✓ No			\$250.00
If yes, list Event #	₩ 140	branches of government the contract is with:	Exc	ecutive	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/06/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$375.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	, , , , , , , , , , , , , , , , , , , ,

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford	Arunan for Hartford			April 10 filing					
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Conti	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	:				M.I.
Stiles				Billy	y				
Residential Street Address			City				State	Zip Code	
71 Stoner Dr			West H	artfor	d		СТ	06107-1	326
Principal Occupation Realtor					of Employer Iwell Banker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	_	✓ No			\$50.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/07/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Selmanie				Nic	ole				
Residential Street Address			City				State	Zip Code	
200 Exeter St			Hartford				СТ	06106-4	1511
Principal Occupation Teacher					of Employer ford public schoo	ls			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$25.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisl	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/07/2023	Aggregate contributions \$25.00			
Last Name		0		First					M.I.
Patel				Sha	arad				R
Residential Street Address			City				State	Zip Code	•
82 Spring Valley Dr			Berlin				СТ	06037-3	3568
Principal Occupation Retired				Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes Vo			\$500.00
If yes, list Event #		branches of government the contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/08/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$575.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	422 1,020.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this Pe	riod ON	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Con	tributio	ons fr	om Individuals				
Last Name		First					M.I.
Thambiah		Loga	а				
	City				State	Zip Code	
2000 Caritorbary Line 2 1000 Caritara Circuit Wood	Simi Vall				CA	93063	
Principal Occupation Compliance Officer			of Employer are Assurance C	ompany			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or be municipality valued at more than	business he				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of If yes, indicate which branch or branches of government the scattered is with		or prosp ecutive		✓ No			\$25.00
Method of contribution:	oney Order		Date Received 01/09/2023	Aggregate contributions \$175.00			
Last Name		First					M.I.
Thambiah		Loga	a				
	City	- 40			State	Zip Code	
	Simi Vall				CA	93063	
Principal Occupation Compliance Officer	-0.0		of Employer are Assurance C	ompany			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or be municipality valued at more than	business he				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of If yes, indicate which branch or branches of government the contract is with:		or prosp	_	∐ Yes ✓ No			\$150.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Method of Contribution: Personal Check ✓ Credit/Debit Card Payroll Deduction	oney Order	er	Date Received 03/02/2023	Aggregate contributions \$175.00			
Last Name		First					M.I.
Sullivan		Kev	in				В
1.	City				State	Zip Code	100
76 Timberwood Rd	Vest Ha				СТ	06117-1	466
Principal Occupation Retired	I	Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 municipality does contributor or be municipality valued at more than	business he				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of If yes, indicate which branch or branches of government the contract is with:		or prosp		∐ Yes ✓ No			\$250.00
Method of contribution:			Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Me	oney Order	er	02/14/2023	\$250.00			

\$425.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford			April 10 filing						
A. Total Contributions from Small	Contributor	s - Received this	Period O	NLY					
(See instructions for definition of Small	Contributor)				Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Palomo				Osv	valdo				J
Residential Street Address			City				State	Zip Code	
446 Sturges Rd			Fairfield				СТ	06824-2	2851
Principal Occupation Managing Director				l	of Employer twell Strategy Gr	oup			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municip	ibution is in excess of pality does contributor pality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	If yes, in	tor a principal of a stat dicate which branch or of government the	r			✓ No			\$500.00
If yes, list Event # Method of contribution:	contract i		Ex	ecutive	Date Received	Aggregate contributions			
Cash Personal Check Credit	Debit Card	Payroll Deduction	Money Orde	er	02/13/2023	\$500.00			
Last Name				First					M.I.
Ziplow				Elly	n				
Residential Street Address			City	- 4			State	Zip Code	
64 E Weatogue St			Simsbu		-		СТ	06070-2	2502
Principal Occupation Retired			4	Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municip	ibution is in excess of pality does contributor pality valued at more the	or business l				Amoun	t of Conti	ribution
event reported in Section L1?	If yes, in	tor a principal of a stat idicate which branch or		or prosp	pective state contractor	res			\$50.00
If yes, list Event #	branches contract i	of government the s with:	Exc	ecutive	eLegisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit	Debit Card	Payroll Deduction	Money Orde	er	Date Received 02/09/2023	Aggregate contributions \$50.00			
Last Name		~0		First			1		M.I.
Taylor				Ten	aya				
Residential Street Address			City				State	Zip Code	
598 Farmington Avenue 598 Farm	ington Ave		Hartford	<u></u>			СТ	06105	
Principal Occupation Business Owner				1	of Employer profit Accountabil	ity Group LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municip	ibution is in excess of pality does contributor pality valued at more the	or business l				Amoun	t of Conti	ribution
event reported in Section L1?	If yes, in	tor a principal of a stat dicate which branch or		or prosp	pective state contractor	res			\$50.00
If yes, list Event #	branches contract i	of government the s with:	Exc	ecutive					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit	Debit Card	Payroll Deduction	Money Orde	er	Date Received 02/08/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$600.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	mall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Se	mall Conti	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Page				Tho	ompson				G
Residential Street Address			City				State	Zip Code	
226 Kenyon St			Hartford	<u>t</u>			СТ	06105-2	2240
Principal Occupation Attorney				l l	of Employer Offices of Thomp	oson Gould Page, Ll	LC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$100.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde	ecutive er	Date Received 02/07/2023	Aggregate contributions \$300.00	_		
Last Name				First					M.I.
Page				Tho	ompson				G
Residential Street Address			City				State	Zip Code	
226 Kenyon St			Hartford	1			CT	06105-2	2240
Principal Occupation Attorney			4		of Employer Offices of Thomp	oson Gould Page, Ll	LC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$200.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	eLegisla	✓ No ative			
Method of contribution: Cash ✓ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/24/2023	Aggregate contributions \$300.00			
Last Name				First					M.I.
Murphy				Ebo	ony				
Residential Street Address			City				State	Zip Code	
623 E 5th St, Apt A2			Brookly		6D 1		NY	11218-4	1941
Principal Occupation teacher				l l	of Employer t Ann's School				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	pective state contractor	? Yes ✓ No			\$25.00
If yes, list Event #		contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/07/2023	Aggregate contributions \$60.00			

SUBTOTAL Section B - This Page	\$325.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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NAME OF COMMITTEE (Provi	(Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT								
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY		1			
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	Contributi	ions fr	om Individuals				
Last Name				First					M.I.
Murphy				Ebo	ny				
Residential Street Address			City				State	Zip Code	
623 E 5th St, Apt A2			Brookly				NY	11218-4	1941
Principal Occupation teacher					of Employer Ann's School				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she is			Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r		_	∐ Yes ✓ No			\$10.00
If yes, list Event #		contract is with:	Ex	ecutive		tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 02/28/2023	Aggregate contributions \$60.00	ļ		
Last Name				First					M.I.
Murphy				Ebo	ny				
Residential Street Address			City	- 4			State	Zip Code	1
623 E 5th St, Apt A2			Brookly	'n			NY	11218-4	1941
Principal Occupation teacher				1000	of Employer Ann's School				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she is			Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	res]		\$25.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	Legisla	✓ No ntive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/30/2023	Aggregate contributions \$60.00	,		
Last Name		~		First					M.I.
Paindiris				Nich	nolas				
Residential Street Address			City				State	Zip Code	•
119 Butler Dr			Glaston				СТ	06033-3	3534
Principal Occupation Attorney				1	of Employer n Paindiris & Sco	ott			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she is			Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			∐ Yes ✓ No		\$	1,000.00
If yes, list Event #	_	contract is with:	∐Ex	ecutive		itive	1		
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	t Card Payroll Deduction	Money Ord	ler	Date Received 02/07/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$1,035.00
TOTAL of Section B Pages	\$224,025.00
OM INDIVIDUALS (Sections A + B)	\$224,025.00
(TOTAL of Section B Pages

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I uge	210	OI	2/0

B. Itemized Contributions from Individuals Last Name Motes Residential Street Address Amount of Contribution Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution Method of contribution Method of contribution Method of contribution Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Waldman Residential Street Address B. Itemized Contributions from Individuals First Elizabeth M.I. No Name of Employer Inertia Dynamics Is contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Westport Residential Street Address B Hunt Club Ln Principal Occupation Speech pathologist Is contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality added at more than \$5,000? Yes State Zip Code CT O68101-1035 Amount of Contribution Date Received Aggregate contributions Date Received State Zip Code O6880-4125 M.I. J Residential Street Address B Hunt Club Ln Principal Occupation Speech pathologist Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Name of Employer Alphabet aerobics Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Name of Employer Alphabet aerobics Amount of Contribution Manunicipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Amount of Contribution or contribution or prospective state contractor? No Amount of Contribution application or prospective state contractor? No State State State State State State City O6880-4125	NAME OF COMMITTEE (Provide C	OMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT								
B. Hemized Contributions from Individuals	Arunan for Hartford			April 10 filing						
Last Name	A. Total Contributions from Sma	all Contr	ibutors - Received this	Period O	NLY					
Last Name First Elizabeth Elizabet	(See instructions for definition of Small	ll Contrib	outor)			Subtotal Section A	1			\$0.00
Motos			B. Itemized C	ontributi	ions fr	om Individuals				
Residential Street Address 67 Sleepy Hollow Rd Newington Name of Employer Inertia Dynamics It contributor a lobbyist, spouse, or dependent child of a lobbyst? No	Last Name				First					M.I.
Residential Street Address Security Se	Motes				Eliz	abeth				
Name of Employer Inertia Dynamics Inertia Dynamics Incomplete Inertia Dynamics Intertion	Residential Street Address				1					
HR				Newing				СТ	06111-1	1035
adependent child of a loshysis? No No No No No No No N										
Yes Tyes, indicate which branch or branches of government the Executive Legislative No	domandant shild of a labbraist?	_	municipality does contributor	or business l	he/she is	s associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order O2/04/2023 \$400.00 Last Name	event reported in Section L1?]No	If yes, indicate which branch or branches of government the	r			✓ No			\$400.00
Waldman				Money Ord	ler	Date Received	Aggregate contributions			
Residential Street Address 8 Hunt Club Ln Westport	Last Name				First					M.I.
8 Hunt Club Ln Westport	Waldman				Emi	ily				J
Name of Employer Alphabet aerobics Speech pathologist If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business heshes is associated with have a contract with said municipality valued at more than \$5,000?					. 4				1 '	4405
Speech pathologist				vvestpo		CE 1		CI	06880-2	1125
dependent child of a lobbyist?	1			4						
State Stat	dependent shild of a lobbyist?		municipality does contributor	or business l	he/she is	s associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Cash Personal Check Cedit/Debit Card Payroll Deduction Money Order Date Received 02/03/2023 \$350.00 Last Name Lazarus Residential Street Address 194 Mohegan Dr Principal Occupation Realtor Is 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 # Contract is with: Executive Legislative Date Received 02/03/2023 Aggregate contributions State Zip Code CT 06117-1421 Principal Occupation Realtor Name of Employer Lisa Lazarus If contribution is in excess of \$400 to a candidate committee 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 No Is contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Date Received Aggregate contributions	event reported in Section L1?	res	If yes, indicate which branch or		or prosp	pective state contractor	res			\$350.00
Cash	If yes, list Event #			Ex	ecutive	e Legisl	ative			
Residential Street Address 194 Mohegan Dr West Hartford State Zip Code CT 06117-1421 Principal Occupation Realtor Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? If contribution is in excess of \$400 to a candidate committee 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 # Method of contribution: Date Received Aggregate contributions		dit/Debit Ca	ard Payroll Deduction	Money Ord	ler					
Residential Street Address 194 Mohegan Dr Principal Occupation Realtor Name of Employer Lisa Lazarus Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: City West Hartford Name of Employer Lisa Lazarus Amount of Contribution State Zip Code CT 06117-1421 Amount of Contribution State City West Hartford Name of Employer Lisa Lazarus Amount of Contribution Fig. 1s contribution a sasociated with have a contract with said municipality valued at more than \$5,000? Yes Is contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions	Last Name		0		First					M.I.
194 Mohegan Dr Principal Occupation Realtor Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: West Hartford Name of Employer Lisa Lazarus Name of Employer Lisa Lazarus Amount of Contribution a candidate committee 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 No Is contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions	Lazarus				Lisa	ì				
Principal Occupation Realtor Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Name of Employer Lisa Lazarus Name of Employer Lisa Lazarus Amount of Contribution a candidate committee 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 Is contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions	Residential Street Address								1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee 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, indicate which branch or branches of government the contract is with: Method of contribution: Lisa Lazarus Amount of Contribution State contractor? Yes If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions				West H				СТ	06117-1	1421
dependent child of a lobbyist? No municipality does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes V No Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the contract is with: Method of contribution: Date Received Aggregate contributions Amount of Contribution Amount of Contribution Amount of Contribution Amount of Contribution Amount of Contribution Yes Yes Yes Yes Yes Yes If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions Amount of Contribution Amount of Contribution Yes Yes	1				1					
event reported in Section L1? If yes, list Event # If yes, indicate which branch or branches of government the contract is with: Executive Date Received Aggregate contributions Standard Pes \$1,000.00	dependent shild of a lobbyist?		municipality does contributor	or business l	he/she is	s associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Date Received Aggregate contributions	event reported in Section L1?] Yes]No	If yes, indicate which branch or branches of government the	r			∐ Yes ✓ No		\$	1,000.00
				Money Ord	ler	Date Received	Aggregate contributions			

\$1,750.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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1 450	-17	OI	2/0

NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford	ford			April 10 filing					
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fi	om Individuals				
Last Name				First					M.I.
Russell				lan					Α
Residential Street Address			City				State	Zip Code	
105 Oak St, Apt C			Windso	r Lock	KS		СТ	06096-1	881
Principal Occupation Staff Writer				1	of Employer /oodoo Interactiv	е			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp		✓ No			\$50.00
If yes, list Event #		contract is with:	Ex	ecutive		ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 02/02/2023	Aggregate contributions \$75.00			
Last Name				First					M.I.
Russell				lan					Α
Residential Street Address			City	- 4			State	Zip Code	
105 Oak St, Apt C			Windso	r Lock	KS .		СТ	06096-1	881
Principal Occupation Staff Writer					of Employer /oodoo Interactiv	е			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	res			\$25.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	eLegisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/31/2023	Aggregate contributions \$75.00)		
Last Name		~		First					M.I.
Russell				Jae	I				
Residential Street Address			City				State	Zip Code	
105 Oak St, Apt C			Windso				СТ	06096-1	881
Principal Occupation Audiologist				1	of Employer one New England	I			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	res			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	eLegisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 02/02/2023	Aggregate contributions \$50.00)		

AL Section B - This Page	\$125.00
OTAL of Section B Pages	\$224,025.00
DUALS (Sections A + B)	\$224,025.00
)	TAL of Section B Pages

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IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Sutherland				Tar	nia				N
Residential Street Address			City				State	Zip Code	-047
825 Town Colony Dr			Middleto				СТ	06457-5	917
Principal Occupation Principal					of Employer ortunity Academy	′			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Ordo		Date Received 02/01/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Luna				Vic	tor				М
Residential Street Address			City		-		State	Zip Code	
17 Chapin Pl			Hartford				СТ	06114-1	901
Principal Occupation Entertainment Corridor			4	100	of Employer a Ent Prod. LLC.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	eLegisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/31/2023	Aggregate contributions \$100.00			
Last Name		0		First					M.I.
POPE				JEN	NNIFER NICOLE				
Residential Street Address			City				State	Zip Code	
37 Woodstock Rd			Hamder				СТ	06517-2	2949
Principal Occupation Clinical Research Manager					of Employer University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes Vo			\$25.00
If yes, list Event #	A 140	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/31/2023	Aggregate contributions \$25.00			

\$175.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Provide Complete Na	OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT							
Arunan for Hartford April 10 filing				April 10 filing				
A. Total Contributions from Small Contrib	outors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor) Subtotal Section A								\$0.00
	B. Itemized C	ontributi	ons fr	om Individuals				
Last Name			First					M.I.
Rodman Jenkins			Tod	d and Venida				
Residential Street Address		City	2:4			State	Zip Code	.000
180 River Dr, Apt 403		Jersey (CD 1		NJ	07310-2	236
Principal Occupation Adjunct Professor/Director				of Employer Jersey City Unive	ersity			
dependent child of a lobbyist?	f contribution is in excess of s nunicipality does contributor on nunicipality valued at more th	or business h				Amoun	t of Contr	ibution
event reported in Section L1? If we list Event # If No branch If If If If If If If I	ontributor a principal of a state yes, indicate which branch or anches of government the	·	or prosp	_	✓ No			\$500.00
Method of contribution: Cash Personal Check Credit/Debit Card	ntract is with: Payroll Deduction	Money Orde		Date Received 01/31/2023	Aggregate contributions \$500.00			
Last Name			First					M.I.
MYOTT			SAF	RAAB				
Residential Street Address		City				State	Zip Code	
38 Penny Ln		Woodbr		-		СТ	06525-1	531
Principal Occupation Sales Manager		4		of Employer ity Investments				
dependent child of a lobbyist?	f contribution is in excess of s nunicipality does contributor on nunicipality valued at more th	or business h				Amoun	t of Contr	ibution
event reported in Section L1? If yes, list Event # If yes list Event #	ontributor a principal of a state yes, indicate which branch or anches of government the ntract is with:		or prosp	_	☐ Yes ✓ No			\$150.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction	Money Orde	er	Date Received 01/30/2023	Aggregate contributions \$150.00			
Last Name	0		First	•				M.I.
Lucier			Jaco	queline				
Residential Street Address		City	•			State	Zip Code	
29 Scarlet Ln		Windsor				СТ	06095-4	769
Principal Occupation Director				of Employer e of Higher Educa	ation			
dependent child of a lobbyist?	f contribution is in excess of \$\frac{9}{2}\$ municipality does contributor on unicipality valued at more the	or business h				Amoun	t of Contr	ibution
event reported in Section L1?	ontributor a principal of a state yes, indicate which branch or anches of government the			_	∐ Yes ✓ No			\$50.00
	ntract is with:	∐Exe	ecutive		tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction	Money Orde	er	Date Received 01/29/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	4

