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

COVER PAGE

		COV	III I	AGE				March Control
1. NAME OF COMMITTEE								
Coleman for Hartford								
2. TREASURER NAME								
^{First} Thirman		MI L	Last Miln	er				Suffix
3. TREASURER ADDRESS								
Street Address 470 Broad St Apt 913			City Hartford		100	State CT	Zip Co 0610	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	only if Cand	idate Committee)			6. DISTR	RICT NUMBER
(mm/dd/yyyy) 11/7/2023	Mayor						(if applicable)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)						
First Eric		MI D	Cole	eman				Suffix
8. TYPE OF REPORT (Check One Box)								
O January 10 filing	O7th day preced	ling primary	0	7th day preceding reference		itial Cont 4Cs ONLY)		Disbursement
• April 10 filing	○30 days follow	ving primary	0	45 days following reference	dum OAr	mendmen	t to	
July 10 filing	O7th day preceding election		0	Opeficit		Type of Report:		
October 10 filing	O12th day prece (State Central Co		n O	Termination	2			
24 Hour Independent Expenditure Primary Election	O45 days follow not held in No							
9. PERIOD COVERED								
	Beginning Da	te		Ending Date				
	1/1/2023		thru	3/31/2023				
			-	n				
10. CERTIFICATION								
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Peter Little								
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE)	_		ME OF SIGNER			4/10/20 DATE (mm/dd/yyyy)
	ensum entine di 924							

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

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015 Page 2 of 176

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Coleman for Hartford	April 10 filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$39,954.83	
13. Contributions received from Individuals (Section A and B)	\$60,170.30	\$101,761.45
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
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)	\$60,170.30	\$101,761.45
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$100,125.13	\$101,761.45
19. Expenditures Paid by Committee (Section P)	\$26,451.39	\$28,087.70
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$73,673.74	\$73,673.75
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	

-K)	Page	3	of	176	
TYPE OF RE					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	Reposit	ory)	TYPE OF REPORT			
Coleman 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 from Individuals				
Last Name		First				M.I.
Abdussabur		Shafiq				
Residential Street Address Ci	-			State	Zip Code	
ore vinaneprive	lew Hav			CT	06511-2	2834
Principal Occupation Self Employed		Name of Employer Eco-Urban Pioneers				
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	usiness 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		r prospective state contractor cutive Legisla	✓ No			\$250.00
Method of contribution:	oney Order	Date Received	Aggregate contributions \$250.00			
Last Name		First				M.I.
Adams		Adrienne				
	ity			State	Zip Code	1054
102 1110 01	lartford	N. CE. I		СТ	06112-1	1951
Principal Occupation		Name of Employer Retired				
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	usiness he			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes V No Yes Is contributor a principal of a state contributor apprincipal of a st	_	_	✓ No			\$20.00
ty yes, list event # contract is with:	Exe	cutive Legisla	itive			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mo	oney Order	Date Received 03/19/2023	Aggregate contributions \$20.00			
Last Name		First				M.I.
Aina		Ola				
Residential Street Address Ci		La		State	Zip Code	744
2 Brooke of	loomfie			СТ	06002-2	2711
Principal Occupation Consultant		Name of Employer Robert Half				
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	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 contributor apprincipal of a state c	ntractor o	r prospective state contractor	? ✓ Yes No			\$250.00
If yes, list Event # contract is with:	Exe	cutive Legisla	tive			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Mo	oney Order	Date Received 02/11/2023	Aggregate contributions \$750.00			

SUBTOTAL Section B - This Page	\$520.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.50

Page	4	of	176
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NAME OF COMMITTEE (Provide	e Complete	Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from Sn	nall Cont	tributors - Received this	Period O	NLY					
(See instructions for definition of Sm	iall Contri	butor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Aina				Ola					
Residential Street Address			City				State	Zip Code	
2 Brooke St			Bloomfi				СТ	06002-2	2711
Principal Occupation Consultant					of Employer ert Half				
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 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 or branches of government the	r	or prosp		V Tes □No			\$250.00
Method of contribution: ☐ Cash Personal Check ☐ Cr	redit/Debit (contract is with: Card Payroll Deduction	Money Ord		Date Received 03/13/2023	Aggregate contributions \$750.00			
Last Name				First					M.I.
Alexander				Wes	S				
Residential Street Address			City				State	Zip Code	
2 Beacon Hill Dr			West H				СТ	06117-1	1001
Principal Occupation Vice President				Trave	of Employer elers				
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?	res	Is contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	Y es			\$200.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive					
Method of contribution: Cash Personal Check ✓ Co	redit/Debit (Card Payroll Deduction	Money Ord	er	Date Received 03/13/2023	Aggregate contributions \$200.00			
Last Name				First					M.I.
Aheart				Lan	nont				
Residential Street Address			City				State	Zip Code	1500
4 Saddlegate Ln Principal Occupation			Vernon		of Employer		СТ	06066-4	1000
Executive				1	munity Renewal	Team			
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? 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			\$100.00
Method of contribution:		contract is with:		.ccuiive	Date Received	Aggregate contributions			
Cash Personal Check Co	redit/Debit (Card Payroll Deduction	Money Ord	er	02/17/2023	\$100.00			

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ΨΟΟ, 17 Ο.30

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford		April 10 filing	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				Firs	t				M.I.
Alexandre				Yvo	on				
Residential Street Address			City				State	Zip Code	
230 New Cheshire Rd			Walling				СТ	06492-1	634
Principal Occupation Business Owner				1	of Employer Uptown Flava Ll	_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 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			\$500.00
Method of contribution: Cash Personal Check	Credit/Debit	contract is with:	Money Ord	ecutiv er	Date Received 03/11/2023	Aggregate contributions \$1,000.00	_		
Last Name				Firs		ψ.,σσσ.σσ			M.I.
Allen				Ch	areese				
Residential Street Address			City	1			State	Zip Code	l
369 Pomfret St			Pomfret	t Cen	ter		CT	06259-1	517
Principal Occupation Nurse					of Employer ASS Memorial Me	edical 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 Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state <i>If yes</i> , indicate which branch or		or pros	spective state contractor	Yes ✓ No			\$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	Credit/Debit	t Card Payroll Deduction	Money Ord	er	Date Received 01/02/2023	Aggregate contributions \$100.00			
Last Name				Firs	t				M.I.
Anigbo				Ma	rk				
Residential Street Address			City				State	Zip Code	
204 Collins St			Hartford		25.		СТ	06105-1	561
Principal Occupation BUSINESS				1	of Employer GBO 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 state If yes, indicate which branch or branches of government the	r	•	_	∐ Yes ✓ No			\$500.00
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 01/15/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$1,100.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.50

Sections A-K)	Pag	e	6	of	176
	TYPE OF REPORT				
	April 10 filing				

NAME OF COMMITTEE (Provid	le Complei	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman 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	\			\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First	t				M.I.
Augustin				Bild	dade				
Residential Street Address			City				State	Zip Code	1704
163 Beaver St			Boston	X.7	CF. 1		MA	02136-1	1701
Principal Occupation Consultant					of Employer Consulting Servi	ces, 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 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			\$10.00
If yes, list Event # Method of contribution: Cash Personal Check ✓ C	redit/Debit	contract is with: Card Payroll Deduction	Money Orde	ecutiv	Date Received 03/24/2023	Aggregate contributions \$10.00	<u> </u> 		
Last Name				First	t	•			M.I.
Anderson				Art	hur				
Residential Street Address 221 Trumbull St, Apt 2705			City Hartford	d k			State CT	Zip Code 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 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	spective state contractor	Y es			\$500.00
If yes, list Event#	✓ No	branches of government the contract is with:	Exc	ecutiv					
Method of contribution: Cash Personal Check ✓ C	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/25/2023	Aggregate contributions \$500.00)		
Last Name				First	t				M.I.
Allen-Johnson				Ма	rtha				
Residential Street Address			City Hartford	1			State	Zip Code 06105-1	1451
120 Sargeant St Principal Occupation			Паппотс		e of Employer		Ci	00105-	1401
Timopai Gecapation				rume	of Employer				
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 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	Y es			\$20.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exe	ecutiv					
Method of contribution: ☐ Cash Personal Check ☐ C	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/28/2023	Aggregate contributions \$20.00			

SUBTOTAL Section B - This Page	\$530.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 17 0.30

Cash

Last Name

Bergenn

attorney

Residential Street Address

50 Castlewood Rd Principal Occupation

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

Personal Check Credit/Debit Card

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?

West Hartford

SEEC FORM 20 Revised January 2015	I. MONETARY	RECEI	PTS	(Sections A-K)	Pa	ge	7	of	176
NAME OF COMMITTEE (Provide Complete	Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT				
Coleman for Hartford					April 10 filing				
A. Total Contributions from Small Contr	ributors - Received this	Period O	NLY						
(See instructions for definition of Small Contrib	butor)			Subtotal Section A	\				\$0.00
	B. Itemized C	ontributi	ons fi	om Individuals					
Last Name			First						M.I.
Andreini			Joh	n					
Residential Street Address		City				State	Zip C		
363 Main St		Hartford				CT	0610	06-18	386
Principal Occupation Attorney				of Employer Ofc of John Andı	reini				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribute					ibution			
event reported in Section L1? Yes No	n Section L1? Yes If yes, indicate which branch or branches of government the							\$	500.00
Method of contribution: ☐ Cash	ard Payroll Deduction	Money Orde	er	Date Received 03/23/2023	Aggregate contributions \$500.00				
Last Name			First						M.I.
Assaf			Rica	ardo					
Residential Street Address		City				State	Zip C		
19591 Brassie Pl				MD	2088	36-19	913		
Principal Occupation			Name	of Employer					
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				Amou	unt of C	ontri	ibution
arrant remarked in Castian I 12 Yes	s contributor a principal of a state		or prosp	pective state contractor	? Yes				\$50.00
We list Event # ✓ No	If yes, indicate which branch or branches of government the contract is with:	_	ecutive	e Legisl	ative No				ψου.υυ
Method of contribution:				Date Received	Aggregate contributions	: [

03/09/2023

Shipman & Goodwin LLP

Yes

Date Received

03/27/2023

Legislative

First

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

James

Name of Employer

✓ No

Yes

✓ No

Aggregate contributions

\$200.00

\$50.00

State

CT

M.I.

\$100.00

Zip Code

Amount of Contribution

06107-2903

e \$650.00	SUBTOTAL Section B - This Page
s \$60,170.30	TOTAL of Section B Pages
\$60,170.30	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
e	(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	tory)			TYPE OF REPORT			
Coleman for Hartford					April 10 filing			
A. Total Contributions from Small Contributors - Received this Peri	riod ON	NLY						
(See instructions for definition of Small Contributor)		Sı	ubtotal	Section A				\$0.00
B. Itemized Contr	tributio	ons fro	m Indi	viduals				
Last Name		First						M.I.
Bagwell		Floyd						
Residential Street Address Cit						State	Zip Code	
47 Wildbiook Di	/indsor					СТ	06095-3	3562
Principal Occupation		Name of Retired		r				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excess of \$400 municipality does contributor or bu municipality valued at more than \$50.00 municipality valued	usiness he		ssociated			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	_	or prospec	etive state	Contractor	✓ No			\$50.00
Method of contribution:	ney Order	I	Date Rece 02/11/2	ived	Aggregate contributions \$50.00			
Last Name		First						M.I.
Bailey		Lawre	ence					
Residential Street Address Cit						State	Zip Code	0000
PO Box 962 Wi	/indsor	Name of	Employo	<u> </u>		СТ	06095-0	1962
Fincipal Occupation		Retired		ı				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excess of \$400 municipality does contributor or bu municipality valued at more than \$50.00 municipality valued	usiness he		ssociated			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	_		etive state	_	✓ No			\$100.00
Method of contribution:	Ехес	cutive	Date Rece	Legisla				
	ney Order		1/03/2		Aggregate contributions \$100.00			
Last Name		First		·				M.I.
Barrette		Horac	e					
Residential Street Address Cit						State	Zip Code	
Too herioy of	artford	N. C	D 1			СТ	06105-1	1403
Principal Occupation Culinary		Name of Univer		r Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excess of \$400 municipality does contributor or bu municipality valued at more than \$50.00 municipality valued	usiness he		ssociated			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 prospec	etive state	contractor:	∐ Yes ✓ No			\$5.00
Method of contribution:	ney Order		Date Rece 03/31/2		Aggregate contributions \$5.00			
				•				

SUBTOTAL Section B - This Page	\$155.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.30

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	Reposit	ory)		TYPE OF REPORT			
Coleman 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 Sec	ction A				\$0.00
B. Itemized Cont	tributio	ons from Individ	duals				
Last Name		First					M.I.
Barrette		Norma					
Residential Street Address Cit					State	Zip Code	
100 / Grilley Gt	artford				СТ	06105-1	1403
Principal Occupation	1	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excess of \$400 municipality does contributor or by municipality valued at more than \$	usiness he		th have a		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 core of a state core of the period of t		_	ntractor?	✓ No			\$5.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mon	ney Order	Date Receive	ed	Aggregate contributions \$5.00			
Last Name		First					M.I.
Barrows		Elisha					
Residential Street Address Cit	artford				State CT	Zip Code 06112-1	1004
291 Capen St Ha		Name of Employer			O1	00112-1	1904
Code Enforcement		City of Hartford					
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		th have a		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 core in the section L1? If yes, indicate which branch or branches of government the contract is with:	_	_	ntractor?	✓ No			\$30.00
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction Mon	ney Order	Date Receive 02/18/202		Aggregate contributions \$30.00			
Last Name		First					M.I.
Barrows		Frank					
Residential Street Address Cit					State	Zip Code	
100 Biochilicia / WC	artford	AL CE I			СТ	06105-1	1009
Principal Occupation		Name of Employer Retired					
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		th have a		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 cor If yes, indicate which branch or branches of government the contract is with:		_	ntractor? Legisla	∐ Yes ✓ No			\$50.00
Method of contribution:	ney Order	Date Receive 02/11/202		Aggregate contributions \$180.00			
		'			•		

SUBTOTAL Section B - This Page	\$85.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

event reported in Section L1?

If yes, list Event #

SEEC FORM 20 Revised January 2015	I. MONETARY	Y RECEI	PTS	(Sections A-K) Pag	ge 1	0 of	176
NAME OF COMMITTEE (Provide Com	plete Name as Registered with Fi	iling Reposit	tory)		TYPE OF REPORT			
Coleman for Hartford					April 10 filing			
A. Total Contributions from Small (Contributors - Received this	Period Of	NLY					
See instructions for definition of Small Co				Subtotal Section A	A			\$0.00
	B. Itemized C	Contributio	ons f	rom Individuals				
Last Name			First					M.I.
Barrows			Fra	nk				
Residential Street Address		City				State	Zip Code	
108 Bloomfield Ave		Hartford				CT	06105-	1009
Principal Occupation			Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality door contributor	or business h				Amou	nt 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 stat If yes, indicate which branch o branches of government the contract is with:	or	or pros	_	✓ No			\$30.00
Method of contribution: ☐ Cash	ebit Card Payroll Deduction	Money Orde	r	Date Received 02/18/2023	Aggregate contributions \$180.00			
Last Name			First					M.I.
Barrows			Fra	nk				
Residential Street Address		City				State	Zip Code	
108 Bloomfield Ave		Hartford				CT	06105-	1009
Principal Occupation			Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality door contributor	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 stat If yes, indicate which branch o branches of government the contract is with:	or	or pros		✓ Yes			\$50.00
Method of contribution: ☐ Cash		Money Orde	r	Date Received 03/23/2023	Aggregate contributions \$180.00)		
Last Name			First					M.I.
Beamon Sr.			Rig	inald				
Residential Street Address		City				State	Zip Code	0444
46 Catalina Dr		Waterbu		CF 1		СТ	06704-2	
Principal Occupation Exec Dir		I		of Employer erbury OTC Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more the	or business hehan \$5,000?	e/she i	s associated with have Yes	a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat	te contractor o	or pros	pective state contracto	r? Yes			\$100.00

SUBTOTAL Section B - This Page	\$180.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

Executive

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

✓ No

Method of contribution:

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

\$100.00

✓ No

Aggregate contributions \$100.00

Legislative

Date Received 01/08/2023

Revised January 2015	I. MONETAKY	KECEI	ris	(Sections A-K)	1 ag	, c 11	OI .	170
NAME OF COMMITTEE (Provide Complete	e Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford					April 10 filing			
A. Total Contributions from Small Cont	tributors - Received this	Period O	NLY					
(See instructions for definition of Small Contri	butor)		;	Subtotal Section A				\$0.00
		ontributi	ons fr	om Individuals				·
Last Name			First					M.I.
Beaver			Fran	nk				
Residential Street Address		City	1 101			State	Zip Code	
40 Hope Cir		Windsor	r			CT	06095-3	3507
Principal Occupation			Name o	of Employer				
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	it of Conti	ribution
event reported in Section L1?	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		itive			
Method of contribution: Cash Personal Check Credit/Debit C	Card Payroll Deduction	Money Orde	er	Date Received 02/11/2023	Aggregate contributions \$100.00			
Last Name			First					M.I.
Bennett			Joyc	e				
Residential Street Address		City				State	Zip Code	
604 Broadview Ter		Hartford				CT	06106-4	1008
Principal Occupation				of Employer				
LDA			CT Lo	ottery				
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	nt 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 prosp	ective state contractor	? Yes ✓ No			\$50.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive	Legisla	ntive			
Method of contribution: Cash ✓ Personal Check Credit/Debit C	Card Payroll Deduction	Money Orde	er	Date Received 02/11/2023	Aggregate contributions \$50.00			
Last Name			First					M.I.
Berry			Deb	orah				
Residential Street Address		City				State	Zip Code	
7 Boysen Dr		Bloomfie				СТ	06002-1	1146
Principal Occupation Attorney & Paralegal				of Employer Law 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 the	or business h				Amoun	nt of Conti	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	r	or prosp	_	∐ Yes ✓ No			\$250.00

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 17 0.30

Date Received 03/23/2023

Aggregate contributions

\$250.00

Method of contribution:

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

Method of contribution:

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

Revised January 2015		I. MONETARY	RECEI	PTS	S (Sections A-K)	Pag	ge 12	of	176
NAME OF COMMITTEE (Providence)	de Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman 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	ons f	rom Individuals				
Last Name				First	t				M.I.
Bettin				Ga	il				
Residential Street Address			City				State	Zip Code	l
233 Lyme St			Hartford				CT	06112-1	340
Principal Occupation				Name	of Employer			•	
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☐ Yes☐ No	If contribution is in excess of municipality does contributor municipality valued at more the Is contributor a principal of a state *If yes*, indicate which branch of branches of government the	or business han \$5,000? e contractor or	or pros	is associated with have Yes spective state contractor	a contract with said No Yes No	Amoun	t of Conti	ribution \$20.00
Method of contribution:	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde	ecutiv	Date Received 01/28/2023	Aggregate contributions \$20.00			
Last Name				First	t				M.I.
Bogan				Do	rothy				
Residential Street Address			City				State	Zip Code	
93 E Burnham St			Bloomfie				CT	06002-3	8812
Principal Occupation Is contributor a lobbyist, spouse, or	Yes	If contribution is in excess of	\$400 to a can		e of Employer	executive officer of a	Ī	4 - 6 - 0 4	
dependent child of a lobbyist?	✓ 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? **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			\$20.00
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/19/2023	Aggregate contributions \$20.00			
Last Name				First	t				M.I.
Bosley				Sco	ott				
Residential Street Address			City				State	Zip Code	
144 Park Ave			Windsor				CT	06095-3	3323
Principal Occupation				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 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 <i>If yes</i> , indicate which branch or branches of government the contract is with:	r _	or pros		∐ Yes ✓ No			\$25.00

SUBTOTAL Section B - This Page	\$65.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$00,170.50

Aggregate contributions

\$25.00

Date Received 03/16/2023

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NAME OF COMMITTEE (Provide	Complete I	Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from Sm	nall Contr	ibutors - Received this	Period O	NLY					
(See instructions for definition of Smo	all Contrib	utor)			Subtotal Section	ı A			\$0.00
		B. Itemized C	ontributi	ions fr	om Individual	s			
Last Name				First					M.I.
Chaney				Rob	oin				
Residential Street Address			City	•			State	Zip Code	•
33 Mechanic St, Unit 105			Windso	r			СТ	06095-2	2948
Principal Occupation retired				Name retire	of Employer ed				
	177	Iro . a	* 100 ·	1:1.	6 1:	c : cr 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 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	pective state contract	i es			\$50.00
If yes, list Event #		branches of government the contract is with:	Exc	ecutive	eLegi	slative			
Method of contribution: ✓ Cash Personal Check Cree	edit/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 02/11/2023	Aggregate contributions \$200.00			
Last Name				First		1			M.I.
Chaney				Rob	oin				
Residential Street Address			City	•			State	Zip Code	•
33 Mechanic St, Unit 105			Windso	r			CT	06095-2	2948
Principal Occupation retired				Name retire	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?	_ res	contributor a principal of a state		or prosp	pective state contract	Y es			\$50.00
If yes, list Event #		branches of government the contract is with:	Exc	ecutive	eLegi	slative			
Method of contribution: ☐ Cash Personal Check ☐ Cre	edit/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 02/18/2023	Aggregate contributions \$200.00	1		
Last Name				First		•			M.I.
Bowden-Lewis				TaS	Shun				
Residential Street Address			City				State	Zip Code	
2950 Broadbridge Ave			Stratford		CE 1		СТ	06614-2	2928
Principal Occupation Attorney				St of	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 Cont	ribution
Is this contribution associated with an event reported in Section L1?	Y es	contributor a principal of a state		or prosp	pective state contract	tor? Yes			\$20.23
	∠ No 1	branches of government the contract is with:		ecutive	eLegi	slative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cree	edit/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 01/28/2023	Aggregate contributions \$155.23			
							1		

SUBTOTAL Section B - This Page	\$120.23
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170,30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.50

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Coleman 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	Contributi	ons f	rom Individuals				
Last Name				First	t				M.I.
Brouillet				Na	ncy				
Residential Street Address			City				State	Zip Code	
5 Hillcrest Hts			Lebano	n			CT	06249-1	1413
Principal Occupation Assistant Attorney General					e 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 to	or business l				Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a state <i>If yes</i> , indicate which branch obranches of government the	r	or pros		✓ No	\$100.		\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Ord		Date Received 01/03/2023	Aggregate contributions \$100.00			
Last Name				First	t				M.I.
Butts				Mil	ton				L
Residential Street Address			City				State	Zip Code	20.40
521 Hill Ave			Pittsbur		CF. 1		PA	15221-2	2010
Principal Occupation Teacher/Administrator					of Employer SS Buttons Consu	Itants, 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 Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state <i>If yes</i> , indicate which branch o		or pros	spective state contractor	Yes			\$50.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutiv			-		
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 01/20/2023	Aggregate contributions \$50.00			
Last Name				First	t				M.I.
Chance				Jos	slyn				
Residential Street Address			City	اسانہ			State	Zip Code	2040
544 Bloomfield Ave			Bloomfi		-£ []		СТ	06002-2	2912
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 to	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	spective 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/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/31/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.30

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NAME OF COMMITTEE (Provide Complete I	Name as Registered with Fi	ling Reposi	itory)			TYPE OF REPORT			
Coleman for Hartford				April 10 filing					
A. Total Contributions from Small Contr	ibutors - Received this	Period O	NLY						
(See instructions for definition of Small Contribu	utor)		\$	Subtotal	Section A				\$0.00
	B. Itemized C	ontributi	ons fr	om Ind	ividuals				
Last Name			First						M.I.
Casper			Stev	/art					
Residential Street Address		City					State	Zip Code	'
6 Sunset Ln		Pound F					NY	10576-2	2318
Principal Occupation Attorney				f Employ er & de	rer Toledo L	LC			
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 han \$5,000?	ne/she is	associate	d with have a Yes	a contract with said No	Amount of Contribution		
event reported in Section L1?	contributor a principal of a state of yes, indicate which branch or branches of government the		or prosp	ective star	te contractor	?		\$	1,000.00
If was list Event #	contract is with:	Exe	ecutive	Date Rec	Legisla	Aggregate contributions			
Cash Personal Check Credit/Debit Ca	rd Payroll Deduction	Money Orde	er	02/13/		\$1,000.00			
Last Name			First						M.I.
Carolan			Patri	ck					
Residential Street Address		City					State	Zip Code	
233 Mansfield Grove Rd, Unit 304		East Ha		CE 1			СТ	06512-4	827
Principal Occupation retired			retire	f Employ	er				
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 same of the sa	or business h		associate			Amoun	t of Conti	ribution
event reported in Section L1?	contributor a principal of a state of yes, indicate which branch or branches of government the			ective sta	_	✓ No	\$250.00		
	contract is with:	Exe	ecutive		Legisla	tive			
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit Ca	rd Payroll Deduction	Money Orde	er	Date Red 01/14/2		Aggregate contributions \$350.00			
Last Name			First						M.I.
Carolan			Patri	ck					
Residential Street Address		City					State	Zip Code	1007
233 Mansfield Grove Rd, Unit 304		East Ha		CE 1			СТ	06512-4	827
Principal Occupation retired			retire	f Employ	er				
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 same of the sa	or business h		associate			Amoun	t of Conti	ribution
event reported in Section L1? Yes No	contributor a principal of a state of a stat		or prosp	ective sta	te contractor	∐ Yes ✓ No			\$100.00
Method of contribution:	LOHILIACT IS WITH.			Date Rec		Aggregate contributions			
Cash Personal Check Credit/Debit Ca	rd Payroll Deduction	Money Orde	er	03/09/		\$350.00			

SUBTOTAL Section B - This Page	\$1,350.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 17 0.30

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NAME OF COMMITTEE (Provide	Complet	e Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford			April 10 filing						
A. Total Contributions from Sma	all Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Sma	all Contr	ibutor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Casey				Ste	ve				
Residential Street Address			City				State	Zip Code	
83 Peach Tree Ln			Bristol				CT	06010-3	016
Principal Occupation					of Employer				
retired				retire	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
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	?			\$100.00
If yes, list Event #	110	branches of government the contract is with:	Exc	ecutiv		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cree	edit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/13/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Carter				Bru	ce				
Residential Street Address			City				State	Zip Code	
34 Freeman St			Hartford	1			CT	06114-2	719
Principal Occupation					of Employer	a/Adamai Orayya III (,		
Pastor/Consultant				rem	pie di Restoration	n/Adonai Group, LL0	,		
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 <i>If yes</i> , indicate which branch or		or pros	pective state contractor	Y es			\$20.00
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	edit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/16/2023	Aggregate contributions \$20.00			
Last Name				First					M.I.
Butler				Jan	nes D				
Residential Street Address			City				State	Zip Code	
141 Ridgefield St			Hartford		4F 1		СТ	06112-1	837
Principal Occupation Assy Test Technician					of Employer ns Aerospace				
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?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Y es			\$500.00
If yes, list Event #	No	branches of government the contract is with:	Exe	ecutiv	eLegisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cree	edit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/24/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$620.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170,30
(Enter total on Line 13, Column A of Summary Page	φου, 17 0.30

Revised January 2015		I. MONETARY RECEIPTS (Sections A-K) Pag				ge 17	of	176	
NAME OF COMMITTEE (Prov	ride Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY	7				
See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons	from Individuals				
Last Name				Firs	t				M.I.
Calabrese				As	hley				
Residential Street Address			City		-		State	Zip Code	
1176 N Main St			West Ha	artfo	rd		CT	06117-1	209
Principal Occupation					e of Employer			•	
Lobbyist				Nov	artis				
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 han \$5,000?	ne/she	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?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or		or pro	spective state contractor	?			\$250.00
If yes, list Event #	V NO	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 03/27/2023	Aggregate contributions \$250.00			
Last Name				Firs	t				M.I.
Chance				Sh	erry				
Residential Street Address			City				State	Zip Code	
544 Bloomfield Ave			Bloomfi	eld			CT	06002-2	912
Principal Occupation retired				Name retir	e of Employer ed				
	1 1 1 7 7								
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 or		or pro	spective state contractor	Y es			\$50.00
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 03/29/2023	Aggregate contributions \$50.00			
Last Name				Firs	t				M.I.
Boutte				Arr	mand				
Residential Street Address			City				State	Zip Code	
127 Ridgefield St			Hartford				СТ	06112-1	837
Principal Occupation				Reti	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 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 _	•	_	∐ Yes ✓ No			\$5.00
If yes, list Event #		contract is with:	Ex	ecutiv	e Legisla	auve	j		

SUBTOTAL Section B - This Page	\$305.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$00,170.50

Date Received

03/28/2023

Aggregate contributions

\$5.00

Method of contribution:

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

т.	1.0		170
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NAME OF COMMITTEE (Provide Complete Name as Registered with I	Filing Reposi	itory)		TYPE OF REPORT			
Coleman 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.
Bradford		Sha	ron				
Residential Street Address	City				State	Zip Code	
174 Haverford St	Hamde	n			CT	06517-1	1908
Principal Occupation Social Worker			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 contribute 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 st If yes, indicate which branch branches of government the	or			∐ Yes ✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ecutive	Date Received 01/14/2023	Aggregate contributions \$250.00			
Last Name		First					M.I.
Brathwaite		Vict	or				
Residential Street Address	City				State	Zip Code	
22 Lark Dr	East Ha	artford			СТ	06118-3	3067
Principal Occupation		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 contribute 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 st If yes, indicate which branch branches of government the	or		_	∐ Yes ✓ No			\$40.00
Contract is with.	EX	ecutive			-		
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 03/11/2023	Aggregate contributions \$40.00			
Last Name	<u> </u>	First		, , , , ,			M.I.
Brown		Jud	ith				
Residential Street Address	City				State	Zip Code	
147 Greenwoods Ln	East Wi	indsor			СТ	06088-9	9602
Principal Occupation	•	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 contribute 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 st If yes, indicate which branch branches of government the contract is with:	or	or prosp	_	∐ Yes ✓ No			\$25.00
Method of contribution:			Date Received	Aggregate contributions	1		
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	01/14/2023	\$25.00			

SUBTOTAL Section B - This Page	\$165.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Reposi	itory)		TYPE OF REPORT			
Coleman 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	l Contributi	ions fr	om Individuals				
Last Name		First					M.I.
Brown-Follins		Ang	ela				
Residential Street Address	City				State	Zip Code	1
163 Maple St	Bristol				CT	06010-5	5037
Principal Occupation		Name o	f Employer				
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 h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Yes Yes Is contributor a principal of a prin		or prosp	ective state contractor	?			\$20.00
If yes, list Event # branches of government the contract is with:	Exe	ecutive	Legisla	ative			
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 01/28/2023	Aggregate contributions \$20.00			
Last Name		First			,		M.I.
Caesar		Evai	าร				
Residential Street Address	City				State	Zip Code	
78 Country Club Dr	Windso				СТ	06095-3	3273
Principal Occupation		Name o	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 h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a figure of the section of the sect		or prosp	ective state contractor	Y es			\$20.00
If yes, list Event # No branches of government the contract is with:	Exe	ecutive	Legisla	ative No			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 01/28/2023	Aggregate contributions \$160.00	,		
Last Name		First					M.I.
Caesar		Evai	าร				
Residential Street Address	City				State	Zip Code	
78 Country Club Dr	Windso				СТ	06095-3	3273
Principal Occupation		Retire	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 h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1?		or prosp	ective state contractor	? Yes			\$20.00
If yes, list Event # If yes, list Event # If yes, indicate which branc branches of government the contract is with:		ecutive	Legisla	✓ No ative			Ψ20.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 02/06/2023	Aggregate contributions \$160.00			

SUBTOTAL Section B - This Page	\$60.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.30

Method of contribution:

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

Revised January 2015		I. MONETARY	RECEI	PTS	S (Sections A-K)	Pag	ge 20	of	176
NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	iling Reposi	itory)	1	TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY	Z .				
See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	Contributi	ons	from Individuals	•			
Last Name				Firs	st				M.I.
Caesar				Ev	ans				
Residential Street Address			City				State	Zip Code	
78 Country Club Dr			Windso	r			CT	06095-3	273
Principal Occupation			•	Nam	e of Employer			•	
				Reti	ired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an	☐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the strategies of a state of the	or business h han \$5,000?	ne/she	is associated with have Yes	a contract with said No	Amoun	t of Conti	
event reported in Section L1? If yes, list Event #	Yes ✓ No	If yes, indicate which branch or branches of government the						\$100.00	
Method of contribution: Cash Personal Check	Credit/Debit	contract is with:	Money Orde		Date Received 02/11/2023	Aggregate contributions \$160.00			
Last Name				Firs	st		Į.		M.I.
Caesar				Ev	ans				
Residential Street Address			City				State	Zip Code	
78 Country Club Dr			Windso	r			CT	06095-3	273
Principal Occupation					e of Employer ired				
Is contributor 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 <i>If yes,</i> indicate which branch of branches of government the	r		_	✓ No			\$20.00
If yes, list Event #		contract is with:	L Ex	ecutiv					
	Credit/Debit	t Card Payroll Deduction	Money Orde	er	Date Received 02/18/2023	Aggregate contributions \$160.00			
Last Name				Firs	st				M.I.
Caines				An	nette				
Residential Street Address 148 Cottage Grove Rd			City Bloomfi	eld			State CT	Zip Code 06002-3	208
Principal Occupation Assoc Meter Ops Spec					e of Employer Prsource				
Is 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 ✓ 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(ecutiv	ve Legisla	uive			

SUBTOTAL Section B - This Page	\$130.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

Aggregate contributions

\$10.00

Date Received 03/11/2023

Revised January 2015		I. MONETARY	RECEI	PTS	S (Sections A-K)	Pag	ge 21	of	176
NAME OF COMMITTEE (Providence)	de Comple	ete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from S	mall Co	ntributors - Received this	Period O	NLY					
See instructions for definition of Si	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First	t				M.I.
Caines				Na	ulka				
Residential Street Address			City				State	Zip Code	
148 Cottage Grove Rd			Bloomfie	eld			CT	06002-3	208
Principal Occupation				Name	of Employer			1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the scontributor a principal of a state.	or business han \$5,000?	ne/she	is associated with have Yes	a contract with said No	Amoun	at of Contr	ribution
event reported in Section L1?	✓ Yes	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					\$10.00		
Method of contribution: Cash Personal Check C	Credit/Debit	contract is with:	Money Orde		Date Received 03/11/2023	Aggregate contributions \$10.00			
Last Name				First	t				M.I.
Caines				Ra	ven				
Residential Street Address			City				State	Zip Code	
148 Cottage Grove Rd			Bloomfie	eld			CT	06002-3	208
Principal Occupation				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 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 of		or pros	spective state contractor	? Yes ✓ No			\$10.00
If yes, list Event #	V 110	branches of government the contract is with:	Exe	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check C	Credit/Debit	t Card Payroll Deduction	Money Orde	er	Date Received 03/11/2023	Aggregate contributions \$10.00			
Last Name				First	t				M.I.
Calderon				Jor	ge				
Residential Street Address			City				State	Zip Code	
17 Merriam Ave			Bloomfie				СТ	06002-3	806
Principal Occupation					of Employer employed				
Is contributor 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? 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	_	∐ Yes ✓ No			\$100.00
		contract is with.					1		

SUBTOTAL Section B - This Page	\$120.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$00,170.30

Date Received 01/28/2023

Aggregate contributions

\$250.00

Method of contribution:

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

Revised January 2015		I. MONETARY	RECEI	PIS	(Sections A-K)) Pag	ge 22	2 01	1/6
NAME OF COMMITTEE (Prov	vide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from	Small Co	ntributors - Received this	Period O	NLY					
See instructions for definition of	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	Contributi	ons f	rom Individuals				
Last Name				First					M.I.
Calderon				Jorg	ge				
Residential Street Address			City	<u> </u>			State	Zip Code	
17 Merriam Ave			Bloomfi	eld			CT	06002-3	806
Principal Occupation				l .	of Employer employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business han \$5,000?	ne/she i	s associated with have Yes	a contract with said No	Amoun	at 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 <i>If yes</i> , 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/Debi		Money Orde		Date Received 02/11/2023	Aggregate contributions \$250.00	-)		
Last Name				First					M.I.
Calderon				Jorg	ge				
Residential Street Address			City				State	Zip Code	
17 Merriam Ave			Bloomfi				СТ	06002-3	806
Principal Occupation				l .	of Employer employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more tl	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 state <i>If yes</i> , indicate which branch o branches of government the	r	or pros		∐ Yes ✓ No			\$50.00
Method of contribution: ☐ Cash	Credit/Debi	contract is with: t Card Payroll Deduction	Money Orde		Date Received 03/16/2023	Aggregate contributions \$250.00	-)		
Last Name				First					M.I.
Carroll				Kev	<i>i</i> n				
Residential Street Address			City				State	Zip Code	
54 Cone St			Hartford	i			CT	06105-2	2503
Principal Occupation Attorney				l .	of Employer employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more tl	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	_	∐ Yes ✓ No			\$100.00

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$00,170.50

Date Received

02/11/2023

Aggregate contributions

\$200.00

Method of contribution:

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

SEEC FORM 20 Revised January 2015 I. MO	ONETARY RECEII	PTS (Sections A-K)	Pag	ge 23	3 of	176
NAME OF COMMITTEE (Provide Complete Name as Regis	tered with Filing Reposit	ory)	TYPE OF REPORT			
Coleman for Hartford			April 10 filing			
A. Total Contributions from Small Contributors - Re	ceived this Period ON	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
B.	Itemized Contributio	ons from Individuals				
Last Name		First				M.I.
Charlemagne		Linda				
Residential Street Address	City			State	Zip Code	
15 Gloria St	Windsor			CT	06095-3	704
Principal Occupation		Name of Employer Retired				
dependent child of a lobbyist? municipality do	is in excess of \$400 to a cand oes contributor or business he alued at more than \$5,000?			Amour	nt of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a private branches of gove contract is with:	ernment the	r prospective state contractor	✓ No			\$25.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll	l Deduction Money Order	Date Received 03/19/2023	Aggregate contributions \$25.00			
Last Name		First				M.I.
Cherry		Norma				
Residential Street Address	City			State	Zip Code	
168 Manchester St	Hartford			СТ	06112-1	347
Principal Occupation Educator		Name of Employer Retired				
dependent child of a lobbyist? municipality do	is in excess of \$400 to a cancious contributor or business he alued at more than \$5,000?			Amoun	nt of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a pri If yes, indicate we branches of gove contract is with:	ernment the	r prospective state contractor cutive Legisl	✓ No			\$50.00
Method of contribution:	l Deduction Money Order	Date Received	Aggregate contributions \$50.00			
Last Name		First				M.I.
Fenley		Bill				
Residential Street Address	City			State	Zip Code	050
1105 Hutchins Landing Rd	Natchez	N CF 1		MS	39120-8	852
Principal Occupation retired		Name of Employer retired				
dependent child of a lobbyist? municipality do	is in excess of \$400 to a cancious contributor or business he alued at more than \$5,000?			Amoun	nt of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate we have a section L1?	incipal of a state contractor or which branch or	r prospective state contractor	? Yes			\$50.00

SUBTOTAL Section B - This Page	\$125.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

Executive

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

✓ No

Method of contribution:

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

If yes, list Event #

✓ No

Aggregate contributions

\$200.00

Legislative

Date Received

01/18/2023

\$50.00

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NAME OF COMMITTEE (Providence of COMMITTEE)	le Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from Si	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of Sn	nall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Fenley				Bill					
Residential Street Address			City				State	Zip Code	2050
1105 Hutchins Landing Rd			Natchez		CD 1		MS	39120-8	3852
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? 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 pros	_	✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 03/11/2023	Aggregate contributions \$200.00			
Last Name				First					M.I.
Egbarin				Nito	or				
Residential Street Address			City				State	Zip Code	
28 Ely Pl			Simsbu		CD 1		СТ	06070-1	1338
Principal Occupation Attorney				l .	of Employer Office of Nitor V.	Egbarin, 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 of		or pros	pective 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 C	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/12/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Egbarin				Nito	or				
Residential Street Address			City Simsbu	n/			State CT	Zip Code 06070-1	1338
28 Ely Pl Principal Occupation			Ollflabu		of Employer		01	00070-	1000
Attorney				l .	Office of Nitor V.	Egbarin, 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 state If yes, indicate which branch or		or pros	pective state contractor	Y es			\$250.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative No			
Method of contribution: Cash Personal Check	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/12/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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NAME OF COMMITTEE (Prov	IE OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
Coleman 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	Contributi	ons f	rom Individuals					
Last Name				First					M.I.	
Egbarin				Nite	or					
Residential Street Address			City				State	Zip Code		
28 Ely Pl			Simsbu				СТ	06070-1	1338	
Principal Occupation Attorney					of Employer Office of Nitor V.	Egbarin, 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 t	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 of 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 03/12/2023	Aggregate contributions \$1,000.00				
Last Name				First					M.I.	
Childs				Kei	nton					
Residential Street Address			City	-1-1			State	Zip Code	2040	
1604 Fiona Pl			Springfi		-£E1		IL	62704-3	3216	
Principal Occupation Own Midas Shops				l .	of Employer Childs Midas Gro	pup				
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 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 <i>If yes</i> , 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:	Ex	ecutiv						
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 01/16/2023	Aggregate contributions \$100.00				
Last Name				First					M.I.	
Dhaouadi				Мо	ngi					
Residential Street Address			City	dri o			State VA	Zip Code 22304-2	716	
614 N Ripley St			Alexand		of Employer		VA	22304-2	27 16	
Principal Occupation Executive Director				LAA	of Employer					
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 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 branch or a second property than the second proper		or pros	pective state contractor	?		\$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/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/16/2023	Aggregate contributions \$50.00				

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 17 0.30

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Coleman 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.
Fenley				Bett	te-Burr				
Residential Street Address			City				State	Zip Code	
211 Carolina Meadows Villa			Chapel				NC	27517-8	3500
Principal Occupation retired				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 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 of branches of government the	r		<u></u>	✓ No			\$20.23
If yes, list Event # Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	contract is with:	Money Ord	ler	Date Received 01/18/2023	Aggregate contributions \$20.23			
Last Name				First					M.I.
Frazier				J.					L
Residential Street Address			City				State	Zip Code	
918 Maryland Ave NE			Washin				DC	20002-5	5308
Principal Occupation Lawyer				1	of Employer Employed				
Is contributor 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 of		or prosp	pective state contractor	Y es			\$250.00
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 01/18/2023	Aggregate contributions \$250.00			
Last Name				First			-		M.I.
DeBeatham-Brown				Suz	ette				
Residential Street Address			City				State	Zip Code	
25 Fairfield Ln			Bloomfi				СТ	06002-1	1994
Principal Occupation Office Coordinator				Name WHE	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 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	?			\$50.00
<i>If yes</i> , list Event #	A 140	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	ler	Date Received 01/22/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$320.23
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

dependent child of a lobbyist?

event reported in Section L1?

If yes, list Event #

Is this contribution associated with an

✓ No

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)					Pag	ge	27	of	176
NAME OF COMMITTEE (Prov	vide Comple	ete Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT				
Coleman for Hartford						April 10 filing				
A. Total Contributions from	Small Co	ntributors - Received this	Period O	NLY	7					
(See instructions for definition of	Small Cont	ributor)			Subtotal Section A					\$0.00
		B. Itemized C	Contributi	ions	from Individuals					
Last Name				Firs	t					M.I.
Flowers				Pa	tricia					
Residential Street Address			City				State	Т	Zip Code	
76 Cambridge St			West H	artfo	rd		CT		06110-2	2305
Principal Occupation retired			•	Name retir	e 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 state of the st	or business				Amount of Contributio			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 pro	_	∐ res				\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	contract is with:	Money Ord		Date Received 02/04/2023	Aggregate contributions \$100.00				
Last Name				Firs	t					M.I.
Foster				Cr	ystal					
Residential Street Address			City				State	Т	Zip Code	1
901 Autumn Chase			Ellingto	n			CT		06029-	3729
Principal Occupation Care Coordinator Manager				l	e of Employer dz-On 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				Amou	unt	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 contract is with:	r	or pro		✓ No				\$100.00
Method of contribution: Cash Personal Check	Credit/Debit	t Card Payroll Deduction	Money Ord	er	Date Received 02/11/2023	Aggregate contributions \$100.00				
Last Name				Firs	t					M.I.
Couloute				Pa	storApril					
Residential Street Address			City				State		Zip Code	
PO Box 330172			West H				СТ		06133-	0172
Principal Occupation Pastor /Realtor/ contractor					e of Employer com & Couloute F	Renovations Group	&The F	Pair	nt Dr	
Is contributor a lobbyist, spouse, or	Yes	If contribution is in excess of					Amou	unt	of Cont	ribution

SUBTOTAL Section B - This Page	\$210.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$60,170.30

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

Executive

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

Yes

Date Received

03/04/2023

Legislative

✓ No

Yes

✓ No

Aggregate contributions

\$10.00

\$10.00

municipality valued at more than \$5,000?

If yes, indicate which branch or

branches of government the

contract is with:

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rage	20	01	1/0

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Coleman 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.
Donovan				Chri	stopher				
Residential Street Address			City				State	Zip Code	
188 Atkins St			Merider				СТ	06450-3	3404
Principal Occupation					of Employer				
retired				retire	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				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 o		or prosp	pective state contractor	Yes Vo			\$250.00
If yes, list Event#	V 110	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 03/13/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Davis				Abe					
Residential Street Address			City	•			State	Zip Code	
85 Mary Catherine Cir			Windso				СТ	06095-1	1755
Principal Occupation Self employed				Davis	of Employer Sified				
Is contributor 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 <i>If yes</i> , indicate which branch on		or prosp	pective state contractor	Y es			\$500.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutive	Legisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 03/14/2023	Aggregate contributions \$500.00			
Last Name				First					M.I.
Crawford				Eric					
Residential Street Address			City				State	Zip Code	
3521 Main St			Hartford		CE 1		СТ	06120-1	1115
Principal Occupation Education				Crec	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 state <i>If yes</i> , indicate which branch or		or prosp	pective state contractor	Y es			\$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 03/16/2023	Aggregate contributions \$350.00			

SUBTOTAL Section B - This Page	\$850.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

Lawyer

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

SEEC FORM 20 Revised January 2015 I. MONETAL	RY RECE	IPTS	(Sections A-K)	Pag	ge 25	e of	176
NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repos	itory)		TYPE OF REPORT			
Coleman for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received th	is Period C	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized	l Contribut	ions f	rom Individuals				
Last Name		First					M.I.
Garcia		Ros	salind				
Residential Street Address	City				State	Zip Code	
61 Rangely St	West H	laven			CT	06516-	1167
Principal Occupation			of Employer				
Principal		New	Haven Board of	Education			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution is in excess municipality does contribution in the contribution is in excess municipality valued at more dependent child of a lobbyist?	tor or business						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lifyes, indicate which branc branches of government the contract is with:	h or		_	✓ No	\$200.00		
contract is with.	EX	ecutiv					
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 03/20/2023	Aggregate contributions \$200.00			
Last Name		First					M.I.
Garcia		Juc	lith				
Residential Street Address	City	•			State	Zip Code	•
84 Piper Rd	Hamde				CT	06514-3	3334
Principal Occupation retired		Name retire	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 municipality valued.	tor or business				Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a figure, indicate which brane		or pros	pective state contractor	Y es	\$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/Debit Card ☐ Payroll Deduction	Money Orc	ler	Date Received 03/21/2023	Aggregate contributions \$1,000.00			
Last Name		First			_		M.I.
Dombrowski		Rol	pert				
Residential Street Address	City				State	Zip Code	<u>'</u>
102 Ellsworth Blvd	Berlin				CT	06037-2	2728
Principal Occupation		Name	of Employer	<u> </u>			

Dombrowski Law Group

Yes

Date Received

03/22/2023

Legislative

✓ No

Yes

✓ No

Aggregate contributions

\$250.00

Amount of Contribution

\$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

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:

\$1,450.00	SUBTOTAL Section B - This Page
\$60,170.30	TOTAL of Section B Pages
\$60,170.30	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

Page	30	of	170

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Coleman 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 Co	ontributi	ions fr	om Individuals					
Last Name		First					M.I.	
Flemming-Butler		Jan	ice					
Residential Street Address	City				State	Zip Code		
141 Ridgefield St	Hartford	<u></u>			СТ	06112-1	1837	
Principal Occupation			of Employer	-14:				
Self employed		Strate	egic Outreach So	Diutions				
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 contributor of the contribution is in excess of \$\frac{1}{2}\$ municipality valued at more the contribution is in excess of \$\frac{1}{2}\$.	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				✓ No			\$500.00	
If yes, list Event # Contract is with: Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ecutive	Date Received 03/23/2023	Aggregate contributions \$500.00				
Last Name	- Ioney ord	First	0312312023	φ500.00			M.I.	
Garcia		Mitc	chell				IVI.I.	
Residential Street Address	City				State	Zip Code		
310 Mckinley Ave	Bridgep	ort			CT	06604-1	1624	
Principal Occupation Physician Assistant		l .	of Employer n Faculty Physici	ians				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{9}{municipality does contributor of municipality valued at more the properties of \$\frac{9}{municipality valued}\$ at more the properties of \$\frac{9}{municipality valued}\$ at more the properties of \$\frac{9}{municipality}\$ and \$\frac{9}{municipali	or business l				Amoun	t of Cont	ribution	
Is this contribution associated with an event reported in Section L1? Yes 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:	_	or prosp	_	✓ No			\$250.00	
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 03/24/2023	Aggregate contributions \$250.00				
Last Name		First					M.I.	
Childs		Dar	lene					
Residential Street Address	City				State	Zip Code		
32 Sunset St	Windso				СТ	06095-4	1305	
Principal Occupation		Name	of Employer					
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 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 # Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp	_	∐ Yes ✓ No			\$25.00	
Method of contribution:	Mana: 0 1		Date Received	Aggregate contributions				
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	01/28/2023	\$25.00				

SUBTOTAL Section B - This Page	\$775.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.50

Revised January 2015		I. MONETARY	RECEI	PTS	(Sections A-K)	Pag	ge 31	of	176
NAME OF COMMITTEE (Providence of COMMITTEE)	de Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from S	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					M.I.
Chisholm				Ste	phanie				
Residential Street Address			City				State	Zip Code	
38 Union St			Manche	ster			CT	06042-1	1902
Principal Occupation				Name	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 h nan \$5,000?	ie/she	s associated with have Yes	a contract with said No	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		✓ No			\$40.00
Method of contribution:	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 03/19/2023	Aggregate contributions \$40.00	1		
Last Name				First					M.I.
Clark				Aln	isa				
Residential Street Address			City				State	Zip Code	
462 Barbour St			Hartford				СТ	06120-1	1017
Principal Occupation				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 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 state If yes, indicate which branch of branches of government the contract is with:		or pros		∐ Yes ✓ No			\$5.00
Method of contribution: Cash Personal Check C	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/28/2023	Aggregate contributions \$5.00			
Last Name				First					M.I.
Clark				Naj	ah				
Residential Street Address			City				State	Zip Code	
57 Woodland Dr, Apt 3			Hartford				CT	06105-1	1202
Principal Occupation				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 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 <i>If yes</i> , indicate which branch or branches of government the		or pros	_	∐ Yes ✓ No			\$5.00
If yes, list Event #		contract is with:	∐ Ex€	ecutiv	e Legisla	ative			

\$50.00	SUBTOTAL Section B - This Page
\$60,170.30	TOTAL of Section B Pages
\$60,170.30	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
Ψου, 17 0.50	(Enter total on Line 13, Column A of Summary Page

Date Received

03/28/2023

Aggregate contributions

\$5.00

Method of contribution:

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

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NAME OF COMMITTEE (Provid	le Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from St	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of Sn	nall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Coleman				Eric	ca				
Residential Street Address			City	-1-1			State	Zip Code	2500
77 Wintonbury Ave			Bloomfie		CE I		СТ	06002-2	2529
Principal Occupation Lead Educational Counselor					of Employer INTAC				
Is contributor 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 state <i>If yes,</i> indicate which branch or branches of government the	r	or pros		✓ No			\$400.00
Method of contribution:	redit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 01/23/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Coleman				Eric	ca				
Residential Street Address			City	-1-1			State	Zip Code	2500
77 Wintonbury Ave			Bloomfie		CE I		СТ	06002-2	2529
Principal Occupation Lead Educational Counselor					of Employer INTAC				
Is contributor 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	Is contributor a principal of a state <i>If yes</i> , indicate which branch or		or pros	pective state contractor	Y es			\$300.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exe	ecutiv					
Method of contribution: ☐ Cash Personal Check ☐ C	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/05/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Coleman				Gai	rey				
Residential Street Address			City Hartford				State CT	Zip Code 06120-1	1034
87 Tower Ave Principal Occupation			Паппого		of Employer		CI	00120-	1034
Reservations					rican Airlines				
Is contributor 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 of		or pros	pective state contractor	?			\$100.00
If yes, list Event #	<u>*</u> 110	branches of government the contract is with:	Exe	ecutiv	e Legisla	ative			
Method of contribution: Cash ✓ Personal Check C	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/28/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$800.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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 3	33	of	176
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT						
Coleman for Hartford	1	<u> </u>	0 1			April 10 filing				
A. Total Contributions from	Small Cont	ributors - Received th	is Period O	NLY	•					
See instructions for definition of	Small Contri	butor)			Subtotal Section	A				\$0.00
		B. Itemized	Contributi	ions	from Individuals					
Last Name				Firs	t					M.I.
Coleman				Ga	rey					
Residential Street Address			City				State	Zi	p Code	
87 Tower Ave			Hartford	t			CT	06	3120-1	034
Principal Occupation Reservations				l	e of Employer erican Airlines					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess municipality does contribu municipality valued at mor	tor or business				Amou	nt of	Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐Yes I	s contributor a principal of a s If yes, indicate which branches of government the contract is with:	h or	or pro	_	✓ No				\$400.00
Method of contribution: Cash Personal Check	Credit/Debit C		Money Ord	er	Date Received 03/05/2023	Aggregate contributions \$1,000.00	1			
Last Name				Firs	t					M.I.
Coleman-Carr				En	nma					
Residential Street Address			City				State		p Code	
19 B Woodland Ave			Bloomfi				СТ	06	3002-1	857
Principal Occupation CNA				Name Reti	e of Employer red					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess municipality does contribu municipality valued at mor	tor or business				Amou	nt of	Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐Yes I	s contributor a principal of a : If yes, indicate which branch branches of government the contract is with:	h or	or pro	_	✓ No				\$20.00
Method of contribution: Cash Personal Check	Credit/Debit C	ard Payroll Deduction	Money Ord	er	Date Received 03/19/2023	Aggregate contributions \$45.00				
Last Name				Firs	t					M.I.
Comeaux				Ev	elyn					
Residential Street Address			City				State		p Code	005
207 Plainfield St			Hartford		CE I		CT	06	3112-1	<i>3</i> 05
Principal Occupation				Name	e of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess municipality does contribu municipality valued at mor	tor or business				Amou	nt of	Conti	ibution

\$440.00	SUBTOTAL Section B - This Page
\$60,170.30	TOTAL of Section B Pages
\$60,170.30	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
ψου, 17 0.30	(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

\$20.00

Legislative

Date Received

01/28/2023

\$20.00

EIPTS (Sections A-K)	Page	34	of	176	
ository)	YPE OF REPORT				

A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor) B. Itemized Contributions from Individuals Last Name Conyers Residential Street Address Residential Street Address Residential Street Address Residential Street Residential Street Address State MD 20770-2418 Amount of Contribution Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an last secontributor or pusiness he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Is contributor a principal of a state contractor or prospective state contractor?	· · · · · · · · · · · · · · · · · · ·	plete Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
See instructions for definition of Small Contributions Subtotal Section A	Coleman for Hartford			April 10 filing					
B. Itemized Contributions from Individuals First Sylve State MI Convers Sylve State MI Convers Sylve State MI Conversion Sylve State MI Conversion Supervisor	A. Total Contributions from Small (Contributors - Received this	Period O	NLY					
East Name Sylvester Sylv	(See instructions for definition of Small Co	ontributor)			Subtotal Section A				\$0.00
Residential Street Address Residential Street Ad		B. Itemized (Contributi	ons f	rom Individuals				
Residential Street Address 8651 Greenbelt	Last Name			First	t				M.I.
Main Secondaria Supervisor Superviso	Conyers			Syl	vester				
Name of Employer Schmidt Outdoor Ed Ctr	Residential Street Address							1 .	
It is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a part of the properties of the contribution associated with an event reported in Section L.1? Yes			Greenb				MD	20770-2	2418
Is contribution a lobbyist? spouse, or dependent child of a lobbyist? Yes No State contracted with an executive officer of a manicipality valued at more than \$\$2.000? Yes No						⊃tr.			
Amount of Contribution associated with an event contract with sald municipality valued at more than \$5.000?	·			SCIII	midt Odtdoor Ed (Ju			
event reported in Section L1?	domandant shild of a labbrust?	municipality does contributor	or business l		is associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Cosh Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received O3/15/2023 \$350.00 Date Received O3/15/2023 S350.00 Date Received	event reported in Section L1?	If yes, indicate which branch o		or pros	_	✓ No			\$350.00
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 03/15/2023 \$350.00	If yes, list Event #		Exc	ecutiv	e Legisla	ative			
Cooper Residential Street Address 965 Elm Commons Dr, Apt 201 If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business heshes associated with have a contract with said municipality valued at more than \$5,000? Last Name Cooper Residential Street Address Payroll Deduction State Zip Code O6067-1814		ebit Card Payroll Deduction	Money Orde	er		DE D			
Residential Street Address 965 EIm Commons Dr, Apt 201 Principal Occupation Name of Employer Name of Employer	Last Name			First	t				M.I.
Secontributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution associated with a contract with said municipality valued at more than \$5,000? Yes No Is this contribution associated with account the contract is with: Secontributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Is this contribution associated with account the contract is with: Secontributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative No Odd No No No No No No No	Cooper			Gill	bert				
Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes dependent child of a lobbyist? No 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 does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Yes No	Residential Street Address							1 '	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Rocky F	_			СТ	06067-1	1814
International contribution associated with any ear contract with said municipality valued at more than \$5,000? Yes No No Is this contribution associated with any eavent reported in Section L1? Yes Yes, indicate which branch or branches of government the contract is with: Security	Principal Occupation			Name	e of Employer				
First State Coper State City Hartford Section L17 State City Hartford Section L18 State City Hartford Section L19 Section L1	domandant shild of a labbruist?	municipality does contributor	or business l		is associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Cash	event reported in Section L1?	If yes, indicate which branch o	or		_	✓ No			\$20.00
Cash		contract is with:	Ex	ecutiv					
Cooper Residential Street Address Rate City Hartford Name of Employer self employed Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No list in contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Method of contribution: Date Received Aggregate contributions State CTy 06105-4153 Amount of Contribution Figure, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions		ebit Card Payroll Deduction	Money Orde	er					
Residential Street Address 873 West Blvd Principal Occupation Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Method of contribution: City	Last Name			First	t				M.I.
873 West Blvd Principal Occupation Self employed 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: Hartford Name of Employer self employed Self employed Name of Employer self employed No municipality does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Is contribution a ssociated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions	Cooper			Ма	man				
Principal Occupation Name of Employer Self employed	Residential Street Address							Zip Code	
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, list Event # Method of contribution: Self employed Amount of Contribution Amount of Contribution Executive Legislative Amount of Contribution Self employed Amount of Contribution Date Received Aggregate contributions			Hartford				СТ	06105-4	1153
dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Method of contribution: Date Received Aggregate contributions Amount of Contribution	Principal Occupation								
event reported in Section L1? If yes, list Event # Method of contribution: Yes If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions Section L1? Yes Yes Yes Yes Security No Date Received Aggregate contributions	dependent shild of a labbruist?	municipality does contributor	or business l		is associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Date Received Aggregate contributions Date Received Aggregate contributions Date Received Aggregate contributions Date Received Date	event reported in Section L1?	If yes, indicate which branch of	or	•	_	∐ Yes ✓ No			\$20.00
	If yes, list Event #		Ex	ecutiv	e Legisla	ative			
		ebit Card Payroll Deduction	Money Orde	er					

SUBTOTAL Section B - This Page	\$390.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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Page	33	01	1/0

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Coleman 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.
Covington		Gre	gory				
Residential Street Address	City				State	Zip Code	
257 Westland St	Hartford	<u>t</u>			CT	06112-2	2085
Principal Occupation		Name o	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 specific product of the specif	or business h				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Vol. 100 Per 100 P		or prosp	ective state contractor	?			\$20.00
If yes, list Event # branches of government the contract is with:	Exe	ecutive	Legisla	ative V 100			
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 03/16/2023	Aggregate contributions \$20.00			
Last Name		First	'				M.I.
Cummings		Deb	ra				
Residential Street Address	City				State	Zip Code	
198 Farrell Ln	Frederic		<u> </u>		VA	22401-4	1030
Principal Occupation		Name o	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 specific product of the specif	or business h				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state of the section L1? If yes, indicate which branch of the section L1?		or prosp	ective state contractor	Y es			\$20.23
If yes, list Event # vo branches of government the contract is with:	Exe	ecutive					
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 01/18/2023	Aggregate contributions \$20.23			
Last Name		First					M.I.
Dawkins		Coli	n				
Residential Street Address	City				State	Zip Code	
151 New Park Ave	Hartford		47 1		СТ	06106-2	2170
Principal Occupation			of Employer Acoustics				
Is contributor 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 production of the specific produc	or business h				Amoun	nt of Cont	ribution
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 o branches of government the contract is with:		ecutive	Legisla	✓ No			ψου.υυ
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 01/28/2023	Aggregate contributions \$50.00			
					•		

SUBTOTAL Section B - This Page	\$90.23
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	φου, 17 0.30

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NAME OF COMMITTEE (Provide Complete Name as Regista	ered with Filing Repo	sitory)		TYPE OF REPORT			
Coleman for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Rec	eived this Period (ONLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. I	temized Contribu	tions fr	om Individuals				
Last Name		First					M.I.
Dawson		Stra	ınza				
Residential Street Address	City				State	Zip Code	
160 Bellevue St	Hartfo				СТ	06120-2	2402
Principal Occupation		Name	of Employer				
dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, indicate with an event reported in Section L1? If yes, indicate with an event reported in Section L1? If yes, indicate with an event reported in Section L1?	nment the	s he/she is ?	s associated with have	a contract with said No Yes No	Amoun	t of Cont	ribution \$20.00
Method of contribution:	Deduction Money Or		Date Received 01/28/2023	Aggregate contributions \$60.00			
Last Name		First					M.I.
Dawson		Stra	ınza				
Residential Street Address	City				State	Zip Code	
160 Bellevue St	Hartfo		CF 1		СТ	06120-2	2402
Principal Occupation		Name	of Employer				
dependent child of a lobbyist? municipality doe	s in excess of \$400 to a ces contributor or business ued at more than \$5,000	s he/she is			Amoun	t of Cont	ribution
event reported in Section L1? If yes, list Event # If yes, indicate w branches of gover contract is with:	nment the	xecutive	eLegisla	✓ No			\$20.00
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll	Deduction Money Or	rder	Date Received 02/18/2023	Aggregate contributions \$60.00			
Last Name		First					M.I.
Dawson		Stra	ınza				
Residential Street Address	City				State	Zip Code	
160 Bellevue St	Hartfo				СТ	06120-2	2402
Principal Occupation		Name	of Employer				
dependent child of a lobbyist? municipality doe	s in excess of \$400 to a ces contributor or business ued at more than \$5,000	s he/she is			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a prince of the section L1? If yes, indicate with an event reported in Section L1?	ncipal of a state contractor	or prosp	pective state contractor	? Yes			\$20.00
If yes, list Event #	nment the	xecutive	eLegisla	✓ No ntive			
Method of contribution:	Deduction Money Or	rder	Date Received 03/11/2023	Aggregate contributions \$60.00			

SUBTOTAL Section B - This Page	\$60.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.50

✓ Cash

Last Name

Diggs

Method of contribution:

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?

If yes, list Event #

✓ Cash

Method of contribution:

726 Tower Ave Principal Occupation

Yes

✓ No

Yes

✓ No

Personal Check Credit/Debit Card

Personal Check Credit/Debit Card

Coleman for Hartford A. Total Contributions from Small Contributors - Received this Period ONLY See instructions for definition of Small Contributor B. Itemized Contributions from Individuals First	SEEC FORM 20 Revised January 2015 I. MONETA	ARY RECEI	IPTS	(Sections A-K)) P:	age	37	of	176
A. Total Contributions from Small Contributors - Received this Period ONLY See instructions for definition of Small Contributor) B. Itemized Contributions from Individuals Last Name Dennis Last Name Principal Occupation State City West Hartford CT O6110-1107 Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a robust with: Method of contribution:	NAME OF COMMITTEE (Provide Complete Name as Registered wit	th Filing Reposi	itory)		TYPE OF REPORT				
Subtoal Section A Subt	Coleman for Hartford				April 10 filing				
B. Itemized Contributions from Individuals Last Name Dennis First	A. Total Contributions from Small Contributors - Received t	this Period O	NLY						
Amount of Contribution associated with an event reported in Section L1? Parsonal Cheek Credit/Debit Card Payroll Deduction Money Ord= First Vicki Part of Contribution Name of Employer M.	(See instructions for definition of Small Contributor)			Subtotal Section A					\$0.00
Residential Street Address 104 Caya Ave City West Hartford State City CT 06110-1107	B. Itemize	ed Contributi	ons fr	om Individuals					
Residential Street Address 104 Caya Ave Name of Employer State State City West Hartford Name of Employer	Last Name		First						M.I.
Residential Street Address 104 Caya Ave Name of Employer State	Dennis		Vick	;i					
Principal Occupation Name of Employer	Residential Street Address	City				State	9	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an weight of the contract 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 weight of the contract of the contra	104 Caya Ave	West H	artford	i		СТ		06110-1	107
Is this contribution associated with an ere principal of a state contractor or prospective state contractor? Yes Y	Principal Occupation	-	Name	of Employer					
event reported in Section L1?	dependent child of a lobbyist? Mo municipality does contrib municipality valued at mo	outor or business l ore than \$5,000?	he/she is	associated with have Yes	a contract with said No	Amo	ount	of Conti	ribution
Cash	event reported in Section L1? If yes, indicate which bran branches of government the	Yes If yes, indicate which branch or branches of government the VNo							\$10.00
Diggs Residential Street Address City Hartford State CT Zip Code CT 726 Tower Ave Hartford Name of Employer Retired Principal Occupation Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes ✓ No Is this contribution associated with an event reported in Section L1? Yes ✓ Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor? Yes Yes		n Money Ord	er						
Residential Street Address 726 Tower Ave Hartford Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Ves. indicate which branch or section and the section of the section L1? City Hartford Name of Employer Retired Amount of Contribution Amount of Contribution State Zip Code CT 06112-1152 Amount of Contribution	Last Name		First						M.I.
726 Tower Ave	Diggs		Barl	oara					
Principal Occupation Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Name of Employer Retired Name of Employer Retired Name of Employer Retired Amount of Contribution Scontribution 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 Vo Is contribution a sasociated with an event reported in Section L1? Yes Vo Spouse Vo Yes Vo Yes Spouse Vo Yes Spouse Spouse Spouse Spouse Vo Yes Spouse Spou	Residential Street Address	City					e	Zip Code	
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? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes \$50.00	726 Tower Ave	Hartford	t			CT		06112-1	152
dependent child of a lobbyist? No 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? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes \$50.00	Principal Occupation		l .						
event reported in Section L1? Yes Yes \$50.00	dependent child of a lobbyist? municipality does contrib	outor or business l		associated with have	a contract with said	Amo	ount	of Conti	ribution
House list Event # VNo branches of government the VNo	event reported in Section L1? Yes If yes, indicate which bran branches of government the	nch or			⊥ Yes ✓ No				\$50.00
If yes, list Event # Executive Legislative Method of contribution: Date Received Aggregate contributions	contract is with:	<u></u> Ех	ecutive			_			

03/15/2023

First

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

Yvette

Name of Employer

\$50.00

✓ No

Legislative

Date Received

03/15/2023

Yes

✓ No

Aggregate contributions

\$50.00

State

CT

M.I.

\$50.00

Zip Code

Amount of Contribution

06112-1152

SUBTOTAL Section B - This Page	\$110.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$60,170.30

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?