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Page	222	OI	290

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPOR			TYPE OF REPORT						
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Nielsen				Jan	ie				
Residential Street Address			City				State	Zip Code	
3 Parley Ln			Ridgefie				СТ	06877-4	1903
Principal Occupation Executive					of Employer h Lauren Corp.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No	\$200.00		
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 01/29/2023	Aggregate contributions \$200.00	-		
Last Name				First			_		M.I.
Wolter				Joh	n				F
Residential Street Address			City	4	1		State	Zip Code	
16 Chittenden Ln, # 393			East Ha				СТ	06423-1	1467
Principal Occupation Attorney			4		of Employer ke, Kelly & Spella	acy, P.C.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes Vo			\$500.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/26/2023	Aggregate contributions \$500.00			
Last Name		00		First					M.I.
Oxley		(C		Jes	sica				
Residential Street Address			City				State	Zip Code	1000
166 Martin St			Hartford		CD 1		СТ	06120-1	1820
Principal Occupation Communications Assistant					of Employer uild Together Har	rtford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or pros	pective state contractor	Yes Vo			\$25.00
If yes, list Event #	٠٠٠ ــــــــــــــــــــــــــــــــــ	contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 01/26/2023	Aggregate contributions \$25.00			

ion B - This Page	\$725.00
Section B Pages	\$224,025.00
(Sections A + B)	\$224,025.00
;	Section B Pages

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I uge		OI	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Smith				Jam	nes				С
Residential Street Address			City				State	Zip Code	2007
290 Tranquility Rd			Middleb				СТ	06762-2	2227
Principal Occupation Retired				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp		✓ No	\$500.00		
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Ordo		Date Received 01/25/2023	Aggregate contributions \$500.00			
Last Name				First					M.I.
Pereira				Cait	tlin				С
Residential Street Address			City		-		State	Zip Code	
1375 S Pine Creek Rd			Fairfield				СТ	06824-6	5351
Principal Occupation Firefighter			4		of Employer of Fairfield				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	Yes No			\$100.00
If yes, list Event #	V No	branches of government the contract is with:	Exc	ecutive	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/24/2023	Aggregate contributions \$100.00			
Last Name		0		First					M.I.
Sovronsky		(1)		Rutl	h				
Residential Street Address			City				State	Zip Code	1011
25 Old Brook Rd			West Ha				СТ	06117-1	1811
Principal Occupation Development Director				1	of Employer ord Symphony C)rchestra			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r			∐ Yes ✓ No			\$100.00
If yes, list Event #		contract is with:	∐Ex	ecutive		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/23/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	4

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NAME OF COMMITTEE (Provi	COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT								
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Conti	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	:				M.I.
Ramakrishnan				Pra	bhu				
Residential Street Address			City	•			State	Zip Code	
133 Huckleberry Hill Rd			Avon				СТ	06001-3	3119
Principal Occupation Software engineers				Name Aetn	of Employer a				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$100.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debit	contract is with: Card Payroll Deduction	Money Ord	ecutiv	Date Received 01/21/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Norton				Allis	son				
Residential Street Address			City		A STATE OF		State	Zip Code	
115 Ridge Rd			Wethers	sfield			CT	06109-1	043
Principal Occupation Faculty Associate					of Employer ford International	University			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ 0	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/20/2023	Aggregate contributions \$200.00			
Last Name		0		First					M.I.
Norton				Allis	son				
Residential Street Address			City				State	Zip Code	
115 Ridge Rd			Wether				СТ	06109-1	043
Principal Occupation Faculty Associate				1	of Employer ford International	University			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r		_	∐ Yes ✓ No			\$100.00
If yes, list Event #		contract is with:	∐Ex	ecutiv		ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/28/2023	Aggregate contributions \$200.00			

\$300.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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1 age	223	OI	270

NAME OF COMMITTEE (Provide Complete Name as R	Registered with Filing Repos	sitory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors -	Received this Period C	ONLY					
(See instructions for definition of Small Contributor)		5	Subtotal Section A				\$0.00
	B. Itemized Contribut	tions fro	om Individuals				
Last Name		First					M.I.
Maclean		Davi	d				D
Residential Street Address	City				State	Zip Code	
166 Indian Hill Trl	Glastor				СТ	06033-1	404
Principal Occupation Retired		Name o Retire	f Employer ed				
dependent child of a lobbyist? municipal	ation is in excess of \$400 to a call ity does contributor or business ity valued at more than \$5,000?	he/she is			Amoun	t of Contr	ibution
event reported in Section L1? If yes, indic	a principal of a state contractor cate which branch or government the			∐ res ✓ No			\$300.00
If yes, list Event # contract is v Method of contribution:			Date Received 01/20/2023	Aggregate contributions \$300.00			
Last Name		First	01/20/2023	ψ300.00			M.I.
lusa		jenni	fer				141.1.
Residential Street Address	City	, , ,			State	Zip Code	
119 Polster Rd	Willing	ton			CT	06279-2	2311
Principal Occupation Psychologist			f Employer 'illage for Familie	es and children			
dependent child of a lobbyist? municipal	tion is in excess of \$400 to a ca ity does contributor or business ity valued at more than \$5,000?	he/she is			Amoun	t of Contr	·ibution
event reported in Section L1?	a principal of a state contractor cate which branch or	r or prospe	ective state contractor	? Yes		\$^	1,000.00
If yes, list Event # branches of contract is v	government the Swith:	xecutive	Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Personal Check ✓ Credit/Debit Card ☐ Personal Check ✓ Credit/Debit Card ☐ Personal Check ☐ Personal Chec	ayroll DeductionMoney Ord		Date Received 01/19/2023	Aggregate contributions \$1,000.00			
Last Name	7 0	First					M.I.
lusa		jame	s				L
Residential Street Address	City				State	Zip Code	
119 Polster Rd	Willing				СТ	06279-2	2311
Principal Occupation Property manager		1	f Employer ss Kitchens				
dependent child of a lobbyist? municipal	tion is in excess of \$400 to a ca ity does contributor or business ity valued at more than \$5,000?	he/she is			Amoun	t of Contr	ibution
event reported in Section L1? If yes, indic	a principal of a state contractor cate which branch or government the		_	∐ Yes ✓ No		\$^	1,000.00
If yes, list Event # contract is v Method of contribution: Cash Personal Check Credit/Debit Card P.	ayroll Deduction Money Ord		Legisla Date Received 01/19/2023	Aggregate contributions \$1,000.00			
				Ţ :,	1		

SUBTOTAL Section B - This Page	\$2,300.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Arunan for Hartford			April 10 filing			
A. Total Contributions from Small Contribu	itors - Received this Period C	NLY				
(See instructions for definition of Small Contributor	r)	Subtotal Section A	A			\$0.00
	B. Itemized Contribut	ions from Individuals				
Last Name		First				M.I.
WALTERS		BARRY				
Residential Street Address	City			State	Zip Code	
122 Vera St	West H			СТ	06119-1	953
Principal Occupation Communications & Policy		Name of Employer APNH: A Place to No	urish you Health			
dependent child of a lobbyist?	contribution is in excess of \$400 to a ca unicipality does contributor or business unicipality valued at more than \$5,000?	he/she is associated with have Yes	a contract with said No	Amoun	t of Conti	ibution
event reported in Section L1? If you list Event # If you bran	ntributor a principal of a state contractor es, indicate which branch or nches of government the tract is with:	or prospective state contractors secutive Legisl	✓ No			\$20.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card	Payroll Deduction Money Ord	Date Received	Aggregate contributions \$20.00			
Last Name		First				M.I.
Wood		Adam				
Residential Street Address	City			State	Zip Code	
260 France St	Rocky			СТ	06067-2	2916
Principal Occupation Public Affairs		Name of Employer City and State LLC				
dependent child of a lobbyist?	contribution is in excess of \$400 to a ca unicipality does contributor or business unicipality valued at more than \$5,000?	he/she is associated with have		Amoun	t of Conti	ribution
event reported in Section L1?	ntributor a principal of a state contractor	or prospective state contracto	r? Yes			\$100.00
	nches of government the tract is with:	xecutive Legisl	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card	Payroll Deduction Money Ord	Date Received 03/27/2023	Aggregate contributions \$100.00			
Last Name	0	First				M.I.
La Luz		Maribel				
Residential Street Address	City			State	Zip Code	
1 Gold St	Hartfor			СТ	06103-2	2900
Principal Occupation Exec Dir		Name of Employer State of CT				
dependent child of a lobbyist?	contribution is in excess of \$400 to a ca unicipality does contributor or business unicipality valued at more than \$5,000?	he/she is associated with have		Amoun	t of Conti	ibution
event reported in Section L1?	ntributor a principal of a state contractor es, indicate which branch or nches of government the	or prospective state contractor	r?			\$50.00
If you list Hyant #	tract is with:	secutive Legisl	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card	Payroll Deduction Money Ord	Date Received 03/30/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$170.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

Is this contribution associated with an event reported in Section L1?

If yes, list Event #

Yes

✓ No

Method of contribution:

Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order

SEEC FORM 20 Revised January 2015		I. MONETARY RECEIPTS (Sections A-K)) Pa	ge 2	227	of	298	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT							
Arunan for Hartford	-	-		-		April 10 filing				
A. Total Contributions from S	mall Contri	butors - Received this	Period O	NLY	•					
See instructions for definition of S					Subtotal Section A					\$0.00
·			Contributi	ons f	rom Individuals					·
Last Name				Firs	t					M.I.
Riley				Cla	audia					Т
Residential Street Address			City				State	Zi	ip Code	
18 Jones St			Amston				CT		6231-1	524
Principal Occupation Loan Officer					e of Employer Oster Bank					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	ndidate	e committee for a chief		Amou	ınt of	f Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No li	contributor a principal of a star yes, indicate which branch or ranches of government the outract is with:	r	or pro		∐ Yes ✓ No	_			\$25.00
Method of contribution: ☐ Cash ☐ Personal Check ✓			Money Orde	er	Date Received 03/30/2023	Aggregate contributions \$25.00	1			
Last Name				Firs	t					M.I.
Levy				Les	slie					L
Residential Street Address			City		-		State		ip Code	
34 Kent Hollow Rd			South K	ent			СТ	0	6785-1	014
Principal Occupation Retired			4	Name	e of Employer red					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amou	ınt of	f Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No li	contributor a principal of a state yes, indicate which branch of ranches of government the contract is with:	r —	or pros		✓ Yes				\$25.00
Method of contribution: Cash Personal Check ✓	Credit/Debit Car	d Payroll Deduction	Money Orde	er	Date Received 02/20/2023	Aggregate contributions \$25.00				
Last Name		VO.		Firs	t					M.I.
Nugent				Мс	nika					
Residential Street Address			City				State		ip Code	
84 Hope Cir			Windso				СТ	0	6095-3	507
Principal Occupation Political Director					e of Employer nds of Chris Murp	hy				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amou	ınt of	f Contr	ibution

\$75.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
Ψ224,020.00	(Enter total on Line 13, Column A of Summary Page

Is contributor a principal of a state contractor or prospective state contractor?

Executive

If yes, indicate which branch or branches of government the contract is with:

Yes

✓ No

Aggregate contributions

\$25.00

Legislative

Date Received

02/28/2023

\$25.00

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1 450	220	OI	2/0

NAME OF COMMITTEE (Provide Complete Name as Regis	stered with Filing Reposi	tory)	TYPE OF REPORT			
Arunan for Hartford			April 10 filing			
A. Total Contributions from Small Contributors - Re	eceived this Period O	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.00
В.	Itemized Contributi	ons from Individuals				
Last Name		First				M.I.
Murphy		Maureen				М
Residential Street Address	City			State	Zip Code	
120 Cleveland Rd 120 Cleveland Rd	New Ha	ven		СТ	06515	
Principal Occupation Retired		Name of Employer Retired				
dependent child of a lobbyist? municipality d		adidate committee for a chief ne/she is associated with have Yes		Amoun	t of Conti	ibution
event reported in Section L1? If yes, indicate branches of gove	which branch or	or prospective state contracto	✓ No			\$100.00
If yes, list Event # contract is with:		ecutive Legis	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payrol	ll Deduction Money Orde	Date Received 03/03/2023	Aggregate contributions \$100.00			
Last Name		First				M.I.
Wiseman		Sandy				W
Residential Street Address	City			State	Zip Code	
968 W 968 West Blvd	Hartford			CT	06105	
Principal Occupation Retired	4	Name of Employer Retired				
dependent child of a lobbyist? municipality d		adidate committee for a chief ne/she is associated with have Yes		Amoun	t of Conti	ribution
event reported in Section L1? If yes, indicate	which branch or	or prospective state contractor	res			\$25.00
If yes, list Event #		ecutive Legis	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payrol	ll Deduction Money Orde	Date Received 02/25/2023	Aggregate contributions \$25.00			
Last Name	0	First				M.I.
Land		Sallie				
Residential Street Address	City			State	Zip Code	
20 Balfour Dr	West Ha	artford		СТ	06117-2	2901
Principal Occupation Landlord		Name of Employer Sallie Land				
dependent child of a lobbyist? municipality d		didate committee for a chief ne/she is associated with have Yes		Amoun	t of Conti	ribution
event reported in Section L1? Yes If yes, indicate	which branch or	or prospective state contractor	r? Yes			\$100.00
If yes, list Event #		ecutive Legis	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payrol	ll Deduction Money Ordo	Date Received 03/16/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$225.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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Page	229	OI	220

NAME OF COMMITTEE (Provid	le Complet	e Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from Sr	nall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Sn	nall Contr	ibutor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Muslim				Adr	naan				
Residential Street Address			City				State	Zip Code	
59 Van Buren Avenue 59 Van	Buren A	ve	West H				СТ	06107	
Principal Occupation Partner					of Employer /er Strategies				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the				✓ No		\$^	1,000.00
If yes, list Event # Method of contribution: Cash Personal Check ✓ C	redit/Debit	contract is with: Card Payroll Deduction	Money Orde	ecutive er	Date Received 03/22/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Seavy				Cha	armaine				L
Residential Street Address			City		A BAR		State	Zip Code	
18 Quarry Rd			Simsbu				СТ	06070-1	811
Principal Occupation Advertising			4		of Employer Media Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	?			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ✓ Cash Personal Check C	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/29/2023	Aggregate contributions \$100.00			
Last Name		00		First					M.I.
O'Sullivan		(1)		And	dre				W
Residential Street Address			City				State	Zip Code	
22 N Beacon St			Hartford				СТ	06105-2	2510
Principal Occupation Attorney					of Employer ke, Kelly & Spella	acy PC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ No	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	· _	•	_	∐ Yes ✓ No			\$200.00
If yes, list Event #	_	contract is with:	∐Exe	ecutiv		ative			
Method of contribution: Cash Personal Check C	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/24/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,1=1111

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I uge	200	OI	2/0

NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford	Arunan for Hartford			April 10 filing					
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First	t				M.I.
Schick				Anı	n				
Residential Street Address			City				State	Zip Code	l
2209 Avenue I			Brookly	n			NY	11210-2	2839
Principal Occupation					of Employer				
Teacher				Mes	oros Bais Yaakov	/			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r		_	✓ No			\$500.00
If yes, list Event #		contract is with:	∐Ex	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/10/2023	Aggregate contributions \$500.00			
Last Name				First					M.I.
Ravosa				Ant	thony				W
Residential Street Address			City				State	Zip Code	
1178 Silas Deane Hwy			Wethers	sfield			CT	06109-4	340
Principal Occupation Consultant			4		e of Employer ee Group, Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	spective state contractor	res		\$	1,000.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	e Legisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/16/2023	Aggregate contributions \$1,000.00			
Last Name		~		First	t				M.I.
Sullo				Ant	thony				J
Residential Street Address			City				State	Zip Code	
15 Pleasant St			West Ha	artfor	d		CT	06107-1	624
Principal Occupation Owner				l .	of Employer /'s Restaurant Gr	oup LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	spective state contractor	Y es			\$250.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv					
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/23/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$1,750.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ224,020.00

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NAME OF COMMITTEE (Provide O	Complete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford					April 10 filing			
A. Total Contributions from Sma	all Contributors - Received this	Period O	NLY					
(See instructions for definition of Small	ll Contributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ions fr	om Individuals				
Last Name			First					M.I.
Rajasingham			Anth	nony				
Residential Street Address		City				State	Zip Code	
2235 Danube Way		Upland				CA	91784-7	957
Principal Occupation Physician			1	of Employer er Permanente				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of S municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
event reported in Section L1?	Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$200.00
If yes, list Event # Method of contribution: Cash Personal Check Cred	contract is with:	Money Ord	ecutive er		Aggregate contributions \$200.00			
Last Name			First	A				M.I.
Sabatini			Anto	onio				
Residential Street Address		City	- 4			State	Zip Code	
671 Highland St		Wethers				СТ	06109-3	940
Principal Occupation Retired		4	Name o	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
event reported in Section L1?	Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the		1,50	_	✓ No			\$250.00
If yes, list Event #	contract is with:	Ex	ecutive					
Method of contribution: ☐ Cash Personal Check ☐ Cred	dit/Debit Card Payroll Deduction	Money Ord	er	Date Received 03/22/2023	Aggregate contributions \$250.00			
Last Name			First	<u> </u>				M.I.
lazarus			Arle	ne				
Residential Street Address		City				State	Zip Code	
43 Irving St 43 Irving St		Hartford	t			CT	06112	
Principal Occupation Recovery assistance				of Employer z on inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
event reported in Section L1?	Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the	r		_	∐ Yes ✓ No			\$250.00
If yes, list Event #	contract is with:	∐Ex	ecutive		ive			
Method of contribution: Cash Personal Check ✓ Cred	dit/Debit Card Payroll Deduction	Money Ord	er	Date Received 03/30/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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NAME OF COMMITTEE (Providence of COMMITTEE)	le Complet	e Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	mall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Sr	nall Contr	ibutor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Perkins				Aus	tin				В
Residential Street Address			City	.,			State	Zip Code	
25 Bishop Rd			West H				СТ	06119-1	1503
Principal Occupation Insurance					of Employer n Brothers Insurar	nce			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp	_	✓ No			\$250.00
If yes, list Event #		contract is with:	Ex	ecutive		tive —			
Method of contribution: ☐ Cash Personal Check ☐ C	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/02/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Silvers				Beri	nadine				
Residential Street Address			City	. 4			State	Zip Code	
52 S Prospect St, Apt P			Hartford				СТ	06106-5	5124
Principal Occupation Retired				Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	res	Is contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor?	res			\$25.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	Legisla	tive No			
Method of contribution: ✓ Cash Personal Check C	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/08/2023	Aggregate contributions \$25.00	ı		
Last Name		00		First					M.I.
Pakulis				Bett	y Jo				
Residential Street Address			City				State	Zip Code	
146 Virginia Ln			Tolland				СТ	06084-4	1006
Principal Occupation Retired				Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 5 municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			∐ Yes ✓ No			\$50.00
If yes, list Event #		contract is with:	∐Ex	ecutive	Legisla	tive	1		
Method of contribution: Cash Personal Check C	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 02/19/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page \$325	
TOTAL of Section B Pages \$224,025	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page \$224,025	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	g Reposito	ory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this Per	riod ON	LY					
(See instructions for definition of Small Contributor)		Su	btotal Section A				\$0.00
B. Itemized Cont	tribution	ns fror	n Individuals				
Last Name		First					M.I.
Kumiega		Bonnie	Э				D
	ity				State	Zip Code	
22 Old Failli Nd	Somers				СТ	06071-1	517
Principal Occupation Attorney	I		Employer Kelly & Spellac	y PC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 municipality does contributor or b municipality valued at more than \$100	ousiness he/				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state co If yes, indicate which branch or branches of government the		prospect		✓ No			\$100.00
Method of contribution:	oney Order	D	Legislate Received 3/28/2023	Aggregate contributions \$100.00			
Last Name		First			J		M.I.
Perkins		Brews	ter				
	ity				State	Zip Code	
100 1 0111 01	Vest Har				СТ	06119-1	198
Principal Occupation Insurance	-00		Employer Prothers				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 municipality does contributor or b municipality valued at more than \$100	ousiness he/				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes V No Is contributor a principal of a state co If yes, indicate which branch or branches of government the		8	_	∐ Yes ✓ No			\$500.00
11 yes, list Event # contract is with:	Exec		Legislat				
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Mo	oney Order		ate Received 3/22/2023	Aggregate contributions \$500.00			
Last Name		First					M.I.
Zimmerli		Brian					R
	ity				State	Zip Code	
3921 Park Ave	airfield				СТ	06825-1	254
Principal Occupation Executive		Name of I	Employer iCS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 municipality does contributor or b municipality valued at more than \$100	ousiness he/				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state co If yes, indicate which branch or branches of government the	_	prospect	ive state contractor?	∐ Yes ✓ No			\$250.00
Method of contribution: Method of contribution:	Ехес		ate Received	Aggregate contributions	-		
	oney Order		3/23/2023	\$250.00			

SUBTOTAL Section B - This Page	\$850.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	\$22.1,020.00

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NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford		April 10 filing							
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons fi	om Individuals				
Last Name				First					M.I.
White				Bria	ın				
Residential Street Address			City				State	Zip Code	
1844 W Greenleaf Ave			Chicago				IL	60626-2	2304
Principal Occupation Business owner				l .	of Employer perty Innovations	s LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business han \$5,000?	he/she i	s associated with have Yes	a contract with said No	Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or prospective		No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi		Money Orde	-	Date Received 03/30/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Newman				Bru	ce				Е
Residential Street Address			City				State	Zip Code	004
16 Whittlesey Brook Rd			Deep R		-6 F1		СТ	06417-1	624
Principal Occupation Lawyer			4	7/1	of Employer vn, Paindiris & Sc	cott, LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res			\$500.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutive					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 03/02/2023	Aggregate contributions \$500.00			
Last Name		0		First					M.I.
Zyskowski				Car	l				
Residential Street Address			City	•			State	Zip Code	
1 Gold St, Apt 21E			Hartford				СТ	06103-2	2908
Principal Occupation Owner				l	of Employer thouse Inn				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			∐ Yes ✓ No			\$100.00
If yes, list Event #	_	contract is with:	Exe	ecutive		ative			
Method of contribution: ☐ Cash Personal Check ☐	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/26/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	4

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NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford		April 10 filing	April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Simmons				Cai	rla				D
Residential Street Address			City				State	Zip Code	
3 Woodland St, Unit 3			Hartford	_			СТ	06105-2	2304
Principal Occupation Retired				Name Retii	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business han \$5,000?	ne/she i	is associated with have Yes	a contract with said No	Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 03/21/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Mouta				Cai	rlos				
Residential Street Address			City				State	Zip Code	10.40
96 Barrington Way			Glaston		CD 01		СТ	06033-4	1343
Principal Occupation Real Estate Developer			4		of Employer , LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes No		\$	1,000.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/28/2023	Aggregate contributions \$1,000.00			
Last Name		00		First					M.I.
Valinho		(1)		Cai	rlos				
Residential Street Address			City				State	Zip Code	2004
75 Avon Mountain Rd			Avon	**	CF 1		СТ	06001-3	3904
Principal Occupation Investment Management					of Employer Broad Investmen	nts, LLC.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch of branches of government the	r	•	_	Yes ✓ No		\$	1,000.00
If yes, list Event #		contract is with:	Exc	ecutiv		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ordo	er	Date Received 03/30/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$2,050.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	, ,, , , , , , , , , , , , , , , , , , ,

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Arunan for Hartford		April 10 filing					
A. Total Contributions from Small Contributors - Received this Per	riod ON	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Cont.	tributio	ons fr	om Individuals				
Last Name First							M.I.
Lester		Card	olyn				W
Residential Street Address Cit	-				State	Zip Code	
32 Missionary Ita, Office 111	romwel				СТ	06416-2	2187
Principal Occupation Retired Educator		Name o	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 municipality does contributor or but municipality valued at more than \$	usiness he				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the				✓ No			\$25.00
If yes, list Event # contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction More	Exec	cutive	Date Received	Aggregate contributions			
Last Name	niey Order		02/17/2023	\$25.00			MI
Lastivanie		First Cary					M.I.
Residential Street Address Cit	ity	_			State	Zip Code	
PO Box 1301 Su	uffolk				VA	23439-1	1301
Principal Occupation Program Manager			of Employer Ik State Universit	ty			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 municipality does contributor or but municipality valued at more than \$	usiness he				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state con If yes, indicate which branch or branches of government the contract is with:		or prosp		∐ Yes ✓ No			\$500.00
Method of contribution:	oney Order	r	Date Received 03/29/2023	Aggregate contributions \$500.00			
Last Name		First					M.I.
Murray		Cha	rles				
Residential Street Address Cit	ity				State	Zip Code	1
31 Pierce Blvd W	/indsor	•			CT	06095-1	1791
Principal Occupation CEO	I		of Employer Comms				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 municipality does contributor or but municipality valued at more than \$	usiness he				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state con If yes, indicate which branch or branches of government the contract is with:		or prosp		∐ Yes ✓ No			\$250.00
Method of contribution:	oney Order	r	Date Received 03/16/2023	Aggregate contributions \$250.00			
					1		

\$775.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Providence of COMMITTEE)	de Complet	e Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	mall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Si	mall Contr	ibutor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Pace				Che	Z				
Residential Street Address			City	•			State	Zip Code	
80 Morgans Way			Higganı				СТ	06441-4	4576 ———
Principal Occupation Construction					of Employer mount Const.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$500.00
If yes, list Event # Method of contribution: Cash Personal Check C	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde	ler	Date Received 03/23/2023	Aggregate contributions \$500.00			
Last Name				First			1		M.I.
Thomas				Chri	istine				M
Residential Street Address			City	- 4			State	Zip Code	
29 Sunset Ter			Hartford	d			CT	06107-2	2737
Principal Occupation Care taker			4		of Employer hill school for the	Blind			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor?	Yes ✓ No			\$250.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive	Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 03/24/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Sullivan				Tim					
Residential Street Address			City				State	Zip Code	2454
6 Woodbine Ct			Berlin	1			СТ	06037-3	3151
Principal Occupation Attorney				1	of Employer iowski & Sullivan				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	r	or prosp	_	∐ Yes ✓ No			\$250.00
Method of contribution: ☐ Cash Personal Check ☐ C	Credit/Debit		Money Ordo		Date Received 03/23/2023	Aggregate contributions \$250.00			
					<u> </u>				

SUBTOTAL Section B - This Page	\$1,000.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A	\			\$0.00
		B. Itemized C	Contributi	ons fr	om Individuals				
Last Name				First					M.I.
Levy				Cole	eman				В
Residential Street Address 22 Avondale Rd			City West Ha	artford	4		State CT	Zip Code 06117-1	107
Principal Occupation			11000110		of Employer			00111	
Attorney					man B. Levy LLC	;			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch of branches of government the	r	or prosp		✓ No		\$	1,000.00
Method of contribution:	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 02/10/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Mackey				Cor	i _ 1				
Residential Street Address			City	- 4			State	Zip Code	
161 Carriage Hill Dr			Newing				СТ	06111-2	2007
Principal Occupation Organizer			4	100	of Employer er for Leadership	and Justice			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or prosp	pective state contractor	? Yes			\$150.00
If yes, list Event #		contract is with:	Exe	ecutive	e Legisla	ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/04/2023	Aggregate contributions \$150.00			
Last Name		70		First					M.I.
London				Cor	retta				
Residential Street Address			City				State	Zip Code	
67 Canterbury St			Hartford				СТ	06112-1	823
Principal Occupation Owner				l .	of Employer Catering				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp	<u></u>	∐ Yes ✓ No			\$100.00
Method of contribution:		contract is with:		Tutive	Date Received	Aggregate contributions			
	Credit/Debit	Card Payroll Deduction	Money Orde	er	03/31/2023	\$100.00			

\$1,250.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Arunan for Hartford						April 10 filing			
A. Total Contributions from Sma	all Contr	ibutors - Received this	Period O	NLY					
(See instructions for definition of Sma	ıll Contrib	outor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Lundy				Cou	ırtney				
Residential Street Address			City				State	Zip Code	
73 Union St, Unit A			Manche	ester			СТ	06042-1	1901
Principal Occupation Bail bondsman					of Employer tol Bail Bonds				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l	he/she is			Amoun	t of Cont	ribution
event reported in Section L1?	No No	s contributor a principal of a state If yes, indicate which branch or branches of government the	r	or prosp		∐ res ✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cree		contract is with: ard Payroll Deduction	Money Orde		Date Received 03/28/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Larkin				Cou	ırtney				
Residential Street Address			City	أيسيط			State	Zip Code	05.40
18 Grist Mill Rd Principal Occupation			Glaston		of Employer		СТ	06033-2	2342
Lobbyist / lawyer			4	Trave					
dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of smunicipality does contributor municipality valued at more than the same of the sa	or business l	he/she is			Amoun	t of Cont	ribution
event reported in Section L1?] res	s contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp	pective state contractor	? Yes ✓ No			\$100.00
If yes, list Event #	_	contract is with:	Exc	ecutive	Legisla Legisla	ntive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cree	edit/Debit Ca	ard Payroll Deduction	Money Orde	ler	Date Received 03/31/2023	Aggregate contributions \$100.00			
Last Name		00		First					M.I.
Rodriguez -Porter				Cur	tis				
Residential Street Address			City				State	Zip Code	1704
20 Ansonia St			Hartford		CF 1		СТ	06114-1	1701
Principal Occupation Program Manager				CRE	of Employer C				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l	he/she is			Amoun	t of Cont	ribution
event reported in Section L1?] Yes] No	s contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	r	or prosp		∐ Yes ✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cree			Money Orde	ler	Date Received 03/30/2023	Aggregate contributions \$50.00			

e \$250.00	SUBTOTAL Section B - This Page
s \$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Co	mplete Name as Registered with F	iling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford					April 10 filing			
A. Total Contributions from Small	Contributors - Received this	Period O	NLY					
(See instructions for definition of Small C	Contributor)			Subtotal Section A				\$0.00
	B. Itemized C	Contributi	ons f	rom Individuals				
Last Name			Firs	t				M.I.
Theriault			Da	n				
Residential Street Address		City				State	Zip Code	
663 Wolcott Hill Rd		Wethers	sfield			CT	06109-2	2947
Principal Occupation				of Employer				
Product Owner			l rav	relers				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more t	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If yes indicate which branch of	or		_	✓ No			\$200.00
If yes, list Event #	contract is with:	∐Ex	ecutiv		ative			
Method of contribution: ☐ Cash Personal Check ✓ Credit/	Debit Card Payroll Deduction	Money Ord	er	Date Received 03/24/2023	Aggregate contributions \$200.00			
Last Name			Firs					M.I.
Thorogood			Da	ne				М
Residential Street Address		City				State	Zip Code	
114 Broad Brook Rd		Enfield	1			СТ	06082-5	5303
Principal Occupation CEO		4		of Employer rogood Electric Ll	_C			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more t	or business l				Amoun	t of Cont	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If yes, indicate which branch of branches of government the	or	or pros		✓ No			\$500.00
Method of contribution: Cash Personal Check ✓ Credit/	contract is with: Debit Card Payroll Deduction	Money Ord		Date Received 03/21/2023	Aggregate contributions \$500.00			
Last Name	~0		Firs	t		1		M.I.
Seagull			Da	niel				
Residential Street Address		City				State	Zip Code	
310 Founders Rd 310 Founders R	<u>t</u>	Glaston				CT	06033	
Principal Occupation Business analyst			l .	of Employer Interactive				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more t	r or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch of		or pros	spective state contractor	Y es			\$200.00
If yes, list Event #	branches of government the contract is with:	Ex-	ecutiv	e Legisl	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/	Debit Card Payroll Deduction	Money Orde	er	Date Received 03/21/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$900.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	See instructions for definition of Small Contributor) Subtotal Section A				1			\$0.00	
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Salinas				Dav	/id				
Residential Street Address			City				State	Zip Code	
25 Randy Rd			Milford				СТ	06461-2	2106
Principal Occupation Founder					of Employer al Surgeons				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$500.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 02/20/2023	Aggregate contributions \$500.00			
Last Name				First					M.I.
Raisner				Dav	/id				Н
Residential Street Address			City	4	1		State	Zip Code	
10 Northcliff Dr			West Ha				СТ	06117-1	021
Principal Occupation Real Estate professional			4	70	of Employer ca Ventures LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res			\$500.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/16/2023	Aggregate contributions \$500.00			
Last Name		00		First					M.I.
Reynolds		(A)		Dav	/id				
Residential Street Address			City				State	Zip Code	
140 Elizabeth St			Hartford				СТ	06105-2	2217
Principal Occupation Actuary				l .	of Employer al and General				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or branches of government the		or pros	pective state contractor	? Yes ✓ No			\$250.00
If yes, list Event #		contract is with:	Exc	ecutive	e Legisla	ative			
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/24/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$1,250.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$224,025.00

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NAME OF COMMITTEE (Provide	e Complete	Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from Sm	nall Contr	ibutors - Received this	Period O	NLY					
(See instructions for definition of Sm	all Contrib	utor)		:	Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Zavarella				Davi	id				L
Residential Street Address			City				State	Zip Code	
25 Clarkridge Rd			Wethers				СТ	06109-3	3605
Principal Occupation Millwork					of Employer Architectural Milly	vork LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	_ i es	contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$500.00
If yes, list Event # Method of contribution:		contract is with:	Exe	ecutive	Legislat Date Received	Aggregate contributions			
	edit/Debit Ca	ard Payroll Deduction	Money Orde	er	03/29/2023	\$500.00			
Last Name				First					M.I.
Sageman				Davi	id				R
Residential Street Address			City				State	Zip Code	
157 Oxford St			Hartford				СТ	06105-2	2515
Principal Occupation Retired			4	Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	res	contributor a principal of a state If yes, indicate which branch or		or prosp	ective state contractor?	res			\$250.00
If yes, list Event #		branches of government the contract is with:	Exc	ecutive	Legislat	ive No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cr	edit/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 03/24/2023	Aggregate contributions \$250.00			
Last Name		0		First					M.I.
Robinson				Davi	id				
Residential Street Address			City				State	Zip Code	
21 Ledyard Rd			West Ha				СТ	06117-1	1712
Principal Occupation Attorney					of Employer Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	contributor a principal of a state If yes, indicate which branch or branches of government the	r			∐ Yes ✓ No			\$150.00
If yes, list Event #		contract is with:	∐Exe	ecutive		ive			
Method of contribution: Cash Personal Check ✓ Cr	edit/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 03/30/2023	Aggregate contributions \$150.00			

SUBTOTAL Section B - This Page \$900.	
TOTAL of Section B Pages \$224,025.	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$224,025. (Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provi	de Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Conti	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Levy				Dea	ın				J
Residential Street Address			City	.,			State	Zip Code	
84 Whetten Rd			West H				СТ	06117-2	2856
Principal Occupation Property Management				1	of Employer E Management L	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r		_	✓ No			\$500.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debit	contract is with: Card Payroll Deduction	Money Ord	ler	Date Received 03/30/2023	Aggregate contributions \$500.00			
Last Name				First			<u>I</u>		M.I.
Ward				DeV	/aughn				
Residential Street Address			City	- 4			State	Zip Code	ı
419 Keoniana St			Honolul	lu			HI	96815-2	2075
Principal Occupation Attorney			4		of Employer I Law LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	? Yes ✓ No		\$	1,000.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutive	Legisla	ntive			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/24/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Smith-Peterkin				Dev	vayne				S
Residential Street Address			City	_			State	Zip Code	0040
20 Grafton St			Hartford		CE 1		СТ	06106-3	8819
Principal Occupation Contractor				1	of Employer mark Fire Protect	tion LLC.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	or prosp	_	∐ Yes ✓ No		\$^	1,000.00
Method of contribution:		contract is with:		.ecutive	Date Received	Aggregate contributions	-		
Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	ler	03/26/2023	\$1,000.00			