Hartford

Method of contribution:

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

Revised January 2015		I. MONETARY	RECEI	PTS	S (Sections A-K)	Pag	ge 38	of	176
NAME OF COMMITTEE (Providence)	de Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from S	mall Cor	tributors - Received this	Period O	NLY	,				
See instructions for definition of S	mall Conti	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	from Individuals				
Last Name				Firs	t				M.I.
Dolan				Ма	itthew				
Residential Street Address			City				State	Zip Code	
278 Gulf St			Milford				CT	06460-6	530
Principal Occupation					e of Employer				
Attorney				Dola	an & Dolan 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 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 or branches of government the		or pro	spective state contractor	?	\$240		
If yes, list Event#	• 110	contract is with:	Exe	ecutiv	re Legisla	ative			
Method of contribution: Cash ✓ Personal Check □ Cash	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/11/2023	Aggregate contributions \$240.00			
Last Name				Firs	t				M.I.
Dolan				Mid	chael				
Residential Street Address			City				State	Zip Code	
44 Overlook Dr			Milford				CT	06460-4	330
Principal Occupation					e of Employer				
Attorney				Dola	an & Dolan 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	ibution
Is this contribution associated with an	Yes	Is contributor a principal of a state	e contractor	or pro	spective state contractor	? Yes			ድርር ርር
event reported in Section L1? If yes, list Event #	✓ No	If yes, indicate which branch or branches of government the		ecutiv	ve Legisla	✓ No			\$250.00
Method of contribution:		contract is with:			Date Received	Aggregate contributions			
	Credit/Debit	Card Payroll Deduction	Money Orde	er	01/30/2023	\$250.00			
Last Name				Firs	t				M.I.
Douglas				Sh	arman				
Residential Street Address			City				State	Zip Code	
37 Durham St			Hartford				СТ	06112-1	011
Principal Occupation				Name	e 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	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state <i>If yes</i> , indicate which branch or		or pro	spective state contractor	Y es			\$10.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exe	ecutiv	ve Legisla	ative No			

\$500.00	SUBTOTAL Section B - This Page
\$60,170.30	TOTAL of Section B Pages
\$60.170.30	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
\$00,170.30	(Enter total on Line 13, Column A of Summary Page

Aggregate contributions

\$10.00

Date Received 03/19/2023

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rage	39	01	1/0

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	g Reposit	tory)		TYPE OF REPORT			
Coleman for Hartford			April 10 filing				
A. Total Contributions from Small Contributors - Received this Pe	eriod Ol	NLY					
(See instructions for definition of Small Contributor)		5	Subtotal Section A				\$0.00
B. Itemized Con	ıtributio	ons fr	om Individuals				
Last Name		First					M.I.
Dunn		Shar	ron				
	City				State	Zip Code	
45 School St	Hartford				СТ	06106-6	302
Principal Occupation		Name o	f Employer				
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 Is this contribution associated with an Yes Is contributor a principal of a state of the	business h	e/she is	associated with have a	a contract with said No	Amoun	t of Cont	
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with:	Exe	ecutive	Legisla	✓ No			\$20.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction M	Ioney Orde	er	Date Received 01/28/2023	Aggregate contributions \$20.00			
Last Name		First					M.I.
Dyson		Card	l				
·	City				State	Zip Code	1405
77 0 27 0 40 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Hartford	N.T.	CE 1		СТ	06106-1	1405
Principal Occupation		Name o	f Employer				
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 Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state or branches of government the	_	or prospecutive	ective state contractor	✓ No			\$50.00
Method of contribution: Contract is with:	ШЕЛС	Cutive	Date Received	Aggregate contributions			
	Ioney Orde	er	03/14/2023	\$50.00			
Last Name		First	'				M.I.
Ellovich	a	Jack			G	7: 0.1	
	City Hartford				State CT	Zip Code 06103-2	2906
Principal Occupation		Name o	f Employer		0.	00.002	
CPA			ch CPA				
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 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		or prospecutive	_	∐ Yes ✓ No			\$250.00
Method of contribution: Method of contribution:	ехе	Cutive	Legisla	Aggregate contributions			
	Ioney Orde	r	03/22/2023	\$250.00			

SUBTOTAL Section B - This Page	\$320.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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NAME OF COMMITTEE (Provide	e Complete	Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from Sn	nall Cont	ributors - Received this	Period O	NLY					
(See instructions for definition of Sm	all Contri	butor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First					M.I.
Facey				Mik	el				
Residential Street Address			City				State	Zip Code	
43 Love Ln			Manche				СТ	06040-2	2678
Principal Occupation Underwriter					of Employer 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	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			✓ No			\$20.00
Method of contribution:	redit/Debit (contract is with: Card Payroll Deduction	Money Ord	ecutive	Date Received 03/16/2023	Aggregate contributions \$20.00			
Last Name				First			!		M.I.
Feigenbaum				Set	h				
Residential Street Address			City				State	Zip Code	
46 Yorkshire Ct			Farming				СТ	06032-2	2487
Principal Occupation Lawyer					of Employer employed				
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?	_ res	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Y es			\$150.00
If yes, list Event #	∠ No	branches of government the contract is with:	Ex	ecutive	eLegisla	ative No			
Method of contribution: Cash ✓ Personal Check Cr	redit/Debit (Card Payroll Deduction	Money Ord	er	Date Received 03/23/2023	Aggregate contributions \$150.00			
Last Name				First					M.I.
Fennell				Vict	toria				
Residential Street Address			City				State	Zip Code	
21 Andover St			Hartford				СТ	06112-1	1402
Principal Occupation Consultant				1	of Employer employed				
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? 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 pros	_	∐ Yes ✓ No			\$20.00
Method of contribution: Cash Personal Check Cr	redit/Debit (contract is with: Card Payroll Deduction	Money Ord		Date Received 01/28/2023	Aggregate contributions \$20.00			
						<u> </u>	l		

SUBTOTAL Section B - This Page	\$190.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.30

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?

Is this contribution associated with an

Method of contribution:

Cash ✓ Personal Check Credit/Debit Card

event reported in Section L1?

If yes, list Event #

Yes

✓ No

Yes

✓ No

EEC FORM 20 evised January 2015		I. MONETARY	Y RECEI	IPTS	(Sections A-K)	Pa	age 4	4 1	of	176
JAME OF COMMITTEE (Provide)	Complete Nai	ne as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT				
Coleman for Hartford						April 10 filing				
A. Total Contributions from Sma	all Contribu	itors - Received this	Period O	NLY						
See instructions for definition of Sma	ll Contributo	r)			Subtotal Section A					\$0.00
		B. Itemized C	Contributi	ons f	rom Individuals					
Last Name				First	:					M.I.
Fisher				Ste	phanie					ı
Residential Street Address			City				State	Zi	ip Code	
8 Concord Ln			Voorhee	es			NJ	0	8043-2	839
Principal Occupation Chief of Staff					of Employer den County					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Z No m	contribution is in excess of unicipality does contributor unicipality valued at more the	or business l				Amou	nt of	f Contr	ibution
event reported in Section L1?	No If yo bran	tributor a principal of a states, indicate which branch ouches of government the	or	or pros	_	✓ No				\$150.00
Method of contribution:	dit/Debit Card	ract is with: Payroll Deduction	Money Orde		Date Received 01/30/2023	Aggregate contribution \$150.0				
Last Name				First						M.I.
Foster				Bel	inda					ı
Residential Street Address			City				State	Zi	ip Code	
346 Cottage Grove Rd			Bloomfi	eld			СТ	0	6002-3	158
Principal Occupation				Name Retir	of Employer red					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Z No m	contribution is in excess of unicipality does contributor unicipality valued at more that	or business l				Amou	int of	f Contr	ibution
event reported in Section L1?	No If you bran	tributor a principal of a states, indicate which branch ouches of government the	or	•		✓ No				\$30.00
	con	ract is with:		ecutiv						
	dit/Debit Card	Payroll Deduction	Money Orde		Date Received 02/11/2023	Aggregate contribution \$30.0	1			
Last Name				First						M.I.
Fowara				Joh	inny					
Residential Street Address			City				State		ip Code	-040
19 Mill St			Manche				CT	0	6042-2	316
Principal Occupation				Name Retir	of Employer ed					

SUBTOTAL Section B - This Page	\$280.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170,30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

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

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

Yes

Date Received

03/17/2023

Legislative

✓ No

Yes

✓ No

Aggregate contributions

\$100.00

municipality valued at more than \$5,000?

Payroll Deduction Money Order

If yes, indicate which branch or

branches of government the contract is with:

Amount of Contribution

\$100.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Reposi	itory)			TYPE OF REPORT			
Coleman for Hartford					April 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY						
(See instructions for definition of Small Contributor)			Subtotal S	ection A				\$0.00
B. Itemized C	Contributi	ions fr	om Indiv	iduals				
Last Name		First						M.I.
Fowler		Gail	I					
Residential Street Address	City					State	Zip Code	
125 Sheffield Ave	New Ha					СТ	06511-1	1928
Principal Occupation		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 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 municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of the contribution is in excess	or business l			vith have a		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 stat If yes, indicate which branch o branches of government the	r	or prosp	_	contractor? Legisla	∐ Yes ✓ No			\$500.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord		Date Receive 01/14/20	ved	Aggregate contributions \$500.00			
Last Name		First						M.I.
Francis		Mar	k					
Residential Street Address	City					State	Zip Code	1440
156 Colebrook St	Hartford	-	CE 1			СТ	06112-1	1412
Principal Occupation Police Officer		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 specific product of the specif	or business l			vith have a		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, indicate which branch of branches of government the contract is with:	r	or prosp	_	contractor?	✓ No			\$20.00
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 01/28/20		Aggregate contributions \$20.00			
Last Name		First						M.I.
Franklin		Joe	nette Mar	sel				
Residential Street Address	City					State	Zip Code	
74 Brian Rd	South V					СТ	06074-3	3131
Principal Occupation		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 specific product of the specif	or business l			vith have a		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 stat If yes, indicate which branch o branches of government the contract is with:	r	or prosp	_	contractor?	∐ Yes ✓ No			\$10.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Receive 03/19/20	I .	Aggregate contributions \$10.00			
							_	

SUBTOTAL Section B - This Page	\$530.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.50

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NAME OF COMMITTEE (Provide	Complete Name as Registered with Fit	ling Reposi	itory)		TYPE OF REPORT			
Coleman 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)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons fr	rom Individuals				
Last Name			First					M.I.
Frederick			Bus	ter				
Residential Street Address		City				State	Zip Code	
18 Dexter St		Hartford				СТ	06106-3	1938
Principal Occupation			Name	of Employer				
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 h				Amoun	t of Cont	ribution
event reported in Section L1?	Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the	·			✓ No			\$50.00
Method of contribution:	contract is with:	Money Orde	ecutive er	Date Received 01/28/2023	Aggregate contributions \$50.00			
Last Name			First			ļ.		M.I.
Gallon-Clark			Vick	кi				
Residential Street Address		City				State	Zip Code	
105 Granby St		Hartford				CT	06112-1	762
Principal Occupation Exec Dir				of Employer Hills Civic Assn				
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? 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			\$30.00
Method of contribution:	contract is with:	Money Orde		Date Received 01/12/2023	Aggregate contributions \$30.00			
Last Name			First		Ψ00.00			M.I.
Franklin			Chr	istopher				
Residential Street Address		City	0	. Сторитог		State	Zip Code	
190 Little Brook Dr		Newingt	ton			CT	06111-5	310
Principal Occupation Managing Partner				of Employer San Group 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 h				Amoun	t of Cont	ribution
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			\$25.00
If yes, list Event #	contract is with:	∐Exe	ecutive					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre	edit/Debit Card Payroll Deduction	Money Orde	er	Date Received 03/29/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$105.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.50

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NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford			April 10 filing						
A. Total Contributions from S	mall Co	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.
Colangelo				Stev	ven				
Residential Street Address			City				State	Zip Code	
199 Oxford St			Hartford	t			СТ	06105-2	2520
Principal Occupation				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	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	ective state contractor	L i es			\$150.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exe	ecutive					
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/30/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Colangelo				Stev	ven				
Residential Street Address			City				State	Zip Code	•
199 Oxford St			Hartford				СТ	06105-2	2520
Principal Occupation				Name o	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	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state <i>If yes</i> , indicate which branch of		or prosp	ective state contractor	Y es			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exe	ecutive					
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/30/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Donohue				TJ					
Residential Street Address			City				State	Zip Code	
22 Country Club Dr			West Si		-		СТ	06092-2	2211
Principal Occupation				Name o	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	nt of Cont	ribution
Is this contribution associated with an	Yes	Is contributor a principal of a stat		or prosp	ective state contractor	? Yes			\$500.00
event reported in Section L1? If yes, list Event #	✓ No	If yes, indicate which branch o branches of government the contract is with:		ecutive	Legisla	✓ No ative			ψυσυ.συ
Method of contribution:		contract is will.			Date Received	Aggregate contributions			
Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	03/23/2023	\$500.00			

SUBTOTAL Section B - This Page	\$750.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing	Reposii	tory)			TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from Small Contributors - Receive	ed this Per	riod OI	NLY						
(See instructions for definition of Small Contributor)				Subtotal	Section A				\$0.00
B. Item	nized Cont	tributio	ons fr	om Indi	viduals				
Last Name			First						M.I.
Lester			Byro	on					
Residential Street Address	Ci	.,					State	Zip Code	
15 Spice Bush Ln	В	loomfie					СТ	06002-1	677
Principal Occupation retired			Name o	of Employe d	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ✓ No If contribution is in e municipality does communicipality valued a	ntributor or b	usiness h \$5,000?	e/she is	associated	with have a	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 Is contributor a principal If yes, indicate which branches of governmer contract is with:	branch or	_	or prosp	_	Legisla	✓ No			\$50.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Dedu	action Mo	oney Orde	er	Date Rece 03/12/2		Aggregate contributions \$150.00			
Last Name			First						M.I.
Jenkins			Jill						
Residential Street Address	Ci						State	Zip Code	1400
28 Roarke Rd Principal Occupation	IN IN	orth Ha		of Employe	\r*		СТ	06473-3	408
unemployed				ployed	- 1				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in e municipality does communicipality valued a municipality valued a	ntributor or b	usiness h		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 If yes, indicate which branches of government contract is with:	branch or	_	or prosp	_	contractor	✓ No			\$20.23
Method of contribution: ☐ Cash Personal Check ✓ Credit/Debit Card Payroll Dedu	action Mo	ney Orde	er	Date Rece 01/28/2	II.	Aggregate contributions \$60.46			
Last Name			First						M.I.
John			Mart	tin					
Residential Street Address	Ci						State	Zip Code	0.40
8 Plum Rdg	_ V	/indsor		CF 1			СТ	06095-1	912
Principal Occupation SVP Finance			HSB	of Employe	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in e municipality does communicipality valued a municipality valued as	ntributor or b	usiness h		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 If yes, indicate which branches of government contract is with:	branch or	_	or prosp		e contractor	∐ Yes ✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Dedu	action Mo	ney Orde	er	Date Rece 03/31/2		Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$120.23
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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NAME OF COMMITTEE (Provid	le Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford			April 10 filing						
A. Total Contributions from Si	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of Sn	nall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Harp				Tor	ni				J
Residential Street Address			City				State CT	Zip Code	1444
71 Edgewood Way			New Ha		CE 1		CI	06515-2	244 1
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? If yes, list Event #	Yes ✓ No	Is contributor a principal of a stat <i>If yes</i> , indicate which branch or branches of government the	r _	or pros	_	✓ No			\$900.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	redit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 02/03/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Harris				Vic	toria				
Residential Street Address			City				State	Zip Code	
66 W Main St, Apt 302			New Bri		an 1		СТ	06051-2	2290
Principal Occupation Adjuster					of Employer Catastrophe Ser	vices			
Is contributor 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 <i>If yes</i> , indicate which branch or		or pros	pective state contractor	Y es			\$20.23
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	eLegisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/01/2023	Aggregate contributions \$140.23			
Last Name				First					M.I.
Harris				Vic	toria				
Residential Street Address			City				State	Zip Code	2000
66 W Main St, Apt 302			New Bri		CE 1		СТ	06051-2	290
Principal Occupation Adjuster					of Employer Catastrophe Ser	vices			
Is contributor 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 branches of government the	r	•	_	∐ Yes ✓ No			\$20.00
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 03/21/2023	Aggregate contributions \$140.23			

SUBTOTAL Section B - This Page	\$940.23
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Coleman 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 f	rom Individuals	•			
Last Name		First					M.I.
Harrington		Ant	hony				
Residential Street Address	City				State	Zip Code	
3 Boysen Dr	Bloomfi	eld			CT	06002-1	1146
Principal Occupation			of Employer				
Business Services Rep.		EDS	I				
Is contributor 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 production of the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production in the specific production in the specific production in the speci	or business l				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Vol. 18 Page 19 Pa		or pros	pective state contractor	?			\$100.00
If yes, list Event # brainings 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 03/29/2023	Aggregate contributions \$450.00	ı		
Last Name		First			•		M.I.
Gordon		Bra	yard				
Residential Street Address	City	•			State	Zip Code	
11253 NW 49th St	Coral S				FL	33076-2	2772
Principal Occupation SELF EMPLOYED			of Employer al Horizon Dev, 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 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 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 is in excess	or business l				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Volume Yes Is contributor a principal of a state of the section L1? Yes Is contributor a principal of a state of the section L1? Yes Volume No branches of government the	r		_	✓ No			\$250.00
If yes, list Event # contract is with:	L 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 \$1,000.00	ı		
Last Name		First					M.I.
Hudson		Cal	vin				
Residential Street Address	City	•			State	Zip Code	
166 Ethan Dr	Windso	-			СТ	06095-1	1670
Principal Occupation retired		Name retire	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 specific contributor.	or business l				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Volume Yes Is contributor a principal of a state of the section	r	•	_	∐ 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 01/07/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$1,350.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.50

I. MONETARY R

RECEIPTS (Sections A-K)	Page	48	of	176	
Renository)	TVPE OF REPORT				1

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Coleman 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.
Kennedy		Ken	neth				
Residential Street Address	City				State	Zip Code	1
246 Terry Rd	Hartford	t			CT	06105-1	1113
Principal Occupation		1	of Employer				
Attorney		Ofice	of the Attorney	Gneral			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of 9 municipality does contributor of municipality valued at more the	or business h				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state		or prosp		✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde		Date Received 01/07/2023	Aggregate contributions \$225.00			
Last Name		First					M.I.
Kennedy		Ken	neth				
Residential Street Address	City				State	Zip Code	1
246 Terry Rd	Hartford	t			CT	06105-1	1113
Principal Occupation Attorney			of Employer of the Attorney	Gneral			
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	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Volume 1: Ves Is contributor a principal of a state of the section L1? Yes Is contributor a principal of a state of the section L1? Yes Is contributor a principal of a state of the section L1? Yes Is contributor a principal of a state of the section L1?		or prosp	pective state contractor	? Yes			\$75.00
If yes, list Event # contract is with:	Exe	ecutive	Legisla	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 01/28/2023	Aggregate contributions \$225.00			
Last Name		First					M.I.
Kennedy		Ken	neth				
Residential Street Address	City				State	Zip Code	
246 Terry Rd	Hartford				СТ	06105-1	1113
Principal Occupation Attorney			of Employer of the Attorney	Gneral			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of 9 municipality does contributor of municipality valued at more the	or business h				Amoun	nt of Cont	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.	. <u></u>		_	∐ Yes ✓ No			\$50.00
If yes, list Event # contract is with:	Exe	ecutive	Legisla	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 02/18/2023	Aggregate contributions \$225.00			

SUBTOTAL Section B - This Page	\$225.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.30

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	g Reposii	tory)		TYPE OF REPORT			
Coleman for Hartford			April 10 filing				
A. Total Contributions from Small Contributors - Received this Pe	riod O	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.
Hayes		F. El	aine				
	City				State	Zip Code	
40 Village Eli	Vindsor				СТ	06095-1	1729
Principal Occupation Management Consultant		Name o	of Employer				
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 Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Yes Is contributor a principal of a state of		or prosp	ective state contractor	✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Method of contribution: Method of contribution: Payroll Deduction Method of contribution:	oney Orde		Date Received 01/09/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Hennessy		Matt	hew				
1.	City Hartford	ı			State CT	Zip Code 06105-2	05/1
161 Tremont St Principal Occupation			of Employer		O1	00103-2	.541
Managing Director			ont Public Adviso	ors			
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 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 If yes, indicate which branch or branches of government the contract is with:	_	or prospecutive	ective state contractor Legisla	✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Method of Contribution: Payroll Deduction Method of Contribution:	oney Orde	er	Date Received 01/09/2023	Aggregate contributions \$300.00			
Last Name		First					M.I.
Hennessy		Matt	hew				
	City				State	Zip Code	
101 Hellolit ot	Hartford		<u> </u>		СТ	06105-2	2541
Principal Occupation Managing Director			of Employer Ont Public Adviso	ors			
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 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 If yes, indicate which branch or branches of government the contract is with:		or prospecutive	_	∐ Yes ✓ No			\$200.00
Method of contribution:	oney Orde	er	Date Received 03/22/2023	Aggregate contributions \$300.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 17 0.30

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

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NAME OF COMMITTEE (Provi	ide Complete N	Vame as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford		-				April 10 filing			
A. Total Contributions from S	Small Contri	butors - Received this	Period O	NLY				-	
See instructions for definition of S	Small Contribu	utor)			Subtotal Section A	A			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First	i				M.I.
Grobe				Ru	th				
Residential Street Address			City				State	Zip Code	
10 Hearthstone Ln			Farming				СТ	06032-	2480
Principal Occupation				Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of smunicipality does contributor					Amou	nt of Cont	ribution
dependent ennu of a robbyist:	✓ No	municipality valued at more th		10/3110	Yes	✓ No			
Is this contribution associated with an	Yes Is	contributor a principal of a stat	e contractor	or pros	spective state contractor	r? Yes	_		050.00
event reported in Section L1?		f yes, indicate which branch or	r			. ✓ No			\$50.00
If yes, list Event #		ranches of government the ontract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution: Cash Personal Check ✓	Credit/Debit Car	d Payroll Deduction	Money Orde	er	Date Received 01/10/2023	Aggregate contribution \$50.0			
Last Name				First					M.I.
King				Bru	ice				
Residential Street Address			City				State	Zip Code	
8250 E E Kramer Cir			Mesa				AZ	85207-	2172
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 h				Amoui	nt of Cont	ribution
Is this contribution associated with an	Yes Is	contributor a principal of a stat	e contractor	or pros	spective state contracto	r? Yes	1		£100 00
event reported in Section L1?		f yes, indicate which branch or tranches of government the				√No			\$100.00
If yes, list Event #		ontract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution: Cash Personal Check ✓	Credit/Debit Car	d Payroll Deduction	Money Orde	er	Date Received 01/12/2023	Aggregate contribution \$100.0			
Last Name				First	i				M.I.
Hunt				Kin	nball				
Residential Street Address			City				State	Zip Code	
205 Wintonbury Ave			Bloomfi				CT	06002-	1912
Principal Occupation retired				Name retire	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 h				Amour	nt of Cont	ribution

\$400.00	SUBTOTAL Section B - This Page
\$60,170.30	TOTAL of Section B Pages
\$60.170.30	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
ψου, 17 0.50	(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

\$250.00

Legislative

Date Received

01/13/2023

\$250.00

Cash

Last Name

Hameen

retired

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?

If yes, list Event #

Cash

Method of contribution:

241 Munson St Principal Occupation

Yes

✓ No

Yes

✓ No

Personal Check Credit/Debit Card

Personal Check Credit/Debit Card

SEEC FORM 20 Revised January 2015		I. MONETARY	Y RECE	IPTS	(Sections A-K)) Pa	ge ć	51 of	176
NAME OF COMMITTEE	(Provide Comple	rte Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions	from Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definit	ion of Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	Contributi	ions f	rom Individuals				
Last Name				First					M.I.
Goldsby				Aig	né				
Residential Street Address			City	79			State	Zip Cod	le
25 Carver Cir			Simsbu	ry			CT)-2019
Principal Occupation				l	of Employer				
Founder				Biac	k Esquire LLC				
Is contributor a lobbyist, spous dependent child of a lobbyist?					Amou	int of Coi	ntribution		
Is this contribution associated event reported in Section L1? If yes, list Event #	with an Yes No	Is contributor a principal of a state If yes, indicate which branch of branches of government the contract is with:	or	or pros	_	∐ Yes ✓ No			\$25.00
Method of contribution: Cash Personal Che	eck Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 01/17/2023	Aggregate contributions \$25.00			
Last Name				First					M.I.
Hameen				lma	an				
Residential Street Address			City				State	Zip Cod	le
241 Munson St			New Ha	aven			CT	06511	-3521
Principal Occupation retired				Name retire	of Employer ed			•	
Is contributor a lobbyist, spous dependent child of a lobbyist?	e, or Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amou	int of Coi	ntribution
Is this contribution associated event reported in Section L1?	with an ☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contractor	Yes ✓ No			\$250.00
If yes, list Event #	V No	branches of government the contract is with:	Ex	ecutiv	eLegisl	ative No			
Method of contribution: Cash Personal Che	eck 🗸 Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 01/25/2023	Aggregate contributions \$300.00			

01/25/2023

Yes

Date Received

03/24/2023

Legislative

✓ No

Yes

✓ No

Aggregate contributions

\$300.00

First

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:

New Haven

Iman

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

Name of Employer

\$300.00

State

CT

M.I.

\$50.00

Zip Code

Amount of Contribution

06511-3521

TOTAL C
OF ALL

Page	52	of	176
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Coleman 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	tributor)			Subtotal Section A				\$0.00
		B. Itemized C	Contributi	ons f	rom Individuals	•			
Last Name				Firs	t				M.I.
Hatcher				Ka	tibu				
Residential Street Address			City				State	Zip Code	
160 Colebrook St			Hartford				СТ	06112-1	1412
Principal Occupation Line Operator				Name 3M	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 that	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 of branches of government the	r	or pros	_	✓ No	\$5.0		\$5.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with: t Card Payroll Deduction	Money Ord		Date Received 01/28/2023	Aggregate contributions \$5.00			
Last Name				Firs	t				M.I.
Jones				Do	ris				
Residential Street Address			City	J			State	Zip Code	1600
20 Waverly St Principal Occupation			Hartford		of Employer		СТ	06112-1	1620
IIST				Oak					
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 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 pros	spective state contractor	Y es			\$20.23
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 01/28/2023	Aggregate contributions \$20.23			
Last Name				Firs	t				M.I.
Jones				Tei	rry				
Residential Street Address			City				State	Zip Code	1044
93 Ridgefield St Principal Occupation			Hartford		of Employer		СТ	06112-1	1041
Benefits Coordinator					of Employer of Bridgeport				
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 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	r	•	_	∐ Yes ✓ No			\$100.00
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 01/28/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$125.23
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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 tevised January 2015		I. MONETARY	RECEI	PTS	(Sections A-K)) Pa	ge 5	53	of	176
NAME OF COMMITTEE (Pro	vide Complete l	Name as Registered with Fil	ling Reposi	tory)		TYPE OF REPORT				
Coleman 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					\$0.00
			ontributi	ons f	rom Individuals					
Last Name				First	:				$\overline{}$	M.I.
Lanier				Tar	mara					
Residential Street Address			City				State	Zir	Code	
595 New London Tpke			Norwich)			CT		360-7	045
Principal Occupation Retired Chief Probation					of Employer e of Connecticut		•			
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				Amou	nt of	Contr	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No	contributor a principal of a state <i>If yes</i> , indicate which branch or branches of government the contract is with:		or pros	_	✓ No				\$20.23
Method of contribution: Cash Personal Check			Money Orde	er	Date Received 01/28/2023	Aggregate contributions \$20.23	1			
Last Name				First						M.I.
Johnson				Co	nnie					l
Residential Street Address			City				State	Ziţ	Code	
3301 E Forest Park Dr			Forest F	Park			OK	73	3121-2	.225
Principal Occupation retired				Name retire	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				Amou	nt of	Contr	ibution
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 pros	_	✓ Yes				\$20.23
Method of contribution: Cash Personal Check	Credit/Debit Ca	rd Payroll Deduction	Money Orde	er	Date Received 02/06/2023	Aggregate contributions \$20.23				
Last Name				First						M.I.
Lebeau				Ga	ry					
Residential Street Address			City				State		Code Code	
338 Foote Rd			South G				СТ	06	073-3	312
Principal Occupation retired				Name 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 than the second	or business l				Amou	nt of	Contr	ribution

SUBTOTAL Section B - This Page	\$90.46
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	\$00,170.30

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

\$570.00

Legislative

Date Received

02/07/2023

\$50.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Coleman for Hartford			April 10 filing			
A. Total Contributions from Small Contributors - Received this Peri	iod ONL	Y				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
B. Itemized Contr	ributions	from Individuals				
Last Name	Fir	rst				M.I.
Lebeau	G	ary				
Residential Street Address City	ty			State	Zip Code	ı
338 Foote Rd So	outh Glas	tonbury		CT	06073-3	312
Principal Occupation		ne of Employer				
retired	reti	ired				
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/sh			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	ntractor or pr	ospective state contractor?	Yes ✓ No			\$100.00
If yes, list Event # contract is with:	Executi	Date Received	tive —			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mond	ney Order	03/15/2023	Aggregate contributions \$570.00			
Last Name	Fii	rst				M.I.
Lebeau	G	ary				
Residential Street Address City				State	Zip Code	
	outh Glas			СТ	06073-3	3312
Principal Occupation retired		ne of Employer ired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Yes If contribution is in excess of \$400 t municipality does contributor or bus municipality valued at more than \$5	isiness he/sh			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	ntractor or pr	ospective state contractor?	Yes ✓ No			\$20.00
If yes, list Event # contract is with:	Executi		tive —			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ney Order	Date Received 03/16/2023	Aggregate contributions \$570.00			
Last Name	Fii	rst				M.I.
Lebeau	G	ary				
Residential Street Address City				State	Zip Code	
338 Foote Rd So	outh Glas			СТ	06073-3	3312
Principal Occupation retired		ne of Employer ired				
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/sh			Amoun	nt 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	ntractor or pr	ospective state contractor	Yes ✓ No			\$100.00
If yes, list Event # orances of government the contract is with:	Executi	ive Legisla	tive			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Monday	ney Order	Date Received 03/23/2023	Aggregate contributions \$570.00			

SUBTOTAL Section B - This Page	\$220.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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 tevised January 2015		I. MONETARY	RECE	IPTS	(Sections A-K) Pa	ge 5	5 of	176
NAME OF COMMITTEE (Prov	MITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Coleman 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	A			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				Firs					M.I.
johnson				val	erie				
Residential Street Address			City	1			State	Zip Code	
137 Wildbriar Rd			Roches	ter			NY	14623-3	3906
Principal Occupation retired				Name	of Employer ed		<u></u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?							nt of Cont	ribution	
Is this contribution associated with an event reported in Section L1?	L i es	contributor a principal of a state		or pros	spective state contracto	r?	\$100.0		\$100.00
If yes, list Event #		branches of government the contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit Ca	ard Payroll Deduction	Money Ord	er	Date Received 02/08/2023	Aggregate contributions \$100.00			
Last Name				Firs	t	1			M.I.
Lee				Alb	ert				
Residential Street Address			City				State	Zip Code	
127 Sheffield Ave			New Ha	aven			CT	06511-1	1928
Principal Occupation College Professor					of Employer • University				
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				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No	contributor a principal of a state of the st	r	or pros		✓ Yes			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit Ca	ard Payroll Deduction	Money Ord	er	Date Received 02/12/2023	Aggregate contributions \$100.00			
Last Name				Firs	t				M.I.
Johnson Davis				Sa	rs				
Residential Street Address			City				State	Zip Code	
3 Hunter Dr			West H	artfor	rd		СТ	06107-	1015
Principal Occupation Senior Patient Advocacy &G	overnment A	Affairs		l .	of Employer SPR Therapeutic	s			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor					Amou	nt of Cont	ribution

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

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

Executive

✓ No

Yes

✓ No

Aggregate contributions

\$100.00

\$100.00

Yes

Date Received

02/15/2023

Legislative

municipality valued at more than \$5,000?

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

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Page	26	OI	1/6

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Coleman 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.
Kardaras				Joh	n				
Residential Street Address			City				State	Zip Code	
58 Currier Way			Cheshir	re			CT	06410-1	1432
Principal Occupation					of Employer				
Atty				John	Kardaras				
Is contributor 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	?			\$100.00
<i>If yes</i> , list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	e Legisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	ler	Date Received 02/15/2023	Aggregate contributions \$100.00			
Last Name				First			•		M.I.
Johnson				Aar	on				
Residential Street Address			City				State	Zip Code	1
229 Windsor Point Rd, Apt 48	3		Columb	oia			SC	29223-1	1850
Principal Occupation Compliance Officer				1	of Employer OSHA				
Is contributor 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 <i>If yes</i> , indicate which branch of		or prosp	pective state contractor	v res			\$20.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	eLegisla	l No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	t Card Payroll Deduction	Money Ord	ler	Date Received 02/21/2023	Aggregate contributions \$20.00			
Last Name				First					M.I.
Gersten				Elio	t				
Residential Street Address			City	•			State	Zip Code	•
231 Farmington Ave			Farming				СТ	06032-1	1940
Principal Occupation Member					of Employer nan & Comley LL	С			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more tl	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 of branches of government the	r	or prosp		✓ Yes No		\$	1,000.00
		contract is with:	ЕХ	ecutive.					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	ler	Date Received 03/09/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$1,120.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.50

I. M(

ONETARY RECEIPTS (Sections A-K)	Page	57	of	176
stered with Filing Repository)	TYPE OF REPORT			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Coleman 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	1			\$0.00
	B. Itemized (Contributi	ons from Individuals				
Last Name			First				M.I.
Graham			Claudette				
Residential Street Address		City Hartford	1		State CT	Zip Code 06112-1	1444
73 Plainfield St Principal Occupation		Паппого	Name of Employer		CI	00112-1	1444
Nurse			Woodlake of Tolland				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	manusiaimality daga aanteikutaa	or business l	adidate committee for a chief of the less associated with have Yes		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	es Is contributor a principal of a sta		or prospective state contractor	? Yes			\$50.00
If yes, list Event #	O branches of government the contract is with:	_	ecutiveLegisla	✓ No ative			ψου.σσ
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit	Debit Card Payroll Deduction	Money Orde	Date Received 03/11/2023	Aggregate contributions \$50.00			
Last Name			First				M.I.
Klein			Justin				
Residential Street Address		City	. I		State	Zip Code	1405
915 Clinton St, Apt 203		Philade	<u>'</u>		PA	19107-6	125
Principal Occupation Lawyer			Name of Employer Ballard Spahr LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality door contributor	or business l	adidate committee for a chief of the self-she is associated with have Yes		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If ves. indicate which branch of		or prospective state contractor	Y es			\$500.00
If yes, list Event #	o branches of government the contract is with:	Exe	ecutive Legisla				
Method of contribution: Cash Personal Check Credit	Debit Card Payroll Deduction	Money Orde	Date Received 01/24/2023	Aggregate contributions \$750.00			
Last Name			First				M.I.
Klein			Justin				
Residential Street Address		City	- I- ! -		State	Zip Code	1405
915 Clinton St, Apt 203		Philade	Name of Employer		PA	19107-6	0125
Principal Occupation Lawyer			Ballard Spahr LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality door contributor	or business l	didate committee for a chief of the selection and the selection with t		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If ves. indicate which branch of		or prospective state contractor	Y es			\$250.00
If yes, list Event #	o branches of government the contract is with:	Exc	ecutive Legisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credite	Debit Card Payroll Deduction	Money Orde	Date Received 03/14/2023	Aggregate contributions \$750.00			

SUBTOTAL Section B - This Page	\$800.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψ00,170.30

event reported in Section L1?

If yes, list Event #

SEEC FORM 20 Revised January 2015	I. MONETARY	RECEI	PTS (Sections A-K) Pa	ge 5	8 of	176
NAME OF COMMITTEE (Provide Co	mplete Name as Registered with Fi	iling Reposit	tory)		TYPE OF REPORT			
Coleman for Hartford	-				April 10 filing			
A. Total Contributions from Small	Contributors - Received this	Period Of	NLY					
See instructions for definition of Small (Contributor)		S	Subtotal Section A	1			\$0.00
	B. Itemized C	Contributio	ons fro	om Individuals				
Last Name			First					M.I.
Henry			Ama	nda				
Residential Street Address		City				State	Zip Code	
19 Mathewson Ave, C		Enfield				CT	06082-4	4301
Principal Occupation				f Employer				
Adjuster			The H	lartford Financia	al 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 that	or business h				Amou	nt of Cont	ribution
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	r	or prospe	ective state contractor	∐ Yes ✓ No			\$20.00
	contract is with:					-		
Method of contribution: Cash Personal Check Credit/	Debit Card Payroll Deduction	Money Orde		Date Received 03/16/2023	Aggregate contributions \$20.00			
Last Name			First					M.I.
Kimpson			Marlo	on				
Residential Street Address		City				State	Zip Code	
139 Mary Ellen Dr		Charlest				SC	29403-3	3355
Principal Occupation Attorney				f Employer y 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 h				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If ves. indicate which branch or	r	or prospe	ective state contractor Legisl	✓ Yes			\$500.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/	Debit Card Payroll Deduction	Money Orde		Date Received 03/17/2023	Aggregate contributions \$500.00			
Last Name			First					M.I.
Jordan			Kare	n				
Residential Street Address		City				State	Zip Code	2500
86 Rivermeadows Dr		Florissar				MO	63031-6	5586
Principal Occupation Attorney		I		f Employer ons US LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	manierpanty varaed at more a	or business hehan \$5,000?	e/she is	associated with have Yes	a contract with said No	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	es Is contributor a principal of a stat	te contractor o	or prospe	ective state contractor	r? Yes		\$	1,000.00

SUBTOTAL Section B - This Page	\$1,520.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

Executive

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

✓ No

Method of contribution:

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

\$1,000.00

✓ No

Aggregate contributions \$1,000.00

Legislative

Date Received 03/18/2023

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Coleman for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received	this Period O	NLY					
(See instructions for definition of Small Contributor)		S	Subtotal Section A				\$0.00
B. Itemiz	ed Contributi	ions fro	m Individuals				
Last Name		First					M.I.
Garcia-Blocker		Dolo	res				
Residential Street Address	City	•			State	Zip Code	
410 Bellevue Rd	New Ha				СТ	06511-1	1674
Principal Occupation Executive Director			f Employer For America				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in execution with the contribution with the contributio	butor 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 If yes, indicate which bra branches of government the contract in with	nch or	or prospe	ctive state contractor	∐ res ✓ No			\$500.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction			Date Received 03/20/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.I.
Garcia-Blocker		Dolo	res				
Residential Street Address	City				State	Zip Code	
410 Bellevue Rd	New Ha				СТ	06511-1	1674
Principal Occupation Executive Director			f Employer For America				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excemunicipality does contribution is in excemunicipality does contribution.	butor or business h				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which bra branches of government the section of	nch or		ective state contractor	Yes ✓ No			\$500.00
If yes, list Event # contract is with:	Exe	ecutive	Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	on Money Orde		Date Received 03/30/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.I.
Hardwick		Herb	ert				
Residential Street Address	City				State	Zip Code	
6601 State Line Rd	Kansas				МО	64113-1	1808
Principal Occupation Attorney			f Employer vick Law Firm LL	.C			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	butor 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 If yes, indicate which bra branches of government the contract of t	nch or	or prospe	ctive state contractor	∐ Yes ✓ No		\$	1,000.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction			Date Received 03/22/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$2,000.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.50

I.