SUBTOTAL Section B - This Page	\$2,500.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received th	is Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized	Contributi	ions fr	om Individuals				
Last Name		First					M.I.
Tucker		Diar	ne				
Residential Street Address	City				State	Zip Code	ı
1 Holbrook Rd	West Ha	lartford	1		СТ	06107-1	619
Principal Occupation Retired		Name o	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribut municipality valued at more	tor or business l	he/she is			Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the	h or			✓ No			\$100.00
If yes, list Event # contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction		ler	Date Received 03/29/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Vallera		Don	nenico				
Residential Street Address	City	- 4			State	Zip Code	ı
1086 Hopewell Rd	South G	Glasto	nbury		CT	06073-2	2420
Principal Occupation Real Estate	4	Name (of Employer Ə				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribut municipality valued at more municipality valued at more municipality.	tor or business l	he/she is			Amoun	it of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch		or prosp	pective state contractor	res			\$500.00
If yes, list Event # branches of government the contract is with:	Exc	ecutive	Legisla	✓ No ative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	ler	Date Received 03/23/2023	Aggregate contributions \$500.00			
Last Name)	First					M.I.
Seifel		Don	ald				R
Residential Street Address	City	<u> </u>			State	Zip Code	
28 Riverside Ave	Old Say				СТ	06475-1	415
Principal Occupation Attorney			of Employer ke, Kelly & Spella	acy PC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribut municipality valued at more	tor or business l	he/she is			Amoun	it of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes If yes, indicate which branch branches of government the	h or		_	∐ Yes ✓ No			\$250.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	ler	Date Received 03/03/2023	Aggregate contributions \$250.00			
	<u> </u>		55,00,2020	Ψ200.00			

SUBTOTAL Section B - This Page	\$850.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	ing Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this P	Period Ol	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Co	ontributi	ons fr	om Individuals				
Last Name		First					M.I.
Sennott		Don	na				V
Residential Street Address	City	•			State	Zip Code	
10 The Glade	Simsbur				СТ	06070-1	041
Principal Occupation Property Manager		OBL,	of Employer LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$2 municipality does contributor or municipality valued at more than the specific product of the specific produc	r business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes V No Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp		✓ No		\$	1,000.00
Method of contribution:	Money Orde			Aggregate contributions \$1,000.00			
Last Name		First					M.I.
Leavy		Edw	ard				С
Residential Street Address	City				State	Zip Code	
20 5th Ave Principal Occupation	Middleto		£ F 1		СТ	06457-3	8862
Retired	-60%	Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? V Yes	r business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the		, S	_	✓ No			\$100.00
If yes, list Event # contract is with:	Exe	ecutive			_		
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ N	Money Orde	er	Date Received 03/13/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Robinson		Eller	า				
Residential Street Address	City				State	Zip Code	0044
141 Elizabeth St	Hartford		f Employee		СТ	06105-2	2211
Principal Occupation Retired		Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$2 municipality does contributor or municipality valued at more than the contributor of municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in excess of \$2 municipality valued at more than the contribution is in ex	r business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state If yes, indicate which branch or	contractor of	or prosp	ective state contractor?	☐ Yes ✓ No			\$250.00
If yes, list Event # branches of government the contract is with:	Exe	ecutive	Legislat	ive V NO			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction 1	Money Orde	er	Date Received 03/13/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$1,350.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	:				M.I.
Thompson				Eric	ca				
Residential Street Address			City				State	Zip Code	ı
136 Whiting Ln			West H	artfor	d		СТ	06119-1	641
Principal Occupation Minister					of Employer um Hill Congrega	ational Church			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r		_	✓ No			\$100.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debit	contract is with: Card Payroll Deduction	Money Ord	ecutiv	Date Received 03/28/2023	Aggregate contributions \$100.00	_		
Last Name			-	First		·			M.I.
Levy				Eva	an				В
Residential Street Address			City				State	Zip Code	l.
29 Lakeview Dr			West H	artfor	d		CT	06117-1	020
Principal Occupation Real Estate Management			4		of Employer E Management L	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes Vo			\$500.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash Personal Check ☐	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/29/2023	Aggregate contributions \$500.00			
Last Name		0		First					M.I.
Wolff Nicholas				Flo	rence				E
Residential Street Address			City				State	Zip Code	
193 Kenyon St			Hartford				СТ	06105-2	2237
Principal Occupation Retired				Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	pective state contractor	Yes ✓ Yo			\$50.00
If yes, list Event #	<u></u>	contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/09/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	ţ= 1 ,0 2 0.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing F	Reposito	ory)	TYPE OF REPORT			
Arunan for Hartford			April 10 filing			
A. Total Contributions from Small Contributors - Received this Period	iod ON	LY				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
B. Itemized Contr	ributio	ns from Individuals				
Last Name		First				M.I.
Ocawsey		Frances				E
Residential Street Address City	-			State	Zip Code	
20 Triverside of	ortland			СТ	06480-1	925
Principal Occupation Tax Manager		Jame of Employer Conduent				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 t municipality does contributor or bus municipality valued at more than \$5	isiness he/			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state cont If yes, indicate which branch or branches of government the contract is with:	tractor or	_	☐ Yes ✓ No			\$100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Mone	ney Order	Date Received 03/16/2023	Aggregate contributions \$100.00			
Last Name		First				M.I.
Lepore		Frank				М
Residential Street Address City				State	Zip Code	
0.12 00.1 1.0	ethersfi			СТ	06109-2	2408
Principal Occupation President	-0.0	Name of Employer Lepore Painting				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 t municipality does contributor or bus municipality valued at more than \$5	isiness he/			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state cont If yes, indicate which branch or branches of government the contract is with:	tractor or	<u>_</u>	☐ Yes ✓ No			\$250.00
Method of contribution:	ney Order	Date Received 03/11/2023	Aggregate contributions \$250.00			
Last Name		First				M.I.
Musto		Frank				J
Residential Street Address City				State	Zip Code	
oo mateer i iii i ta		astonbury		СТ	06073-3	3421
Principal Occupation Owner		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 t municipality does contributor or bus municipality valued at more than \$5	isiness he/			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state cont If yes, indicate which branch or branches of government the	_		∐ Yes ✓ No			\$300.00
If yes, list Event # contract is with:	Exec		ive			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Mone	ney Order	Date Received 03/23/2023	Aggregate contributions \$300.00			

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$224,025.00

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NAME OF COMMITTEE (Provide	e Complete	e Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford		April 10 filing							
A. Total Contributions from Sn	nall Cont	ributors - Received this	Period O	NLY					
(See instructions for definition of Sm	nall Contri	butor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fi	om Individuals				
Last Name				First					M.I.
Tomcak				Fra	nk				J
Residential Street Address			City				State	Zip Code	
460 Hart St			Bristol				СТ	06010-2	2345
Principal Occupation Project Executive					of Employer nes Construction	Company			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 5 municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			V Tes □No			\$250.00
If yes, list Event # Method of contribution: ☐ Cash ☐ Personal Check ✓ Cr	redit/Debit (contract is with: Card Payroll Deduction	Money Orde	ecutive er	Date Received 03/29/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Long				Gar	nnon				
Residential Street Address			City				State	Zip Code	l
114 Warrenton Ave			Hartford	d //			CT	06105-3	3930
Principal Occupation Policy Director					of Employer ration Fuel				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	□ res	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	L Yes			\$20.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutive	eLegisla	✓ No ative			
Method of contribution: ✓ Cash Personal Check Cr	redit/Debit (Card Payroll Deduction	Money Ordo	er	Date Received 03/24/2023	Aggregate contributions \$20.00			
Last Name		~0		First					M.I.
Watkins				Ger	ald				R
Residential Street Address			City				State	Zip Code	
19842 Hiawatha St			Chatsw	orth			CA	91311-1	807
Principal Occupation Retired				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r _			∐ Yes ✓ No			\$100.00
If yes, list Event #		contract is with:	∐Exe	ecutive		ative			
Method of contribution: Cash Personal Check ✓ Cr	redit/Debit (Card Payroll Deduction	Money Orde	er	Date Received 03/24/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$370.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT								
Arunan for Hartford	or Hartford April 10 filing			April 10 filing				
A. Total Contributions from Small Contributors - Received this Period ONLY								
(See instructions for definition of Small C	Contributor)			Subtotal Section A				\$0.00
	B. Itemized (Contributi	ions fi	om Individuals				
Last Name			First					M.I.
Zarrilli			Gia	nni				
Residential Street Address	City					State	Zip Code	ı
208 Highland St		Wethers	sfield			СТ	06109-4	1023
Principal Occupation Partner				of Employer assador Limo				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch of	or			✓ No			\$500.00
If yes, list Event # Method of contribution: Cash ✓ Personal Check Credit/I	contract is with:	Money Ord	ecutive er	Date Received 03/23/2023	Aggregate contributions \$500.00			
Last Name			First					M.I.
Thames			Gle	ndowlyn				
Residential Street Address		City				State	Zip Code	ı
34 Canterbury St		Hartford				СТ	06112-1	822
Principal Occupation Private Administrative			. 70	of Employer ZON.COM				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more to the second	r or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch of		or pros	pective state contractor	res			\$200.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutive	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/I	Debit Card Payroll Deduction	Money Ord	er	Date Received 03/30/2023	Aggregate contributions \$200.00			
Last Name	0		First					M.I.
Williams			Gra	ice				Р
Residential Street Address		City				State	Zip Code	
13004 Pine Ct		Bowie				MD	20720-4	1742
Principal Occupation Retired			Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch of	or	1		∐ Yes ✓ No			\$5.00
If yes, list Event #	contract is with:	Ex	ecutive	e Legisla	ative]		
Method of contribution: Cash Personal Check Credit/I	Debit Card Payroll Deduction	Money Ord	er	Date Received 03/10/2023	Aggregate contributions \$105.00			

SUBTOTAL Section B - This Page	\$705.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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1 age	230	OI	220

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
Arunan for Hartford April 10 filing			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First	:				M.I.
Williams				Gra	ice				Р
Residential Street Address			City				State	Zip Code	
13004 Pine Ct			Bowie				MD	20720-4	1742
Principal Occupation Retired				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 03/10/2023	Aggregate contributions \$105.00			
Last Name				First					M.I.
Sparrow				Hai	old				
Residential Street Address			City		-		State	Zip Code	2000
1 Gold St, Apt 23G			Hartford		(D.)		СТ	06103-2	2932
Principal Occupation Human Services			4	YMC	of Employer CA				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	v res			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 03/28/2023	Aggregate contributions \$100.00			
Last Name		00		First					M.I.
LaFontaine		()		Hei	nan				
Residential Street Address			City				State	Zip Code	
34 Goodwin Cir			Hartford				СТ	06105-5	5207
Principal Occupation Retired				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Y es			\$25.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 03/24/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$225.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
Arunan for Hartford			April 10 filing						
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of S	mall Conti	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals	•			
Last Name				First					M.I.
Padgett				Isaia	ah				L
Residential Street Address			City				State	Zip Code	
51 Clinton St			New Br				СТ	06053-3	3590
Principal Occupation Music Director					of Employer eth Church of Go	od			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she is			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$100.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debit	contract is with:	Money Ord	ler	Date Received 01/26/2023	Aggregate contributions \$100.00			
Last Name			1	First	01/20/2023	Ψ100.00			M.I.
Padgett				Isaia	ah				
Residential Street Address			City				State	Zip Code	
64 Evergreen Ave			Hartford	d			CT	06105-7	7104
Principal Occupation Music Director			4		of Employer both church of g	od			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she is			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	? Yes			\$25.00
If yes, list Event #	VINO	branches of government the contract is with:	Ex	ecutive	Legisla	ntive			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 03/29/2023	Aggregate contributions \$25.00	1		
Last Name		00		First					M.I.
Phillips				Jack	kie				
Residential Street Address			City				State	Zip Code	
31 Forest Ln			Bloomfi				СТ	06002-2	2801
Principal Occupation Life Coach				1	of Employer changers consulti	ing			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she is			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	or prosp	_	∐ Yes ✓ No			\$250.00
Method of contribution:		contract is with:		T	Date Received	Aggregate contributions	-		
Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	ler	03/28/2023	\$250.00			

SUBTOTAL Section B - This Page \$375.00	
TOTAL of Section B Pages \$224,025.00	
ONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,025.00	ТОТ

D	252	c	200
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ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
Arunan for Hartford	rd April 10 filing			April 10 filing					
A. Total Contributions from S	mall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Conti	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Riley				Jan	et				
Residential Street Address			City				State	Zip Code	
4 Ritas Way			Bloomfi	eld			СТ	06002-1	873
Principal Occupation Broker					of Employer - The Riley Grou	ıp Real Estate			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$200.00
If yes, list Event # Method of contribution: Cash Personal Check		contract is with:	Money Ord	ecutive	Date Received 03/16/2023	Aggregate contributions \$800.00	_		
Last Name]	First		Ψ000.00			M.I.
Riley				Jan					141.1.
Residential Street Address			City				State	Zip Code	
4 Ritas Way			Bloomfi	eld			CT	06002-1	873
Principal Occupation Broker			4		of Employer - The Riley Grou	ıp Real Estate			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res]		\$600.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	eLegisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ 0	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/28/2023	Aggregate contributions \$800.00	,		
Last Name		0		First					M.I.
Stange				Jay					
Residential Street Address			City				State	Zip Code	
177 Auburn Rd			West H		-		СТ	06119-1	179
Principal Occupation Coordinator					of Employer er for Latino Prog	gress			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r		_	∐ Yes ✓ No			\$50.00
If yes, list Event #		contract is with:	∐Ex	ecutive		ative			
Method of contribution: Cash ✓ Personal Check Contribution:	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/29/2023	Aggregate contributions \$50.00			

\$850.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	g Reposit	tory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this Per	riod Ol	NLY					
(See instructions for definition of Small Contributor)		:	Subtotal Section A				\$0.00
B. Itemized Con-	tributio	ons fr	om Individuals				
Last Name		First					M.I.
Siegel		Jenr	nifer				E
	ity Iartford	1			State CT	Zip Code 06103-1	EOE
221 Trumbull St, Apt 2108 Principal Occupation	iaitioiu		of Employer		Ci	00103-1	323
Lawyer			Lawyers LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 municipality does contributor or b municipality valued at more than \$100	ousiness h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state co If yes, indicate which branch or branches of government the contract is with:		or prosp		✓ res □No			\$250.00
Method of contribution:	oney Orde	er	Date Received 03/02/2023	Aggregate contributions \$250.00			
Last Name		First					M.I.
Reviczky		Jill G	6				W
	ity Coventr	v			State CT	Zip Code 06238-3	3164
Principal Occupation			of Employer				
Owner	4	GW A	Assoc Manageme	ent Solutions			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 municipality does contributor or b municipality valued at more than \$100	ousiness h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state co If yes, indicate which branch or branches of government the contract is with:		or prosp		✓ No			\$25.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Mo	oney Orde	er	Date Received 03/30/2023	Aggregate contributions \$25.00			
Last Name		First					M.I.
Reitz		Joel	+ Kate				
	ity				State	Zip Code	
o winto care in	Simsbur	<u> </u>	27. 4		СТ	06070-2	2128
Principal Occupation Attorney		KPM(of Employer G				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 municipality does contributor or b municipality valued at more than \$100	ousiness h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state co If yes, indicate which branch or branches of government the contract is with:		or prosp	_	∐ Yes ✓ No			\$25.00
Method of contribution:	oney Orde	er	Date Received 03/21/2023	Aggregate contributions \$25.00			
				<u> </u>			

s Page \$300.00	SUBTOTAL Section B - This Page
Pages \$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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1 age	434	OI	200

NAME OF COMMITTEE (Prov	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Sennott				Joh	n				
Residential Street Address			City				State	Zip Code	
10 The Glade			Simsbu	, 			СТ	06070-1	041
Principal Occupation Real Estate Investor				1	of Employer , LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r			∐ res ✓ No		\$^	1,000.00
If yes, list Event # Method of contribution: Cash Personal Check ✓		contract is with:	Money Ord	ler	Date Received 02/21/2023	Aggregate contributions \$1,000.00			
Last Name				First	02/21/2020	Ψ1,000.00			M.I.
Sculy				Joh	n				D
Residential Street Address			City	0011			State	Zip Code	
799 Prospect Ave, Apt B6			West H	artford	d		CT	06105-4	227
Principal Occupation Retired			4	Name Retir	of Employer ed			•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	pective state contractor	?			\$100.00
If yes, list Event #	V No	branches of government the contract is with:	Ex	ecutive		ttive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 02/25/2023	Aggregate contributions \$100.00			
Last Name		0		First					M.I.
Woltet				Joh	n				F
Residential Street Address			City	·			State	Zip Code	
16 Chittenden Ln, # 393			East Ha				СТ	06423-1	467
Principal Occupation Attorney					of Employer ke Kelly & Spella	cy PC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	·ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch of branches of government the	r	or prosp	_	∐ Yes ✓ No			\$500.00
Method of contribution:		contract is with:			Date Received	Aggregate contributions	-		
Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	ler	03/22/2023	\$500.00			

SUBTOTAL Section B - This Page \$1,6	
TOTAL of Section B Pages \$224,0	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Conti	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Wasmund				Johi	n				
Residential Street Address			City				State	Zip Code	•
65 E117th St, Apt 2			New Yo				NY	10035	
Principal Occupation Teacher					of Employer York City Depart	ment of Education			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the		or prosp	_	∐ res ✓ No			\$250.00
If yes, list Event #		contract is with:	Ex	ecutive	Legisla	ntive			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/23/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Sodipo				Johi	n				
Residential Street Address			City		-		State	Zip Code	
150 Stanley Dr			Glaston				СТ	06033-2	2622
Principal Occupation Attorney					of Employer OO Law				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or prosp	pective state contractor	res			\$200.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive			_		
Method of contribution: Cash Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/28/2023	Aggregate contributions \$200.00			
Last Name				First					M.I.
Pugliese				Jona	athan				М
Residential Street Address			City				State	Zip Code	
60 Knox Blvd			Middlete				СТ	06457-2	2352
Principal Occupation Dent Repair				1	of Employer Away LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r			∐ Yes ✓ No			\$250.00
If yes, list Event #		contract is with:	∐Ex	ecutive					
Method of contribution: Cash ✓ Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/23/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	4

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NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	:				M.I.
Salazar				Jos	e				
Residential Street Address			City				State	Zip Code	ı
73 Bushnell St			Hartford				СТ	06114-1	828
Principal Occupation Project Manager					of Employer o Realty Corp				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	-	_	✓ No			\$500.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debit	contract is with: Card Payroll Deduction	Money Ord	ecutiv er	Date Received 03/29/2023	Aggregate contributions \$500.00	_		
Last Name				First		·			M.I.
Perkus				Jos	eph				
Residential Street Address			City				State	Zip Code	ı
74 Union PI, Apt 202			Hartford	dt			CT	06103-1	411
Principal Occupation Legislative Associate				100	of Employer e of Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res]		\$25.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisl	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/21/2023	Aggregate contributions \$25.00			
Last Name		0		First					M.I.
Piscitelli				Jos	eph				
Residential Street Address			City				State	Zip Code	
38 Old Kiln Rd			North H				СТ	06473-2	2424
Principal Occupation Manager				1	of Employer Imn Transportation	on			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	-	_	V Yes □No		\$	1,000.00
If yes, list Event #	_	contract is with:	∐Ex	ecutiv		ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/23/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page \$1,52	
TOTAL of Section B Pages \$224,03	
F ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page \$224,02	

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NAME OF COMMITTEE (Provide Co.	mplete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford		April 10 filing						
A. Total Contributions from Small	Contributors - Received this	Period O	NLY					
(See instructions for definition of Small C	Contributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ions fr	om Individuals				
Last Name			First					M.I.
Lucas			Jose	eph				
Residential Street Address		City				State	Zip Code	ı
138 Jameswell Rd		Wethers				СТ	06109-2	2831
Principal Occupation			1	of Employer	Campany			
Project Manager				nes Construction				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of S municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch or		or prosp	pective state contractor	Yes Yes			\$250.00
If yes, list Event #					tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/	Debit Card Payroll Deduction	Money Orde	er	Date Received 03/29/2023	Aggregate contributions \$250.00			
Last Name			First			Į		M.I.
Riter			Jose	eph				Н
Residential Street Address		City		-		State	Zip Code	
309 Cloudes Mill Dr		Alexand				VA	22304-3	8079
Principal Occupation Management		4	70.00	of Employer nal Apartment As	ssociation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	es Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp		✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/		Money Orde	er	Date Received 03/30/2023	Aggregate contributions \$100.00			
Last Name			First		Ţ			M.I.
Sena			Kan	aga				N
Residential Street Address		City				State	Zip Code	
11447 Tiverton Trce		Fort My	ers			FL	33913-9	367
Principal Occupation Retired			Name o	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of S municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	es Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	r _	or prosp		∐ Yes ✓ No			\$100.00
Method of contribution:	COMMACT IS WITH:			Date Received	Aggregate contributions			
Cash Personal Check Credit/	Debit Card Payroll Deduction	Money Orde	er	03/31/2023	\$100.00			

SUBTOTAL Section B - This Page \$450.00	
TOTAL of Section B Pages \$224,025.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,025.00	

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NAME OF COMMITTEE (Provid	le Complet	e Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford A			April 10 filing						
A. Total Contributions from Sr	nall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Sn	nall Contr	ibutor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Smith-Bolden				Keb	ora				L
Residential Street Address			City				State	Zip Code	
30 Norton Ave			Hamder				СТ	06514-3	3048
Principal Occupation Nurse				l .	of Employer EnVerte				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$200.00
Method of contribution:		contract is with:	Exc	ecutive	e Legisla Date Received	Aggregate contributions	_		
Cash Personal Check C	redit/Debit	Card Payroll Deduction	Money Orde	er	03/22/2023	\$200.00			
Last Name				First					M.I.
Reiss				Kell	ley				
Residential Street Address			City	- 4	100		State	Zip Code	
311 Quaker Ln S			West Ha				СТ	06119-2	2220
Principal Occupation School Counselor			4	7/1	of Employer prook School				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 5 municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	_ res	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$200.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutive	eLegisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	redit/Debit	Card Payroll Deduction	Money Ordo	er	Date Received 02/27/2023	Aggregate contributions \$200.00			
Last Name		0		First					M.I.
Vernon				Ker	ron				
Residential Street Address			City				State	Zip Code	
701 Albany Ave			Hartford	<u>t</u>			CT	06112-2	2305
Principal Occupation Business Development Agent					of Employer e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 5 municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	pective state contractor	Yes Vo			\$250.00
If yes, list Event #		branches of government the contract is with:	Exc	ecutive	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/28/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	ţ= 1 ,0 2 0.00

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford A			April 10 filing						
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	t				M.I.
Kurian				Kev	vin				J
Residential Street Address			City	•			State	Zip Code	
5 Laurie Joe Way			Simsbu				СТ	06070-1	1327
Principal Occupation Legislative Liaison					of Employer Office of the State	Comptroller			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r		_	✓ No			\$50.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/26/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Naraine				Kris	shna				Р
Residential Street Address			City				State	Zip Code	-
333 Rockwell Avenue 333 Ro	ockwell Av	ve	Bloomfi	eld			СТ	06002	
Principal Occupation Retired				Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$200.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/29/2023	Aggregate contributions \$200.00			
Last Name		0		First					M.I.
Lathrop				Kris	sten				
Residential Street Address			City				State	Zip Code	•
53 Sherman St			Hartford				СТ	06105-2	2260
Principal Occupation Psychologist					of Employer e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes Vo			\$25.00
If yes, list Event #	▼ 140	branches of government the contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/25/2023	Aggregate contributions \$25.00)		

SUBTOTAL Section B - This Page	\$275.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	mall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Conti	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
White				Lato	onia				
Residential Street Address			City				State	Zip Code	
204 Flatbush Ave			Hartford				СТ	06106-3	8867
Principal Occupation CNA					of Employer nia White				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r		_	∐ res ✓ No			\$50.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debit	contract is with:	Money Orde	ecutive	Date Received 03/22/2023	Aggregate contributions \$50.00			
Last Name				First	3, 22, 2020	Ψ00.00			M.I.
Roeming					rence				D
Residential Street Address			City	-			State	Zip Code	
83 Sargeant St			Hartford	d			CT	06105-1	450
Principal Occupation Audio Engineer			-	Name o	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the		or prosp	pective state contractor	? Yes ✓ No			\$50.00
If yes, list Event #	VINO	branches of government the contract is with:	Exc	ecutive	Legisla	tive			
Method of contribution: ✓ Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 03/31/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Polley				Lilia	da				
Residential Street Address			City				State	Zip Code	700
230 Tonica Spring Trl			Manche		CE 1		СТ	06040-6	789
Principal Occupation Cher Project Manager				1	of Employer y College				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r			∐ Yes ✓ No			\$25.00
_ ·		contract is with:	Ех	ecutive					
Method of contribution: Cash ✓ Personal Check □	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 03/31/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$125.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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NAME OF COMMITTEE (Providence of COMMITTEE)	de Complet	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	mall Con	tributors - Received this	Period O	NLY		1			
(See instructions for definition of Si	mall Contr	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Sekhar				Linc	la				
Residential Street Address			City				State	Zip Code	
15507 Dalwood Avenue 1550	7 Dalwoo	od Ave	Norwalk				CA	90650	
Principal Occupation Communications Professional	I				of Employer on America				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	it of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp	pective state contractor	?		\$	1,000.00
If yes, list Event #		contract is with:	Ex	ecutive	Legisla	ntive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/26/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Morrissey				Mar	jorie				
Residential Street Address			City	- 4			State	Zip Code	
4 Goodwin Cir			Hartford				СТ	06105-5	5201
Principal Occupation Retired				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state. If yes, indicate which branch or		or prosp	pective state contractor	res		\$	00.00,1
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	Legisla	vative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Orde	ler	Date Received 03/04/2023	Aggregate contributions \$1,000.00			
Last Name		00		First					M.I.
Wilks				Mar	va				С
Residential Street Address			City				State	Zip Code	400
298 Preston St			Windso		CF 1		СТ	06095-3	3139
Principal Occupation Sr. Director of Resident Service	ces			1	of Employer of Springfield Ma	a			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp	pective state contractor	?			\$100.00
If yes, list Event #		branches of government the contract is with:	Ex	ecutive	Legisla	ntive			
Method of contribution: ✓ Cash Personal Check C	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/16/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$2,100.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$224,025.00
(Enter total on Line 13, Column A or Summary Page	

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NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
White				Mar	y Ellen				
Residential Street Address			City				State	Zip Code	
1705 Drift Rd			Westpo				MA	02790-1	624
Principal Occupation Retired				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prosp		✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	contract is with:	Money Orde		Date Received 02/21/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Levy				Mat	thew				Т
Residential Street Address			City				State	Zip Code	
51 HEARTHSTONE Cir Principal Occupation			Waylan		of Employer		MA	01778	
Real Estate Management			4		Properties LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o		or prosp	pective state contractor	? Yes			\$500.00
If yes, list Event #	VINO	branches of government the contract is with:	Exc	ecutive	e Legisla	ative			
Method of contribution: Cash ✓ Personal Check □	Credit/Debit	t Card Payroll Deduction	Money Orde	er	Date Received 03/28/2023	Aggregate contributions \$500.00			
Last Name		00		First					M.I.
Yennie		(4.		Mel	issa				K
Residential Street Address			City				State	Zip Code	7.45
35 Torwood St			Hartford		27.4		СТ	06114-2	2745
Principal Occupation Teacher				l .	of Employer ord Public Schoo	ols			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			∐ Yes ✓ No			\$25.00
		contract is with:	Ех	ecutive					
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ordo	er	Date Received 03/04/2023	Aggregate contributions \$25.00			

\$625.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Provide	Complete Name as Registered with	Filing Reposi	sitory)		TYPE OF REPORT			
Arunan for Hartford					April 10 filing			
A. Total Contributions from Sm	all Contributors - Received thi	s Period O	NLY					
(See instructions for definition of Sma	all Contributor)		Su	btotal Section A				\$0.00
	B. Itemized	Contributi	ions fron	n Individuals				
Last Name			First					M.I.
Thomas			Melvin	1				
Residential Street Address		City				State	Zip Code	
15507 Dalwood Ave		Norwall				CA	90650-6	5238
Principal Occupation Lab technician			Name of I UCLA					
	Yes If contribution is in excess of municipality does contribut municipality valued at more	or or business lethan \$5,000?	he/she is as	sociated with have a	a contract with said No	Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s If yes, indicate which branch branches of government the contract is with:	or	or prospect	ive state contractor	∐ res ✓ No		\$	1,000.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre	edit/Debit Card Payroll Deduction	Money Ord	I	ate Received 3/25/2023	Aggregate contributions \$1,000.00			
Last Name			First					M.I.
Tomasso			Micha	el				W
Residential Street Address		City				State	Zip Code	F.40
1 Eton Pl Principal Occupation		Farming	Name of I	Zmanlayyan		СТ	06032-1	546
Manager				so Brothers inc	;			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contribut municipality valued at more	or or business l	he/she is as			Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s If yes, indicate which branch branches of government the contract is with:	or	or prospect	tive state contractor	✓ Yes □No		\$^	1,000.00
Method of contribution: Cash ✓ Personal Check Cree	edit/Debit Card Payroll Deduction	Money Ord		ate Received 1/24/2023	Aggregate contributions \$1,000.00			
Last Name	~)	First	'				M.I.
Teiger			Micha	el				В
Residential Street Address		City				State	Zip Code	
9 Timberwood Rd		West H				СТ	06117-1	460
Principal Occupation Physician			Name of I Eastern		and Sports Medicine)		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contribut municipality valued at more	or or business l	he/she is as			Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s		or prospect	ive state contractor	? Yes			\$500.00
	No If yes, indicate which branch branches of government the contract is with:		xecutive	Legisla	✓ No			+555.50
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre		Money Ord	I	ate Received 3/18/2023	Aggregate contributions \$500.00			

TOTAL of Section B Pages \$224,025	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page \$224,025)	

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ı aşc	204	OI	270

NAME OF COMMITTEE (Providence of COMMITTEE)	e Complete	Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from Sn	nall Cont	ributors - Received this	Period O	NLY					
(See instructions for definition of Sn	nall Contril	butor)		;	Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Williams				Mich	nael				С
Residential Street Address			City				State	Zip Code	
1 Gold St, # 70			Hartford				СТ	06103-2	2900
Principal Occupation Deputy Commissioner					of Employer of CT				
	I V	Tre dia di di di	Φ400 ·	1:1.	6 1: 6	. cc. c			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	i es	s contributor a principal of a state If yes, indicate which branch or		or prosp	ective state contractor?	i es			\$500.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	Legisla	tive No			
Method of contribution: ☐ Cash Personal Check ☐ Cash	redit/Debit C	ard Payroll Deduction	Money Ord	ler	Date Received 03/28/2023	Aggregate contributions \$500.00			
Last Name				First			Į.		M.I.
Pendell				Mich	nael				J
Residential Street Address			City	- 40			State	Zip Code	
11 Tanglewood Drive 11 Tangl	lewood D	r	Canton				СТ	06019	
Principal Occupation Attorney					of Employer by rice LLC				
Attorney			47	A.	_0`				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	s contributor a principal of a state		or prosp	ective state contractor?	Yes			\$150.00
	✓ No	If yes, indicate which branch or branches of government the contract is with:	/	ecutive	Legisla	tive No			Ψ100.00
Method of contribution:		contract is with.	0		Date Received	Aggregate contributions			
Cash Personal Check C	redit/Debit C	Card Payroll Deduction	Money Orde	ler	03/23/2023	\$150.00			
Last Name		0		First	•				M.I.
Lazarus				Mich	nael				
Residential Street Address			City	•			State	Zip Code	
2337 Pierce Ln			Virginia				VA	23453-2	2882
Principal Occupation Education					of Employer Ik Public Schools	S			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	s contributor a principal of a state		or prosp	ective state contractor?	Yes			\$500.00
	✓ No	If yes, indicate which branch or branches of government the		ecutive	Legisla	✓ No			ψυσυ.συ
<u> </u>		contract is with:		.ccutive		Aggregate contributions			
Method of contribution: Cash Personal Check ✓ Contribution:	redit/Debit C	ard Payroll Deduction	Money Orde	ler	Date Received 03/29/2023	\$500.00			

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	4

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NAME OF COMMITTEE (Provi	de Comple	ete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford	runan for Hartford Apr		April 10 filing	April 10 filing					
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Tonucci				Nar	псу				W
Residential Street Address			City				State	Zip Code	•
57 Dix Rd			Wethers	sfield			СТ	06109-2	2905
Principal Occupation Attorney					of Employer In Paindiris & Sco	ott, LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$500.00
If yes, list Event #		contract is with:	Ex	ecutive		ative			
Method of contribution: Cash Personal Check ✓ 0	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 02/23/2023	Aggregate contributions \$500.00			
Last Name				First			!		M.I.
Nandakumaran				Nav	/aratnam				
Residential Street Address			City				State	Zip Code	
63 Westvale Rd			Duarte				CA	91010-3	3616
Principal Occupation Retired				Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	?			\$300.00
If yes, list Event #	VINO	branches of government the contract is with:	Ex	ecutive		ative —			
Method of contribution: Cash Personal Check ✓ (Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/25/2023	Aggregate contributions \$300.00			
Last Name		~		First					M.I.
mohanraj				nav	raratnasingam				а
Residential Street Address			City				State	Zip Code	
327 W Main St			New Bri				СТ	06052-1	1331
Principal Occupation physician					of Employer c mohanraj md				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	pective state contractor	?			\$100.00
If yes, list Event #		branches of government the contract is with:	Ex	ecutive	e Legisla	ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/31/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$900.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V ,

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NAME OF COMMITTEE (Provid	e Complet	e Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford April 10 filing			April 10 filing						
A. Total Contributions from Sr	nall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Sn	nall Contr	ibutor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	:				M.I.
LeShane				Pat	ricia				
Residential Street Address			City				State	Zip Code	ı
1090 Prospect Ave			Hartford	<u></u>			СТ	06105-1	125
Principal Occupation Lobbyist/CEO				ı	of Employer van & LeShane				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐Yes ✓No	Is contributor a principal of a state If yes, indicate which branch or branches of government the				✓ No			\$100.00
If yes, list Event # Method of contribution: Cash Personal Check C	redit/Debit	contract is with: Card Payroll Deduction	Money Ord	ecutive er	Date Received 03/30/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Leroy				Pat	ricia				
Residential Street Address			City				State	Zip Code	ı
323 W4th St, Apt 2D			New Yo	ork			NY	10014	
Principal Occupation Retired			4	Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	L Yes			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash Personal Check ✓ C	redit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/22/2023	Aggregate contributions \$50.00			
Last Name		00		First					M.I.
Tallarita		(.		Pat	rick				L
Residential Street Address			City				State	Zip Code	
11 Pearl St			Enfield	1			СТ	06082-3	3501
Principal Occupation Retired				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		•	_	∐ Yes ✓ No			\$200.00
If yes, list Event #		contract is with:	∐Ex	ecutiv		ative			
Method of contribution: Cash Personal Check C	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/23/2023	Aggregate contributions \$200.00			