SEEC FORM 20 Revised January 2015	I. MONETARY RE	ECEIP	PTS (Sections A-K)		Page	60	of	176
NAME OF COMMITTEE (Provide Complete No	ame as Registered with Filing I	Reposito	ory)	TYPE OF REPOR	RT			
Coleman for Hartford				April 10 filing				
A. Total Contributions from Small Contrib	outors - Received this Peri	iod ON	LY					
(See instructions for definition of Small Contribute		Subtotal Section A					\$0.00	
	B. Itemized Contr	ributio	ns from Individuals					
Last Name			First					M.I.
Jelly			Jefferson					
Residential Street Address	City	y est Har	tford		St	ate T	Zip Code 06117-	1532
74 Sunny Reach Dr Principal Occupation	VVC		Vame of Employer			'	00117-	1552
Lawyer			Self					
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 Amount of Contrib							ribution	

Coleman 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 f	rom Individuals				
Last Name		First					M.I.
Jelly		Jeff	erson				
Residential Street Address	City		_		State	Zip Code	
74 Sunny Reach Dr	West Ha	artfor	d		СТ	06117-1	532
Principal Occupation Lawyer		Name Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess or municipality does contributo municipality valued at more	or or business h				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 star of the section L1? If yes, indicate which branches of government the contract is with:	or	or pros		ative I es			\$150.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 03/22/2023	Aggregate contributions \$150.00			
Last Name		First					M.I.
Levin		Rol	pert				
Residential Street Address	City				State	Zip Code	075
311 Ferry Rd	Old Lym		CE 1		СТ	06371-1	6/5
Principal Occupation Attorney			of Employer &Levin				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Yes If contribution is in excess or municipality does contribute municipality valued at more	or 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 star if yes, indicate which branches of government the		or pros	pective state contractor	r? Yes		\$	1,000.00
If yes, list Event # contract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	er	Date Received 03/22/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.I.
Jubrey		Lor	raine				
Residential Street Address 50 Glynnshire Ct	City Covingte	on			State GA	Zip Code 30016-8	8199
Principal Occupation Real Estate Broker	comige	Name	of Employer Properties LLC			000.00	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ✓ No If contribution is in excess or municipality does contributo municipality valued at more	or or business h	ndidate	committee for a chief		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 star of the section L1? If yes, indicate which branch branches of government the contract is with:	or	or pros		∐ Yes ✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 03/24/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$1,250.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	ΨΟΟ, 17 Ο.30

I. MONETAR

RY RECEIPTS (Sections A-K)	Page	61	of	f	176		
Filing Repository)	TYPE OF REPORT						
	April 10 filing						

NAME OF COMMITTEE (Provide Complete Name as Registered with Fili	ng Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this P	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Co	ntributi	ons fi	rom Individuals				
Last Name		First					M.I.
Howard		Bob	oby				
	City				State	Zip Code	2404
24 Monipson ot	Vernon	NI	-£ []		СТ	06066-3	3191
Principal Occupation Correctional Officer			of Employer e of Connecticut				
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 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 prospective		✓ No			\$50.00
Method of contribution:	Money Orde	er	Date Received 03/26/2023	Aggregate contributions \$50.00			
Last Name		First					M.I.
James		Kim	berly				
	City Bloomfie	ald			State CT	Zip Code 06002-1	1017
294 Tunxis Ave Principal Occupation	БЮОППІ		of Employer		Ci	00002-	1217
retired		retire					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 municipality does contributor of municipality valued at more that	r business h				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 If yes, indicate which branch or branches of government the contract is with:		or prospecutive	_	✓ No			\$100.00
Method of contribution:	Money Orde		Date Received 03/29/2023	Aggregate contributions \$100.00			
Last Name Jones		First Mat					M.I.
	City Windsor	r			State CT	Zip Code 06095-3	3841
Principal Occupation Consultant			of Employer employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$2	r business h				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			\$150.00
If yes, list Event # Contract is with: Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Payroll Deduction Name	Money Orde	ecutive er	Date Received 03/29/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 17 0.30

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY	Z.				
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons	from Individuals				
Last Name				Firs	st				M.I.
Jones				Ma	attie				
Residential Street Address			City				State	Zip Code	
57 Patriot Rd			Windsor	r			CT	06095-3	3841
Principal Occupation					e of Employer				
Consultant				Self	f employed				
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 pro	spective state contractor	res			\$100.00
If yes, list Event#	✓ No	branches of government the contract is with:	Exe	ecutiv	ve Legisla				
Method of contribution: ✓ Cash Personal Check	Credit/Debit	t Card Payroll Deduction	Money Orde	er	Date Received 03/29/2023	Aggregate contributions \$250.00			
Last Name				Firs	st				M.I.
Henderson				Ma	aurine				
Residential Street Address			City				State	Zip Code	
2 Summerwood Dr			Wallingf	ford			CT	06492-3	3431
Principal Occupation Associate				Nam Mac	e of Employer Cy'S				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of summicipality 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 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 ✓	Credit/Debit	t Card Payroll Deduction	Money Orde	er	Date Received 03/30/2023	Aggregate contributions \$100.00			
Last Name				Firs	st				M.I.
Henderson				Wi	Iliam				
Residential Street Address			City				State	Zip Code	
2 Summerwood Dr			Wallingf				CT	06492-3	3431
Principal Occupation Crossing Guard					e of Employer city management				
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 ✓ No	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 #	٠٠ ت	contract is with:	Exe	ecutiv	ve Legisla	ntive			

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$00,170.50

Aggregate contributions \$100.00

Date Received 03/30/2023

Method of contribution:

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

Revised January 2015		I. MONETARY	RECEI	[PTS	S (Sections A-K)	Pag	ge 63	of	176
NAME OF COMMITTEE (Prov	ride Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from	Small Co	ntributors - Received this	Period O	NLY	7				
See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons	from Individuals				
Last Name				Firs	st				M.I.
Gardener				Bra	andon				
Residential Street Address			City				State	Zip Code	
37 King St			Hartford	t			CT	06114-1	750
Principal Occupation				Nam	e of Employer				
Author				Da	7ove Brand				
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 or		or pro	spective state contractor	i es			\$22.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	ve Legisla	✓ No ative			
Method of contribution: Cash Personal Check	Credit/Debit	t Card Payroll Deduction	Money Orde	er	Date Received 01/28/2023	Aggregate contributions \$22.00			
Last Name				Firs	st				M.I.
Gatling				Ja	mes				
Residential Street Address			City				State	Zip Code	
102 Sabina Dr			Southin	gton			CT	06489-2	448
Principal Occupation				Nam Ret	e of Employer ired				
Is contributor 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 of		or pro	spective state contractor	Y es			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	ve Legisla	ative No			
Method of contribution: Cash ✓ Personal Check	Credit/Debit	t Card Payroll Deduction	Money Orde	er	Date Received 02/11/2023	Aggregate contributions \$100.00			
Last Name				Firs	st				M.I.
Gerace				Wi	lliam				
Residential Street Address			City				State	Zip Code	
47 Stonefield Rd			Avon				СТ	06001-2	2846
Principal Occupation Attorney					e of Employer race & Associates				
Is contributor 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 pro		∐ Yes ✓ No			\$100.00
		contract is with:					1		

SUBTOTAL Section B - This Page	\$222.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

Date Received

03/27/2023

Aggregate contributions

\$100.00

Method of contribution:

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?

Is this contribution associated with an

Method of contribution:

Cash Personal Check Credit/Debit Card

event reported in Section L1?

If yes, list Event #

Yes

✓ No

Yes

✓ No

EEC FORM 20 Evised January 2015 I. MONETARY	I. MONETARY RECEIPTS (Sections A-K)							176
AME OF COMMITTEE (Provide Complete Name as Registered with Fi	TYPE OF REPORT	Τ						
oleman for Hartford				April 10 filing				
Total Contributions from Small Contributors - Received this	Period O	NLY						
See instructions for definition of Small Contributor)		Subtotal Se	ection A					\$0.00
B. Itemized C	Contributi	ons from Indivi	iduals					
Last Name		First						M.I.
Giles		Juanita						
Residential Street Address	City				State	Z	Zip Code	
196 Cleveland Ave	Hartford				СТ	(06120-1	049
Principal Occupation Retired		Name of Employer Retired						
dependent child of a lobbyist? municipality does contributor	of a lobbyist? municipality does contributor or business he/she is associated with have a contract with said						of Conti	ibution
event reported in Section L1? Yes If yes, indicate which branch of branches of government the	? If yes, indicate which branch or							\$50.00
ty yes, list Event # contract is with:	Exe		Legislat					
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	Date Receive 03/11/202		Aggregate contributio \$150.0	I			
Last Name	_	First		• • • • • • • • • • • • • • • • • • • •				M.I.
Giles		Juanita						
Residential Street Address	City				State	7	Zip Code	
196 Cleveland Ave	Hartford				СТ	C	06120-1	049
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 municipality does contributor municipality valued at more the	or business h		ith have a		Amo	unt o	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 of branches of government the	r	_	-	☐ Yes ✓ No				\$100.00
tf yes, list Event # contract is with:	Exe		Legislat					
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	Date Receive 03/11/202		Aggregate contributio \$150.0				
Last Name		First						M.I.
Goldson		Akilah						
Residential Street Address	City				State		Zip Code	004
66 W Hills Rd	New Ha				CT	\perp	06515-1	284
Principal Occupation Student		Name of Employer						

SUBTOTAL Section B - This Page	\$160.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

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

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

Yes

Date Received

01/14/2023

Legislative

✓ No

Yes

✓ No

Aggregate contributions

\$10.00

municipality valued at more than \$5,000?

Payroll Deduction Money Order

If yes, indicate which branch or

branches of government the contract is with:

Amount of Contribution

\$10.00

Method of contribution:

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

Revised January 2015		I. MONETARY	RECEI	PTS	S (Sections A-K)	Pag	ge 65	of	176
NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman 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	ons f	from Individuals				
Last Name				Firs	t				M.I.
Goldson				Da	rnell				
Residential Street Address			City				State	Zip Code	I
66 W Hills Rd			New Ha	ven			CT	06515-1	284
Principal Occupation					e of Employer				
				Reti	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 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	?			\$50.00
If yes, list Event #	VINO	branches of government the contract is with:	Exe	ecutiv	ve Legisla	ative			
Method of contribution: ✓ Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/14/2023	Aggregate contributions \$50.00			
Last Name				Firs	t				M.I.
Goode				The	eresa				
Residential Street Address			City				State	Zip Code	ı
45 Wade Ave			Bloomfie	eld			CT	06002-3	327
Principal Occupation Retired				Name	e 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?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or		or pros	spective state contractor	? Yes			\$50.00
If yes, list Event #	VINO	branches of government the contract is with:	☐ Exe	ecutiv	ve Legisla	ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/24/2023	Aggregate contributions \$50.00			
Last Name				Firs	t				M.I.
Gordon				Laı	nce				
Residential Street Address			City				State	Zip Code	•
1366 Asylum Ave			Hartford				СТ	06105-2	2001
Principal Occupation					e of Employer employed				
Is contributor 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 If yes, indicate which branch or		or pros	spective state contractor	? Yes			\$20.00
If yes, list Event #	₽ 110	branches of government the contract is with:	□ Exe	ecutiv	e Legisla	ative			

SUBTOTAL Section B - This Page	\$120.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

Aggregate contributions \$20.00

Date Received 01/28/2023

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Coleman for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received	d this Period (NLY	•				
See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemi	ized Contribut	ions f	from Individuals				
Last Name		Firs					M.I.
Graves		Cli	fton				
Residential Street Address	City	0			State	Zip Code	
257 Stevenson Rd	New H	aven			СТ	06515-2	2469
Principal Occupation Retired	'	Name Reti	e of Employer red			'	
	tributor or business more than \$5,0007 of a state contractor granch or	he/she		a contract with said No Yes No	Amour	nt of Cont	ribution \$100.00
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduc	tion Money Or	der	Date Received 01/14/2023	Aggregate contributions \$100.00	,)		
Last Name		Firs	t				M.I.
Gray		Re	cillia				
Residential Street Address	City				State	Zip Code	1
10 Kelsey PI	Bloom	ield			СТ	06002-2	2819
Principal Occupation		Name Reti	e of Employer red				
	tributor or business	he/she	e committee for a chief is associated with have		Amoui	nt of Cont	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 because of government contract is with:	ranch or	or pros		☐ Yes ✓ No			\$20.00
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduc	etion Money Or	der	Date Received 01/28/2023	Aggregate contributions \$140.00)		
Last Name		Firs	t				M.I.
Gray		Re	cillia				
Residential Street Address	City				State	Zip Code	
10 Kelsey Pl	Bloom				СТ	06002-2	2819
Principal Occupation		Name Reti	e of Employer red				
			e committee for a chief is associated with have		Amoui	nt of Cont	ribution

SUBTOTAL Section B - This Page	\$170.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

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

Executive

Yes

Date Received

02/11/2023

Legislative

✓ No

Yes

✓ No

Aggregate contributions

\$140.00

\$50.00

municipality valued at more than \$5,000?

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

✓ No

Yes

✓ No

Method of contribution:

Cash Personal Check Credit/Debit Card Payroll Deduction Money Order

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

If yes, list Event #

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TYPE OF F					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	pository)	TYPE OF REPORT			
Coleman 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 Contrib	utions from Individuals				
Last Name	First				M.I.
Gray	Recillia				
Residential Street Address City			State	Zip Code	ı
10 Kelsey Pl Bloom	mfield		СТ	06002-2	2819
Principal Occupation	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 busing municipality valued at more than \$5,00 to a municipality valued at more than \$5,00 t	ess he/she is associated with have a 00? Yes	contract with said No	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 contract of a state contract of the section L1? If yes, indicate which branch or branches of government the contract is with:	tor or prospective state contractor? Executive Legislat	✓ No			\$20.00
Method of contribution: Method of contribution: Credit/Debit Card Payroll Deduction Money	Date Received	Aggregate contributions \$140.00			
Last Name	First				M.I.
Gray	Recillia				
Residential Street Address City	mfield		State	Zip Code	0040
10 Kelsey PI Bloom	nfield Name of Employer		СТ	06002-2	2019
rincipal Occupation	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 busing municipality valued at more than \$5,00	ess he/she is associated with have a		Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contract of the section L1? Yes If yes, indicate which branch or branches of government the	_	✓ No			\$20.00
If yes, list Event # contract is with:	Executive Legislat	tive			
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction Money		Aggregate contributions \$140.00			
Last Name	First				M.I.
Green	Douglas				
Residential Street Address City			State	Zip Code	700
120 Sharon St Hartf			СТ	06112-1	728
Principal Occupation Educator	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 busin municipality valued at more than \$5,00	ess he/she is associated with have a		Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contract of the section L1? If yes, indicate which branch or branches of government the		∐ Yes			\$40.00
If yes, list Event # branches of government the contract is with:	Executive Legislat	tive			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money		Aggregate contributions \$190.00			

SUBTOTAL Section B - This Page	\$80.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.30

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

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT							
Coleman for Hartford	1	0	0 1	•/		April 10 filing				
A. Total Contributions from	Small Cont	ributors - Received this	Period O	NLY						
See instructions for definition of	Small Contri	butor)			Subtotal Section	A				\$0.00
		B. Itemized (Contributi	ons f	rom Individuals					
Last Name				Firs	t				Т	M.I.
Green				Do	uglas					
Residential Street Address			City				State	Zip Co	ode	
120 Sharon St			Hartford	i			CT	0611	2-17	728
Principal Occupation Educator				Name Reti	e 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 t	or business l				Amou	nt of Co	 ontri	bution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes I	s contributor a principal of a sta If yes, indicate which branch of branches of government the contract is with:	or	or pros	_	✓ No				\$50.00
Method of contribution: Cash Personal Check	Credit/Debit C		Money Orde		Date Received 02/18/2023	Aggregate contributions \$190.00				
Last Name				Firs	t					M.I.
Green				Ke	nneth					
Residential Street Address			City				State	Zip Co		
223 Granby St			Hartford				СТ	0611	2-13	319
Principal Occupation Social Worker					e of Employer mis Chaffee					
Is 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				Amou	nt of Co	ntri	bution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐Yes ✓ No	s contributor a principal of a sta If yes, indicate which branch of branches of government the contract is with:	or	or pros	_	✓ No			\$	3100.00
Method of contribution: ☐ Cash Personal Check	Credit/Debit C	ard Payroll Deduction	Money Orde	er	Date Received 01/28/2023	Aggregate contributions \$300.00				
Last Name				Firs	t					M.I.
Green				Ke	nneth					
Residential Street Address			City				State	Zip Co		
223 Granby St			Hartford				СТ	0611	2-13	319
Principal Occupation Social Worker				l .	e of Employer mis Chaffee					
Is 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				Amou	nt of Co	 ontri	bution

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$00,170.50

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

\$300.00

Legislative

Date Received

03/16/2023

\$100.00

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Page	09	01	1/0

NAME OF COMMITTEE (Provide Con	mplete Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Coleman 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.
Greene			Mar	kita				
Residential Street Address		City				State	Zip Code	
27 Washington Rd		Windso				СТ	06095-3	3559
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 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?	If ves. indicate which branch or	r		_	∐ Yes ✓ No			\$50.00
If yes, list Event # Method of contribution: Cash ✓ Personal Check Credit/I	contract is with: Debit Card Payroll Deduction	Money Orde	ecutive	Date Received 02/23/2023	Aggregate contributions \$50.00			
Last Name			First					M.I.
Greene			Yola	anda				
Residential Street Address		City				State	Zip Code	
83 Custer Dr		Windso				СТ	06095-3	3944
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 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?	If yes, indicate which branch or		or prosp	ective state contractor	Y es			\$50.00
If yes, list Event # ✓ No	branches of government the contract is with:	Exe	ecutive	Legisla				
Method of contribution: ☐ Cash Personal Check ☐ Credit/I	Debit Card Payroll Deduction	Money Orde	er	Date Received 03/16/2023	Aggregate contributions \$50.00			
Last Name			First					M.I.
Gulley			Lore	enzo				
Residential Street Address		City				State	Zip Code	
32 Forest Ln		Bloomfi				СТ	06002-2	2802
Principal Occupation			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	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If ves. indicate which branch or		or prosp	ective state contractor	Y es			\$50.00
If yes, list Event #	branches of government the contract is with:		ecutive	Legisla				
Method of contribution: Cash Personal Check Credit/I	Debit Card Payroll Deduction	Money Ordo	er	Date Received 02/11/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$150.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.50

Method of contribution:

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

Revised January 2015		I. MONETARY RECEIPTS (Sections A-K) Page						of of	176
NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY	7				
See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	from Individuals	•			
Last Name				Firs	t				M.I.
Hall				Dw	vight				
Residential Street Address			City				State	Zip Code	
265 Windsor Ave			Windso	r			CT	06095-4	545
Principal Occupation					e of Employer				
Network Engineer				Reti	ired				
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 strategies of the state of t	or business han \$5,000?	ne/she	is associated with have Yes	a contract with said No	Amoun	t of Conti	·ibution
event reported in Section L1?	∐Yes ✓ No	If yes, indicate which branch or branches of government the	r		_	✓ No			\$50.00
If yes, list Event #		contract is with:	Ex	ecutiv					
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/28/2023	Aggregate contributions \$150.00			
Last Name				Firs	t				M.I.
Hall				Sh	eila				
Residential Street Address			City				State	Zip Code	
63 Canterbury St			Hartford	1			CT	06112-1	823
Principal Occupation				Name Reti	e of Employer ired				
Is contributor 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		or pro	spective state contractor	? Yes			\$5.00
If yes, list Event #	✓ No	If yes, indicate which branch or branches of government the contract is with:		ecutiv	ve Legisla	✓ No ative			70.00
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/28/2023	Aggregate contributions \$5.00			
Last Name				Firs	st				M.I.
Hamilton				Sh	aron				
Residential Street Address			City				State	Zip Code	
152 Willowcrest Dr			Windso	r			CT	06095-3	865
Principal Occupation				Name	e 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 of		or pro	spective state contractor	Y es			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	/e Legisla	ative No			

\$105.00	SUBTOTAL Section B - This Page
\$60,170.30	TOTAL of Section B Pages
\$60.170.30	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
φου, 170.30	(Enter total on Line 13, Column A of Summary Page

Aggregate contributions \$50.00

Date Received 03/16/2023

Principal Occupation

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

SEEC FORM 20 Revised January 2015	I. MONETARY	RECEI	PTS	(Sections A-K)	Pag	g e 71	of	176
NAME OF COMMITTEE (Provide Comp.	lete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford					April 10 filing			
A. Total Contributions from Small Co	ontributors - Received this	Period O	NLY					
(See instructions for definition of Small Con	itributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			Firs	t				M.I.
Harris			Ste	even				
Residential Street Address		City				State	Zip Code	
213 Cleveland Ave		Hartford	I			CT	06120-1	1022
Principal Occupation			Name Reti	of Employer red			•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	mandant abild of a labbyriat?				Amoun	nt of Cont	ribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	vent reported in Section L1? Yes If yes, indicate which branch or branches of government the							\$150.00
Method of contribution: ☐ Cash Personal Check ☐ Credit/Deb	oit Card Payroll Deduction	Money Orde	er	Date Received 01/28/2023	Aggregate contributions \$150.00			
Last Name			Firs	i				M.I.
Harris			Yvo	onne				
Residential Street Address		City				State	Zip Code	
135 Canterbury St		Hartford	l			СТ	06112-	1829
Principal Occupation Artists Collective				of Employer				
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	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	tion L1? Yes Yes Yes \$					\$100.00		
Method of contribution: ☐ Cash Personal Check ☐ Credit/Deb	oit Card Payroll Deduction	Money Orde	er	Date Received 01/28/2023	Aggregate contributions \$100.00			
Last Name			Firs					M.I.
Hassan			Мо	hammedf				
Residential Street Address		City				State	Zip Code	
122 Tower Ave		Hartford	l			CT	06120-1	1038

SUBTOTAL Section B - This Page	\$350.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.50

Name of Employer

Yes

Date Received

03/16/2023

Legislative

✓ No

Yes

✓ No

Aggregate contributions

\$100.00

Amount of Contribution

\$100.00

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

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

municipality valued at more than \$5,000?

If yes, indicate which branch or

branches of government the

contract is with:

Personal Check Credit/Debit Card Payroll Deduction Money Order

Page	72	of	176
- "g-			1,0

NAME OF COMMITTEE (Provide Con	nplete Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Coleman 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	ions fr	om Individuals				
Last Name			First					M.I.
Hatcher			Elai	ne				
Residential Street Address		City				State	Zip Code	l
83 E Morningside St		Hartford	d			CT	06112-1	1241
Principal Occupation				of Employer				
Retired			Retire	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	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 ves. indicate which branch o		or prosp	pective state contractor	?			\$100.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutive		ative			
Method of contribution: Cash Personal Check Credit/I	Debit Card Payroll Deduction	Money Ord	ler	Date Received 03/16/2023	Aggregate contributions \$325.00			
Last Name			First	'				M.I.
Hatcher			Elai	ne				
Residential Street Address		City				State	Zip Code	
83 E Morningside St		Hartford				СТ	06112-1	1241
Principal Occupation Retired			Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Tes If contribution is in excess of municipality does contributor municipality valued at more that	or business l	he/she is			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	If ves, 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	✓ No ntive			
Method of contribution: ☐ Cash Personal Check ☐ Credit/I	Debit Card Payroll Deduction	Money Ord	ler	Date Received 03/23/2023	Aggregate contributions \$325.00			
Last Name			First					M.I.
Hatcher			Elai	ne				
Residential Street Address		City				State	Zip Code	
83 E Morningside St		Hartford				СТ	06112-1	241
Principal Occupation Retired			Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Tes If contribution is in excess of municipality does contributor municipality valued at more that	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 #	If yes, indicate which branch o branches of government the	r	or prosp	_	∐ Yes ✓ No			\$100.00
Method of contribution:	contract is with:		- I	Date Received	Aggregate contributions			
Cash Personal Check Credit/I	Debit Card Payroll Deduction	Money Ord	ler	03/29/2023	\$325.00			

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman 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	ons fi	rom Individuals				
Last Name		First					M.I.
Hatcher		Jan	nes				
Residential Street Address	City				State	Zip Code	
83 E Morningside St	Hartford				СТ	06112-1	1241
Principal Occupation		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 municipality valued at more the 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 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 o	or business l				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a stat If yes, indicate which branch or		or pros	pective state contractor	L i es			\$5.00
If yes, list Event # Vo branches of government the contract is with:	Exc	ecutive					
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ordo	er	Date Received 03/17/2023	Aggregate contributions \$5.00			
Last Name		First					M.I.
Hayes		Mar	risa				
Residential Street Address	City				State	Zip Code	
141 Weston St	Hartford		CD 1		СТ	06141-7	7701
Principal Occupation			of Employer i-retired				
Is contributor 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 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 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 contri	or business l				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a stat fyes, indicate which branch or		or pros	pective state contractor	Y es			\$20.00
If yes, list Event # branches of government the contract is with:	Exc	ecutive					
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 03/16/2023	Aggregate contributions \$20.00	,		
Last Name		First		, , , , , ,			M.I.
Haynes		Cla	udell				
Residential Street Address	City	0.0	<u></u>		State	Zip Code	
81 Beacon St	Hartford	t			CT	06105-4	1104
Principal Occupation		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 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 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 is in excess of the contribution is in excess of municipality valued at more than the contribution is in excess of the c	or business l				Amoun	nt of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a stat	e contractor	or pros	pective state contractor	? Yes			¢20.00
If yes, indicate which branch of				✓ No			\$20.00
If yes, list Event # contract is with:	Exe	ecutive		ntive			
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 03/19/2023	Aggregate contributions \$20.00			

SUBTOTAL Section B - This Page	\$45.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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 #

Yes

✓ No

Yes

✓ No

Method of contribution:

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

SEEC FORM 20 devised January 2015			I. MONETARY	RECEI	PTS	(Sections A-K)) Pa	ge	74	of	176
NAME OF COMMITTEE (I	Provide Compl	ete Nam	e as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT				
Coleman for Hartford							April 10 filing				
A. Total Contributions fro	om Small Co	ntribut	ors - Received this	Period O	NLY						
See instructions for definition	of Small Con	tributor)				Subtotal Section A					\$0.00
			B. Itemized C	Contribution	ons f	rom Individuals	•				
Last Name					First	:					M.I.
Hightower					Ker	nneth					
Residential Street Address				City				State	Т	Zip Code	
26 Hampton Ln				Bloomfie	eld			СТ		06002-1	1325
Principal Occupation					Name	of Employer					
Is contributor a lobbyist, spouse, of dependent child of a lobbyist?	or Yes	mur	ontribution is in excess of nicipality does contributor nicipality valued at more the	or business h				Amo	unt	of Cont	ribution
Is this contribution associated with event reported in Section L1? If yes, list Event #	h an ☐ Yes ✓ No	If yes	ributor a principal of a stat , indicate which branch of hes of government the act is with:	r	or pros	eLegisl	ative I es				\$20.00
Method of contribution: Cash Personal Check	Credit/Debi	t Card	Payroll Deduction	Money Orde	r	Date Received 01/28/2023	Aggregate contributions \$20.00				
Last Name					First						M.I.
Hightower					Kev	<i>y</i> in					
Residential Street Address				City				State		Zip Code	1
6 Coleridge St				Springfie	eld			MA		01104-2	2710
Principal Occupation					Name	of Employer					
Is contributor a lobbyist, spouse, of dependent child of a lobbyist?	or Yes ✓ No	mur	ontribution is in excess of nicipality does contributor nicipality valued at more the	or business h				Amo	unt	of Cont	ribution
Is this contribution associated with event reported in Section L1? If yes, list Event #	h an ☐ Yes ✓ No	If yes	ributor a principal of a stat indicate which branch or hes of government the act is with:	r	or pros		∐ Yes ✓ No				\$50.00
Method of contribution: Cash Personal Check	Credit/Debi			Money Orde		Date Received 01/28/2023	Aggregate contributions \$50.00				
Last Name					First						M.I.
Hogan					Lilli	an					
Residential Street Address				City				State	Т	Zip Code	1
744 Windsor Ave				Windsor				СТ		06095-4	1045
Principal Occupation					Name	of Employer					

SUBTOTAL Section B - This Page	\$90.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$00,170.30

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

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

Yes

Date Received

01/28/2023

Legislative

✓ No

Yes

✓ No

Aggregate contributions

\$20.00

municipality valued at more than \$5,000?

If yes, indicate which branch or

branches of government the contract is with:

Amount of Contribution

\$20.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with File	ing Reposi	itory)		TYPE OF REPORT			
Coleman 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 Individuals	•			
Last Name		First					M.I.
Horton		Cle	veland				
Residential Street Address	City				State	Zip Code	ı
74 Brian Rd	South W	Vindso	or		СТ	06074-3	3131
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\sqrt{\text{municipality does contributor of 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 If yes, indicate which branch or		or prosp	pective state contractor	res			\$10.00
If yes, list Event # branches of government the contract is with:	Exe	ecutive					
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 03/19/2023	Aggregate contributions \$10.00			
Last Name		First	·				M.I.
Hsu		The	odore				
Residential Street Address	City				State	Zip Code	I
45 Saddle Ridge Dr	West Si	msbu	ry		CT	06092-2	2118
Principal Occupation President/Owner			of Employer con Services Cor	poration			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\sqrt{\sqrt{\sqrt{No}}}\$ No municipality does contributor of 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 V No Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp	pective state contractor	?			\$250.00
If yes, list Event # contract is with:	Exe	ecutive	eLegisla	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		· · · · · · · · · · · · · · · · · · ·			M.I.
Hunter		Lou	ise				
Residential Street Address	City				State	Zip Code	
88 Daniel Blvd	Bloomfie	eld			CT	06002-2	2835
Principal Occupation		Name	of Employer				
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 the}} No	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a state		or prosp	pective state contractor	? Yes			\$50.00
event reported in Section L1? If yes, indicate which branch or branches of government the			_	✓ No			φυυ.υυ
If yes, list Event # contract is with:	Exe	ecutive	eLegisla	ntive			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 03/19/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$310.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.50

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	ig Reposii	ory)		TYPE OF REPORT			
Coleman 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 Sec	ction A				\$0.00
B. Itemized Cor	ntributio	ons from Individ	duals				
Last Name		First					M.I.
Inga		Andrew					
	City				State	Zip Code	
100 Williams of	Hartford				СТ	06105-2	268
Principal Occupation	1	Name of Employer					
Engineer		Inga Consulting					
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		th have a		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 c If yes, indicate which branch or branches of government the		_		☐ Yes ✓ No			\$500.00
If yes, list Event # contract is with:	Exe		Legislat	ive			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction M	Ioney Orde	Date Receive 03/20/202		Aggregate contributions \$500.00			
Last Name		First					M.I.
James		Frank					
	City				State	Zip Code	
The Balboar of	Hartford				СТ	06120-1	807
Principal Occupation		Name of Employer State 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		th have a		Amoun	t of Conti	ribution
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	contractor o	or prospective state co	ntractor?	☐ Yes ✓ No			\$20.00
If yes, list Event # branches of government the contract is with:	Exe	ecutive	Legislat	ive			
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction M	Ioney Orde	Date Receive 01/28/202		Aggregate contributions \$20.00			
Last Name		First					M.I.
James		Trey					
	City				State	Zip Code	
COT LONG TIME TO	Middleto				СТ	06457-5	063
Principal Occupation Claims Advisor		Name of Employer The Hartford					
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		th have a		Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or	contractor o	or prospective state co	ntractor?	Yes			\$20.00
If yes, list Event # V No branches of government the contract is with:	Exe		Legislat				
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction M	Ioney Orde	Date Receive 03/16/202		Aggregate contributions \$20.00			

SUBTOTAL Section B - This Page	\$540.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

Yes

✓ No

Yes

✓ No

Personal Check Credit/Debit Card

Residential Street Address 86 Hartland St Principal Occupation

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:

Attorney

SEEC FORM 20 Revised January 2015 I. MONETAR	Y RECE	IPTS	S (Sections A-K)) Paş	ge 7	7 of	176
NAME OF COMMITTEE (Provide Complete Name as Registered with I	Filing Repos	itory)		TYPE OF REPORT			
Coleman for Hartford	0 1	/ -		April 10 filing			
A. Total Contributions from Small Contributors - Received thi	s Period O	NLY	,	<u> </u>			
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
	Contribut	ions	from Individuals	•			·
Last Name		Firs	t				M.I.
Jenkins		Da	wn				
Residential Street Address	City				State	Zip Code	
597 Bloomfield Ave	Windso	r			СТ	06095-	2309
Principal Occupation	·	Nam	e of Employer		•	•	
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				Amou	nt of Cont	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a st If yes, indicate which branch branches of government the contract is with:	or	or pro	_	✓ No			\$20.00
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 01/28/2023	Aggregate contributions \$20.00			
Last Name		Firs	t				M.I.
Jennings		Су	nthia				
Residential Street Address 86 Hartland St	City Hartford	d			State CT	Zip Code 06112-	
Principal Occupation Attorney		1	e of Employer nings Law Office				
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				Amour	nt of Con	tribution
s this contribution associated with an vent reported in Section L1? Yes Vs, list Event # Is contributor a principal of a state contractor or prospective state contractor? Yes Vs, indicate which branch or branches of government the contract is with: Executive Legislative						\$50.00	
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 02/18/2023	Aggregate contributions \$390.00			
Last Name		Firs	t				M.I.
Jennings		Су	nthia				
Residential Street Address	City				State	Zip Code	
86 Hartland St	Hartford	d			CT	06112-	1130

SUBTOTAL Section B - This Page \$120.00				
TOTAL of Section B Pages \$60,170.30				
LL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$60,170.30				
(Enter total on Line 13, Column A of Summary Page	(Enter total on Line 13, Column A of Summary Page			

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

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:

Jennings Law Office

Yes

Date Received

03/11/2023

Legislative

✓ No

Yes

✓ No

Aggregate contributions

\$390.00

Amount of Contribution

\$50.00

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 tevised January 2015		I. MONETARY	7 RECEI	PTS	(Sections A-K)	I	Page	78	of	176
NAME OF COMMITTEE (Pro	vide Complete	Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT	Γ			
Coleman for Hartford						April 10 filing				
A. Total Contributions from	Small Contr	ributors - Received this	Period O	NLY						
See instructions for definition of	f Small Contrib	utor)			Subtotal Section A					\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals					
Last Name				First						M.I.
Jennings				Cyr	nthia					
Residential Street Address			City				State		Zip Code	
86 Hartland St			Hartford	i			CT		06112-1	130
Principal Occupation Attorney					of Employer lings Law Office		•	•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amo	unt	of Contr	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:	r	or pros	_	✓ No				\$40.00
Method of contribution: Cash Personal Check	Credit/Debit Ca		Money Orde	er	Date Received 03/16/2023	Aggregate contributio \$390.				
Last Name				First			•			M.I.
Jernigan				Anr	nette					
Residential Street Address			City				State		Zip Code	
44 Starkel Rd, Apt A			West Ha	artfor	d		CT		06117-24	421
Principal Occupation				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 h				Amo	unt	of Contri	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:	r	or pros		⊥ Yes ✓ No				\$20.00
Method of contribution: Cash ✓ Personal Check	Credit/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 03/19/2023	Aggregate contributio \$20.				
Last Name				First			·			M.I.
Johnson				Alva	an					
Residential Street Address			City				State		Zip Code	
15 Reed Ct			Bloomfie				СТ		06002-1	663
Principal Occupation Minister				Name 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 the	or business h				Amo	unt	of Contr	ibution

SUBTOTAL Section B - This Page	\$160.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

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:

✓ No

Yes

✓ No

Aggregate contributions

\$100.00

\$100.00

Yes

Date Received

03/29/2023

Legislative

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Page	19	01	1/0

NAME OF COMMITTEE (Provide Comp	olete Name as Registered with F	iling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford					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 (Contributi	ions fr	om Individuals				
Last Name			First					M.I.
Johnson			Gar	rett				
Residential Street Address		City				State	Zip Code	1040
2003 S Victoria Ave		Los Ang				CA	90016-1	1813
Principal Occupation			Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	manniaimality daga aantrihutar	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	r	or prosp		✓ No			\$100.00
Method of contribution: Cash ✓ Personal Check Credit/De	contract is with: bit Card Payroll Deduction	Money Orde		Date Received 03/14/2023	Aggregate contributions \$100.00			
Last Name Johnson			First Jan	naal				M.I.
Residential Street Address		City	Jan			State	Zip Code	
79 Chilstone Ln		Manche	ester			CT	06040-5	5651
Principal Occupation Attorney				of Employer Ofc of JT Johnso	on	ı	1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	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 star		or prosp	pective state contractor	Yes Vo			\$20.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive		ative —			
Method of contribution: Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Orde	er	Date Received 03/16/2023	Aggregate contributions \$20.00			
Last Name			First					M.I.
Johnson			Jeff	rey				
Residential Street Address		City				State	Zip Code	1050
206 Tower Ave		Hartford		CE I		СТ	06120-1	1050
Principal Occupation			Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	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 star If yes, indicate which branch of branches of government the	r			∐ Yes ✓ No			\$100.00
30 /	contract is with:	∐Ex	ecutive					
Method of contribution: ☐ Cash Personal Check ☐ Credit/De	bit Card Payroll Deduction	Money Orde	er	Date Received 01/18/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$220.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Coleman for Hartford			April 10 filing						
A. Total Contributions from Si	mall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Sn	nall Contr	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fr	om Individuals				
Last Name				First					M.I.
Johnson				Lata	arsha				
Residential Street Address			City				State	Zip Code	
32 Adams St			Hartford	b			CT	06112-2	2101
Principal Occupation					of Employer		•		
Voc. Rehab. Specialist				State	of Conn/ADS				
Is contributor 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	pective state contractor	?			\$40.00
If yes, list Event #	VINO	branches of government the contract is with:	Ex	ecutive	Legisla	ative			
Method of contribution: ✓ Cash Personal Check C	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/16/2023	Aggregate contributions \$40.00			
Last Name				First			'		M.I.
Johnson				Otis					
Residential Street Address			City				State	Zip Code	
1172 Chapel St, Apt 36			New Ha	aven			CT	06511-4	1823
Principal Occupation				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 Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state <i>If yes</i> , indicate which branch or		or prosp	pective state contractor	Y es			\$250.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	Legisla				
Method of contribution: ☐ Cash Personal Check ☐ C	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/14/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Johnson				Ron	ald				
Residential Street Address			City				State	Zip Code	
173 Highwood Dr			Hartford				СТ	06103	
Principal Occupation Attorney					of Employer Ofc of Ronald Jo	hnson			
Is contributor 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 state <i>If yes,</i> indicate which branch of branches of government the	r	or prosp	_	∐ Yes ✓ No		\$	1,000.00
Method of contribution:		contract is with:		.ccuiive	Date Received	Aggregate contributions	-		
Cash Personal Check C	Credit/Debit	Card Payroll Deduction	Money Ord	er	01/02/2023	\$1,000.00			

SUBTOTAL Section B - This Page	\$1,290.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

Revised January 2015		I. MONETARY	RECEI	PTS	S (Sections A-K)	Pag	ge 81	of	176
NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman 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	from Individuals				
Last Name				Firs	t				M.I.
Johnson				Su	sie				
Residential Street Address			City				State	Zip Code	
32 Adams St			Hartford	<u> </u>			СТ	06112-2	2101
Principal Occupation				Name Reti	e of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the statement of a state of the statement of the sta	or business han \$5,000?	ne/she	is associated with have Yes	a contract with said No	Amoun	t of Conti	ribution
event reported in Section L1? If yes, list Event #	✓ Yes	If yes, indicate which branch o branches of government the	r	ecutiv		✓ No			\$20.00
Method of contribution:	Credit/Debit	contract is with:	Money Orde		Date Received 03/16/2023	Aggregate contributions \$20.00			
Last Name				Firs	t				M.I.
Johnson				Val	Irey				
Residential Street Address			City				State	Zip Code	
16 Pawtucket St			Hartford				СТ	06114-1	1060
Principal Occupation				Name	e 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 tl	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 <i>If yes</i> , indicate which branch o branches of government the	r	or pros		∐ Yes ✓ No			\$40.00
Method of contribution: Cash Personal Check	Credit/Debit	contract is with:	Money Orde		Date Received 02/18/2023	Aggregate contributions \$40.00	,		
Last Name				Firs	t				M.I.
Johnson-Martin				Lu	wannia				
Residential Street Address			City Hartford				State CT	Zip Code 06106-1	1055
31 Charter Oak PI Principal Occupation			Паппого		e of Employer			00100-1	1900
CEC					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 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 contract is with:	r	or pros	_	∐ Yes ✓ No			\$50.00
							1		

SUBTOTAL Section B - This Page	\$110.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

Date Received 01/28/2023

Aggregate contributions

\$50.00

Method of contribution:

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

ections A-K)	Page	82	of	176	
TYDE	OFBERORE				

NAME OF COMMITTEE (Prov	ride Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman 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	\			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				Firs	t				M.I.
Jones				Ba	rbara				
Residential Street Address			City				State	Zip Code	
70 Phillips Farm Rd			East Ha				СТ	06118-1	1259
Principal Occupation				Name	of Employer				
Is contributor a lobbyist, spouse, or	Yes	If contribution is in excess of	\$400 to a car	ndidate	committee for a chief	executive officer of a	Ι.		
dependent child of a lobbyist?	✓ No	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 state If yes, indicate which branch o		or pros	spective state contractor	Yes Vo			\$20.00
<i>If yes</i> , list Event #	VINO	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 01/28/2023	Aggregate contributions \$40.00			
Last Name				Firs	t		•		M.I.
Jones				Ba	rbara				
Residential Street Address			City				State	Zip Code	
70 Phillips Farm Rd			East Ha				СТ	06118-1	1259
Principal Occupation				Name	of Employer				
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 that	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 <i>If yes</i> , indicate which branch o		or pros	spective state contractor	Y es			\$20.00
If yes, list Event #	✓No	branches of government the contract is with:	Exe	ecutiv	eLegisla				
Method of contribution: ✓ Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 02/18/2023	Aggregate contributions \$40.00			
Last Name				Firs	t				M.I.
Jones				Ch	arlotte				
Residential Street Address			City				State	Zip Code	
80 Pershing St			Hartford				СТ	06112-1	1245
Principal Occupation				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 that	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 <i>If yes</i> , indicate which branch o		or pros	spective state contractor	Yes			\$20.00
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 01/28/2023	Aggregate contributions \$20.00			

SUBTOTAL Section B - This Page	\$60.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ΨΟΟ, 17 Ο.30

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

SEEC FORM 20 Revised January 2015 I. MONETARY	Y RECEI	PTS (Sections A-K)) Pag	e 8:	3 of	176
NAME OF COMMITTEE (Provide Complete Name as Registered with Fig. 1)	iling Reposi	tory)	TYPE OF REPORT			
Coleman 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 (Contribution	ons from Individuals				
Last Name		First				M.I.
Jones		Joe				
Residential Street Address	City			State	Zip Code	·
57 Patriot Rd	Windsor	•		CT	06095-3	8841
Principal Occupation Owner		Name of Employer Jo-Ryu Security				
Is 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 h			Amoui	nt of Cont	ribution
Tes Yes	rent reported in Section L1? Yes If yes, indicate which branch or				1,000.00	
If yes, list Event # contract is with:	Exe	ecutive Legisl	ative			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	Date Received 03/29/2023	Aggregate contributions \$1,000.00			
Last Name		First				M.I.
Jones		Rollo				
Residential Street Address	City			State	Zip Code	
16 Richard Ln	Bloomfie			СТ	06002-1	1733
Principal Occupation		Name of Employer Capital Masonry 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 to	r or business h			Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes V No Is contributor a principal of a star If yes, indicate which branch of branches of government the	or	_	✓ No			\$50.00
If yes, list Event # contract is with:	Exe	ecutive Legisl				
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	Date Received 01/28/2023	Aggregate contributions \$50.00			
Last Name		First				M.I.
Karassik		Beth				
Residential Street Address	City			State	Zip Code	
338 Foote Rd	South G	lastonbury		СТ	06073-3	3312
Principal Occupation Neuropsychologist		Name of Employer CNS				
rieuropayoriologiai		UNU				

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

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

Yes

Date Received

02/25/2023

Legislative

✓ No

Yes

✓ No

Aggregate contributions

\$150.00

municipality valued at more than \$5,000?

Payroll Deduction Money Order

If yes, indicate which branch or

branches of government the

contract is with:

Amount of Contribution

\$150.00

SUBTOTAL Section B - This Page	\$1,200.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Coleman for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this Po	eriod O	NLY					
(See instructions for definition of Small Contributor)		S	ubtotal Section A				\$0.00
B. Itemized Con	ntributio	ons fro	m Individuals	•			
Last Name		First					M.I.
Killian		Robe	ert				
	City				State	Zip Code	
GO BIOGRAFICA AVC	Hartford				СТ	06105-1	1007
Principal Occupation Attorney			Employer & Donohue 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 n \$5,000?	ne/she is a	Secretary Secret	a contract with said No	Amoun	nt 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 If yes, indicate which branch or branches of government the contract is with:		or prospec	ctive state contractors	✓ No		\$	1,000.00
Method of contribution:	Money Orde		Date Received 03/23/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.I.
King		Alton					
	City	adou.			State MA	Zip Code 01106	
49 Emery Ln Principal Occupation	Longme		Employer		IVIA	01100	
		rume of	Employer				
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	nt 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? No Principal of a state of the section L1? No Principal of a state of the section L1?	contractor o	or prospec	ctive state contractor	Yes ✓ No			\$50.00
If yes, list Event # contract is with:	Exe	ecutive	Legisla	tive			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction N	Money Orde		Date Received 01/28/2023	Aggregate contributions \$50.00			
Last Name		First					M.I.
King		Clifto	n				
I.,	City				State	Zip Code	2000
23 Mapleton St	Hartford	-	YE 1		СТ	06114-2	2333
Principal Occupation		Retired	Employer				
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	nt 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 If yes, indicate which branch or branches of government the			_	∐ Yes ✓ No			\$10.00
contract is with:	Exe	ecutive	Legisla				
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Method of Contribution: Payroll Deduction Method of Contribution:	Money Orde		Date Received 03/19/2023	Aggregate contributions \$10.00			

SUBTOTAL Section B - This Page	\$1,060.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.50

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Coleman for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this Peri	riod ON	ILY					
(See instructions for definition of Small Contributor)		Subtotal S	ection A				\$0.00
B. Itemized Contr	ributio	ns from Indiv	iduals				
Last Name		First					M.I.
King		Kevin					
Residential Street Address Cit					State	Zip Code	
o Westgate on	ewingto				СТ	06111-4	1533
Principal Occupation Security Manager		Name of Employer SSC/CREC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excess of \$400 municipality does contributor or bu municipality valued at more than \$500.	usiness he		vith have a		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:		r prospective state of	contractor?	✓ No			\$30.00
Method of contribution:	ney Order	Date Receiv	ved	Aggregate contributions \$30.00			
Last Name		First					M.I.
King-Corbin		Linda					
Residential Street Address Cit	_{ty} artford				State CT	Zip Code 06112-1	406
199 Branford St Principal Occupation		Name of Employer			CI	00112-1	400
Civil Engineer	I	Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excess of \$400 municipality does contributor or bu municipality valued at more than \$50.	usiness he		vith have a		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 of	contractor?	✓ No			\$60.00
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction Mon	ney Order	Date Receiv 02/11/20		Aggregate contributions \$60.00			
Last Name		First					M.I.
Kirton		Roger					
Residential Street Address Cit					State	Zip Code	
20 May Ot	artford				СТ	06105-1	518
Principal Occupation EDT		Name of Employer St. Francis Hos	spital				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excess of \$400 municipality does contributor or bu municipality valued at more than \$50.00 municipality valued	usiness he		vith have a		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 of	contractor?	∐ Yes ✓ No			\$20.00
Method of contribution:	ney Order	Date Receiv 03/11/20		Aggregate contributions \$20.00			
		·	<u>'</u>				

SUBTOTAL Section B - This Page	\$110.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Coleman for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this P	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Co	ntributi	ions fr	om Individuals	•			
Last Name		First					M.I.
Knight		Aar	on				
Residential Street Address	City				State	Zip Code	
166 Grandview Ter	Hartford	<u> </u>			CT	06114-2	2213
Principal Occupation		l .	of Employer				
Government Employee		state	of Conn/DPH				
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 l				Amoun	nt 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	contractor	or prosp	pective state contractor	?			\$20.00
If yes, list Event # contract is with:	Exc	ecutive	eLegisla	ntive			
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction M	Money Orde	er	Date Received 03/16/2023	Aggregate contributions \$20.00			
Last Name		First					M.I.
Latney		Jam	nes				
	City				State	Zip Code	
2011 diminigrative	Hartford				СТ	06105-3	3506
Principal Occupation		Name 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 of municipality valued at more than the specific product of the specific produc	r business l				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or	contractor	or prosp	pective state contractor	Y es			\$45.00
If yes, list Event #	Exc	ecutive	eLegisla	✓ No ntive			
Method of contribution: ☐ Cash	Money Orde	er	Date Received 01/02/2023	Aggregate contributions \$45.00			
Last Name		First	'				M.I.
Lattimore		Glei	nda				
Residential Street Address	City				State	Zip Code	
999 BROADVIEW Ter	Hartford	<u>t</u>			CT	06106	
Principal Occupation		Name Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4	r 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 state If yes, indicate which branch or branches of government the	contractor	or prosp	pective state contractor	?			\$10.00
If yes, list Event # branches of government the contract is with:	Exc	ecutive	E Legisla	ntive			
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction N	Money Ordo	er	Date Received 03/31/2023	Aggregate contributions \$10.00			

SUBTOTAL Section B - This Page	\$75.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

Revised January 2015	I. MONETARY	RECEI	PTS	(Sections A-K)	Pag	ge 87	of	176
NAME OF COMMITTEE (Provide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford					April 10 filing			
A. Total Contributions from Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Conti	ributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			First					M.I.
Lawrence			Bre	enda				
Residential Street Address		City				State	Zip Code	
109 Wintonbury Ave		Bloomfie	eld			СТ	06002-2	2521
Principal Occupation			Name	of Employer				
Retiree								
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 No	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	?			\$50.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash	Card Payroll Deduction	Money Orde	er	Date Received 03/25/2023	Aggregate contributions \$75.00			
Last Name			First			•		M.I.
Headley			Ма	urice				
Residential Street Address		City				State	Zip Code	
73 Sequin St		Hartford				CT	06106-3	3774
Principal Occupation			Name	of Employer				
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 No	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	?			\$100.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/06/2023	Aggregate contributions \$100.00	ı		
Last Name			First					M.I.
Taylor			Aya	ana				
Residential Street Address		City				State	Zip Code	
88 Farmstead Ln		Windsor				СТ	06095-1	1841
Principal Occupation H & R Manager				of Employer oal atlantic				
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 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 or branches of government the contract is with:	r	or pros	_	∐ Yes ✓ No			\$20.23

SUBTOTAL Section B - This Page	\$170.23
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$00,110.00

Date Received 01/28/2023

Aggregate contributions

\$170.23

Method of contribution:

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

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NAME OF COMMITTEE (Prov	ide Comple	ete Name	e as Registered with Fi	ling Reposi	itory)	1		TYPE OF REPORT			
Coleman for Hartford								April 10 filing			
A. Total Contributions from S	Small Co	ntribut	ors - Received this	Period O	NLY	<i>I</i>					
See instructions for definition of S	Small Cont	tributor)				Subtotal	Section A				\$0.00
			B. Itemized C	ontributi	ons f	from Indi	viduals				
Last Name					Firs	st					M.I.
Taylor					Av	ana					
Residential Street Address				City					State	Zip Code	
88 Farmstead Ln				Windsor	r				СТ	06095-1	1841
Principal Occupation					Name	e of Employe	er				
H & R Manager					Glob	bal atlanti	С				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	mur	ontribution is in excess of dicipality does contributor dicipality valued at more th	or business h		is associated			Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	If yes,	ibutor a principal of a stat indicate which branch or		or pro	spective state	e contractor	? Yes			\$50.00
If yes, list Event #	VIVO		hes of government the act is with:	Exe	ecutiv	ve [Legisla	ntive			
Method of contribution: ✓ Cash Personal Check	Credit/Debi	t Card	Payroll Deduction	Money Orde	er	Date Rece 03/16/2		Aggregate contributions \$170.23			
Last Name					Firs	st			J		M.I.
Nappier					De	enise					
Residential Street Address				City					State	Zip Code	
110 Westerly Ter				Hartford	i				СТ	06105-1	1117
Principal Occupation retired					Name retir	e of Employe	er				
	1 1 7 7								1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	mun	ontribution is in excess of a dicipality does contributor dicipality valued at more that	or business h		is associated			Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes		ibutor a principal of a stat		or pro	espective state	e contractor	Y es			\$50.00
If yes, list Event #	✓ No		hes of government the act is with:	Exe	ecutiv	ve [Legisla	vative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card	Payroll Deduction	Money Orde	er	Date Rece 01/10/2	I	Aggregate contributions \$300.00			
Last Name					Firs	st					M.I.
Nappier					De	enise					
Residential Street Address				City					State	Zip Code	
110 Westerly Ter				Hartford					СТ	06105-1	1117
Principal Occupation retired					Name	e of Employe red	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	mun	ontribution is in excess of icipality does contributor icipality valued at more the	or business h		is associated			Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	If yes,	ibutor a principal of a stat indicate which branch or hes of government the	r				∐ Yes ✓ No			\$100.00
If yes, list Event #			act is with:	Exe	ecutiv	ve [Legisla	ntive			

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	400, 0.00

Aggregate contributions \$300.00

Date Received 01/28/2023

Method of contribution:

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

Revised January 2015		I. MONETARY RECEIPTS (Sections A-K) Page						ge 89	of of	176	
NAME OF COMMITTEE (Prov	ide Comple	ete Name	e as Registered with Fi	ling Reposi	itory))		TYPE OF REPORT			
Coleman for Hartford								April 10 filing			
A. Total Contributions from S	Small Co	ntribut	ors - Received this	Period O	NLY	Y					
See instructions for definition of S	Small Cont	tributor)				Subtotal	Section A				\$0.00
			B. Itemized C	ontributi	ons	from Indi	viduals				
Last Name					Fir	rst					M.I.
Nappier					De	enise					
Residential Street Address				City					State	Zip Code	
110 Westerly Ter				Hartford	t				СТ	06105-1	117
Principal Occupation					Nam	ne of Employe	er				
retired					reti	red					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	mun	ontribution is in excess of nicipality does contributor nicipality valued at more the	or business h		e is associated			Amour	nt of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes		ributor a principal of a stat indicate which branch o		or pro	ospective state	e contractor	i es			\$50.00
If yes, list Event #	✓ No		hes of government the act is with:	Exe	ecuti		Legisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card	Payroll Deduction	Money Orde	er	Date Rece 02/10/2	I	Aggregate contributions \$300.00			
Last Name					Fir	rst					M.I.
Nappier					De	enise					
Residential Street Address				City					State	Zip Code	
110 Westerly Ter				Hartford	<u>t</u>				СТ	06105-1	117
Principal Occupation retired					Nam reti	ne of Employe red	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	mun	ontribution is in excess of accipality does contributor accipality valued at more the	or business h		e is associated			Amour	it of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes		ibutor a principal of a stat indicate which branch o		or pro	ospective state	contractor	Y es			\$50.00
If yes, list Event #	✓ No		hes of government the act is with:	Exe	ecuti		Legisla		_		
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card	Payroll Deduction	Money Orde		Date Rece 03/10/2		Aggregate contributions \$300.00			
Last Name					Fir	rst					M.I.
Spence					Le	eslie					
Residential Street Address				City					State	Zip Code	
7 Boulevard Ct				New Lo					СТ	06320-4	306
Principal Occupation Social Work Supervisor					l .	ne of Employe ate of Conr		DCF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	mun	ontribution is in excess of nicipality does contributor nicipality valued at more the	or business h		e is associated			Amour	it of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	If yes,	ibutor a principal of a stat indicate which branch on the of government the	r		_		∐ Yes ✓ No			\$25.00
If yes, list Event #	_		act is with:	Exe	ecuti	ive [Legisla	ntive]		

SUBTOTAL Section B - This Page	\$125.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

Aggregate contributions \$100.00

Date Received 01/12/2023

Method of contribution:

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

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NAME OF COMMITTEE (Provide Complete Name as Registered with	TYPE OF REPORT						
Coleman 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.
Spence		Lesl	ie				
Residential Street Address	City				State	Zip Code	
7 Boulevard Ct	New Lo				СТ	06320-4	306
Principal Occupation Social Work Supervisor			of Employer of Connecticut D	OCF			
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				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 section L1? If yes, indicate which branch branches of government the contract is with.	or	or prosp		∐ i es			\$25.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord		Date Received 02/12/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Spence		Lesl	ie				
Residential Street Address	City				State	Zip Code	
7 Boulevard Ct	New Lo		an 1		СТ	06320-4	306
Principal Occupation Social Work Supervisor		1	of Employer of Connecticut D	OCF			
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				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 section L1? If yes, indicate which branch branches of government the		or prosp	ective state contractor?	Yes ✓ No			\$25.00
If yes, list Event # branches of government the contract is with:	Ex	ecutive	Legisla	tive			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 03/12/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
McClary		Ken	neth				
Residential Street Address	City				State	Zip Code	
8 Haviland Rd	Bloomfi		CE I		СТ	06002-3	3442
Principal Occupation State		Empl	of Employer oyee				
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				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1?		or prosp	pective state contractor?	Yes			\$30.00
If yes, list Event # If yes, indicate which branch branches of government the contract is with:		ecutive	Legisla	✓ No			ψ00.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	Money Ord	ler	Date Received 03/13/2023	Aggregate contributions \$300.00			

SUBTOTAL Section B - This Page	\$80.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.50

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Coleman 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 f	rom Individuals				
Last Name				First					M.I.
McClary				Ker	nneth				
Residential Street Address			City				State	Zip Code	
8 Haviland Rd			Bloomfi				СТ	06002-3	3442
Principal Occupation State					of Employer loyee				
Is contributor 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 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 of branches of government the	r	or pros	_	✓ No			\$20.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with:	Money Orde		Date Received 03/13/2023	Aggregate contributions \$300.00			
Last Name				First					M.I.
Payne-Hill				Paı	ulette				
Residential Street Address			City	اداد			State	Zip Code	2000
73 Gabb Rd Principal Occupation			Bloomfi		of Employer		СТ	06002-2	2306
Instructor				Self	of Employer				
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 Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state <i>If yes</i> , indicate which branch o		or pros	pective state contractor	Y es			\$50.00
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 02/11/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Young				She	elby				
Residential Street Address			City				State	Zip Code	
31 Alexander Rd			Bloomfi				СТ	06002-2	2858
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	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 pros	pective state contractor	? Yes ✓ No			\$50.00
If yes, list Event #	№ 140	branches of government the contract is with:	Exe	ecutiv	e Legisla	ative V INO			
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 02/11/2023	Aggregate contributions \$150.00			

SUBTOTAL Section B - This Page	\$120.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.30

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Page	92	01	1/0

NAME OF COMMITTEE (Prov.	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman 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 f	rom Individuals				
Last Name				First					M.I.
Mosley				Sea	an				
Residential Street Address			City				State	Zip Code	
134 Haddad Rd			Waterb				СТ	06708-1	896
Principal Occupation					of Employer				
City of Waterbury				Eau	cator				
Is contributor 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 of		or pros	pective state contracto	i es			\$50.00
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 02/08/2023	Aggregate contributions \$225.00			
Last Name				First					M.I.
Mosley				Sea	an				
Residential Street Address			City				State	Zip Code	
134 Haddad Rd			Waterb	ury			CT	06708-1	896
Principal Occupation City of Waterbury					of Employer Cator				
Is contributor 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 contracto	Yes			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/12/2023	Aggregate contributions \$225.00			
Last Name				First					M.I.
Seritella				Fre	da				
Residential Street Address			City				State	Zip Code	
88 Ashley St			Hartford	b			CT	06105-1	403
Principal Occupation Clerk				1	of Employer a Seritella				
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	Is contributor a principal of a stat If yes, indicate which branch of		or pros	pective state contracto	r?			\$5.00
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		Money Ord	er	Date Received 03/28/2023	Aggregate contributions \$30.00			

SUBTOTAL Section B - This Page	\$105.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.50

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NAME OF COMMITTEE (Prov.	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman 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 fi	om Individuals				
Last Name				First					M.I.
Marshall-Nealy				Jen	nifer				
Residential Street Address			City				State	Zip Code	
57 Cliffmount Dr			Bloomfi	eld			СТ	06002-2	2225
Principal Occupation ROV				Name Blmfl	of Employer 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	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state <i>If yes</i> , indicate which branch of 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	ecutive	Date Received 02/01/2023	Aggregate contributions \$0.00			
Last Name				First					M.I.
Viera				Der	nise				
Residential Street Address			City				State	Zip Code	
1511 N Atlantic Ave			Daytona	a Bea	ch		FL	32118-3	3503
Principal Occupation Attorney				Name Usdo	of Employer oj				
Is contributor 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 <i>If yes</i> , indicate which branch of		or prosp	oective state contractor	Y es			\$150.00
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 03/16/2023	Aggregate contributions \$400.00			
Last Name				First					M.I.
Mosley				Ern	est				
Residential Street Address			City				State	Zip Code	
50 Idlewood Rd			Wolcott				СТ	06716-1	1337
Principal Occupation retired				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 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			\$200.00
Method of contribution:		contract is with:			Date Received	Aggregate contributions			
Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	03/16/2023	\$700.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 17 0.30

Cash

Last Name

Tharler

retired

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?

If yes, list Event #

Cash

Method of contribution:

2221 SW 1st Ave Principal Occupation

Yes

✓ No

Yes

✓ No

Personal Check Credit/Debit Card

Personal Check Credit/Debit Card

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?

Portland

SEEC FORM 20 Revised January 2015 I. MO	NETARY	RECEI	PTS	(Sections A-K) Pa	ge 9	04 of	176
NAME OF COMMITTEE (Provide Complete Name as Regist	tered with Fili	ing Reposit	ory)		TYPE OF REPORT			
Coleman for Hartford					April 10 filing			
A. Total Contributions from Small Contributors - Rec	ceived this P	Period ON	NLY					
(See instructions for definition of Small Contributor)				Subtotal Section	4			\$0.00
В.	Itemized Co	ontributio	ns fr	om Individuals				
Last Name			First					M.I.
Nimthong			Arui	npatcha				
Residential Street Address		City				State	Zip Code	
54		Watertov	vn			MA	02472	
Principal Occupation Principal Scientist	·		Name (Euro	of Employer fins			1	
dependent child of a lobbyist? municipality do		r business he		committee for a chief associated with have	executive officer of a a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a pri If yes, indicate w branches of gove contract is with:	which branch or		r prosp	ective state contracto	∐ Yes ✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll	Deduction []	Money Order	r	Date Received 01/02/2023	Aggregate contributions \$100.00			
Last Name			First					M.I.
Pemberton-Graves			Che	ryl				
Residential Street Address		City				State	Zip Code	10.10
2042 Madison Ave, Apt 1		New Yor				NY	10035-	1043
Principal Occupation Nonprofit executive				of Employer house Guild				
dependent child of a lobbyist? municipality do		r business he		committee for a chief associated with have	executive officer of a a contract with said No	Amou	nt of Cont	ribution
event reported in Section L1?	which branch or	contractor o	r prosp	ective state contracto	Y es			\$100.00
If yes, list Event # Vo branches of gove contract is with:	rnment the	Exe	cutive	Legisl	ative No			
Method of contribution:			Ī	Date Received	Aggregate contributions			

01/02/2023

First

Gary

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

Name of Employer

Yes

✓ No

Aggregate contributions

\$100.00

Legislative

Date Received

01/02/2023

\$100.00

State

OR

M.I.

\$100.00

Zip Code

Amount of Contribution

97201-5061

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.50

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NAME OF COMMITTEE (Providence of Committee)	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from S	mall Co	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.
Raabe				Cra	ig				
Residential Street Address			City	o ntfo n	٨.		State CT	Zip Code	1022
3 Fawn Brk			West Ha				CI	06117-1	1032
Principal Occupation Attorney					of Employer d, Kindall & Raabo	e, 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 state 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: Card Payroll Deduction	Money Orde		Date Received 01/03/2023	Aggregate contributions \$500.00			
Last Name				First					M.I.
Surgeon				Shi	rley				
Residential Street Address 160 Adams St			City Hartford	1			State CT	Zip Code 06112-1	1802
Principal Occupation			Hartioid		of Employer		01	00112	1002
Sessional					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 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 <i>If yes</i> , indicate which branch on		or pros	pective state contractor	Y es			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	eLegisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ 0	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/12/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
March				Ant	hony				
Residential Street Address			City				State	Zip Code	040
17028 Candeleda De Avila			Tampa	N.T.	CF 1		FL	33613-5	0212
Principal Occupation CEO					of Employer chHodge Auto				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more tl	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 hyperches of accurrence the		or pros	pective state contractor	? Yes		\$	1,000.00
If yes, list Event #		branches of government the contract is with:	Exe	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 01/14/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$1,550.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman 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	Contributi	ons f	rom Individuals				
Last Name				First	t				M.I.
Smith				Am	ios L				
Residential Street Address			City				State	Zip Code	
30 Windmill Rd			Ellingto				СТ	06029-2	2121
Principal Occupation Social Work Adminstration				l	of Employer nmunity Action Ag	ency of New Haven	l		
Is contributor 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 state If yes, indicate which branch o branches of government the	r	or pros	_	No No			\$100.00
Method of contribution: Cash Personal Check	Credit/Debi	contract is with:	Money Ordo		Date Received 01/15/2023	Aggregate contributions \$100.00			
Last Name				First	t				M.I.
Toussaint				Sal	llie				
Residential Street Address			City				State	Zip Code	
45 Niles St			Hartford		CF. 1		СТ	06105-8	3700
Principal Occupation Real Estate				Self	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 <i>If yes</i> , indicate which branch o		or pros	spective 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/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/16/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Mounds				Juli	ie				
Residential Street Address			City Manche	eter			State CT	Zip Code 06042-3	2062
176 Homestead St, Apt G Principal Occupation			Marione		of Employer		01	00042	002
Employee Specialist				CRT					
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 <i>If yes</i> , indicate which branch o		or pros	spective state contractor	Y es			\$50.00
<i>If yes</i> , list Event #	✓ No	branches of government the contract is with:	Exe	ecutiv	e Legisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/20/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	g Reposit	tory)		TYPE OF REPORT			
Coleman for Hartford			April 10 filing				
A. Total Contributions from Small Contributors - Received this Per	riod Ol	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.
Verraneault		Jenn	ifer				
5	ity Propford	J			State	Zip Code 06405-4	1020
200 Choic Bi	Branford	-	CE 1		СТ	06405-4	1032
Principal Occupation Account Executive		Outfro	f Employer ont Media				
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 Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state co If yes, indicate which branch or branches of government the states of its with-		or prospective	ective state contractor	✓ No			\$100.00
Method of contribution:	oney Orde		Date Received 01/24/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Mcchristian		Jeffr	еу				
l	ity				State	Zip Code	
Co Carlock For, in Co For	Vest Ha				СТ	06107-2	2737
Principal Occupation retired		retired	f Employer J				
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 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 co If yes, indicate which branch or branches of government the contract is with:	_	or prospecutive	ective state contractor	✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Mc	oney Orde		Date Received 01/25/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Taylor		Mary	,				
	ity				State	Zip Code	
4 Bederi Nu	Bloomfie				СТ	06002-2	2809
Principal Occupation Paralegal Specialist			f Employer of Connecticut				
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 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 co If yes, indicate which branch or branches of government the contract is with:		or prospecutive	ective state contractor	∐ Yes ✓ No			\$40.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Mc	oney Orde		Date Received 01/26/2023	Aggregate contributions \$40.00			

SUBTOTAL Section B - This Page	\$240.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.30