\$350.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224,025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	pository)		ΓΥΡΕ OF REPORT			
Arunan for Hartford April 10 filing		April 10 filing				
A. Total Contributions from Small Contributors - Received this Period	ONLY					
(See instructions for definition of Small Contributor)	Subtota	l Section A				\$0.00
B. Itemized Contrib	outions from Ind	lividuals				
Last Name	First					M.I.
Rowthorn	Perry					
Residential Street Address City	. I la affa a l			State	Zip Code	
45 Walbridge Na	t Hartford			СТ	06119-1	344
Principal Occupation Lawyer	Name of Employ Jepsen Row	* -				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to municipality does contributor or busin municipality valued at more than \$5.00 to municipality valued at more than \$5.00 to municipality valued.	ess he/she is associate			Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contract of the section L1? If yes, indicate which branch or branches of government the	ctor or prospective sta	te contractor?	Yes No			\$200.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Rec	ceived	Aggregate contributions \$200.00			
Last Name	First					M.I.
Wenstrup	Peter					
Residential Street Address City	0.1	7		State	Zip Code	740
1000 1 01	Orleans			LA	70113-1	718
Principal Occupation Teacher	Name of Employ Collegiate A					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to municipality does contributor or busin municipality valued at more than \$5,0	ess he/she is associate			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contract of state contract or branches of government the contract is with:	ctor or prospective sta	te contractor?	Yes No			\$200.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money	Order Date Rec 02/23/		Aggregate contributions \$200.00			
Last Name	First					M.I.
Verdone	R. Alisha					
Residential Street Address City				State	Zip Code	
225 Asylum St, Fl 20 Hart				СТ	06103-1	532
Principal Occupation Attorney	Name of Employ Updike, Kelly		cy PC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to municipality does contributor or busin municipality valued at more than \$5,00 to municipality valued at more than \$5,00 to municipality valued.	ess he/she is associate			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contract of the section of the sect	Executive	tte contractor?	☐ Yes ✓ No			\$250.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money	Order Date Rec 03/14/		Aggregate contributions \$250.00			
	-	<u> </u>				

\$650.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Prov.	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford April 10 filing			April 10 filing						
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of Small Contributor) Subtotal Section A					\$0.00				
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Taylor				Rad	chel				
Residential Street Address			City	_			State	Zip Code	
108 Kenyon St			Hartford				СТ	06105-2	2505
Principal Occupation Movement teacher					of Employer Parents' Place				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$180.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Ordo		Date Received 03/18/2023	Aggregate contributions \$180.00			
Last Name				First					M.I.
Walker				Rad	cquel				
Residential Street Address			City		1		State	Zip Code	•
528 Broadview Ter			Hartford				СТ	06106	
Principal Occupation IT Project Manager			4	1/1	of Employer t and Whitney				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state of the		or pros	pective state contractor	res			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/16/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Phillips		(1)		Rei	nardo				J
Residential Street Address			City				State	Zip Code	2000
5 Deerfield Ave			Hartford		CD 1		СТ	06112-2	2202
Principal Occupation Accountant				l .	of Employer es life and health	ı			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state		or pros	pective state contractor	Yes Vo			\$250.00
If yes, list Event #	V 110	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 03/28/2023	Aggregate contributions \$250.00			

e \$530.00	SUBTOTAL Section B - This Page
s \$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provi	de Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First					M.I.
Stewart				Rho	oan				
Residential Street Address			City				State	Zip Code	ı
52 Kenwood Cir			Bloomfi				СТ	06002-3	3439
Principal Occupation Electrical Engineer					of Employer an Stewart				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No		\$^	1,000.00
If yes, list Event # Method of contribution: Cash Personal Check 0	Credit/Debit	contract is with: Card Payroll Deduction	Money Ord	ecutiv	Date Received 03/24/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Rajaratnam				Ric	hard				
Residential Street Address			City		The same of the sa		State	Zip Code	ı
7485 Hastings Ln			Riversio	de			CA	92506-5	456
Principal Occupation Retired				Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$200.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ 0	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/05/2023	Aggregate contributions \$200.00			
Last Name		20		First					M.I.
Order		(1)		Ric	hard				S
Residential Street Address			City	m.,			State CT	Zip Code 06070-2	224
23 Banks Rd Principal Occupation			Simsbu	_	of Employer		Ci	00070-2	.324
Attorney					ike, Kelly & Spella	асу			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	_	∐ Yes ✓ No			\$100.00
If yes, list Event #		contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/13/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,1=1111

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NAME OF COMMITTEE (Provide Con	plete Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford April 10 filing			April 10 filing					
A. Total Contributions from Small	Contributors - Received this	Period O	NLY					
(See instructions for definition of Small C	ontributor)			Subtotal Section A	Λ			\$0.00
	B. Itemized C	Contributi	ons f	rom Individuals				
Last Name			First	t				M.I.
Press			Rol	bert				
Residential Street Address		City				State	Zip Code	
650 NE 32nd St, Unit 1703		Miami				FL	33137-5	5254
Principal Occupation Physician				of Employer tist Health South	Florida			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	manuniaimality, daga aamtuihustau	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If yes indicate which branch o	or		_	✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/D	contract is with:	Money Orde	ecutiv er	eLegisla Date Received 03/08/2023	Aggregate contributions \$100.00			
Last Name			First					M.I.
Samuels			Rol	bert				Т
Residential Street Address		City		1		State	Zip Code	
46 Balfour Dr		West Ha				СТ	06117-2	2901
Principal Occupation Real Estate		4	Name Inve	of Employer Stuv				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If yes, indicate which branch o branches of government the	or	or pros		✓ No		\$^	1,000.00
Method of contribution: Cash Personal Check Credit/E	contract is with:	Money Orde		Date Received 03/29/2023	Aggregate contributions \$1,000.00			
Last Name			First					M.I.
Zaleski		T ~:	Ro	bin		_		
Residential Street Address 1 Linden Pl, Apt 402		City Hartford	d			State CT	Zip Code 06106-1	745
Principal Occupation Communications Consultant				of Employer Consulting LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch o		or pros	pective state contractor	Yes			\$25.00
If yes, list Event #	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/L	ebit Card Payroll Deduction	Money Orde	er	Date Received 03/21/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$1,125.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	\$224,020.00

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NAME OF COMMITTEE (Prov.	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Paul				Rol	nan				
Residential Street Address			City				State	Zip Code	
230 S Tryon St, Unit 710			Charlott				NC	28202-3	3258
Principal Occupation Consultant				Delo	of Employer itte				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Ordo		Date Received 03/27/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Roth				Ros	salie				
Residential Street Address			City		-		State	Zip Code	
79 Bloomfield Ave			West Ha				СТ	06105-1	007
Principal Occupation Fundraising Professional			4		of Employer nell Park Conserv	rancy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	L Yes			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	eLegisla	✓ No ative			
Method of contribution: Cash ✓ Personal Check	Credit/Debi	Card Payroll Deduction	Money Ordo	er	Date Received 03/05/2023	Aggregate contributions \$100.00			
Last Name		00		First					M.I.
Weisman		()		Sal	ly				
Residential Street Address			City				State	Zip Code	
91 Girard Ave			Hartford				СТ	06105-2	2230
Principal Occupation Director of Development					of Employer ford Foundation				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or pros	pective state contractor	? Yes ✓ No			\$250.00
If yes, list Event #	٠٠٠ ــــــــــــــــــــــــــــــــــ	contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check	Credit/Debi	Card Payroll Deduction	Money Ordo	er	Date Received 02/02/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page \$450.00	
TOTAL of Section B Pages \$224,025.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,025.00	

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized (Contributi	ions fr	om Individuals				
Last Name		First					M.I.
Wiseman		Sar	ndra				W
Residential Street Address	City				State	Zip Code	
968 West Blvd	Hartford				СТ	06105-4	1144
Principal Occupation Professional Development Manager		Name Aetn	of Employer a				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific property of the	r or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a star flyes, indicate which branch of branches of government the	or			✓ No			\$250.00
If yes, list Event # contract is with:	Ex	ecutive		tive	_		
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 03/04/2023	Aggregate contributions \$275.00			
Last Name		First		·			M.I.
Wiseman		Sar	ndra				W
Residential Street Address	City				State	Zip Code	
968 West Blvd	Hartford				СТ	06105-4	1144
Principal Occupation Professional Development Manager		Name Aetn	of Employer a				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific product of the spe	r or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a star If yes, indicate which branch of branches of government the contract is with:	or	or prosp		✓ No			\$25.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 03/24/2023	Aggregate contributions \$275.00			
Last Name		First					M.I.
Taffe		Sar	ndra				
Residential Street Address	City				State	Zip Code	
22 Elm St	East Ha				СТ	06108-2	2229
Principal Occupation Consumer Response Coordinator		1	of Employer Coca-Cola				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific property of the	r or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a star of the section L1? If yes, indicate which branch of branches of government the contract is with:	or	or prosp		✓ No			\$250.00
Method of contribution:			Date Received	Aggregate contributions	1		
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	03/27/2023	\$250.00			

- This Page \$525.00	SUBTOTAL Section B - This Page
ion B Pages \$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)

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NAME OF COMMITTEE (Provide Complete Nan	ne as Registered with Filing Reposi	tory)	TYPE OF REPORT			
Arunan for Hartford			April 10 filing			
A. Total Contributions from Small Contribu	tors - Received this Period O	NLY				
(See instructions for definition of Small Contributor	·)	Subtotal Section A				\$0.00
	B. Itemized Contributi	ons from Individuals				
Last Name		First				M.I.
Odierna		Santolo				
Residential Street Address	City	l		State	Zip Code	
242 Park Ave	Bloomfi			СТ	06002-3	257
Principal Occupation		Name of Employer				
Attorney		BPS Lawyers				
dependent child of a lobbyist?	contribution is in excess of \$400 to a car unicipality does contributor or business hunicipality valued at more than \$5,000?			Amoun	t of Contr	ibution
event reported in Section L1?	tributor a principal of a state contractor of s, indicate which branch or	or prospective state contractor?	Yes ✓ No			\$250.00
If yes, list Event # cont	ches of government the ract is with:	ecutive Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction Money Orde	Date Received 03/02/2023	Aggregate contributions \$250.00			
Last Name		First				M.I.
Schooley		Scott				
Residential Street Address	City			State	Zip Code	
6 Woodside Cir	Hartford			СТ	06105-1	119
Principal Occupation Investor	4	Name of Employer Woodside Capital Mar	nagement, LLC			
dependent child of a lobbyist?	contribution is in excess of \$400 to a car unicipality does contributor or business hunicipality valued at more than \$5,000?			Amoun	t of Contr	ibution
event reported in Section L1?	tributor a principal of a state contractor of s, indicate which branch or	or prospective state contractor?	Yes No			\$500.00
	ches of government the ract is with:	ecutive Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction Money Orde	Date Received 03/31/2023	Aggregate contributions \$500.00			
Last Name	0	First				M.I.
Peoples		Sean				М
Residential Street Address	City			State	Zip Code	
375 Tall Timbers Road 375 Tall Timbers Rd	Glaston	•		СТ	06033	
Principal Occupation Attorney		Name of Employer Brown Paindiris & Sco	ott, LLP			
dependent child of a lobbyist?	contribution is in excess of \$400 to a car unicipality does contributor or business hunicipality valued at more than \$5,000?			Amoun	t of Contr	ibution
avent reported in Section I 12 Yes	tributor a principal of a state contractor	or prospective state contractor?	Yes			\$500.00
If yes list Event # Vo bran	s, indicate which branch or ches of government the ract is with:	ecutive Legisla	tive No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction Money Orde	Date Received 02/24/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$1,250.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	V == 1,1=1111

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford A		April 10 filing							
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Wilson				Sel	orina				E
Residential Street Address			City				State	Zip Code	
31 High St, Apt 9203			East Ha				СТ	06118-1	878
Principal Occupation Town Council member					of Employer Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of S municipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or branches of government the				✓ No			\$300.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/30/2023	Aggregate contributions \$300.00			
Last Name				First			<u>J</u>		M.I.
Zelman				Sha	aron				
Residential Street Address			City		100		State	Zip Code	
29 Overlook Dr			Southbo				MA	01772-1	252
Principal Occupation Administrative Assistant			4	100	of Employer Supply				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 5 municipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$500.00
If yes, list Event #	✓ No	branches of government the contract is with:	□ Ex	ecutiv	e Legisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/03/2023	Aggregate contributions \$500.00			
Last Name		~		First					M.I.
Smith				She	eldon				Α
Residential Street Address			City				State	Zip Code	
249 Lawrence St			Hartford				СТ	06106-1	430
Principal Occupation Attorney				Name DHS	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Yes Vo			\$100.00
If yes, list Event #	▼ 140	branches of government the contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/20/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$900.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing R	Repository)	TYPE OF REPORT			
Arunan for Hartford A		April 10 filing					
A. Total Contributions from Small Contribut	ors - Received this Perio	od ONL	Y				
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
	B. Itemized Contr	ibutions	from Individuals				
Last Name		Fir	st				M.I.
Stave		So	ondra				Α
Residential Street Address	City	•			State	Zip Code	•
150 Grant Hill Rd	Co	ventry			СТ	06238-1	137
Principal Occupation Retired			ne of Employer tired				
dependent child of a lobbyist? mur	ontribution is in excess of \$400 to nicipality does contributor or bus nicipality valued at more than \$5.	siness he/she			Amoun	t of Conti	ibution
event reported in Section L1? If yes,	ributor a principal of a state control , indicate which branch or hes of government the	_	_	✓ No			\$50.00
If yes, list Event # contra Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction Mone	Executi ey Order	ve Legisla Date Received 03/04/2023	Aggregate contributions \$50.00			
Last Name		Fir		φσσ.σσ			M.I.
Lewis		So	ophia				D
Residential Street Address	City	y			State	Zip Code	l
462 Ridge Rd	We	ethersfiel	d		CT	06109-1	923
Principal Occupation Owner			ne of Employer Nsplash Jamaican I	Restaurant			
dependent child of a lobbyist? mur	ontribution is in excess of \$400 to nicipality does contributor or bus nicipality valued at more than \$5.	siness he/she			Amoun	t of Conti	ibution
event reported in Section L1?	ributor a principal of a state conti , indicate which branch or	tractor or pro	ospective state contractor	L res			\$250.00
	hes of government the act is with:	Executi	ve Legisla	tive No			
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit Card	Payroll Deduction Mone	ey Order	Date Received 03/28/2023	Aggregate contributions \$250.00			
Last Name		Fir	st				M.I.
Woodlock		St	ephanie				
Residential Street Address	City				State	Zip Code	
64 Tremont St	Ha	rtford			СТ	06105-3	8069
Principal Occupation IT Analyst			ne of Employer milton Sundstrand				
dependent child of a lobbyist? mur	ontribution is in excess of \$400 to icipality does contributor or bus icipality valued at more than \$5.	siness he/she			Amoun	t of Conti	ibution
event reported in Section L1?	ributor a principal of a state control, indicate which branch or hes of government the		_	☐ Yes ✓ No			\$100.00
	act is with:	Executi	ve Legisla	tive			
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction Mone	ey Order	Date Received 03/04/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford			April 10 filing						
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Λ			\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Sobin				Ste	phen				Р
Residential Street Address			City				State	Zip Code	
675 Townsend Ave, Unit 109			New Ha				СТ	06512-3	3174
Principal Occupation Attorney					of Employer vn Paindiris & Sc	ott, LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ No			\$500.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 02/27/2023	Aggregate contributions \$500.00	_		
Last Name				First					M.I.
Reviczky				Ste	ven				K
Residential Street Address			City	- 4	-		State	Zip Code	
110 Wall St			Coventr		fp. 1		СТ	06238-3	3164
Principal Occupation retired			4	Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes Vo			\$100.00
If yes, list Event #	VINO	branches of government the contract is with:	Exc	ecutive	e Legisl	ative			
Method of contribution: Cash ✓ Personal Check	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/04/2023	Aggregate contributions \$100.00	,		
Last Name		0		First					M.I.
Yolen				Sus	san				L
Residential Street Address			City	•			State	Zip Code	
267 Mckinley Avenue 267 Mc	kinley Av	/e	New Ha				СТ	06515	
Principal Occupation Retired				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes ✓ Yo			\$50.00
If yes, list Event #	A 140	branches of government the contract is with:	Exc	ecutive	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 02/20/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	ţ= 1 ,0 2 0.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	ository)	TYPE OF REPORT			
Arunan for Hartford		April 10 filing			
A. Total Contributions from Small Contributors - Received this Period	ONLY				
(See instructions for definition of Small Contributor)	Subtotal Section	n A			\$0.00
B. Itemized Contrib	utions from Individua	ls			
Last Name	First				M.I.
Lennon	Susan				
Residential Street Address City			State	Zip Code	
165 Elizabeth Street 165 Elizabeth St Hartf			СТ	06105	
Principal Occupation Retired	Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a municipality does contributor or busine municipality valued at more than \$5,00	ss he/she is associated with ha 0? Yes	ve a contract with said No	Amoun	it of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contract or branches of government the contract is with:	_	rtor?			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money ©	00/01/2020	Aggregate contributions \$100.00	-)		
Last Name	First				M.I.
Parker	Susan)			Α
Residential Street Address City 60. Szegda Rd Colum	nhia		State CT	Zip Code 06237-1	226
60 Szegda Rd Colui Principal Occupation	Name of Employer	\	<u> </u>	00237-1	220
Manager	Lynch Toyota	,			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a municipality does contributor or busine municipality valued at more than \$5,00 to a municipality valued at more than \$5,00 to	ss he/she is associated with ha		Amoun	it of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contract of a s		tor? Yes ✓ No islative		\$^	1,000.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Money Contribution	Date Received 03/03/2023	Aggregate contributions \$1,000.00	-)		
Last Name	First	•			M.I.
Rizvi	Syed				Т
Residential Street Address City			State	Zip Code	
100 TT TOSHI TTO	nan Oaks		CA	91403-4	1733
Principal Occupation Physician	Name of Employer SCPMG				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a municipality does contributor or busine municipality valued at more than \$5,00	ss he/she is associated with ha		Amoun	it of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or	or or prospective state contract	Yes			\$100.00
If yes, list Event # branches of government the contract is with:		islative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ Money Or Contribution ☐ Money Or Contribution ☐ Payroll Deduction ☐ Money Or Contribution ☐ Money Or Contribution ☐ Payroll Deduction	Order Date Received 03/04/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$1,200.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	, ,, , , , , , , , , , , , , , , , , , ,