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NAME OF COMMITTEE (Provide Complete Name of	as Registered with Filing I	Reposit	ory)			TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from Small Contributo	rs - Received this Peri	iod ON	NLY						
(See instructions for definition of Small Contributor)			\$	Subtotal S	Section A				\$0.00
	B. Itemized Contr	ributio	ons fro	om Indiv	iduals				
Last Name			First						M.I.
Weber			Stev	е					
Residential Street Address	City						State	Zip Code	
15163 Tolmino St	Na	aples					FL	34114-3	3142
Principal Occupation Sales				f Employer &Steals	:				
dependent child of a lobbyist? munic	stribution is in excess of \$400 to cipality does contributor or busing sipality valued at more than \$5	siness he			with have a		Amoun	t of Conti	ribution
event reported in Section L1? If yes, branche	outor a principal of a state cont indicate which branch or es of government the		or prospective	ective state	contractor?	✓ No			\$250.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐	t is with:	ney Order		Date Recei 01/26/20	ved	Aggregate contributions \$250.00			
Last Name			First						M.I.
Ostrowski			Mark						
Residential Street Address	City						State	Zip Code	
32 Breeds Hill Rd	Gla	astonb					СТ	06033-3	3373
Principal Occupation Attorney				f Employer nan & Go		LP			
dependent child of a lobbyist? munic	tribution is in excess of \$400 to cipality does contributor or buse cipality valued at more than \$5	siness he			with have a		Amoun	t of Conti	ribution
event reported in Section L1? If yes, If yes, list Event # If yes,	outor a principal of a state cont indicate which branch or es of government the t is with:		or prospe	ective state	contractor?	✓ Yes No	\$250.00		\$250.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Cash Personal Check ✓ Credit/Debit Card		ney Order		Date Recei 01/27/20		Aggregate contributions \$250.00			
Last Name			First						M.I.
Simon			ΑI						
Residential Street Address	City						State	Zip Code	
49 Ford Xing	No	ortham		CE 1			MA	01060-3	3752
Principal Occupation Career Service				f Employer rsity of N		usetts			
dependent child of a lobbyist? munic	tribution is in excess of \$400 to sipality does contributor or buse sipality valued at more than \$5	siness he			with have a		Amoun	t of Conti	ribution
event reported in Section L1? Yes If yes, branche	outor a principal of a state cont indicate which branch or es of government the t is with:		cutive	ective state	contractor?	∐ Yes ✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐	Payroll Deduction Mone	ney Order		Date Recei 01/28/20		Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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NAME OF COMMITTEE (Providence of Committee)	le Comple	te Name as Registered with Fi	ling Reposi	itory)			TYPE OF REPORT			
Coleman for Hartford			April 10 filing							
A. Total Contributions from Si	mall Cor	ntributors - Received this	Period O	NLY						
(See instructions for definition of Sm	nall Conti	ributor)			Subtot	al Section A				\$0.00
		B. Itemized C	ontributi	ons fr	om In	dividuals				
Last Name				First						M.I.
McCarter				Core	etta					
Residential Street Address			City					State	Zip Code	
369 Pomfret St			Pomfret					СТ	06259-1	1517
Principal Occupation Dean of DEai					of Emplo					
Dean of DEar				Polili	ret Sc	1001				
Is contributor 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 state		or prosp	ective st	ate contractor	?			\$100.00
If yes, list Event #	V 110	branches of government the contract is with:	Exe	ecutive		Legisla	ative			
Method of contribution: Cash Personal Check C	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Re 01/30	eceived /2023	Aggregate contributions \$100.00			
Last Name				First						M.I.
Traber				Rob	ert					
Residential Street Address			City	•				State	Zip Code	
110 Hale Ter			Bridgep					СТ	06610-2	2563
Principal Occupation retired				Name o	of Emplo d	oyer				
Is contributor 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	Is contributor a principal of a state <i>If yes,</i> indicate which branch or		or prosp	ective st	ate contractor	Y es			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exe	ecutive		Legisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Ro 01/30	/2023	Aggregate contributions \$50.00			
Last Name				First						M.I.
Richardson				Rob						
Residential Street Address 1103 C St SE, Apt 32			City Washing	aton				State DC	Zip Code 20003-1	1416
Principal Occupation				-	of Emplo	yer				-
Consultant				self						
Is contributor 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		associat			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	ective st	ate contractor	Y es			\$50.00
If yes, list Event#	✓ No	branches of government the contract is with:	Exe	ecutive		Legisla				
Method of contribution: Cash Personal Check C	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Re 01/31	cceived /2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170,30
(Enter total on Line 13, Column A of Summary Page	φου, 17 0.30

I. MONETARY

RECEIPTS (Sections A-K)	Page	100	of	176	
12 Repository)	TYPE OF REPORT				

NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Fi	ling Reposi	tory)	TYPE OF REPORT			
Coleman for Hartford April 10 filing							
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY				
(See instructions for definition of Small Con	tributor)		Subtotal Section A	A			\$0.00
	B. Itemized C	Contributi	ons from Individuals				
Last Name			First				M.I.
Pitt			Karen				
Residential Street Address		City	C 11		State	Zip Code	
232 Jordan Ln		Wethers			СТ	06109-1	1124
Principal Occupation retired			Name of Employer retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves No	If contribution is in excess of municipality does contributor municipality valued at more that	or business l			Amour	nt of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat		or prospective state contracto	r? Yes]		\$100.00
event reported in Section L1?	If yes, indicate which branch o branches of government the			. ✓ No			φ100.00
If yes, list Event #	contract is with:	Exc	ecutive Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi	it Card Payroll Deduction	Money Orde	Date Received 02/02/2023	Aggregate contributions \$100.00			
Last Name			First				M.I.
Rosa			Arturo				
Residential Street Address		City	•		State	Zip Code	
555 Asylum Ave, Apt 408		Hartford			СТ	06105-3	3821
Principal Occupation Firefighter			Name of Employer City of Hartford				
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 that	or business l			Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch o		or prospective state contracto	r? Yes]		\$20.23
If yes, list Event #	branches of government the contract is with:		ecutive Legisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi	it Card Payroll Deduction	Money Orde	Date Received 02/03/2023	Aggregate contributions \$20.23			
Last Name			First				M.I.
Williams			Shirley P				
Residential Street Address		City			State	Zip Code	
20 Jonathan Pl		Bloomfi			СТ	06002-1	1738
Principal Occupation retired			Name of Employer retired				
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 that	or business l			Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch o		or prospective state contracto	Y es			\$100.00
If yes, list Event #	branches of government the contract is with:	Exc	ecutive Legisl				
Method of contribution: Cash Personal Check Credit/Debi	it Card Payroll Deduction	Money Orde	Date Received 02/03/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$220.23
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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

EEC FORM 20 evised January 2015			I. MONETARY	RECE:	IPTS	(Sections A-K)	Paş	ge 10	01 o	f 176
JAME OF COMMITTEE (Pro	vide Comple	ete Nam	e as Registered with Fi	iling Repos	itory)		TYPE OF REPORT			
Coleman for Hartford							April 10 filing			
A. Total Contributions from	Small Co	ntribu	tors - Received this	Period O	NLY					
See instructions for definition of	Small Con	ributor)			Subtotal Section A				\$0.00
			B. Itemized C	Contribut	ions f	rom Individuals				
Last Name					Firs					M.I.
Winiarski					He	nrv				
Residential Street Address				City	1	,		State	Zip Co	de
941 Wethersfield Ave				Hartford	b			CT		4-3137
Principal Occupation					Name	of Employer				
lawyer					self-	employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	mu	ontribution is in excess of nicipality does contributor nicipality valued at more the	or business				Amou	nt of Co	ntribution
Is this contribution associated with ar event reported in Section L1?	∐ Y es	If yes	ributor a principal of a state, indicate which branch o		or pros	spective state contractor	i es]		\$500.00
If yes, list Event #	✓ No		thes of government the act is with:	Ex	ecutiv	e Legisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card	Payroll Deduction	Money Ord	er	Date Received 02/07/2023	Aggregate contributions \$500.00			
Last Name					Firs					M.I.
Teale					Ch	arles				
Residential Street Address				City				State	Zip Co	de
145 Terry Rd				Hartford	t			CT	0610	5-1112
Principal Occupation retired				•	Name retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	mu	ontribution is in excess of nicipality does contributor nicipality valued at more the	or business				Amou	nt of Co	ntribution
Is this contribution associated with ar event reported in Section L1? **If yes*, list Event #*	Yes Vo	If yes	ributor a principal of a state, indicate which branch of these of government the act is with:	r	or pros	_	∐ Yes ✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✔	Credit/Debi	t Card	Payroll Deduction	Money Ord	er	Date Received 02/08/2023	Aggregate contributions \$350.00			
Last Name					Firs					M.I.
Teale					Ch	arles				
Residential Street Address				City				State	Zip Co	de
145 Terry Rd				Hartford	b			CT	0610	5-1112
Principal Occupation retired					Name retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	mu	ontribution is in excess of nicipality does contributor nicipality valued at more the	or business	he/she	is associated with have		Amou	nt of Co	ntribution

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

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

Executive

✓ No

Yes

✓ No

Aggregate contributions

\$350.00

\$50.00

Yes

Date Received

02/16/2023

Legislative

municipality valued at more than \$5,000?

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

Revised January 2015	I. MONETARY	KECE	IFIS	(Sections A-K)	1 ag	, e 102	2 01	170
NAME OF COMMITTEE (Provide Co.	mplete Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Coleman 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	ons f	rom Individuals				
Last Name			First					M.I.
Teale			Cha	arles				
Residential Street Address		City				State	Zip Code	
145 Terry Rd		Hartford	t			CT	06105-1	112
Principal Occupation retired			Name retire	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 Contr	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If ves. indicate which branch o	or	or pros		i es			\$200.00
Method of contribution: Cash Personal Check ✓ Credit/		Money Ord	er	Date Received 03/29/2023	Aggregate contributions \$350.00			
Last Name			First					M.I.
Parker-Bair			Floi	rence				
Residential Street Address		City				State	Zip Code	
215 Culver St		Newing		27. 1		СТ	06111-5	0114
Principal Occupation Attorney				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 to	or business l				Amoun	ıt of Contı	ribution
Is this contribution associated with an event reported in Section L1?	If ves. indicate which branch o		or pros	pective state contractor	Y es]		\$125.00
If yes, list Event #	branches of government the contract is with:	_	ecutive	eLegisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/	Debit Card Payroll Deduction	Money Orde	er	Date Received 02/10/2023	Aggregate contributions \$125.00			
Last Name			First					M.I.
Rodney			And	drew				
Residential Street Address		City Hartford	1			State CT	Zip Code 06112-1	422
207 Cornwall St Principal Occupation		Tiartioic		of Employer			001121	722
Police Officer			l .	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 to	or business l				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	If ves. indicate which branch o	or	•		∐ Yes ✓ No			\$25.00
If yes, list Event #	contract is with:	∐Ex	ecutive	e Legisla	ative	-		

SUBTOTAL Section B - This Page	\$350.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

Date Received

02/10/2023

Aggregate contributions

\$25.00

Method of contribution:

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

Method of contribution:

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

Revised January 2015		I. MONETARY	RECEI	PTS	S (Sections A-K)	Pag	ge 103	3 of	176
NAME OF COMMITTEE (Prov.	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman 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	tributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	from Individuals				
Last Name				Firs	t				M.I.
Mattos				Jai	mie				
Residential Street Address			City				State	Zip Code	
30 Willowbrook Rd			East Ha	irtfor	d		CT	06118-	1841
Principal Occupation					e of Employer				
RN				Max	am				
Is contributor 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 pro	spective state contractor	res			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:		ecutiv	ve Legisla	✓ No 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			
Last Name				Firs	t				M.I.
Mattos				Jai	mie				
Residential Street Address			City				State	Zip Code	1
30 Willowbrook Rd			East Ha	ırtfor	d		CT	06118-	1841
Principal Occupation				Name Max	e of Employer				
	1 1 1 2 2								
Is contributor 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 pro	spective state contractor	Y es			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:		ecutiv	ve Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/11/2023	Aggregate contributions \$100.00			
Last Name				Firs	t				M.I.
Morgan-Welch				Ве	verly				
Residential Street Address			City				State	Zip Code	
400 W 61st St, Apt 830			New Yo				NY	10023-0	0211
Principal Occupation Museum Executive					e of Employer seum of Modern A	ırt			
Is contributor 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 of branches of government the	r _	•	_	∐ Yes ✓ No			\$100.00
If yes, list Event #	_	contract is with:	∐ Ex	ecutiv	e Legisla	ative			

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$00,170.50

Aggregate contributions \$100.00

Date Received 02/18/2023

Residential Street Address

3685 Rosa L Parks Ave Principal Occupation

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:

retired

Yes

✓ No

Yes

✓ No

Personal Check Credit/Debit Card

SEEC FORM 20	IETA DV	DECEI	тртс	(Sections A-K)	, Pa	ge 1	04	of	176
Revised January 2015 1. IVION	EIAKI	KECEI	1113	(Sections A-K)	1 4	gc	.04	UI .	170
NAME OF COMMITTEE (Provide Complete Name as Register	red with Fil	ing Reposi	itory)		TYPE OF REPORT				
Coleman for Hartford					April 10 filing				
A. Total Contributions from Small Contributors - Rece	ived this l	Period O	NLY						
(See instructions for definition of Small Contributor)				Subtotal Section A					\$0.00
B. It	emized Co	ontributi	ons f	rom Individuals					
Last Name			First						M.I.
Shields			She	errie					
Residential Street Address		City				State		Code	
19 Mountain View Dr		East Ha	rtford			СТ	06	108-2	963
Principal Occupation retired			Name retire	of Employer ed					
	contributor of	or business h		committee for a chief of a sassociated with have		Amou	ınt of (Conti	ribution
event reported in Section L1? If yes, indicate whi	Yes If yes, indicate which branch or branches of government the Supporting V No						\$20.00		
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll D	eduction	Money Orde	er	Date Received 02/18/2023	Aggregate contributions \$20.0				
Last Name			First						M.I.
Schoenhorn			Jon						
Residential Street Address		City				State		Code	
155 Town Farm Rd		Farming				СТ	06	032-1	505
Principal Occupation Attorney				of Employer penhorn & Associ	ates				
	contributor of	or business h		committee for a chief of a sassociated with have Yes		Amou	int of (Conti	ribution
event reported in Section L1?	1?						\$100.00		
Method of contribution:	eduction	Money Orde	er	Date Received 02/19/2023	Aggregate contributions \$100.0				
Last Name			First						M.I.
Moore			Nel	lie					

State

AL

Zip Code

Amount of Contribution

36105-2027

\$100.00

SUBTOTAL Section B - This	Page	\$220.00
TOTAL of Section B F	ages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary	•	\$60,170.30

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:

Montgomery

Name of Employer

Yes

Date Received

02/24/2023

Legislative

✓ No

Yes

✓ No

Aggregate contributions

\$100.00

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

B. Itemized Contributions from Individuals	Revised January 2015		I. MONETARY	RECEI	PIS	(Sections A-K) Pag	ge 10.	5 01	1/6
See instructions from Small Contributors - Received this Period ONLY See instructions for definition of Small Contributors B. Hemized Contributions from Individuals First	NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
See distribution of Small Contribution Subto Sub	Coleman for Hartford						April 10 filing			
Last Name First William State Cate West Hartford Cate West Hartford Cate	A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
MacDonnell Storet Address City West Hartford Name of Employer refired Storet Address Total Debut Card Payroll Deduction Money Order Date Received	See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
Residential Street Address City West Hartford State Contribution associated with an event reported of solehyist spouse, or dependent child of a lobhyist spouse, or dependent child of a lobhyist spouse, or dependent child of a lobhyist State City S			B. Itemized C	ontributi	ons f	rom Individuals				
Residential Street Address 158 Huntler Dr Name of Employer retired	Last Name				First	t				M.I.
Residential Street Address 158 Huntler Dr Name of Employer retired	MacDonnell				Wil	liam				
158 Hunter Dr Principal Occupation reduction of contributor a lobbyist, spouse, or dependent child of a lobbyst? No If Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business heshe is a sasc-intend with have a contract with said municipality does contributor or business heshe is a sasc-intend with have a contract with said municipality does contributor or business heshe is a sasc-intend with have a contract with said municipality does contributor or business heshe is a sasc-intend with have a contract with said municipality does contributor or business heshe is a sasc-intend with have a contract with said municipality does contributor or business heshe is a sasc-intend with have a contract with said municipality does contributor. Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Secontributor a principal of a state contractor or prospective state contractor? Yes MI.				City				State	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist. South-bull or a lobbyist, spouse, or dependent child of a lobbyist. South-bull or summicipality does contributor or brainshes he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	158 Hunter Dr			West Ha	artfor	rd		1	06107-	1017
Secontribution a lobbyist, spouse, or dependent child of a lobbyist?" Yes with a contractive of spouse, or dependent child of a lobbyist?" Yes No 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 a cevent reported in Section 1.1? Yes No No No No No No No N	Principal Occupation				Name	of Employer			1	
dependent child of a folbhysis?	retired				retire	ed				
## State Sta			municipality does contributor	or business h		is 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 O3/03/2023 S250.00	event reported in Section L1?		If yes, indicate which branch or branches of government the	r			∐ Yes ✓ No			\$100.00
MacConnell Residential Street Address City West Hartford CT Office CT Office Office CT Office Of		Credit/Debit		Money Orde	er	Date Received	Aggregate contributions	-		
Residential Street Address 158 Hunter Dr Vest Hartford Name of Employer retired	Last Name				First	t		_		M.I.
Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes wunterported in Section L1? Yes contributor a part of the contract is with: Steve If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No No No No No No No N	MacDonnell				Wil	liam				
Principal Occupation retired Name of Employer retired Scontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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 No Yes	Residential Street Address							State	Zip Code	1
retired 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: Cash Personal Check Code redit/Debit Card Payroll Deduction Money Order Date Received 1912 Prospect St Residential Street Address 912 Prospect St Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a section L1? No Is this contribution associated with an excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes list levent # Amount of Contribution and contribut	158 Hunter Dr			West Ha	artfor	d		СТ	06107-	1017
Method of contribution:										
event reported in Section L1? ## yes, indicate which branch or branches of government the contract is with: Executive			municipality does contributor	or business h		is 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 Date Received 03/20/2023 \$250.00 Last Name Residential Street Address Principal Occupation Lawyer State City Hamden City Hamden Name of Employer Self Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an event reported in Section L1? Method of contribution Money Order Date Received 03/20/2023 S250.00 Many Order Date Received 03/20/2023 S250.00 Mil. Mil. Mil. Method of contributions State City Hamden City No State City Hamden City Hamden City No State City No State City O6517-4030 Amount of Contribution Contributi			If yes, indicate which branch or		or pros	spective state contractor	Y es			\$150.00
Cash	If yes, list Event #			Exe	ecutiv	e Legisl	ative			
Residential Street Address 912 Prospect St Principal Occupation Lawyer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Is contributed a sociated with an event reported in Section L1? If yes, indicate which branch or branches of government the Steve City Hamden Name of Employer Self State CT 06517-4030 Amount of Contribution Amount of Contribution State CT VPCS VPCS VPCS VPCS VPCS VPCS VPCS VPCS		Credit/Debit	t Card Payroll Deduction	Money Orde	er			,		
Residential Street Address 912 Prospect St 912 Prospect St 912 Prospect St 912 Prospect St 913 Prospect St 914 Principal Occupation Lawyer 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, indicate which branch or branches of government the Procuritive Prospective state contractor? Yes If yes, indicate which branch or branches of government the Procuritive Prospective state contractor? Yes Procuritive Prospective state contractor?	Last Name				First	t				M.I.
912 Prospect St Principal Occupation Lawyer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the Hamden	Mednick				Ste	eve				
Principal Occupation Lawyer Self Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the Name of Employer				1				1		4000
Lawyer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ✓ No 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? ✓ No Is this contribution associated with an event reported in Section L1? ✓ No Is contributor a principal of a state contractor or prospective state contractor? ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ No If yes, indicate which branch or branches of government the	·			Hamder		CF. 1		CI	06517-2	1030
dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes list Event # Is contributed a principal of a state contractor or prospective state contractor? If yes list Event # Is contributed a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the procuring principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the procuring principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the procuring principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the procuring principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the procuring principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the procuring principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the principal of a state contractor or prospective state contractor? If yes is a social definition associated with have a contract with said municipality valued at more than \$5,000? If yes is a social definition associated with an entire state of the principal of a state contractor or prospective state contractor? If yes is a social definition associated with an entire state of the principal of a state contractor or prospective state contractor? If yes is a social definition associated with an entire state of the principal of a state contractor or prospective state contractor? If yes is a social definition associated with an entire state of the principal of a state contractor or prospective state contractor? If yes is a s										
event reported in Section L1? Yes If yes, indicate which branch or branches of government the Figure 1: Event # Yes V No Yes V No			municipality does contributor	or business h		is associated with have	a contract with said	Amoun	t of Cont	ribution
If yes, list Event # Executive Legislative			If yes, indicate which branch or branches of government the	r	•		∐ Yes ✓ No			\$250.00

SUBTOTAL Section B - This Page	\$500.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$00,170.50

Date Received 03/06/2023

Aggregate contributions \$250.00

Method of contribution:

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

Page	106	of	176
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Coleman 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				\			\$0.00		
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Turner				Bar	bara				
Residential Street Address			City				State	Zip Code	
24 Barbour St, Apt B			Hartford				СТ	06120-2	2023
Principal Occupation Part time Student Van driver				Name Datto	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 ✓ No	Is contributor a principal of a stat If yes, indicate which branch of branches of government the	r			✓ No			\$100.00
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		03/06/2023	\$100.00			1
Last Name				First					M.I.
Watson			- C''	Luc	as ————		G	7: 0.1	
Residential Street Address 330 Main St			City Hartford	1			State CT	Zip Code 06106-1	860
Principal Occupation					of Employer		<u> </u>	00.00	
Lawyer				l .	Office of Lucas N	Л. Watson			
Is contributor 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 <i>If yes</i> , indicate which branch or		or prosp	pective state contractor	Y es		\$	1,000.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutive	eLegisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/07/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Nichols				Nat	haniel				
Residential Street Address			City				State	Zip Code	
336 W Fifth St			Media				PA	19063-2	2312
Principal Occupation retired				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 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	r? Yes			\$50.00
If yes, list Event #	✓No	branches of government the contract is with:		ecutive	eLegisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/08/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

SEEC FORM 20 Revised January 2015		I. MONETARY	RECEI	PTS	(Sections A-K) Pag	ge 10	7 of	176
NAME OF COMMITTEE (Providence	de Complete	Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford				•		April 10 filing			
A. Total Contributions from S	mall Cont	ributors - Received this	Period O	NLY		1			
See instructions for definition of Sr					Subtotal Section	A			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				Firs	t				M.I.
White				Fre	deric				
Residential Street Address			City				State	Zip Code	
13319 Torresina Ter			Lakewo	od R	anch		FL	34211-8	3424
Principal Occupation			•		of Employer				
retired				retire	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				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐Yes I	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	or pros	_	✓ No			\$500.00
Method of contribution:		contract is with:		ccutiv	Date Received	Aggregate contributions	-		
Cash Personal Check 🗸 C	Credit/Debit C	Card Payroll Deduction	Money Orde	er	03/08/2023	\$1,000.00			
Last Name				Firs	t .				M.I.
London				Da	yna				
Residential Street Address			City				State	Zip Code	
2236 Chrysler Ct NE			Atlanta				GA	30345-3	3877
Principal Occupation Physician					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				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes I	Is contributor a principal of a state		or pros	spective state contracto	Yes	1		\$50.00
	✓ No	If yes, indicate which branch or branches of government the contract is with:	_	ecutiv	eLegisl	lative			ψ30.00
Method of contribution: Cash Personal Check C	Credit/Debit C	Card Payroll Deduction	Money Orde	er	Date Received 03/09/2023	Aggregate contributions \$50.00			
Last Name				Firs	t				M.I.
Milling				Pat	trick				
Residential Street Address			City				State	Zip Code	
87 Marion St			Hartford				СТ	06106-4	112
Principal Occupation Teacher				l .	of Employer dsor Public Scho	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 the	or business l				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state		or pros	spective state contracto	r? Yes			\$500.00
	✓No	If yes, indicate which branch or branches of government the contract is with:		ecutiv	e Legisl	lative No			,

SUBTOTAL Section B - This Page	\$1,050.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.50

Date Received

03/10/2023

Aggregate contributions

\$500.00

Method of contribution:

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

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

SEEC FORM 20 Revised January 2015	I. MONETARY RE	CEIP	PTS (Sections A	A-K)	Pag	g e 10	08 of	176
NAME OF COMMITTEE (Provide Complete Na	ame as Registered with Filing R	leposito	ory)	,	TYPE OF REPORT			
Coleman for Hartford					April 10 filing			
A. Total Contributions from Small Contrib	outors - Received this Perio	od ON	LY					
(See instructions for definition of Small Contribute	or)		Subtotal Sec	tion A				\$0.00
	B. Itemized Contri	ibutior	ns from Individ	uals				
Last Name			First					M.I.
Rome			Ethan					
Residential Street Address	City					State	Zip Code	
928 Berkeley Ave	Tre	enton				NJ	08618-5	5322
Principal Occupation Democracy Defense			lame of Employer ssue One					
dependent child of a lobbyist?	If contribution is in excess of \$400 to municipality does contributor or busi municipality valued at more than \$5,	iness he/				Amour	nt of Conti	ribution
event reported in Section L1? Yes If you list Event # If you list Event #	ontributor a principal of a state contributor, indicate which branch or anches of government the ontract is with:	Exec	_	tractor?	☐ Yes ✓ No	\$250.00		
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card		ey Order	Date Received 03/12/2023		Aggregate contributions \$250.00			
Last Name			First					M.I.
Quinn			Joseph					
Residential Street Address	City					State	Zip Code	
1173 Farmington Ave	We	est Har				СТ	06107-1	1609
Principal Occupation Lawyer			Name of Employer State of CT, OLN	И, Sen	ate Democrats			
dependent child of a lobbyist?	If contribution is in excess of \$400 to municipality does contributor or busi municipality valued at more than \$5,	iness he/				Amour	nt of Conti	ribution
event reported in Section L1? Yes If you list Event # If you list Event #	ontributor a principal of a state contributor, indicate which branch or ranches of government the		_		☐ Yes ✓ No			\$100.00
COI	ontract is with:	Exec		Legislat				
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction Mone	ey Order	Date Received 03/13/2023		Aggregate contributions \$100.00			
Last Name		_	First					M.I.
Rothenberg			Allan					
Residential Street Address	City					State	Zip Code	=
81 High Wood Rd	vve	est Har				СТ	06117-1	1117
Principal Occupation Attorney			Name of Employer Rothenberg & Ci	ianciol	a, LLC			

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

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

Yes

Date Received

03/15/2023

Legislative

✓ No

Yes

✓ No

Aggregate contributions

\$250.00

municipality valued at more than \$5,000?

Payroll Deduction Money Order

If yes, indicate which branch or

branches of government the

contract is with:

Amount of Contribution

\$250.00

\$600.00	SUBTOTAL Section B - This Page
\$60,170.30	TOTAL of Section B Pages
\$60.170.30	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
\$00,170.30	(Enter total on Line 13, Column A of Summary Page

Method of contribution:

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

Revised January 2015		I. MONETARY RECEIPTS (Sections A-K)				Pag	ge 109	9 of	176	
NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT				
Coleman for Hartford						April 10 filing				
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY	7					
See instructions for definition of S	Small Cont	tributor)			Subtotal Section A				\$0.00	
		B. Itemized C	ontributi	ons	from Individuals					
Last Name				Firs	t				M.I.	
Tindall				Alp	honso					
Residential Street Address			City				State	Zip Code		
54 Whiteoak Dr			South C)ranç	је		NJ	07079-1	1008	
Principal Occupation					e of Employer		•	•		
Attorney				Har	dwick Law Firm					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	municipality does contributor	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					Amount of Contributio		
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state contractor or prospective state contractor?						\$	1,000.00	
If yes, list Event #	✓ No	branches of government the contract is with:						•	.,	
Method of contribution: Cash Personal Check	Credit/Debi		Money Orde	er	Date Received 03/15/2023	Aggregate contributions \$1,000.00				
Last Name				Firs	t		J		M.I.	
Mitchell				Ma	nrk					
Residential Street Address			City				State	Zip Code		
34 Terry Plains Rd			Bloomfi	eld			CT	06002-1	1647	
Principal Occupation Senior Recreation Assistant					e 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 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 of		or pro	spective state contractor	Y es			\$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 03/16/2023	Aggregate contributions \$50.00				
Last Name				Firs	t				M.I.	
Smith				Eo	n					
Residential Street Address			City				State	Zip Code		
74 Bloomfield Ave			Hartford				СТ	06105-1	1006	
Principal Occupation Attorney					e of Employer th & Company, PL	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? 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 pro		∐ Yes ✓ No			\$250.00	
		contract is with:				*	1			

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$60,170.50

Date Received 03/16/2023 Aggregate contributions \$250.00

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1 age	110	UI	1/(

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Coleman 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	ions f	rom Individuals				
Last Name				First	i				M.I.
Thomas				Aut	tumn				
Residential Street Address			City				State	Zip Code	
12 Breezy Knoll Dr			Bloomfi				СТ	06002-1	600
Principal Occupation Cashier				1	of Employer Shals				
Is contributor 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 <i>If yes,</i> indicate which branch or branches of government the	r		_	✓ No			\$50.00
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	03/16/2023	\$50.00)		3.67
Last Name Williams				First	nalee				M.I.
Residential Street Address			City	IXIII	laice		State	Zip Code	
88 Canterbury St			Hartford	t			CT	06112-1	822
Principal Occupation				Name	of Employer				
Property Management				Faith	n Asset Managem	nent			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes 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				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	Yes			\$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 ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 03/16/2023	Aggregate contributions \$150.00			
Last Name				First	ı				M.I.
Williams				Kin	nalee				
Residential Street Address			City				State	Zip Code	
88 Canterbury St			Hartford		27.		СТ	06112-1	822
Principal Occupation Property Management				l	of Employer n Asset Managen	nent			
Is contributor 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 pros	spective state contractor	Yes ✓ No			\$50.00
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 03/23/2023	Aggregate contributions \$150.00)		

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.50

			I. MONETARY RECEIPTS (Sections A-K)					
NAME OF COMMITTEE (Provide Complete	te Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford					April 10 filing			
A. Total Contributions from Small Con	tributors - Received this	Period O	NLY	,				
See instructions for definition of Small Contr	ributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	from Individuals				
Last Name			Firs	t				M.I.
Lightfoot			Ro	bert				
Residential Street Address		City				State	Zip Code	
225 Kennedy Rd		Manche	ster			CT	06042-2	269
Principal Occupation				e of Employer				
Insurance Claims			Trav	velers				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes V No	municipality does contributor	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					t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch or		or pros	spective state contractor	Y es			\$50.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/17/2023	Aggregate contributions \$50.00			
Last Name			Firs	t				M.I.
Miles			Sa	rah				
Residential Street Address		City				State	Zip Code	
119 Brandon Rd		East Ha	rtfor	d		СТ	06118-3	3404
Principal Occupation Human Resources				e of Employer	nany			
Human Resources			THE	Walt Disney com	parry			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes V No	If contribution is in excess of s 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?	Is contributor a principal of a state If yes, indicate which branch or		or pros	spective state contractor	Y es			\$50.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/17/2023	Aggregate contributions \$50.00			
Last Name			Firs	t				M.I.
Rowntree			Ge	offrey				
Residential Street Address		City				State	Zip Code	
382 Fern St		West Ha				СТ	06119-1	174
Principal Occupation Emergency Response Manager				e of Employer M Smith				
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 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:	r	or pros		∐ Y es ✓ No			\$500.00

SUBTOTAL Section B - This Page	\$600.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

Date Received 03/18/2023

Aggregate contributions

\$500.00

Method of contribution:

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

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?

26 Southgate Principal Occupation

If yes, list Event #

Cash

Method of contribution:

Attorney

Yes

✓ No

Yes

✓ No

Personal Check Credit/Debit Card

SEEC FORM 20 Revised January 2015	I. MONETARY	RECEI	PTS	(Sections A-K)	Pag	ge 11	12 of	176
NAME OF COMMITTEE (Provide Complete N	Name as Registered with Fili	ing Reposii	tory)		TYPE OF REPORT			
Coleman for Hartford					April 10 filing			
A. Total Contributions from Small Contri	ibutors - Received this I	Period O	NLY					
(See instructions for definition of Small Contribu	utor)			Subtotal Section A				\$0.00
		ontributio	ons fi	rom Individuals				
Last Name			First					M.I.
Simmons			Dan	nika				
Residential Street Address		City				State	Zip Code	
55 Swampscott St		West Ha	aven			CT	06516-	1427
Principal Occupation HR Specialist				of Employer Ex Express				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributer or business ha/sha is associated with have a contract with said					Amount of Contribution		
event reported in Section L1?	If yes, indicate which branch or							\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Car	rd Payroll Deduction	Money Orde	er	Date Received 03/20/2023	Aggregate contributions \$100.00			
Last Name			First					M.I.
Sokolowski			Che	ester				
Residential Street Address		City				State	Zip Code	
607 Aspen Ln		Orange				CT	06477-	2161
Principal Occupation Dentist Anesthesiologist				of Employer A LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor o municipality valued at more tha	or business h				Amount of Contribution		
event reported in Section L1?	contributor a principal of a state <i>If yes</i> , indicate which branch or		or prosp	pective state contractor	Yes No			\$250.00
	branches of government the contract is with:	Exe	ecutive	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Car	rd Payroll Deduction	Money Orde	er	Date Received 03/20/2023	Aggregate contributions \$250.00			
Last Name			First					M.I.
Polinsky			Eric	;				

State

CT

Zip Code

Amount of Contribution

06001-3195

\$500.00

SUBTOTAL Section B - This Page	\$850.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.50

City

municipality valued at more than \$5,000?