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NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Reposi	tory)	TYPE OF REPORT			
Arunan for Hartford			April 10 filing			
A. Total Contributions from Small Contributors	- Received this Period O	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
	B. Itemized Contributi	ons from Individuals				
Last Name		First				M.I.
Williams		Terri				Α
Residential Street Address	City	l		State	Zip Code	
188 Warrenton Ave	West Ha			СТ	06119-1	1841
Principal Occupation		Name of Employer				
Director of Faculty Grant		Trinity College				
dependent child of a lobbyist? municipa	oution is in excess of \$400 to a car ality does contributor or business bality valued at more than \$5,000?			Amoun	t of Conti	ribution
event reported in Section L1?	or a principal of a state contractor of licate which branch or	or prospective state contractor?	i es			\$100.00
If yes, list Event # contract is	of government the with:	ecutive Legisla				
Method of contribution: ☐ Cash	Payroll Deduction Money Orde	Date Received 03/03/2023	Aggregate contributions \$100.00			
Last Name		First	•			M.I.
Lamore		Todd				
Residential Street Address	City			State	Zip Code	
102 Eastern Dr	Wethers			СТ	06109-2	2608
Principal Occupation President	4	Name of Employer Lamore Service Cente	er			
dependent child of a lobbyist? municipa	oution is in excess of \$400 to a car ality does contributor or business hality valued at more than \$5,000?			Amoun	t of Conti	ribution
event reported in Section L1? If yes, ind	or a principal of a state contractor dicate which branch or of government the	or prospective state contractor?	☐ Yes ✓ No			\$500.00
If yes, list Event # contract is		ecutive Legisla	tive —			
Method of contribution: ☐ Cash	Payroll Deduction Money Orde	Date Received 03/23/2023	Aggregate contributions \$500.00			
Last Name	70	First		1		M.I.
Romagnoli		Tom				
Residential Street Address	City			State	Zip Code	
237 Wolcott Hill Rd 237 Wolcott Hill Rd	Wethers	sfield		СТ	06109	
Principal Occupation Operations Manager		Name of Employer Downes Construction				
dependent child of a lobbyist? municipa	pution is in excess of \$400 to a car ality does contributor or business bality valued at more than \$5,000?			Amoun	t of Conti	ribution
event reported in Section L1? If yes, ind	or a principal of a state contractor of dicate which branch or of government the	_	V Yes □No			\$250.00
If yes, list Event # contract is		ecutive Legisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐	Payroll Deduction Money Orde	Date Received 03/29/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$850.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ22 1,020.00

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NAME OF COMMITTEE (Provide Co	omplete	Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from Smal	l Conti	ributors - Received this	Period O	NLY					
(See instructions for definition of Small	Contrib	outor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First					M.I.
Lazarus				Tys	sen				Т
Residential Street Address			City				State	Zip Code	•
53 Norwich St, Apt 4			Hartford				СТ	06106-2	2769
Principal Occupation RCP					of Employer RTFORD HEALTH	ICARE			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
event reported in Section L1?	es	s contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$500.00
If yes, list Event # Method of contribution: Cash Personal Check CCedit	/Debit C	contract is with:	Money Ord	ecutiv	e Legisla Date Received 03/29/2023	Aggregate contributions \$500.00			
Last Name			, ,	First		Ψοσο.σο			M.I.
Wilson					onica				1,111
Residential Street Address			City	-			State	Zip Code	
131 Ridgefield St			Hartford	d 🥒			CT	06112-1	1837
Principal Occupation Agent			4	Name Allst	of Employer ate				
dependent shild of a lobbyist?	Yes No	If contribution is in excess of smunicipality does contributor municipality valued at more than the same of the sa	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	es	s contributor a principal of a state		or pros	pective state contractor	Yes Vo			\$100.00
If yes, list Event #	10	branches of government the contract is with:	Ex	ecutiv		ative —			
Method of contribution: ✓ Cash Personal Check Credit	/Debit C	ard Payroll Deduction	Money Orde	er	Date Received 03/16/2023	Aggregate contributions \$100.00			
Last Name		~		First	:				M.I.
Schaberg				Wil	liam				
Residential Street Address			City				State	Zip Code	•
424 Riverside Drive 424 Riverside	Dr_		Fairfield	_			СТ	06824	
Principal Occupation Antiquarian Book Dealer					of Employer ena Rare Books				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of smunicipality does contributor municipality valued at more than the same of the sa	or business l				Amoun	t of Cont	ribution
event reported in Section L1?	es	s contributor a principal of a state If yes, indicate which branch or branches of government the	r		_	∐ Yes ✓ No			\$150.00
If yes, list Event #		contract is with:	∐Ex	ecutiv		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit	/Debit C	ard Payroll Deduction	Money Ord	er	Date Received 03/12/2023	Aggregate contributions \$150.00			

SUBTOTAL Section B - This Page	\$750.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	Ψ== 1,0=0.00

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Λ.			\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Narwold				Will	liam				Н
Residential Street Address			City West Ha	artfor	d		State CT	Zip Code 06107	
6 Thicket Lane 6 Thicket Ln Principal Occupation			Westill		of Employer		Ci	00107	
Attorney					ey Rice LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r		_	✓ No			\$100.00
If yes, list Event # Method of contribution: Cash Personal Check ✓	Credit/Debi	contract is with:	Money Ordo	ecutive er	Date Received 03/24/2023	Aggregate contributions \$100.00			
Last Name				First		ψ.00.00			M.I.
Walsh				Win	nston				
Residential Street Address			City				State	Zip Code	
11 Old Village Rd			Bloomfi	eld			СТ	06002-1	829
Principal Occupation Operations			4	100	of Employer don Medical				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	L Yes			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutive	eLegisla	✓ No ative			
Method of contribution: ✓ Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 03/17/2023	Aggregate contributions \$100.00			
Last Name		0		First					M.I.
Lacoss				Car	ol				Р
Residential Street Address			City				State	Zip Code	
186 Oak Grove St, Apt D			Manche		CD 1		СТ	06040-5	584
Principal Occupation Retired				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	? Yes ✓ No			\$50.00
If yes, list Event #	▼ 140	branches of government the contract is with:	Exc	ecutive	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/06/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page \$25	
TOTAL of Section B Pages \$224,02	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page \$224,02	

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NAME OF COMMITTEE (Prov	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
runan for Hartford April 10 filing									
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Rowe				Fitz	roy				
Residential Street Address			City	_			State	Zip Code	007
53 Farmstead Ln			Windso				СТ	06095-1	837
Principal Occupation Reverend					of Employer Deth Church of G	od			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or pros	_	✓ No	\$720.00		
	Credit/Debi		Money Ord		Date Received 03/23/2023	Aggregate contributions \$720.00			
Last Name				First					M.I.
levi				ltzh	ak				
Residential Street Address			City Floral P	ork			State NY	Zip Code	245
271 Grand Central Pkwy Principal Occupation			FIOIALP		of Employer		INT	11005-1	245
Retired			4	Retir					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	Yes Vo		\$	1,000.00
If yes, list Event#	V NO	branches of government the contract is with:	Ex	ecutive	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ord	er	Date Received 03/12/2023	Aggregate contributions \$1,000.00			
Last Name		0		First					M.I.
Stable				Jen	nifer				
Residential Street Address			City				State	Zip Code	
80 Terry Rd			Hartford				СТ	06105-1	109
Principal Occupation Information Requested					of Employer mation Requeste	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	•	_	∐ Yes ✓ No			\$50.00
If yes, list Event #		contract is with:	∐Ex	ecutive		ative			
Method of contribution: Cash Personal Check	Credit/Debi	Card Payroll Deduction	Money Ord	er	Date Received 03/05/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$1,770.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$224,025.00
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide Complete	Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford	for Hartford April 10 filing							
A. Total Contributions from Small Contr	ibutors - Received this	Period O	NLY					
(See instructions for definition of Small Contrib	utor)			Subtotal Section A	1			\$0.00
	B. Itemized C	ontributi	ons fr	om Individuals				
Last Name			First					M.I.
Wilson			Neil					
Residential Street Address		City				State	Zip Code	
206 Mcclintock St		New Bri				СТ	06053-2	2938
Principal Occupation Information Requested				of Employer mation Requeste	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of smunicipality does contributor municipality valued at more th	or business h				Amoun	t of Conti	ibution
event reported in Section L1?	s contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp		✓ No	\$50.0		
Method of contribution: ✓ Cash Personal Check Credit/Debit Ca	contract is with: ard Payroll Deduction	Money Orde		Date Received 03/03/2023	Aggregate contributions \$50.00			
Last Name			First			•		M.I.
Pinnock			Lato	onya				
Residential Street Address		City	- 40			State	Zip Code	
805 MILL POND VIg		Broad B				СТ	06016	
Principal Occupation CNA		4	70.00	of Employer nation Requeste	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes V No	If contribution is in excess of smunicipality does contributor municipality valued at more th	or business h				Amoun	t of Conti	ibution
event reported in Section L1?	s contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	L Yes			\$50.00
	branches of government the contract is with:	☐ Exc	ecutive	Legisla	✓ No ative			
Method of contribution: Cash Personal Check Credit/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 02/22/2023	Aggregate contributions \$50.00			
Last Name	00		First					M.I.
Rivera	(.		Kim	berly				
Residential Street Address		City				State	Zip Code	050
8 Hollandview Dr		Bloomfi		CE 1		СТ	06002-1	856
Principal Occupation Information Requested				of Employer nation Requeste	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of smunicipality does contributor municipality valued at more th	or business h				Amoun	t of Conti	ibution
event reported in Section L1?	s contributor a principal of a state If yes, indicate which branch or branches of government the				∐ Yes ✓ No			\$100.00
If yes, list Event # Method of contribution: Cash Personal Check Credit/Debit Ca	contract is with:	Money Orde	ecutive	Date Received 03/03/2023	Aggregate contributions \$100.00			
		1		03/03/2023	φ100.00			

SUBTOTAL Section B - This Page \$200	
TOTAL of Section B Pages \$224,025	
OTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page) \$224,025	

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NAME OF COMMITTEE (Provide C	Complete 1	Name as Registered with Fil	ing Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						April 10 filing			
A. Total Contributions from Sma	ll Contr	ibutors - Received this	Period O	NLY					
(See instructions for definition of Small	l Contrib	utor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	om Individuals				
Last Name				First					M.I.
Tomasso				Will	iam				
Residential Street Address			City				State	Zip Code	
111 Kent Rd			New Bri	itain			СТ	06052-1	919
Principal Occupation Executive				l .	of Employer asso Brothers, IN	IC.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$\frac{9}{2}\$ municipality does contributor of municipality valued at more the	or business l				Amoun	t of Contr	ibution
event reported in Section L1?	ies	contributor a principal of a state If yes, indicate which branch or branches of government the			<u></u>	✓ No	\$1,000.00		
If yes, list Event # Method of contribution: Cash Personal Check Cred		contract is with: rd Payroll Deduction	Money Orde	ecutive er	Date Received 01/24/2023	Aggregate contributions \$1,000.00	-		
Last Name				First		<u> </u>			M.I.
Long				Glo	ria				G
Residential Street Address			City				State	Zip Code	
98 Warrenton Ave			Hartford	1			CT	06105-3	926
Principal Occupation Retired			4	Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of smunicipality does contributor omunicipality valued at more th	or business l				Amoun	t of Contr	ibution
event reported in Section L1?	res	contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	L Yes			\$20.00
If yes, list Event #		branches of government the contract is with:	Exc	ecutive	eLegisla	✓ No ative			
Method of contribution: ☐ Cash Personal Check ☐ Cred	lit/Debit Ca	rd Payroll Deduction	Money Orde	er	Date Received 02/28/2023	Aggregate contributions \$20.00			
Last Name		0		First					M.I.
Lazowski				Ala	n				
Residential Street Address			City				State	Zip Code	
1 Financial Plz			Hartford				СТ	06103-2	2608
Principal Occupation CEO				Name LAZ	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$\frac{9}{2}\$ municipality does contributor of municipality valued at more the	or business l				Amoun	t of Contr	·ibution
event reported in Section L1?	Yes	contributor a principal of a state If yes, indicate which branch or branches of government the	_			∐ Yes ✓ No		\$^	1,000.00
If yes, list Event #	I	contract is with:	∐Ex(ecutive		ative			
Method of contribution: Cash ✓ Personal Check Cred	lit/Debit Ca	rd Payroll Deduction	Money Orde	er	Date Received 02/23/2023	Aggregate contributions \$1,000.00			

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Section B - This Page \$2,020.00	SUBTOTAL Section B - This Page
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	AL of Section B Pages \$224,025.00	TOTAL of Section B Pages
(Enter total on Line 13, Column A of Summary Page	\$224.025.00	,

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NAME OF COMMITTEE (Provide	Complete 1	Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford		April 10 filing							
A. Total Contributions from Sm	all Contr	ibutors - Received this	Period O	NLY					
(See instructions for definition of Sma	all Contrib	utor)		:	Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Painiris				Johr	nny				С
Residential Street Address			City				State	Zip Code	
44 Pasco Hill Rd			Cromwe				СТ	06416-1	1013
Principal Occupation Restaurant Manager					of Employer s Place Restaura	nt			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more than the contribution of the contribution of the contribution is in excess of smunicipality does contribute or smunicipality valued at more than the contribution of smunicip	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	l l es	contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$150.00
If yes, list Event # Method of contribution: Cash Personal Check Cre		contract is with:	Money Ordo	ecutive	Date Received 03/23/2023	Aggregate contributions \$150.00			
Last Name				First	A 1	*******			M.I.
Tucker				Keitl	h .				
Residential Street Address			City				State	Zip Code	
15 Magnolia St			Hartford	d //			CT	06112-2	2346
Principal Occupation Agent					of Employer er Realty & Insura	ance			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more than	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?] res	contributor a principal of a state If yes, indicate which branch or		or prosp	ective state contractor?	Yes ✓ No			\$100.00
If yes, list Event #	_	branches of government the contract is with:	Exc	ecutive	Legisla	tive			
Method of contribution: ✓ Cash Personal Check Cree	edit/Debit Ca	rd Payroll Deduction	Money Orde	er	Date Received 03/30/2023	Aggregate contributions \$100.00			
Last Name		00		First					M.I.
Morgan		(.		Cou	rtney				
Residential Street Address			City				State	Zip Code	2004
134 Brookline Ave			Bloomfi		CE 1		СТ	06002-3	3621
Principal Occupation Carpenter				1	of Employer Roc Restaurant				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	contributor a principal of a state If yes, indicate which branch or branches of government the	r	or prosp	_	∐ Yes ✓ No			\$100.00
Method of contribution:		contract is with:	EX	ccutive	Date Received	Aggregate contributions			
	edit/Debit Ca	rd Payroll Deduction	Money Ordo	er	03/30/2023	\$100.00			

\$350.00	SUBTOTAL Section B - This Page
\$224,025.00	TOTAL of Section B Pages
\$224.025.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

SEEC FORM 20 Revised January 2015

Method of contribution:

Personal Check Credit/Debit Card Payroll Deduction Money Order

I. MONETARY RECEIPTS (Sections A-K)

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of

NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Fil	ling Reposit	tory)	TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
A. Total Contributions from Small Co	ntributors - Received this	Period Ol	NLY				
(See instructions for definition of Small Con-	tributor)		Subtotal Section A				\$0.00
	B. Itemized C	ontributio	ons from Individuals				
Last Name			First				M.I.
Sullivan			Eugene				
Residential Street Address		City			State	Zip Code	
35 N Main St, Ste 2F		Southing	gton		CT	06489-2	2577
Principal Occupation			Name of Employer				
Attorney			Wisinowski & Sullivan				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of 5 municipality does contributor municipality valued at more the	or business h			Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes V No	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with		or prospective state contractor?	✓ No			\$250.00

Date Received

03/23/2023

Aggregate contributions

\$250.00

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$224,025.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$224,025.00

SEEC FORM:	20	
Revised January	201	5

Fairfield

I. MONETARY RECEIPTS (Sections A-K)

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\$200.00

Xevised January 2013									
NAME OF COMMITTEE (Provide C	omplete Name	as Register	red with F	Filing Re	epository)		TYPE OI	F REPORT	
Arunan for Hartford							April 10	filing	
		C1. Co	ntributio	ons froi	m Other Co	mmittees			
Name of Committee Singh PAC					Name of Treat				
Address 162 Scotland Rd			Is this correported		n associated with n L1?	an event f yes, list Event #	Yes	✓ No	Amount of Contribution
City Norwich	State CT	Zip Code 06360-			eceived 0/2023	Aggregate Con	tributions	\$500.00	\$500.00
Name of Committee Rovette PAC					Name of Treat Robert Fice				
Address 13 Diamond Rock Rd			Is this correported		n associated with n L1?	an event f yes, list Event #	Yes	✓ No	Amount of Contribution
City Wolcott	State CT	Zip Code 06716-			eceived 3/2023	Aggregate Con	tributions	\$100.00	\$100.00
Name of Committee McCarthy Vahey PAC					Name of Treat Eric Newma				
Address 1625 Melville Ave			Is this correported		n associated with n L1?	an event f yes, list Event #	Yes	✓ No	Amount of Contribution
City	State	Zip Code		Date R	eceived	Aggregate Con	tributions		

03/29/2023

CT

06825-2044

\$200.00

SUBTOTAL Section C1 - This Page	\$800.00
TOTAL of Section C1 Pages	\$800.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page	\$800.00

I. MONETARY RECEIPTS (Sections A-K	(1)	Page	287	of	298
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF RI	EPORT			
Arunan for Hartford	April 10 filir	ng			
Summary of Other Monetary Receipts (Sections D-K)					
Total Loans Received this Period (Section D)					\$0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+				\$0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+				\$0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+				\$0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+				\$0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+				\$0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+				\$0.00

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	TURES (Sections	s P-T) Pag	ge 288	of	298
NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
	P. Expense	es Paid by Commit	ttee				
Name of Payee Arunan Arulampalam	1			Date of Payment 01/17/2023	Method of Check Debit 0	# 1002	T T
Street Address 112 Hungerford St		City Hartford			State CT	Zip Code 06106-4	626
Purpose of Expenditure (by code) RMB	Description T-shirts		Even	t#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the c	r committee) re) Indepen	ndent	cked)		\$3	19.05
Name of Payee Arunan Arulampalam				Date of Payment 01/18/2023	Method of Check Debit 0	# 1005	TT
Street Address 112 Hungerford St		City Hartford			State CT	Zip Code 06106-4	626
Purpose of Expenditure (by code) RMB	Description Website		Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the cont	r committee) re) Indepen	ndent	cked)		\$1.	20.40
Name of Payee Arunan Arulampalam		THIS		Date of Payment 01/18/2023	Method of Check Debit	# <u>1004</u>	
Street Address 112 Hungerford St	2	City Hartford			State CT	Zip Code 06106-4	626
Purpose of Expenditure (by code) RMB	Description		Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the cont	r committee) re) Indepen	ndent	cked)		\$4	04.14
Name of Payee Arunan Arulampalam				Date of Payment 02/03/2023	Method of Check Debit 0	# 1011	
Street Address 112 Hungerford St		City Hartford		•	State CT	Zip Code 06106-4	626
Purpose of Expenditure (by code) RMB	Description		Even	t#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or		' is chec	cked)	1	\$	58.94