Payroll Deduction Money Order

If yes, indicate which branch or

branches of government the

contract is with:

Avon

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

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

Polinsky Law Group, LLC

Yes

Date Received

03/23/2023

Legislative

✓ No

Yes

✓ No

Aggregate contributions

\$500.00

Revised January 2015		I. MONETARY	RECEI	PTS	S (Sections A-K)	Pag	e 113	3 of	176
NAME OF COMMITTEE (Provide	Complete	e Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from Sma	all Conf	tributors - Received this	Period O	NLY	•				
(See instructions for definition of Sma	ıll Contri	ibutor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals	•			
Last Name				First	t				M.I.
Stanford				Ма	risa				
Residential Street Address			City				State	Zip Code	
141 Weston St, Unit 442			Hartford				CT	06141-7	719
Principal Occupation					e of Employer				
retired				retire	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	municipality does contributor	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					Amount of Contrib	
event reported in Section L1?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the						\$50.00	
If yes, list Event #	<u> </u>	contract is with:	Exe	ecutiv		ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cree	dit/Debit (Card Payroll Deduction	Money Orde	er	Date Received 03/23/2023	Aggregate contributions \$50.00			
Last Name				First	t				M.I.
Lewis				Cla	audia				
Residential Street Address			City				State	Zip Code	
80 B Westland St			Hartford				СТ	06120-1	829
Principal Occupation retired				Name	e of Employer ed				
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	ribution
Is this contribution associated with an	Yes	Is contributor a principal of a state		or pros	spective state contractor	? Yes			\$50.00
event reported in Section L1? If yes, list Event #	No	If yes, indicate which branch or branches of government the contract is with:	_	ecutiv	re Legisla	✓ No ntive			φ30.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cree	dit/Debit (Card Payroll Deduction	Money Orde	er	Date Received 03/24/2023	Aggregate contributions \$50.00			
Last Name				First	t				M.I.
Seibel				joh	n				
Residential Street Address			City				State	Zip Code	
5611 Northfield Rd			Betheso	la			MD	20817-6	3735
Principal Occupation Election administration					e of Employer eballot				
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 Conti	ribution
event reported in Section E1?]Yes ']No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	_	•	_	∐ Yes ✓ No			\$20.00
If yes, list Event #		contract is with:	<u></u> Ехе	ecutiv	re Legisla	uive			

SUBTOTAL Section B - This Page	\$120.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

Method of contribution:

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

Aggregate contributions

\$20.00

Date Received 03/24/2023

I. MONETARY RE

CEIPTS (Sections A-K)	Page	114	of	176	
epository)	ΓΥΡΕ OF REPORT				

NAME OF COMMITTEE (Provide Compile	ae Name as Kegisterea with Fi	ung Keposi	iory)		I TPE OF REPORT			
Coleman for Hartford					April 10 filing			
A. Total Contributions from Small Co (See instructions for definition of Small Cont		Period O	NLY	Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			First					M.I.
Pastor			Gei	rry				
Residential Street Address		City				State	Zip Code	
125 Westledge Rd		West Si				СТ	06092-2	2011
Principal Occupation Childcare				of Employer Nest School				
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 tl	or business h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes 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		\$	1,000.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi		Money Orde	er	Date Received 03/25/2023	Aggregate contributions \$1,000.00			
Last Name			First			•		M.I.
Nurse			Elle	en				
Residential Street Address		City				State	Zip Code	
53 A		Hartford		CD 1		СТ	06114	
Principal Occupation retired			retire	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 h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat <i>If yes</i> , indicate which branch o		or pros	pective state contractor	Y es			\$100.00
If yes, list Event #	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 03/28/2023	Aggregate contributions \$125.00			
Last Name		· ·	First					M.I.
Zyjeski			Jef	frey				
Residential Street Address 1176 N Main St		City West Ha	artfor	d		State CT	Zip Code 06117 -1	1209
Principal Occupation Lobbyist				of Employer ney, Bennett & As	ssociates			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves No	If contribution is in excess of municipality does contributor municipality valued at more tl	or business h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state <i>If yes</i> , indicate which branch or		or pros	pective state contractor	Yes			\$100.00
If yes, list Event #	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 03/28/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$1,200.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.50

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NAME OF COMMITTEE (Provide Co	mplete Name as Registered with F	iling Reposi	itory)			TYPE OF REPORT			
Coleman 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 Indi	viduals				
Last Name			First						M.I.
Magubane			Sab	ongile					
Residential Street Address		City					State	Zip Code	
54 Goodwin Cir		Hartford					СТ	06105-5	206
Principal Occupation retired			retire	of Employe d	r				
Is 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		associated			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If ves. indicate which branch of	or	or prosp	_	Legisla	✓ No			\$200.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/		Money Ord		Date Rece 03/29/2	ived	Aggregate contributions \$200.00			
Last Name			First						M.I.
Rodriguez			Edg	ar					
Residential Street Address		City Wolcott					State CT	Zip Code 06716-1	1100
798 Spindle Hill Rd Principal Occupation		VVOICOIL		of Employe	r		CI	00710-	100
Chief of Police						oartment, Boston, M	Α		
Is 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		associated			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If ves. indicate which branch of	or	or prosp	_	contractor	✓ No			\$20.00
Method of contribution: ✓ Cash Personal Check Credit/	Debit Card Payroll Deduction	Money Ord	er	Date Rece 01/28/2	I .	Aggregate contributions \$840.00			
Last Name			First						M.I.
Rodriguez			Edg	ar					
Residential Street Address		City					State	Zip Code	1400
798 Spindle Hill Rd		Wolcott		CE 1			СТ	06716-1	108
Principal Occupation Chief of Police			1	of Employe worth Po		partment, Boston, M	Α		
Is 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		associated			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If ves. indicate which branch of	or	or prosp	_	contractor	∐ Yes ✓ No			\$20.00
Method of contribution: Cash Personal Check Credit/	Debit Card Payroll Deduction	Money Ord	er	Date Rece 03/11/2	I .	Aggregate contributions \$840.00			

SUBTOTAL Section B - This Page	\$240.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.30

I. MONETARY REC

EIPTS (Sections A-K)	Page	116	of	176	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Coleman 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 f	rom Individuals	•			
Last Name				Firs	t				M.I.
Rodriguez				Ed	gar				
Residential Street Address			City				State	Zip Code	l
798 Spindle Hill Rd			Wolcott				CT	06716-1	108
Principal Occupation Chief of Police					e of Employer ntworth Police Dep	partment, Boston, M	1A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more tl	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 contract is with:	r	or pros	_	✓ No			\$100.00
Method of contribution: Cash Personal Check	Credit/Debit		Money Orde	er	Date Received 03/23/2023	Aggregate contributions \$840.00	-		
Last Name				Firs	t				M.I.
Rodriguez				Ed	gar				
Residential Street Address			City				State	Zip Code	
798 Spindle Hill Rd			Wolcott				СТ	06716-1	108
Principal Occupation Chief of Police					e of Employer ntworth Police Dep	oartment, Boston, M	1A		
Is contributor 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 <i>If yes</i> , indicate which branch o		or pros	spective state contractor	Y es]		\$200.00
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		Date Received 03/29/2023	Aggregate contributions \$840.00			
Last Name				Firs	t				M.I.
Rowtham-Kennedy				Мо	nique				
Residential Street Address			City Hartford				State CT	Zip Code 06105-1	112
246 Terry Rd			панного		of Employer		Ci	06105-	113
Principal Occupation Attorney/ Compliance Officer					e of Employer elhart Commodition	es Trading 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 Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state <i>If yes</i> , indicate which branch o		or pros	spective state contractor	Yes			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	_	ecutiv					
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/29/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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	RECE!	PTS	(Sections A-K)	Pag	ge 11	7 of	176
NAME OF COMMITTEE (Pro	vide Complete	Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from	Small Cont	ributors - Received this	Period O	NLY					
See instructions for definition o					Subtotal Section A				\$0.00
		*	ontributi	ons f	rom Individuals				·
Last Name				Firs					M.I.
Williams				Ch	ristopher				
Residential Street Address			City				State	Zip Code	
5 Barrington Dr, Apt C			Wethers	sfield			CT	06109-	
Principal Occupation retired				Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with a event reported in Section L1?	t? Municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No No Was Is contributor a principal of a state contractor or prospective state contractor?					nt of Cont	ribution \$50.00		
If yes, list Event #	✓No	branches of government the contract is with:		ecutiv	eLegisla	ative No			
Method of contribution: Cash Personal Check	Credit/Debit C	ard Payroll Deduction	Money Ord	er	Date Received 03/29/2023	Aggregate contributions \$50.00			
Last Name				Firs			,		M.I.
Williams				Va	nessa				
Residential Street Address			City				State	Zip Code	
127 School St			Bloomfi	eld			СТ	06002-	3238
Principal Occupation Retired				Name NA	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				Amou	nt of Cont	ribution
Is this contribution associated with a event reported in Section L1? If yes, list Event #	Yes You	s contributor a principal of a state <i>If yes</i> , indicate which branch or branches of government the contract is with:	r _	or pros		✓ No			\$50.00
Method of contribution: ☐ Cash Personal Check ☐	Credit/Debit C	ard Payroll Deduction	Money Ord	er	Date Received 02/11/2023	Aggregate contributions \$125.00			
Last Name				Firs	t				M.I.
Williams				Va	nessa				
Residential Street Address			City				State	Zip Code	
127 School St			Bloomfi	eld			СТ	06002-	3238
Principal Occupation Retired				Name NA	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	ne/she	is associated with have		Amou	nt of Cont	ribution

\$125.00	SUBTOTAL Section B - This Page
\$60,170.30	TOTAL of Section B Pages
\$60.170.30	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
φου, 170.30	(Enter total on Line 13, Column A of Summary Page

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

Executive

✓ No

Yes

✓ No

Aggregate contributions

\$125.00

\$25.00

Yes

Date Received

03/19/2023

Legislative

municipality valued at more than \$5,000?

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

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Coleman 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 f	rom Individuals				
Last Name				First					M.I.
Williams				Var	nessa				
Residential Street Address			City				State	Zip Code	
127 School St			Bloomfi				СТ	06002-3	3238
Principal Occupation Retired				Name NA	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 tl	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 <i>If yes</i> , indicate which branch obranches of government the	r	or pros	_	✓ No			\$50.00
Method of contribution: Cash Personal Check	Credit/Debi	contract is with:	Money Orde		Date Received 03/29/2023	Aggregate contributions \$125.00			
Last Name				First					M.I.
Romagnoli				Mic	helle				
Residential Street Address			City Wethers	ofiold			State CT	Zip Code 06109-2	0024
237 Wolcott Hill Rd Principal Occupation			vveiners		of Employer		CI	00109-2	2031
Operations Manager				Talb					
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 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	Y es			\$250.00
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 03/30/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Thames				Gle	ndowlyn				
Residential Street Address			City	J			State	Zip Code	1000
34 Canterbury St			Hartford		-£E		СТ	06112-1	1022
Principal Occupation Manager					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 tl	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 pros	pective state contractor	? Yes ✓ No			\$200.00
If yes, list Event #	✓ No	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 03/30/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$500.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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 devised January 2015		I. MONETARY	RECE	IPTS	S (Sections A-K)	Pag	ge 1	19	of	176
NAME OF COMMITTEE (Provi	ide Complete N	ame as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT				
Coleman for Hartford						April 10 filing				
A. Total Contributions from S	Small Contri	butors - Received this	Period O	NLY	•					
See instructions for definition of S	Small Contribu	tor)			Subtotal Section A					\$0.00
			Contributi	ons 1	from Individuals					
Last Name				Firs						M.I.
Nelson				Ra	ymond					
Residential Street Address			City	1 10	y		State	Zip (Code	
47 High Top Cir E			Hamde	n			CT		14-4	827
Principal Occupation				Name	e of Employer					
retired				retir	ed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	ZNo	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amou	nt of C	Contr	ibution
Is this contribution associated with an event reported in Section L1?	In the state of th	contributor a principal of a state fyes, indicate which branch or		or pro	spective state contractor				,	\$100.00
If yes, list Event #		ranches of government the ontract is with:	Ex	ecutiv	ve Legisla	✓ No ative				
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit Car	d Payroll Deduction	Money Ord	er	Date Received 03/31/2023	Aggregate contributions \$100.00				
Last Name				Firs	t					M.I.
Lispcome				Sa	ra					
Residential Street Address			City				State	Zip (Code	
80 Evergreen Ave			Hartford	t			СТ	061	05-4	020
Principal Occupation				Name	e of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	 ZNo	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amou	nt of (Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No b	contributor a principal of a state fyes, indicate which branch or ranches of government the contract is with:	r	or pro		∐ Yes ✓ No				\$25.00
Method of contribution: Cash ✓ Personal Check □	Credit/Debit Car	d Payroll Deduction	Money Ord	er	Date Received 01/28/2023	Aggregate contributions \$25.00				
Last Name				Firs	t					M.I.
Lollar				Ма	ırilyn					
Residential Street Address			City				State	Zip (Code	
401 W Wolcott Ave			Windso	r			СТ	060	95-4	335
Principal Occupation Realtor					e of Employer am Ravies Real E	Estate				
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				Amou	nt of C	Contr	ibution

SUBTOTAL Section B - This Page	\$225.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$60,170.30

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:

✓ No

Yes

✓ No

Aggregate contributions

\$225.00

\$100.00

Yes

Date Received

02/18/2023

Legislative

dependent child of a lobbyist?

event reported in Section L1?

If yes, list Event #

Is this contribution associated with an

✓ No

Yes

✓ No

Method of contribution:

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

SEEC FORM 20 Revised January 2015		I. MONETARY	Y RECE	IPTS	S (Sections A-K) Paş	ge 12	of	176
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from S	Small Con	tributors - Received this	Period O	NLY	7				
(See instructions for definition of S	Small Contr	ributor)			Subtotal Section	A			\$0.00
		B. Itemized C	Contributi	ions	from Individuals				
Last Name				Firs	st				M.I.
Lollar				Ma	arilyn				
Residential Street Address			City				State	Zip Cod	;
401 W Wolcott Ave			Windso	r			CT	06095	-4335
Principal Occupation Realtor				ı	e of Employer iam Ravies Real I	Estate			
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				Amour	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐Yes ✓ No	Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the						\$100.00	
Method of contribution: Cash ✓ Personal Check	Credit/Debit	contract is with: Card Payroll Deduction	Money Ord	ecutiv er	Date Received 03/11/2023	Aggregate contributions \$225.00	_		
Last Name				Firs	st	I	.1		M.I.
Lollar				Ma	arilyn				
Residential Street Address			City				State	Zip Cod	
401 W Wolcott Ave			Windso	r			СТ	06095	-4335
Principal Occupation Realtor				l	e of Employer iam Ravies Real	Estate			
Is contributor 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				Amoui	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a state <i>If yes</i> , indicate which branch of branches of government the	r	•		∐ Yes ✓ No			\$25.00
Method of contribution:	Credit/Debit	contract is with: Card Payroll Deduction	Money Ord	ecutiv er	Date Received 03/16/2023	Aggregate contributions \$225.00	_ ,		
Last Name				Firs	st				M.I.
Long				Mi	chael				
Residential Street Address			City				State	Zip Cod	;
50 Sarah Ln, Apt 318			Simsbu	ry			CT	06070	-3405
Principal Occupation				Name Reti	e of Employer ired				
Is contributor a lobbyist, spouse, or	Yes	If contribution is in excess of					Amou	nt of Con	tribution

SUBTOTAL Section B - This Page	\$275.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

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

Executive

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

Yes

Date Received

03/21/2023

Legislative

✓ No

Yes

✓ No

Aggregate contributions

\$150.00

\$150.00

municipality valued at more than \$5,000?

If yes, indicate which branch or

branches of government the

contract is with:

Revised January 2015	I. MONETAKT	I KECEI	ris	(Sections A-K)	1 ag	3C 12	1 01	170
NAME OF COMMITTEE (Provide Com	plete Name as Registered with Fi	iling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford					April 10 filing			
A. Total Contributions from Small C	ontributors - Received this	Period O	NLY					
See instructions for definition of Small Co				Subtotal Section A				\$0.00
	B. Itemized (Contributi	ons fr	om Individuals				
Last Name			First					M.I.
Love			Con	nnie				
Residential Street Address		City				State	Zip Code	
320 Collins St		Hartford	l			СТ	06105-1	1507
Principal Occupation			Name o	of Employer ed		ı	<u>.I</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business h				Amoun	nt of Cont	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 contract is with:	or	or prosp		✓ No			\$5.00
Method of contribution: Cash Personal Check Credit/Dec		Money Orde	er	Date Received 03/31/2023	Aggregate contributions \$5.00			
Last Name			First			-		M.I.
Marks			Dav	rid				
Residential Street Address		City				State	Zip Code	
18 The Crossways		West Ha	artford	d		CT	06117-1	1855
Principal Occupation Is contributor a lobbyist, spouse, or Ye	■		ndidate (Amour	nt of Cont	ribution
dependent child of a lobbyist?	municipanty valued at more is	han \$5,000?		Yes	✓ No		it of Cont	inducion
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:	or	or prosp		✓ No			\$500.00
Method of contribution: ☐ Cash Personal Check ☐ Credit/De	ebit Card Payroll Deduction	Money Orde	er	Date Received 02/05/2023	Aggregate contributions \$500.00			
Last Name			First					M.I.
Mayo			Tier	ra				
Residential Street Address		City				State	Zip Code	
157 Montrose St		Hartford				СТ	06106-4	1148
Principal Occupation Chef			Name of Benn	of Employer N y' S				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business h				Amour	nt 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 stat If yes, indicate which branch o branches of government the	or	or prosp		∐ Yes ✓ No			\$10.00

SUBTOTAL Section B - This Page	\$515.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$60,170.50

Date Received 03/11/2023

Aggregate contributions

\$10.00

Method of contribution:

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

Revised January 2015	I. WIONE I AR I	KECEI	ris	(Sections A-K)	1 ag	, c 122	2 01	170
NAME OF COMMITTEE (Provide Comple	lete Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Coleman 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				\$0.00
	B. Itemized C	Contributi	ons fi	rom Individuals				
Last Name			First					M.I.
McClendon			Rov	van				
Residential Street Address		City	•			State	Zip Code	
913 Choate Ave		Hamder				СТ	06518-1	705
Principal Occupation			Name	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 h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r	or prosp		✓ No			\$100.00
Method of contribution: ☐ Cash	contract is with:	Money Orde		Date Received 01/24/2023	Aggregate contributions \$100.00			
Last Name			First					M.I.
McCollum			Alle	n				
Residential Street Address		City	•			State	Zip Code	
2250 Shepard Ave		Hamder		45.		СТ	06518-1	509
Principal Occupation Broker				of Employer ntic Capital Inves	tments			
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 Yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r	or prospecutive		✓ No			\$250.00
Method of contribution: Cash Personal Check Credit/Deb	contract is with: it Card Payroll Deduction	Money Orde		Date Received 01/14/2023	Aggregate contributions \$250.00			
Last Name			First					M.I.
McGarrah			Sar	ndra				
Residential Street Address		City Hartford	ı			State CT	Zip Code 06112-1	407
210 Branford St Principal Occupation		Паппого		of Employer		CI	00112-1	407
Trincipal Occupation			Name	or Employer				
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? If yes, list Event # Yes	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or prosp		∐ Yes ✓ No			\$20.00

SUBTOTAL Section B - This Page	\$370.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$00,170.50

Date Received

03/11/2023

Aggregate contributions

\$20.00

Method of contribution:

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

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	RECEI	PTS) Pa	ge 12	23 of	176		
NAME OF COMMITTEE (Provi	TYPE OF REPORT									
						April 10 filing				
A. Total Contributions from S	Small Contri	butors - Received this	Period O	NLY		· · · · ·				
See instructions for definition of S					Subtotal Section A				\$0.00	
		<u> </u>	Contributi	ons f	rom Individuals				·	
Last Name				First					M.I.	
Merrow				Ma	rk					
Residential Street Address			City				State	Zip Code		
15 White St			Southwi	ick			MA	01077-	9473	
Principal Occupation				Name	of Employer					
Attorney				Law	offices of Mark N	Merrow 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				Amou	nt of Cont	ribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No b	contributor a principal of a state fyes, indicate which branch or anches of government the	r	or pros	_	✓ No			\$100.00	
Method of contribution:	Credit/Debit Car	ontract is with:	Money Orde		Date Received 03/16/2023	Aggregate contributions \$100.0				
Last Name				First			•		M.I.	
Mester				Da	/id					
Residential Street Address			City				State	Zip Code		
134 Thistle Pond Dr			Bloomfie	eld			CT	06002-	1691	
Principal Occupation					of Employer ter Law 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 the	or business h				Amou	nt of Cont	ribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No b	fyes, indicate which branch o ranches of government the ontract is with:	r	or pros	_	✓ No			\$250.00	
Method of contribution: Cash Personal Check	Credit/Debit Car	d Payroll Deduction	Money Orde	er	Date Received 03/23/2023	Aggregate contributions \$250.0				
Last Name				First					M.I.	
Millner				Ge	orge					
Residential Street Address			City				State	Zip Code		
108 Ashley St			Hartford				СТ	06105-	1403	
Principal Occupation				Name 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 state of the st	or business h				Amou	nt of Cont	ribution	

SUBTOTAL Section B - This Page	\$390.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

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

\$40.00

Legislative

Date Received

03/31/2023

\$40.00

SEEC FORM 20 Revised January 2015 I. MONETAR	Y RECEI	PTS	(Sections A-K)	Pa	ge 12	24 of	176
NAME OF COMMITTEE (Provide Complete Name as Registered with I	TYPE OF REPORT						
Coleman 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	ons f	rom Individuals				
Last Name		Firs	t				M.I.
Milward		Sto	sh				
Residential Street Address	City				State	Zip Code	
51 Vine St	Hartford	i			CT	06112-2	2205
Principal Occupation Development Consultant			of Employer GCT LLC				
dependent child of a lobbyist? No municipality does contribute municipality valued at more	ct? mynicinality does contributer or bysings he/she is associated with heye a contract with said Amount of						
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a start of the section L1? If yes, indicate which branch branches of government the		or pros	spective state contractor	? ☐ Yes ✓ No			\$20.00
If yes, list Event # 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 03/11/2023	Aggregate contributions \$20.00	1		
Last Name		Firs	i		·		M.I.
Mitchell		Ca	rol				
Residential Street Address	City				State	Zip Code	1
1006 Summer Hill Dr	South V	Vinds	or		CT	06074-2	2862
Principal Occupation Consultant			of Employer ronmental Svcs I	nc			
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				Amou	nt of Cont	ribution
avant reported in Section I 12	L1? Yes If yes, indicate which branch or branches of government the No						\$250.00
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		Firs	t				M.I.
Mitchell		De	rek				
Residential Street Address	City South V	Vinds	or		State	Zip Code 06074-2	2862
1006 Summer Hill Dr Principal Occupation	Joann		of Employer			1 3307 4 7	
					_		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o municipality does contribute.					Amou	nt of Cont	ribution

SUBTOTAL Section B - This Page	\$520.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$00,170.50

Executive

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

Yes

Date Received

03/23/2023

Legislative

✓ No

Yes

✓ No

Aggregate contributions

\$250.00

\$250.00

municipality valued at more than \$5,000?

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

✓ No

Yes

✓ No

Method of contribution:

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

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

If yes, list Event #

Revised January 2015	I. MONETARY	Y RECEI	PTS	S (Sections A-K)	Pag	ge 125	5 of	176
NAME OF COMMITTEE (Provide Comp	lete Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford					April 10 filing			
A. Total Contributions from Small C	ontributors - Received this	Period O	NLY					
See instructions for definition of Small Co	ıtributor)			Subtotal Section A				\$0.00
	B. Itemized C	Contributi	ons f	rom Individuals				
Last Name			First	t				M.I.
Mitchell			Mic	chael				
Residential Street Address		City				State	Zip Code	
1089 Blue Hills Ave		Bloomfi	eld			CT	06002-2	746
Principal Occupation			Name CHE	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	municipality does contributor municipality valued at more the	or business han \$5,000?	he/she	is associated with have Yes	a contract with said No	Amoun	t of Contr	ribution
event reported in Section L1? Yes Yes Yes No	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	ecutiv		✓ No			\$20.00
Method of contribution: Cash Personal Check Credit/Del		Money Orde	er	Date Received 01/28/2023	Aggregate contributions \$45.00			
Last Name			First	t				M.I.
Moore			Kin	0				
Residential Street Address		City				State	Zip Code	
273 Franklin Ave		Hartford	<u>t</u>			CT	06114-1	849
Principal Occupation	Tro and a second			e of Employer		,		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more the	or business h han \$5,000?	he/she	is associated with have Yes	a contract with said No	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes Yes You 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			\$200.00
Method of contribution: Cash ✓ Personal Check Credit/Del		Money Orde		Date Received 02/18/2023	Aggregate contributions \$200.00			
Last Name			First	t				M.I.
Morehead			Baı	rbara				
Residential Street Address		City				State	Zip Code	
36 High Ct, Apt 2		East Ha				СТ	06118-1	871
Principal Occupation			Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality door contributor	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes Who Who	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or pros	_	∐ Yes ✓ No			\$20.00

SUBTOTAL Section B - This Page	\$240.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

Date Received 03/11/2023

Aggregate contributions

\$20.00

Method of contribution:

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

Method of contribution:

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

Revised January 2015		I. MONETARY	RECEI	PTS	(Sections A-K)	Pag	ge 120	6 of	176
NAME OF COMMITTEE (Providence of COMMITTEE)	de Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from S	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					M.I.
Morris				Alv	in				
Residential Street Address			City				State	Zip Code	
726 Tower Ave			Hartford				CT	06112-1	152
Principal Occupation					of Employer Head Island				
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 ☐ Yes ☐ Yes ☑ No	If contribution is in excess of municipality does contributor municipality valued at more the Is contributor a principal of a state If yes, indicate which branch or branches of government the	or business han \$5,000? e contractor or	ie/she i	s associated with have Yes pective state contractor	a contract with said No Yes	Amoun	at of Conti	**************************************
Method of contribution:	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 03/16/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Nealy				Jan	nes				
Residential Street Address			City				State	Zip Code	
57 Cliffmount Dr			Bloomfie	eld			CT	06002-2	2225
Principal Occupation Is contributor a lobbyist, spouse, or	Yes	If contribution is in excess of	\$400 to a can		of Employer committee for a chief e	executive officer of a	Amoun	nt of Conti	ribution
dependent child of a lobbyist?	✓ No	municipality does contributor municipality valued at more the		ie/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 of branches of government the contract is with:	r	or pros		✓ Yes			\$100.00
Method of contribution: Cash ✓ Personal Check Contribution:	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/28/2023	Aggregate contributions \$140.00			
Last Name				First					M.I.
Nealy				Jan	nes				
Residential Street Address			City				State	Zip Code	
57 Cliffmount Dr			Bloomfie	eld			CT	06002-2	2225
Principal Occupation				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 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 of branches of government the contract is with:	r	or pros		∐ Yes ✓ No			\$20.00

\$170.00	SUBTOTAL Section B - This Page
\$60,170.30	TOTAL of Section B Pages
\$60,170.30	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
ψου, 17 0.30	(Enter total on Line 13, Column A of Summary Page

Aggregate contributions

\$140.00

Date Received

02/18/2023

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	RECE	PTS	(Sections A-K)) Pa	ge 1	27	of	176
NAME OF COMMITTEE (Provide Complete	TYPE OF REPORT								
Coleman for Hartford					April 10 filing				
A. Total Contributions from Small Con	tributors - Received this	Period O	NLY						
(See instructions for definition of Small Contro	ibutor)			Subtotal Section A	N.				\$0.00
	B. Itemized C	Contributi	ons f	rom Individuals					
Last Name			First						M.I.
Nealy			Jan	nes					
Residential Street Address		City				State	Zip (
57 Cliffmount Dr		Bloomfi	eld			CT	060	02-2	225
Principal Occupation			Name	of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Is this contribution associated with an	municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes V No						Contr	ibution	
event reported in Section L1? Yes V No Wyos, list Event #							\$20.00		
Method of contribution: ✓ Cash Personal Check Credit/Debit (Card Payroll Deduction	Money Ord	er	Date Received 03/11/2023	Aggregate contributions \$140.00				
Last Name			First			.4			M.I.
Nelson			Eug	gena					
Residential Street Address		City				State	Zip (Code	
71 Bryden Ter		Hamdei	n			СТ	065	17-4	010
Principal Occupation Retired			Name Retir	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 l				Amou	int of C	Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes No Yes	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or pros		∐ Yes ✓ No			Ş	\$100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit (Card Payroll Deduction	Money Orde	er	Date Received 03/22/2023	Aggregate contributions \$150.00				
Last Name			First						M.I.
Nixon			Cla	rence					
Residential Street Address		City				State	Zip (Code	
290 Collins St		Hartford				CT	061	05-1	549
Principal Occupation Driver				of Employer munity Renewal	Team				
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				Amou	int of C	Contr	ibution

\$130.00	SUBTOTAL Section B - This Page
\$60,170.30	TOTAL of Section B Pages
\$60.170.30	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
φου, 170.30	(Enter total on Line 13, Column A of Summary Page

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

Executive

✓ No

Yes

✓ No

Aggregate contributions

\$10.00

\$10.00

Yes

Date Received

03/31/2023

Legislative

municipality valued at more than \$5,000?

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

97 Joshua HI Principal Occupation Licensed Practical Nurse

If yes, list Event #

Cash

Method of contribution:

Is contributor a lobbyist, spouse, or

Is this contribution associated with an

dependent child of a lobbyist?

event reported in Section L1?

Yes

✓ No

Yes

✓ No

Personal Check Credit/Debit Card

SEEC FORM 20 Revised January 2015 I. MONETAR	I. MONETARY RECEIPTS (Sections A-K) Page						176
NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repos	itory)		TYPE OF REPORT			
Coleman for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received thi	is Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized	Contribut	ions f	rom Individuals				
Last Name		Firs	t				M.I.
Nixon		Не	len				
Residential Street Address	City				State	Zip Code	:
19 Sunset St	Windso	r			CT	06095-	4306
Principal Occupation Retired		Name Reti	of Employer red				
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				Amou	ınt of Con	tribution
event reported in Section L1? If yes, list Event # If yes, indicate which branch branches of government the contract is with:	ted in Section L1? If yes, indicate which branch or branches of government the No. No. If yes, indicate which branch or branches of government the If yes, indicate which branch or If y						\$100.00
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	er	Date Received 01/24/2023	Aggregate contributions \$150.00	1		
Last Name		Firs	t				M.I.
Nixon		Не	len				
Residential Street Address 19 Sunset St	City Windso	r			State CT	Zip Code 06095-	
Principal Occupation Retired		Name Reti	of Employer red			•	
dependent child of a lobbyist? municipality does contribut	lobby vist? Amount of Conti						tribution
avant reported in Castian I 12	vent reported in Section L1? Yes If yes, indicate which branch or branches of government the V No						\$50.00
Method of contribution: ☐ Cash Personal Check Credit/Debit Card Payroll Deduction [Money Ord	er	Date Received 03/29/2023	Aggregate contributions \$150.00	1		
Last Name		Firs					M.I.
Oretade		Ob	afemi Richard				
Residential Street Address	City				State	Zip Code	
97 Joshua HI	Windso				CT	06095-	3469
Principal Occupation		l Name	of Employer				

Altranais Home Care LLC

Date Received

03/19/2023

✓ No

Legislative

Yes

✓ No

Aggregate contributions

\$100.00

Amount of Contribution

\$100.00

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

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:

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

Method of contribution:

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

Revised January 2015		I. MONETARY	Pag	ge 129	9 of	176				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT				
Coleman 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	tributor)			Subtotal Section A				\$0.00	
		B. Itemized C	ontributi	ons f	from Individuals					
Last Name				Firs	t				M.I.	
Osbourne				Ev	erton					
Residential Street Address			City				State	Zip Code		
88 Ashley St			Hartford	l			CT	06105-1	1403	
Principal Occupation				Name	e of Employer		-			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the scontributor a principal of a state.	or business han \$5,000?	ne/she	is associated with have Yes	a contract with said No	Amoun	Amount of Contributio		
event reported in Section L1?	Yes	If yes, indicate which branch or		or pro	spective state contractor	Y es	\$5.0			
If yes, list Event #	✓ No	branches of government the contract is with:	Exe	ecutiv	e Legisl	ative No				
Method of contribution: ✓ Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/28/2023	Aggregate contributions \$5.00	!			
Last Name				Firs	t				M.I.	
Owens				Su	san					
Residential Street Address			City				State	Zip Code		
121 Spencer Dr			Middleto	own			CT	06457-3	3538	
Principal Occupation				Name Reti	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 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 of		or pro	spective state contractor	Yes ✓ No			\$30.00	
If yes, list Event #	VINO	branches of government the contract is with:	Exe	ecutiv	e Legisl	ative				
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 03/11/2023	Aggregate contributions \$30.00				
Last Name				Firs	t				M.I.	
Parnther				Ne	il					
Residential Street Address			City				State	Zip Code		
120 Preston St			Hartford	l			CT	06114-2	2572	
Principal Occupation				Name	e 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 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 or branches of government the	r	or pros	_	∐ Yes ✓ No			\$5.00	
		contract is with:		a v			1			

SUBTOTAL Section B - This Page	\$40.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$00,170.30

Aggregate contributions

\$5.00

Date Received

03/28/2023

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?

Is this contribution associated with an

Method of contribution:

Cash Personal Check Credit/Debit Card

event reported in Section L1?

If yes, list Event #

Yes

✓ No

Yes

✓ No

SEEC FORM 20 Revised January 2015 I. MONETAL	I. MONETARY RECEIPTS (Sections A-K)							176		
NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Reposi	tory)		TYPE OF REPORT						
Coleman for Hartford				April 10 filing						
A. Total Contributions from Small Contributors - Received th	nis Period O	NLY								
(See instructions for definition of Small Contributor)			Subtotal Section A					\$0.00		
B. Itemized	l Contributi	ons f	rom Individuals	•						
Last Name		Firs	t					M.I.		
Petteway		Joy	/ce							
Residential Street Address	City				State	Zi	p Code			
1680 Meriden Rd, Apt 18	Waterbu	ıry			CT	0	6705-5	923		
Principal Occupation		Name Reti	e of Employer red		•					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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						Amount of Contribution				
Yes Yes	ection L1? Yes If yes, indicate which branch or branches of government the varieties VNo						\$50.0			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 03/11/2023	Aggregate contributions \$100.00						
Last Name		Firs	t					M.I.		
Petteway		Joy	/ce							
Residential Street Address	City Waterbu	ırı,			State CT	- 1	p Code 6705-5	022		
1680 Meriden Rd, Apt 18 Principal Occupation	waterbt		e of Employer		Ci	0	0703-3	923		
rincipal Occupation		Reti								
dependent child of a lobbyist? municipality does contribu	proposed to hild of a labbraict?						f Contr	ibution		
Yes Y	n Section L1? Yes If yes, indicate which branch or branches of government the							\$50.00		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 03/19/2023	Aggregate contributions \$100.00	_					
Last Name		Firs	t					M.I.		
Phillips		Fre	ed							
Residential Street Address	City				State Zip Code					
239 Collindale Dr	Meriden	l			СТ	0	6450-8	320		
Principal Occupation		Name	e of Employer							

SUBTOTAL Section B - This Page	\$120.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$60,170.30

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

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

Yes

Date Received

01/28/2023

Legislative

✓ No

Yes

✓ No

Aggregate contributions

\$80.00

municipality valued at more than \$5,000?