SUBTOTAL Section P - This Page	\$902.53
TOTAL of Section P Pages	\$32,882.68
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$32,882.68

Coordinated with reimbursement sought (joint expenditure)

Independent

Organization: A B C D

Revised January 2015	IV. EXPENDIT	TURES (Sections	s P-T)) Pa	ge 289	of 298
NAME OF COMMITTER	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Arunan for Hartford						
	P. Expense	es Paid by Commit	ttee			
Name of Payee Arunan Arulampalam	1			Date of Payment 02/06/2023	Method of ✓ Check Debit	# 1010
Street Address 112 Hungerford St		City Hartford			State CT	Zip Code 06106-4626
Purpose of Expenditure (by code) RMB	Description	<u> </u>	Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	ked)		\$86.40
Name of Payee Arunan Arulampalam	1			Date of Payment 02/17/2023	Method of Check Debit	# 1021
Street Address 112 Hungerford St		City Hartford			State CT	Zip Code 06106-4626
Purpose of Expenditure (by code) RMB	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contro	r committee) re) Indepen	ndent	ked)		\$45.65
Name of Payee Aruom, LLC		THIS		Date of Payment 02/06/2023	Method of ✓ Check Debit	# 1016
Street Address 67 Russ St, Ste 3	0.17	City Hartford			State CT	Zip Code 06106-5408
Purpose of Expenditure (by code) OVHD	Description		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	ndent	ked)		\$400.00
Name of Payee Aruom, LLC				Date of Payment 02/06/2023	Method of Check Debit	# 1017
Street Address 67 Russ St, Ste 3		City Hartford			State CT	Zip Code 06106-5408
Purpose of Expenditure (by code) OVHD	Description		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u ✓ None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	ked)		\$400.00

P - This Page \$932.05	SUBTOTAL Section P - This Pag	
ection P Pages \$32,882.68	TOTAL of Section P Page	
y Page Totals) \$32,882.68	(Enter total on Line 19, Column A of Summary Page Totals	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

IV EXPENDITURES (Sections P-T)

SEEC FORM 20 tevised January 2015	IV. EXPENDIT	TURES (Sections	P-T)	Page	290	of	298
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPO	RT			
Arunan for Hartford				April 10 filing				
	P. Expense	es Paid by Commit	ttee					
Name of Payee Aruom, LLC				Date of Payment 02/28/2023		Method of Check	# <u>1025</u>	EFT
Street Address		City		I		State	Zip Code	
67 Russ St, Ste 3		Hartford				CT	06106-	5408
Purpose of Expenditure (by code) OVHD	Description Electricity		Even	t #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Indeper	ndent	cked)	D		\$	117.30
Name of Payee Aruom, LLC				Date of Payment 02/28/2023		Method of Check	# <u>1024</u>	EFT
Street Address		City Hartford				State CT	Zip Code 06106-	
67 Russ St, Ste 3	T =	Tiaitioid			\rightarrow		00100-	J400
Purpose of Expenditure (by code) OVHD	Description Office Rent		Even	t #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u ✓ None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the co	re) Indeper	ndent	eked)	D		\$-	400.00
Name of Payee Berkins on Main		THIS		Date of Payment 02/03/2023		Method of Check	# 1014	EFT
Street Address 600 Main St	0	City Hartford				State CT	Zip Code 06103-	
Purpose of Expenditure (by code) FNDR	Description Fundraiser Food		Even	t #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Indeper	ndent	ked)	D		\$	985.48
Name of Payee CCM & Co				Date of Payment 01/18/2023		Method of ✓ Check	# 1003	EFT
Street Address 1022 Boulevard, # 3	29	City West Hartford				State CT	Zip Code 06119-	
Purpose of Expenditure (by code) A-SIGN	Description		Even	t #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure).	re) Indeper	ndent	cked)			\$	250.00

SUBTOTAL Section P - This Page \$1,752.78	
TOTAL of Section P Pages \$32,882.68	
SES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$32,882.68	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

Coordinated without reimbursement sought (in-kind contribution)

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	TURES (Sections	P-T) Pa	ige 291	of 298	
NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
Arunan for Hartford				April 10 filing			
	P. Expense	es Paid by Commit	tee				
Name of Payee Cristian Corza				Date of Payment 02/03/2023	Method of Check	# 1008	
Street Address		City Hartford			State CT	Zip Code 06106-1744	
1 Linden PI, Apt 206 Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Indeper	ndent	eked)		\$1,774.1	19
Name of Payee Cristian Corza				Date of Payment 02/17/2023	Method of Check	# 1019	
Street Address 1 Linden PI, Apt 206		City Hartford	4		State CT	Zip Code 06106-1744	
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contr	re) Indeper	ndent	ked)		\$1,250.0)0
Name of Payee Cristian Corza		THIS		Date of Payment 02/28/2023	Method of Check	[#] 1023	
Street Address 1 Linden PI, Apt 206		City Hartford			State CT	Zip Code 06106-1744	
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contr	re) Indeper	ndent	cked))	\$1,750.0)0
Name of Payee Cristian Corza				Date of Payment 03/17/2023	Method of Check	# 1027	
Street Address 1 Linden PI, Apt 206		City Hartford			State CT	Zip Code 06106-1744	
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contr	re) Indeper	ndent	ked))	\$1,750.0)0

SUBTOTAL Section P - This Page	\$6,524.19
TOTAL of Section P Pages \$3	32,882.68
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	32,882.68

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	ΓURES (Se	ections P-7	Γ) Pa	ge 292	of 298
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Arunan for Hartford				April 10 filing		
	P. Expense	es Paid by C	Committee			
Name of Payee DSCC				Date of Payment 02/03/2023	Method of Check	# 1013
Street Address		City			State	Zip Code
750 Main St, Ste 110	08-3	Hartford			СТ	06103-2702
Purpose of Expenditure (by code) MISC	Description VAN access		Eve	ent #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee)	he below" is ch Independent Organization			\$800.00
Name of Payee Luz Holmes				Date of Payment 01/23/2023	Method of ✓ Check Debit	# 1003
Street Address		City			State	Zip Code
Purpose of Expenditure (by code) CNSLT	Description		Eve	ent #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee)	he below" is ch Independent Organization			\$6,000.00
Name of Payee Luz Holmes			His .	Date of Payment 02/03/2023	Method of Check Debit	# 1012
Street Address	2	City			State	Zip Code
Purpose of Expenditure (by code) RMB	Description		Eve	ent #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee)	he below" is ch Independent Organization			\$20.70
Name of Payee Luz Holmes				Date of Payment 02/17/2023	Method of Check Debit	# 1018
Street Address		City			State	Zip Code
Purpose of Expenditure (by code) CNSLT	Description		Eve	ent #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contr	r committee)	he below" is ch Independent Organization			\$3,000.00

SUBTOTAL Section P - This Page \$9,820.70	
TOTAL of Section P Pages \$32,882.68	
NSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$32,882.68	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	TURES (Sections	P-T)		Page 293	of 298
NAME OF COMMITTER	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPOR	RT	
Arunan for Hartford				April 10 filing		
	P. Expense	es Paid by Commit	tee			
Name of Payee				Date of Payment	Method of Check	
Luz Holmes				02/28/2023	Debit	
Street Address		City			State	Zip Code
Street Fluiress					State	Exp code
Purpose of Expenditure (by code) CNSLT	Description		Event #	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contro	re) Indepen	ndent]D	\$2,000.00
Name of Payee Luz Holmes				Date of Payment 03/27/2023	Method of ✓ Check ☐ Debit	[#] 1026
Street Address		City			State	Zip Code
Purpose of Expenditure (by code) CNSLT	Description		Event #	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	re) Indepen	ndent		D	\$2,000.00
Name of Payee NGP-VAN		THIS		Date of Payment 03/03/2023	Method of Check ✓ Debit	#
Street Address 1445 New York Ave	NW, Ste 200	City Washington	·		State DC	Zip Code 20005-2158
Purpose of Expenditure (by code) MISC	Description NGP VAN		Event #	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the c	re) Indepen	ndent		D	\$323.20
Name of Payee NGP-VAN				Date of Payment 03/10/2023	Method of Check	#
Street Address 1445 New York Ave	NW, Ste 200	City Washington			State DC	Zip Code 20005-2158
Purpose of Expenditure (by code) MISC	Description NGP VAN		Event #	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con	re) Indepen	ndent]D	\$323.20

SUBTOTAL Section P - This Page \$4,646.40	
TOTAL of Section P Pages \$32,882.68	
Y COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$32,882.68	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	TURES (Section	s P-T) P	age 294	of 298	
NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	Γ		
Arunan for Hartford				April 10 filing			
	P. Expense	es Paid by Commi	ttee				
Name of Payee NGP-VAN	-	·		Date of Payment 03/22/2023	Method of Check		
Street Address 1445 New York Ave I	NW, Ste 200	City Washington			State DC	Zip Code 20005-2158	
Purpose of Expenditure (by code) MISC	Description NGP VAN		Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re) Indepe	ndent		D	\$323.20	
Name of Payee Parkville Market				Date of Payment 01/17/2023	Method of Check		_
Street Address 1400 Park St		City Hartford			State CT	Zip Code 06106-2247	
Purpose of Expenditure (by code) MISC	Description Launch Event		Even	t #		Amount	_
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re) Indepe	ndent	cked)	D	\$1,106.39	
Name of Payee Reach		THIS		Date of Payment 03/10/2023	Method o Check		
Street Address		City			State	Zip Code	
228 Park Ave S, Pmb	0 62	New York			NY	10003-1502	
Purpose of Expenditure (by code) WEB	Description		Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re) Indepe	ndent	cked)	D	\$2,280.00	
Name of Payee				Date of Payment	Method o	f Payment	
Dan Sorenson				02/03/2023	Check		
Street Address 150 St SE, Apt 924		City Washington			State DC	Zip Code 20003-4995	
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un V None of the below (does not involve another candidate or		" is chec	cked)		\$2,580.00	

SUBTOTAL Section P - This Page \$6,289.59	
TOTAL of Section P Pages \$32,882.68	
E (Enter total on Line 19, Column A of Summary Page Totals) \$32,882.68	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

Coordinated with reimbursement sought (joint expenditure)

Independent

Organization: A B C D

SEEC FORM	20
Revised January	2015

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Arunan for Hartford				April 10 filing		
	P. Expense	es Paid by Commit	tee			
Name of Payee				Date of Payment	Method of	
Thomas Hooker Brev	very			02/03/2023	Check	
					Debit (Card EFT
Street Address		City			State	Zip Code
140 Huyshope Ave		Hartford			СТ	06106-2857
Purpose of Expenditure	Description		Event #			Amount
(by code) FNDR	Fundraiser Refreshments/Space Rental					Amount
Expenditure #	ure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					\$2.014.44
(if applicable)						- -,
	Coordinated with reimbursement sought (joint expenditure)					
	Coordinated without reimbursement sought (in-kind cont.	ribution) Organiz	cation:]A		

SUBTOTAL Section P - This Page	\$2,014.44
TOTAL of Section P Pages	\$32,882.68
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$32,882.68

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Arunan for Hartford					April 10 filing			
T. Itemization of Reimbursements to Committee Workers and Consultants								
			First Arunan			Date of Payment to Vendor, Person or Entity 01/18/2023		
Name of Vendor, Person or CJC Campaign	Entity Paid by Committee Worker/Consultant					nt to Reimburse orted in Section P	Committee Worker/Consultant P: Debit Card EFT	
Street Address 1100 Hartford Tpke			City Vernon			1001	State CT	Zip Code 06066-4499
Purpose of Expenditure (by code) A-OTH	Description			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D							\$404.14
Last Name of Worker/Const Holmes	ıltant	First Luz			MI	Date of Payn 02/02/2		lor, Person or Entity
Name of Vendor, Person or FedEx	Entity Paid by Committee Worker/Consultant				as repor	nt to Reimburse reted in Section P	Committee Worker/Consultant P: Debit Card EFT	
Street Address 544 Farmington Ave			City Hartford	7			State CT	Zip Code 06105-3049
Purpose of Expenditure (by code) POST	Description			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum) None of the below (does not involve anound Coordinated with reimbursement sought Coordinated without reimbursement sought	ther candidate or (joint expenditur	re) Indeper	ndent	АВ [CD		\$20.70
Last Name of Worker/Consu Arulampalam	iltant	First Arunan	K EILE		MI	Date of Payn 01/31/2		lor, Person or Entity
Name of Vendor, Person or Solden Krust	Entity Paid by Committee Worker/Consultant	, Ho	, -		as repor	nt to Reimburse rted in Section P eck # 1011	:	Worker/Consultant
Street Address 1170 Albany Ave		(0)	City Hartford				State CT	Zip Code 06112-2393
Purpose of Expenditure (by code) FOOD	Description			Event #				Amount
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) Independent Organization: A B C D					_с _р		\$58.94	

s Page \$483.78	SUBTOTAL Section T - This Page
Pages \$1,055.28	TOTAL of Section T Pages
TANTS \$1,055.28	TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS

(if applicable)

Revised January 2015	IV. E.	APENDIT	URES (Sections	P-1)		rag	C 291	01 25	70
NAME OF COMMITTE	E (Provide Complete Name as Register	ed with Filing	Repository)		TYPE O	F REPORT			
Arunan for Hartford					April 10) filing			
	T. Itemization of Reiml	bursements	to Committee Wor	rkers and	Consult	ants			
Last Name of Worker/Cons Arulampalam	ultant	First Arunan			MI	Date of Payr 01/18/2		lor, Person or En	tity
Name of Vendor, Person or Google, LLC	Entity Paid by Committee Worker/Consultant				as repor	nt to Reimburse rted in Section P):	Worker/Consulta	
Street Address 1600 Amphitheatre F	Pkwy		City Mountain View				State CA	Zip Code 94043-135	51
Purpose of Expenditure (by code) A-WEB	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addending) None of the below (does not involve anotomic Coordinated with reimbursement sought Coordinated without reimbursement sought	ther candidate or (joint expenditur	r committee) re) Indepen	ndent	В	CD		\$12	.00
Last Name of Worker/Cons	ultant	First			MI	Date of Payn	nent to Vend	lor, Person or En	tity
Arulampalam		Arunan				01/18/2	2023		
Name of Vendor, Person or Hostgator	Entity Paid by Committee Worker/Consultant			1	as repor	nt to Reimburse rted in Section P eck # 1005):	Worker/Consulta	
Street Address 5335 Gate Pkwy			City Jacksonville	1			State FL	Zip Code 32256-307	'0
Purpose of Expenditure (by code) A-WEB	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend None of the below (does not involve ano Coordinated with reimbursement sought Coordinated without reimbursement soug	ther candidate or (joint expenditur	r committee) re) Indepen	ndent	В	CD		\$108	.40
Last Name of Worker/Cons Arulampalam	ultant	First Arunan	Z EILE		MI	Date of Payr 02/03/2		lor, Person or En	tity
Name of Vendor, Person or Kent Pizza	Entity Paid by Committee Worker/Consultant	NO	, ,		as repor	nt to Reimburse rted in Section P):	Worker/Consulta	
Street Address 211 Garden St		(1)	City Hartford				State CT	Zip Code 06105-146	i4
Purpose of Expenditure (by code) FOOD	Description		I	Event #				Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked							\$86	.40

SUBTOTAL Section T - This Page	\$206.80
TOTAL of Section T Pages	\$1,055.28
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$1,055.28

Independent

Organization: A B C D

✓ None of the below (does not involve another candidate or committee)

Coordinated without reimbursement sought (in-kind contribution)

Coordinated with reimbursement sought (joint expenditure)

IV. EXPENDITURES (Sections P-T)

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tevised January 2015								
NAME OF COMMITTE	E (Provide Complete Name as Register	ed with Filing	Repository)		TYPE O	F REPORT		
Arunan for Hartford					April 10) filing		
	T. Itemization of Reim	bursements	to Committee Wor	rkers and	Consult	ants		
Last Name of Worker/Cons	sultant	First			MI	Date of Payn	nent to Ven	dor, Person or Entity
Arulampalam		Arunan				02/17/2	2023	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			I				Worker/Consultant
Kent Pizza						rted in Section P eck # 1021		ebit Card EFT
Street Address			City				State	Zip Code
211 Garden St			Hartford				CT	06105-1464
Purpose of Expenditure	Description	•		Event #				Amount
(by code) FOOD								rimount
Expenditure #	Type of Expenditure (Itemization in Addend	um T Required ur	nless "None of the below"	is checked)				\$45.65
(if applicable)	None of the below (does not involve ano	ther candidate or						
	Coordinated with reimbursement sought	(joint expenditur						
	Coordinated without reimbursement sou	ght (in-kind cont	ribution) Organiz	zation: A	В	CD		
Last Name of Worker/Cons	sultant	First			MI	Date of Payn	nent to Ven	dor, Person or Entity
Arulampalam		Arunan				01/17/2	2023	
,	Entity Paid by Committee Worker/Consultant			4				Worker/Consultant
More Love LLC						rted in Section P eck # 1002		ebit Card EFT
Street Address			City	100		1002	State	Zip Code
64 Stanwood Dr			New Britain				CT	06053-3426
Purpose of Expenditure	Description			Event #				
(by code) A-OTH	T-shirts			Event #				Amount
				8.				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend			' is checked)				\$319.05

Coordinated with reimbursement sought (joint expenditure)

Coordinated without reimbursement sought (in-kind contribution)

Independent

Organization: A B C D

SUBTOTAL Section T - This Page	\$364.70
TOTAL of Section T Pages	\$1,055.28
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$1,055.28