Payroll Deduction Money Order

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

Amount of Contribution

\$20.00

Revised January 2015	I. MONETARY	RECEI	PIS	(Sections A-K)	rag	ge 131	1 01	1/6
NAME OF COMMITTEE (Provide Comp	lete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford					April 10 filing			
A. Total Contributions from Small Co	ontributors - Received this	Period O	NLY					
(See instructions for definition of Small Cor	ıtributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons fr	om Individuals				
Last Name			First					M.I.
Phillips			Fred	t				
Residential Street Address		City				State	Zip Code	
239 Collindale Dr		Meriden	1			CT	06450-8	3320
Principal Occupation			Name o	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	municipality does contributor municipality valued at more the	or business h nan \$5,000?	he/she 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?	Is contributor a principal of a state If yes, indicate which branch or		or prosp	bective state contractor	Yes			\$20.00
If yes, list Event #	branches of government the contract is with:	_	ecutive	Legisla	✓ No ative			
Method of contribution: ✓ Cash Personal Check Credit/Deb	oit Card Payroll Deduction	Money Orde	er	Date Received 02/18/2023	Aggregate contributions \$80.00	ı		
Last Name			First	'				M.I.
Phillips			Fred	t				
Residential Street Address		City				State	Zip Code	
239 Collindale Dr		Meriden				СТ	06450-8	320
Principal Occupation			Name o	of Employer				
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 No	Is contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	?			\$20.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive	Legisla	ative			
Method of contribution: Cash Personal Check Credit/Deb	oit Card Payroll Deduction	Money Orde	er	Date Received 02/25/2023	Aggregate contributions \$80.00	1		
Last Name			First					M.I.
Phillips			Fred	d				
Residential Street Address		City				State	Zip Code	
239 Collindale Dr		Meriden				СТ	06450-8	320
Principal Occupation			Name o	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of S 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 Who Who	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			\$20.00

SUBTOTAL Section B - This Page	\$60.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 17 0.30

Date Received 03/16/2023

Aggregate contributions

\$80.00

Method of contribution:

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

Revised January 2015		I. MONETAKT	KECEI	ris	(Sections A-K)	1 4 5	;e 13.	2 01	170
NAME OF COMMITTEE (Provide	le Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from Sn	nall Cor	tributors - Received this	Period O	NLY					
See instructions for definition of Sm	nall Conti	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First	:				M.I.
Pitts				Sar	ndra				
Residential Street Address			City	l			State	Zip Code	
598 Tower Ave			Bloomfi	eld			CT	06002-3	3920
Principal Occupation			•	Name	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	nt 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		res ✓ No			\$10.00
Method of contribution: ✓ Cash Personal Check Co	redit/Debit		Money Orde	er	Date Received 03/19/2023	Aggregate contributions \$10.00	1		
Last Name				First					M.I.
Pomeranz				Jan	nes				
Residential Street Address			City				State	Zip Code	
265 Farms Village Rd			West Si				СТ	06092-2	2437
Principal Occupation Attorney					of Employer Sann Bartlett Brow	/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	nt of Conti	ribution
Is this contribution associated with an	Yes	Is contributor a principal of a stat	e contractor	or pros	pective state contractor	? Yes	1		\$500.00
event reported in Section L1? If yes, list Event #	✓ No	If yes, indicate which branch o branches of government the contract is with:	_	ecutiv	e Legisla	✓No			\$500.00
Method of contribution: Cash	redit/Debit		Money Orde	er	Date Received 03/15/2023	Aggregate contributions \$500.00	-)		
Last Name				First					M.I.
Pudlin				Jac	cob				
Residential Street Address			City				State	Zip Code	
407 Monroe St			New Bri				СТ	06052-1	647
Principal Occupation Consultant					of Employer in & Pudlin				
Is contributor 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 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	•		∐ Yes ✓ No			\$100.00
If yes, list Event #		contract is with:	Ex	ecutiv	e Legisla	ntive			

SUBTOTAL Section B - This Page	\$610.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

Date Received

02/18/2023

Aggregate contributions

\$100.00

Method of contribution:

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

A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor) B. Itemized Contributions from Individuals Last Name Pudlin Residential Street Address 360 Laurel St Principal Occupation Is contributor a lobbyist, spouse, or dependent clid of a lobbyist? In Samuel Amount of Contribution of Small Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a contract or prospective state contractor? Yes Yes	Revised January 2015	I. MONETARY	RECEI	IPTS ((Sections A-K)	rag	ge 13.	3 01	1/6
Note Contribution Small Contributors Received Subtotal Section A Subtotal Su	NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Second proper Part	Coleman for Hartford					April 10 filing			
Last Name First Samuel First Samuel MI. Pudlin Samuel MI. Samuel	A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY					
Residential Street Address Residential Street Ad	(See instructions for definition of Small Con	tributor)		5	Subtotal Section A				\$0.00
Pudlin Samuel State Address State		B. Itemized C	Contributi	ions fr	om Individuals	•			
Residential Street Address 360 Laurel St Principal Occupation Secontributor a lobbyist, spouse, or dependent child of a lobbyst? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes One of the properties state contract with said numicipality valued at more than \$5,000? Yes One of the properties state contractor or prospective state contract with said numicipality valued at more than \$5,000? Yes One of the properties state contractor? Yes One of the properties state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or One of One of the principal of a state contractor or One of O	Last Name			First					M.I.
Secontibutor a lobbyist, spouse, or dependent child of a lobbyist. Personal Credit/Debit Card Payroll Deduction Money Order Data Received Refired Money Order Data Received Refired Stort Data Spouse, or dependent child of a lobbyist. Personal Check Credit/Debit Card Payroll Deduction Money Order Data Received Refired Money Order Data Received Refired Payroll Deduction Money Order Payroll Deduction Money Order Data Received Refired Payroll Deduction Money Order Payroll Deduction Money Order Payroll Deduction Money Order Data Received Refired Payroll Deduction Money Order Data Received Refired	Pudlin			Sam	uel				
Principal Occupation Name of Employer Self employed	Residential Street Address		City				State		
Self employed Self contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a cardiact with said municipality valued at more than \$5,000? Yes	360 Laurel St		Hartford	<u></u> t			СТ	06105-2	2783
dependent child of a lobbyist?	Principal Occupation								
event reported in Section L1?	dependent shild of a lobbyggt?	municipality does contributor	or business h		associated with have	a contract with said	Amoun	t of Conti	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received O2/18/2023 \$50.00	event reported in Section L1?	If yes, indicate which branch or	r		_	✓ No			\$50.00
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order O2/18/2023 \$50.00			Exe	ecutive			_		
Rainey Jr Clifton Residential Street Address 112 Richmond Ln Principal Occupation Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Money Order Carey Residential Street Address City Hartford City Hartford City Care City Hartford City Hartford City Care City Hartford City Hartford City Care City Hartford City Care City Hartford City Care City Hartford City Care City Care City Care City Hartford City Care Ci		t Card Payroll Deduction	Money Orde	er		EE E			
Residential Street Address 112 Richmond Ln Principal Occupation Name of Employer Retired Name of Employer Retired	Last Name			First					M.I.
Name of Employer Retired Name of Employer Retired Name of Employer Retired State Contribution associated with an event reported in Section L1? Yes Is contribution: Yes Is contribution associated with an event reported in Section L1? Yes Is contributed a more than \$5,000? Yes Is contribution: Yes Is contributed a municipality valued at more than \$5,000? Yes Yes Yes Yes Yes Is contribution: Yes Is contribution approached in Section L1? Yes Is contributed a more than \$5,000? Yes Y	Rainey Jr			Clifto	on				
Principal Occupation Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is 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: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Retired Amount of Contribution Yes First Redd City Residential Street Address 264 Whitney St Amount of Contribution Aggregate contributions State City Hartford Retired Amount of Contribution Payroll Deduction Money Order Retired Amount of Contribution Oavelenged a contract with said municipality valued at more than \$5,000? Personal Check No. Aggregate contributions State City Hartford City Hartford City Hartford City Hartford City Hartford City City City City Hartford City								1 .	
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, list Event # Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Redd Casion List Name Redd City Hartford Retired Amount of Contribution Amount of Contribution State City Hartford Retired Aggregate contributions State City Hartford City Hartford City Hartford Aggregate State Size City City Hartford			West Ha				CI	06117-1	606
dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Ye	Principal Occupation				· ·				
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Residential Street Address 264 Whitney St Last Name Redd Residential Street Address City Hartford Residential Street Address CT 06105-2270	dependent child of a lobbyist?	municipality does contributor	or business h		associated with have	a contract with said	Amoun	t of Conti	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Last Name Redd Residential Street Address 264 Whitney St Contract is with: Executive Legislative Date Received 03/29/2023 \$50.00 Payroll Deduction Money Order O3/29/2023 \$50.00 Money Order Payroll Deduction Money Order Carey M.I. State Zip Code CT 06105-2270	event reported in Section L1?	If yes, indicate which branch or		or prospe	ective state contractor	Y es			\$50.00
Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Money Order 03/29/2023 \$50.00 Last Name First Carey M.I. Residential Street Address City Hartford State Cip Code 264 Whitney St Hartford CIT O6105-2270	If yes, list Event #		Exe	ecutive	Legisla	ative			
Redd Carey Residential Street Address City Hartford State CT 06105-2270		it Card Payroll Deduction	Money Orde	er			1		
Residential Street Address City State Zip Code 264 Whitney St Hartford CT 06105-2270	Last Name			First					M.I.
264 Whitney St Hartford CT 06105-2270	Redd			Care	ey				
204 Whiteley of	Residential Street Address						1		
			Hartford				CI	06105-2	2270
Principal Occupation Public Servant Name of Employer New Haven Parking Auth				1		Auth			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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 Voo	dependent shild of a lobbygist?	municipality does contributor	or business h		associated with have	a contract with said	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 contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative \$100	event reported in Section L1?	If yes, indicate which branch or branches of government the	r		_	∐ Yes ✓ No			\$100.00

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 17 0.30

Date Received 03/23/2023

Aggregate contributions \$100.00

Method of contribution:

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

Method of contribution:

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

Revised January 2015		I. MONETARY	RECEI	PTS	S (Sections A-K)	Pag	ge 134	4 of	176
NAME OF COMMITTEE (Provide C	Complete	e Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from Sma	all Cont	tributors - Received this	Period O	NLY	7				
(See instructions for definition of Smal	ll Contri	butor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	from Individuals				
Last Name				Firs	t				M.I.
Roberts				Da	ryl				
Residential Street Address			City				State	Zip Code	
47 Merriman Rd			Windson	r			CT	06095-1	1016
Principal Occupation					e of Employer				
Safety Director				Воа	rd of Education				
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 Conti	ribution
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
Method of contribution:	dit/Debit C	contract is with: Card Payroll Deduction	Money Orde	ecutiv er	Date Received 01/28/2023	Aggregate contributions \$200.00			
Last Name				Firs	t				M.I.
Rogers				Са	lvin				
Residential Street Address			City				State	Zip Code	
52 Lincoln Ter			Bloomfie	eld			CT	06002-3	3125
Principal Occupation				Name Reti	e of Employer red				
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	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 pro	spective state contractor	? Yes			\$20.00
]No	branches of government the contract is with:	_	ecutiv	ve Legisla	✓ No ntive			
Method of contribution: Cash Personal Check Cred	dit/Debit C	Card Payroll Deduction	Money Orde	er	Date Received 03/24/2023	Aggregate contributions \$20.00			
Last Name				Firs	t				M.I.
Rucker				Da	nielle				
Residential Street Address			City				State	Zip Code	
115 Wethersfield Ave, Apt F			Hartford				СТ	06114-1	175
Principal Occupation				Name	e of Employer				
dependent shild 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	ribution
event reported in Section L1?	Yes No	Is contributor a principal of a state <i>If yes</i> , indicate which branch or branches of government the	· _	•	_	∐ Yes ✓ No			\$25.00
ij yes, list event#		contract is with:	Ехе	ecutiv	/e Legisla	uive			

SUBTOTAL Section B - This Page	\$145.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.30

Aggregate contributions \$25.00

Date Received 02/18/2023

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

SEEC FORM 20	I MONETARY	DECEL	DTC	(G (* 147)	n-	12	<i>.</i>	176
Revised January 2015	I. MONETARY	RECEI	PIS	(Sections A-K)	Pa	ge 13	5 of	1/6
NAME OF COMMITTEE (Provide Complete Name	as Registered with Fili	ng Reposii	tory)		TYPE OF REPORT			
Coleman for Hartford					April 10 filing			
A. Total Contributions from Small Contribute	ors - Received this P	eriod O	NLY					
(See instructions for definition of Small Contributor)				Subtotal Section A				\$0.00
	B. Itemized Co	ntributio	ons f	rom Individuals				
Last Name			First					M.I.
Ruffin			Cla	ra				
Residential Street Address		City				State	Zip Code	4007
149 Ridgefield St		Hartford				СТ	06112-	1837
Principal Occupation			Name	of Employer				
dependent child of a lobbyist? muni	ntribution is in excess of \$4 icipality does contributor or icipality valued at more tha	r business h				Amour	nt of Cont	ribution
event reported in Section L1? If yes, V No branch	resction L1? If yes, indicate which branch or Yes							\$100.00
Method of contribution: ☐ Cash	Payroll Deduction N	Money Orde	er	Date Received 01/24/2023	Aggregate contributions \$100.00			
Last Name			First					M.I.
Ruiz			Rai	mon				
Residential Street Address		City				State	Zip Code	
28 Belden St		Hartford				СТ	06120-	2701
Principal Occupation Retired			Reti	of Employer red				
dependent child of a lobbyist? muni	ntribution is in excess of \$4 icipality does contributor or icipality valued at more tha	r business h				Amoui	nt of Cont	ribution
event reported in Section L1? Yes If yes, Proper list Event #	ibutor a principal of a state indicate which branch or nes of government the ct is with:	_	or pros		∐ Yes ✓ No			\$10.00
Method of contribution: ✓ Cash Personal Check Credit/Debit Card	Payroll Deduction N	Money Orde	er	Date Received 03/17/2023	Aggregate contributions \$10.00			
Last Name			First					M.I.
Sailor			Am	у				
Residential Street Address		City				State	Zip Code	<u>'</u>
154 Fairfield Ave		Hartford				СТ	06114-	1722
Principal Occupation				of Employer Science Center				

SUBTOTAL Section B - This Page	\$160.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$00,170.30

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

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:

Amount of Contribution

\$50.00

Yes

✓ No

Aggregate contributions

\$50.00

Legislative

Date Received

02/18/2023

Method of contribution:

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

Revised January 2015		I. MONETARY	RECEI	PTS	S (Sections A-K)	Pag	ge 136	6 of	176
NAME OF COMMITTEE (Providence of COMMITTEE)	le Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from Si	mall 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 f	rom Individuals				
Last Name				First	t				M.I.
Shasha				Ro	bert				
Residential Street Address			City				State	Zip Code	I
229 Beechmont Dr			New Ro	chell	le		NY	10804-4	405
Principal Occupation					e of Employer				
Business				The	Cotswold Group,	Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	municipality does contributor municipality valued at more th	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? Sometime Yes No						ribution
event reported in Section L1?	Yes ✓ No	If yes, indicate which branch or branches of government the	r	•	_	Yes ✓ No			\$640.00
If yes, list Event #		contract is with:	Exe	ecutiv	e Legisla	ative			
Method of contribution: Cash ✓ Personal Check C	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/13/2023	Aggregate contributions \$1,000.00			
Last Name				First	t				M.I.
Shuff-Porter				Da	rlene				
Residential Street Address			City				State	Zip Code	l
76 Aspen Dr			Middleto	own			CT	06457-2	2016
Principal Occupation Substance Abuse Counselor					of Employer t of Corrections				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Ves ✓ No	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 ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the				✓ No			\$20.00
		contract is with:	Ехе	ecutiv					
Method of contribution: Cash Personal Check C	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 03/19/2023	Aggregate contributions \$20.00			
Last Name				First	t				M.I.
Simmons				Lou	uise				
Residential Street Address			City				State	Zip Code	
12 Beacon St			Hartford				СТ	06105-4	101
Principal Occupation Professor				Name Uco	e of Employer nn				
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?	Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	· _	•	_	∐ Yes ✓ No			\$50.00
If yes, list Event #		contract is with:	□ Exe	ecutiv	e Legisla	ative]		

SUBTOTAL Section B - This Page	\$710.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	\$60,170.30

Aggregate contributions \$125.00

Date Received 02/25/2023

Revised January 2015	I. WIONE I AR	I KECEI	.115	(Sections A-K)	1 ag	36 13	/ 01	170
NAME OF COMMITTEE (Provide Co	mplete Name as Registered with Fi	iling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford					April 10 filing			
A. Total Contributions from Small	Contributors - Received this	Period O	NLY				-	
See instructions for definition of Small (Subtotal Section A				\$0.00
	B. Itemized (Contributi	ons fi	rom Individuals				
Last Name			First					M.I.
Simmons			Lou	iise				
Residential Street Address		City				State	Zip Code	
12 Beacon St		Hartford	i			CT	06105-4	1101
Principal Occupation			Name	of Employer				
Professor			Ucor	nn				
Is 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				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If ves. indicate which branch o	or	or prosp		i es			\$25.00
Method of contribution: Cash Personal Check Credit/	Debit Card Payroll Deduction	Money Orde		Date Received 03/16/2023	Aggregate contributions \$125.00			
Last Name			First					M.I.
Simmons			Sus	san				
Residential Street Address		City				State	Zip Code	
150 Dawson Ave		West Ha	aven			CT	06516-6	6414
Principal Occupation				of Employer Student Transpo	ort			
Is 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				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If ves. indicate which branch o	or	or prosp	_	✓ No			\$100.00
Method of contribution: Cash ✓ Personal Check Credit/	Debit Card Payroll Deduction	Money Orde	er	Date Received 01/14/2023	Aggregate contributions \$100.00			
Last Name			First					M.I.
Simpkins			Syc	Iney				
Residential Street Address		City				State	Zip Code	•
1414 Whitney Ave		Hamder				СТ	06517-2	2450
Principal Occupation				of Employer employed				
Is 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				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If ves. indicate which branch o	or	or prosp		∐ Yes ✓ No			\$50.00

SUBTOTAL Section B - This Page	\$175.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	4

Date Received 01/14/2023

Aggregate contributions

\$50.00

Method of contribution:

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

Revised January 2015	I. MONETARY	RECEI	PIS	(Sections A-K)	rag	e 130	8 01	1/6
NAME OF COMMITTEE (Provide Comp.	lete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman 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				\$0.00
	B. Itemized C	Contributi	ons f	rom Individuals				
Last Name			First					M.I.
Simpson			Nat	han				
Residential Street Address		City				State	Zip Code	
185 Brook St		New Bri				СТ	06051-3	348
Principal Occupation				of Employer IC-AAVD				
Admin Assistant			UCF	IC-AAVD				
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 l				Amoun	t of Contr	ribution
Is this contribution associated with an Yes	Is contributor a principal of a state		or pros	pective state contractor	? Yes			\$5.00
event reported in Section L1?	<i>If yes,</i> indicate which branch or branches of government the	r			. VNo			φ5.00
If yes, list Event #	contract is with:	Exc	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check Credit/Deb	oit Card Payroll Deduction	Money Orde	er	Date Received 02/18/2023	Aggregate contributions \$5.00			
Last Name			First					M.I.
Sims			Rot	pert				
Residential Street Address		City				State	Zip Code	400
1213 Crest Ridge Dr		Glenn F				TX	75154-0	138
Principal Occupation			Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l				Amoun	t of Contr	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state		or pros	pective state contractor	? Yes			\$500.00
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:	_	ecutiv	eLegisla	✓ No ative			φοσσ.σσ
Method of contribution: Cash ✓ Personal Check Credit/Deb	oit Card Payroll Deduction	Money Orde	er	Date Received 03/07/2023	Aggregate contributions \$500.00			
Last Name			First					M.I.
Small			Joy	ce				
Residential Street Address		City				State	Zip Code	
30 High St, Apt 1		East Ha				СТ	06118-1	817
Principal Occupation Retired			Name Retir	of Employer red				
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 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 state If yes, indicate which branch or branches of government the contract is with:	r	or pros		∐ Yes ✓ No			\$20.00

SUBTOTAL Section B - This Page	\$525.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

Date Received 03/19/2023

Aggregate contributions

\$20.00

Method of contribution:

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

Method of contribution:

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

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NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY	7				
See instructions for definition of S	Small Cont	tributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons	from Individuals				
Last Name				Firs	st				M.I.
Smith				Je	sse				
Residential Street Address			City				State	Zip Code	
57 Milford St			Hartford	i			CT	06112-2	2131
Principal Occupation				Nam	e of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an	✓ Yes	municipality does contributor	municipality valued at more than \$5,000? Yes VNo						ribution
event reported in Section L1?	Yes	If yes, indicate which branch or		or pro	spective state contractor	i es			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:		ecutiv	ve Legisla	ative No			
Method of contribution: ☐ Cash Personal Check ☐	Credit/Debi		Money Orde	er	Date Received 03/15/2023	Aggregate contributions \$100.00			
Last Name				Firs	st				M.I.
Smith				La	uren				
Residential Street Address			City				State	Zip Code	
50 Corey St			Windso	r			CT	06095-4	1516
Principal Occupation				l .	e of Employer		•		
Consultant				AGI	P 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?	Yes	Is contributor a principal of a stat		or pro	spective state contractor	? Yes			\$20.00
If yes, list Event #	✓ No	If yes, indicate which branch or branches of government the contract is with:		ecutiv	ve Legisla	ative No			Ψ20.00
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 01/28/2023	Aggregate contributions \$20.00	1		
Last Name				Firs	st				M.I.
Smith				Sh	aron				
Residential Street Address			City				State	Zip Code	
676 Garden St			Hartford	1			СТ	06112-2	2020
Principal Occupation				Nam Reti	e of Employer ired				
Is contributor 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 _	•	_	∐ Yes ✓ No			\$20.00
ı yes, πει ενεπι π		contract is with:	<u></u>	ecutiv	ve Legisla	auve			

SUBTOTAL Section B - This Page	\$140.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

Aggregate contributions

\$170.00

Date Received

01/28/2023

Method of contribution:

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

Revised January 2015		I. MONETARY	/ RECEI	PTS	S (Sections A-K)	Pag	ge 140	0 of	176
NAME OF COMMITTEE (Prov	vide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from	Small Co	ntributors - Received this	Period O	NLY	,				
See instructions for definition of	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	from Individuals				
Last Name				Firs	t				M.I.
Smith				Sh	aron				
Residential Street Address			City				State	Zip Code	
676 Garden St			Hartford	I			CT	06112-2	2020
Principal Occupation				Name	e of Employer				
				Reti	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 han \$5,000?	ne/she	is associated with have Yes	a contract with said No	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 <i>If yes</i> , indicate which branch of branches of government the	r		_	✓ No	\$100.		
If yes, list Event #		contract is with:	L Exe	ecutiv		ative			
Method of contribution: ☐ Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 02/11/2023	Aggregate contributions \$170.00			
Last Name				Firs	t		_		M.I.
Smith				Wil	lliam				
Residential Street Address			City				State	Zip Code	
678 Garden St			Hartford	1			CT	06112-2	2020
Principal Occupation				Name Reti	e 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	ribution
Is this contribution associated with an	Yes	Is contributor a principal of a stat	e contractor	or pros	spective state contractor	? Yes	1		¢ E0.00
event reported in Section L1? If yes, list Event #	✓ No	If yes, indicate which branch o branches of government the contract is with:	_	ecutiv	ve Legisla	✓ No			\$50.00
Method of contribution: Cash Personal Check	Credit/Debi		Money Orde	er	Date Received 02/12/2023	Aggregate contributions \$50.00			
Last Name				Firs	t				M.I.
Sotil				Ric	cardo				
Residential Street Address			City				State	Zip Code	
6 Valley View Dr			East Gr	anby	,		CT	06026-9	585
Principal Occupation Arborist					e of Employer -employed				
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 tl	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 stat If yes, indicate which branch o branches of government the	r	or pros		∐ Yes ✓ No			\$100.00
		contract is with:		- Juli V			1		

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$00,170.50

Date Received 02/18/2023 Aggregate contributions \$100.00

event reported in Section L1?

If yes, list Event #

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NAME OF COMMITTEE (Providence of the Committee)	le Complete Na	me as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford	-			•		April 10 filing			
A. Total Contributions from Si	mall Contrib	utors - Received this	Period O	NLY					
See instructions for definition of Sn	nall Contribute	or)			Subtotal Section A				\$0.00
		B. Itemized C	Contributi	ons f	rom Individuals				
Last Name				First					M.I.
Spann				Lyn	ne				
Residential Street Address			City				State	Zip Code	
95 Tower Ave			Hartford	i			CT	06120-1	1034
Principal Occupation				Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Z No.	Contribution is in excess of nunicipality does contributor nunicipality valued at more that	or business l				Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No If y	ntributor a principal of a states, indicate which branch on the of government the	r	or pros		✓ No			\$50.00
Method of contribution:	cor Credit/Debit Card	ntract is with:	Money Orde		Date Received 01/28/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Spywe				Mic	hael				
Residential Street Address			City				State	Zip Code	
113 Highland Ave			Windso	r			СТ	06095-4	1243
Principal Occupation Warehouse loader					of Employer d Class Distribut	ion			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	M _O m	contribution is in excess of nunicipality does contributor nunicipality valued at more that	or business l				Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No If y	ntributor a principal of a states, indicate which branch onches of government the attract is with:	r	or pros		∐ Yes ✓ No			\$20.00
Method of contribution: Cash Personal Check C	Credit/Debit Card	Payroll Deduction	Money Orde	er	Date Received 03/16/2023	Aggregate contributions \$20.00			
Last Name				First					M.I.
Staton				Jan	ice				
Residential Street Address			City				State	Zip Code	2011
87 Dickerman St			New Ha		47. 1		СТ	06511-3	3211
Principal Occupation				Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ No m	contribution is in excess of nunicipality does contributor nunicipality valued at more than the contribution of the contribution of the contribution is in excess of the contribution in the contribution is in excess of the contribution is excessed in the contribution is in excess of the contribution is excessed in the contribution in the contribution in the contribution is excessed in the contribution in the contribution in the contribution is excessed in the contribution in the contrib	or business h han \$5,000?	ne/she i	s associated with have	a contract with said No	Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	ntributor a principal of a stat		or pros	pective state contracto	r? Yes			\$100.00

SUBTOTAL Section B - This Page	\$170.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

Executive

✓ No

Aggregate contributions \$100.00

Legislative

Date Received 01/14/2023

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

✓ No

Method of contribution:

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

Revised January 2015		I. MONETARY	RECEI	PTS	S (Sections A-K)	Pag	ge 142	2 of	176
NAME OF COMMITTEE (Prov	ride Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions from	Small Co	ntributors - Received this	Period O	NLY	7				
See instructions for definition of	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons	from Individuals				
Last Name				Firs	st				M.I.
Stinson				Sh	aron				
Residential Street Address			City				State	Zip Code	
390 Bellevue St, # S3			Hartford	i			CT	06120-2	129
Principal Occupation				l .	e of Employer				
				Dep	oart 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 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 <i>If yes</i> , indicate which branch or		or pro	spective state contractor	i es			\$20.00
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 01/28/2023	Aggregate contributions \$20.00			
Last Name				Firs	st				M.I.
Strickland				Ga	ary				
Residential Street Address			City				State	Zip Code	
39 High Ridge Holw			Avon				CT	06001-3	200
Principal Occupation				l .	e of Employer	0			
Attorney				Die	ssler Strickland Ll	_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 of		or pro	spective state contractor	Y es			\$200.00
If yes, list Event#	✓ No	branches of government the contract is with:		ecutiv	ve Legisla	ative No			
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				Firs	st				M.I.
Sullivan				Ве	atrice				
Residential Street Address			City				State	Zip Code	
31 Woodland St, # 105			Hartford				СТ	06105-4	335
Principal Occupation				Nam Reti	e of Employer ired				
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	nt 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			\$50.00
If yes, list Event #		contract is with:	Ex∈	ecutiv	ve Legisla	ative	j		

SUBTOTAL Section B - This Page	\$270.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	φου, 17 0.30

Date Received 03/19/2023

Aggregate contributions

\$50.00

Method of contribution:

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

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NAME OF COMMITTEE (Provid	le Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford			April 10 filing						
A. Total Contributions from Si	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of Sn	nall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Swift				Rar	ndall				
Residential Street Address			City				State	Zip Code	1440
25 Harrison Ave			Edison		an 1		NJ	08837-3	3416
Principal Occupation Stocker				Cost	of Employer 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 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 <i>If yes</i> , indicate which branch or branches of government the contract is with:	r	or prosp		✓ No			\$20.00
Method of contribution:	Credit/Debit		Money Orde		Date Received 01/28/2023	Aggregate contributions \$20.00			
Last Name				First					M.I.
Szewczyk				Joh	n				
Residential Street Address			City				State	Zip Code	
458 Stage Coach Rd			Durham				СТ	06422-3	3615
Principal Occupation Law enforcement					of Employer n of Boxborough				
Is contributor 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	Is contributor a principal of a state <i>If yes,</i> 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:	Exe	ecutive	eLegisla	ative No			
Method of contribution: ✓ Cash Personal Check C	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 02/18/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Taylor Jr.				Leo	nard				
Residential Street Address			City				State	Zip Code	
265 Cottonwood Rd			Newing				СТ	06111-4	1219
Principal Occupation				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 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 pros	pective state contractor	Yes ✓ No			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exe	ecutive	e Legisla	ative			
Method of contribution: Cash ✓ Personal Check C	credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 01/28/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$170.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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1 1150		01	1 / 0

NAME OF COMMITTEE (Provide C	omplete Name as	Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford			April 10 filing						
A. Total Contributions from Sma	l Contributors	- Received this	Period O	NLY					
(See instructions for definition of Small	Contributor)				Subtotal Section A	A			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Thomas				Ant	one				
Residential Street Address			City				State	Zip Code	
94 Allen St			Windso				СТ	06095-4	1405
Principal Occupation				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipa		or business l		committee for a chief s associated with have Yes		Amoun	t of Conti	ribution
event reported in Section L1?	If ves inc	or a principal of a state licate which branch or of government the	r		pective state contractor	✓ No			\$20.00
If yes, list Event #	contract is		Ex	ecutive		ative			
Method of contribution: ✓ Cash Personal Check Credi	t/Debit Card	Payroll Deduction	Money Orde	er	Date Received 02/18/2023	Aggregate contributions \$20.00	1		
Last Name				First					M.I.
Thomas				Ber	nny				
Residential Street Address			City				State	Zip Code	
245 Brentmoor Rd			East Ha				CT	06118-1	1711
Principal Occupation				Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Mo municipa		or business l		committee for a chief s associated with have Yes		Amoun	t of Conti	ribution
event reported in Section L1?	If yes, inc	licate which branch or		or pros	pective state contractor	Y es			\$50.00
If yes, list Event #	branches of contract is	of government the with:	Exe	ecutive					
Method of contribution: ✓ Cash Personal Check Credi	t/Debit Card	Payroll Deduction	Money Orde	er	Date Received 02/11/2023	Aggregate contributions \$50.00	1		
Last Name				First			_		M.I.
Thomas				Car	olyn				
Residential Street Address			City	•			State	Zip Code	
27 Canterbury St			Hartford				СТ	06112-1	1823
Principal Occupation				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipa		or business l		committee for a chief s associated with have Yes		Amoun	t of Conti	ribution
event reported in Section L1?	res If yes, inc	licate which branch or		or pros	pective state contractor	Yes			\$50.00
If yes, list Event #	No branches of contract is	of government the with:	Exc	ecutive					
Method of contribution: Cash Personal Check Credi	t/Debit Card	Payroll Deduction	Money Orde	er	Date Received 02/18/2023	Aggregate contributions \$50.00	1		

SUBTOTAL Section B - This Page	\$120.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.50

I. MONETARY RECEIPTS (Sections A-K)

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g.	1	-	1,0

Last Name First											
(See instructions for definition of Small Contributor) B. Itemized Contributions from Individuals Last Name First				40.00							
B. Itemized Contributions from Individuals Last Name First				00.00							
Last Name First				\$0.00							
		B. Itemized Contributions from Individuals									
Tindle				M.I.							
Tindle Daijah											
Residential Street Address City		State	Zip Code								
57 Woodland Dr Hartford		CT	06105-1	1202							
Principal Occupation Name of Employer											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief municipality does contributor or business he/she is associated with have municipality valued at more than \$5,000? Yes		Amoun	t of Cont	ribution							
Is this contribution associated with an event reported in Section L1? Yes Viving the first three times associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor of prospective state contractor or prospective sta	✓ No			\$5.00							
If yes, list Event # contract is with:	lative										
Method of contribution: ☐ Cash Personal Check Credit/Debit Card Payroll Deduction Money Order ☐ Date Received 03/28/2023	Aggregate contributions \$5.00										
Last Name First				M.I.							
Tindle Danasia											
Residential Street Address City		State	Zip Code								
464 Barbour St Hartford		СТ	06120-1	1017							
Principal Occupation Name of Employer											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief municipality does contributor or business he/she is associated with have municipality valued at more than \$5,000? Yes		Amoun	t of Cont	ribution							
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor of prospective state contractor or prospective state contractor o	Y es			\$5.00							
If yes, list Event #	lative No										
Method of contribution: Date Received Cradit/Debit Card Payroll Deduction Money Order Date Received 03/28/2023	Aggregate contributions \$5.00										
Last Name First		1		M.I.							
Tindle Nyasia											
Residential Street Address City		State	Zip Code								
464 Barbour St Hartford		CT	06120-1	1017							
Principal Occupation Name of Employer											
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 municipality does contributor or business he/she is associated with have municipality valued at more than \$5,000? Yes		Amoun	at of Cont	ribution							
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor.	or? Yes			\$5.00							
If yes, list Event # If yes, indicate which branch or branches of government the contract is with: Executive Legis	lative No										
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 03/28/2023	Aggregate contributions \$5.00										

SUBTOTAL Section B - This Page	\$15.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

I. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Coleman 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. Itemiz	ed Contributi	ions fr	om Individuals	•			
Last Name		First					M.I.
Toussaint		Beni	ta				
Residential Street Address	City				State	Zip Code	
45 Niles St	Hartford	b			СТ	06105-8	3700
Principal Occupation		Name o	f Employer				
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 contributed in the contribution is in exceed municipality does contributed in the contribution is in exceed municipality valued at n	butor or business h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which bra branches of government the section of	nch or	or prosp	ective state contractor	?			\$10.00
If yes, list Event # branches of government the contract is with:	ne Exe	ecutive	Legisla	ative			
Method of contribution: ☐ Cash	on Money Orde	ler	Date Received 01/28/2023	Aggregate contributions \$20.00			
Last Name		First					M.I.
Toussaint		Beni	ta				
Residential Street Address	City				State	Zip Code	
45 Niles St	Hartford	b			СТ	06105-8	3700
Principal Occupation		Name o	f Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excemunicipality does contrimunicipality valued at n	butor or business h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which bra		or prosp	ective state contractor	Y es			\$10.00
If yes, list Event #	he Exe	ecutive	Legisla				
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	on Money Orde	ler	Date Received 03/19/2023	Aggregate contributions \$20.00			
Last Name		First					M.I.
Tronchin		Irwin					
Residential Street Address	City	•			State	Zip Code	
55 Sunnyfield Dr	Windso				СТ	06095-3	3263
Principal Occupation		Retire	of Employer ed				
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 contributed in the contribution is in exceed municipality does contributed in the contribution is in exceeding the contribution	butor or business h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of event reported in Section L1?		or prosp	ective state contractor	? Yes			\$40.00
If yes, list Event # If yes, indicate which bra branches of government the contract is with:	ne	ecutive	Legisla	✓ No ative			ψ-0.00
Method of contribution:			Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	on Money Orde	ler	02/18/2023	\$90.00			
			'				

SUBTOTAL Section B - This Page	\$60.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

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

SEEC FORM 20 Revised January 2015	I. MONETARY	RECEI	PTS	S (Sections A-K)	P	Page	147	of	176
	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT								
Coleman for Hartford	te Hame as Registerea will I a	iing Reposi	1019)		April 10 filing				
A. Total Contributions from Small Co.	atributors - Received this	Pariod O	NI V	•	, tprii 10 iiiiig				
(See instructions for definition of Small Cont		i ci iou O	ILLI	Subtotal Section A					\$0.00
(See instructions for definition of Small Cont		ontributi	ons f	rom Individuals					\$0.00
Last Name	D. Itellizea C	onti ibuti	Firs						M.I.
Vargas				nado					141.1.
Residential Street Address		City	AII	lauo		State		Zip Code	
26 Paley Farms Rd		Portland	d			CT		216 Code 06480-1	1021
Principal Occupation			Name	e of Employer					
Attorney				/ Law Firm					
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 l				Amo	unt (of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	event reported in Section L1? Yes If yes, indicate which branch or branches of government the branches of government the large of the section L1?								\$100.00
Method of contribution: Cash Personal Check Credit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 02/01/2023	Aggregate contributio \$100.0	1			
Last Name			Firs	t					M.I.
Vasquez			Ra	dames					
Residential Street Address		City				State		Zip Code	
188 Cleveland Ave		Hartford				СТ		06120-1	1049
Principal Occupation Retired			Reti	e 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 the	or business l				Amo	unt (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									\$100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit		Money Orde	er	Date Received 01/28/2023	Aggregate contributio \$200.0				
Last Name			Firs	t					M.I.
Vasquez			Ra	dames					
Residential Street Address		City				State		Zip Code	
188 Cleveland Ave		Hartford	l			СТ		06120-1	1049
Principal Occupation Retired			Name Reti	e of Employer red					

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.50

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

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

Yes

Date Received

03/11/2023

Legislative

✓ No

Yes

✓ No

Aggregate contributions

\$200.00

municipality valued at more than \$5,000?

Payroll Deduction Money Order

If yes, indicate which branch or

branches of government the

contract is with:

Amount of Contribution

\$100.00

event reported in Section L1?

If yes, list Event #

Revised January 2015	I. MONETARY RECEIPTS (Sections A-K)) Pa	ige 1	48 of	176	
NAME OF COMMITTEE (Provi	de Complete N	ame (as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford			-				April 10 filing			
A. Total Contributions from S	mall Contri	buto	rs - Received this	Period O	NLY					
See instructions for definition of S	mall Contribu	tor)				Subtotal Section	A			\$0.00
			B. Itemized C	ontributi	ons f	rom Individuals				
Last Name					First					M.I.
Walker					Ern	ie				
Residential Street Address				City				State	Zip Cod	
206 Mohawk Dr				West H	artfor	d		СТ	06117	-2104
Principal Occupation Lawyer						of Employer ker, Feigenbaum	& Cantarella			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Z No	munic	tribution is in excess of sipality does contributor sipality valued at more the	or business l				Amou	nt of Con	ıtribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No by	<i>yes</i> , ranche	outor a principal of a state indicate which branch or es of government the	r	or pros	_	✓ No			\$500.00
Method of contribution: ☐ Cash Personal Check ☐ 0	Credit/Debit Car		t is with:	Money Ord		Date Received 03/23/2023	Aggregate contribution \$500.0			
Last Name					First		•			M.I.
Walker					Mic	hele				
Residential Street Address				City				State	Zip Code	e
71 Douglas St				Hartford	i			СТ	06114	-2505
Principal Occupation					Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Z No	munic	tribution is in excess of sipality does contributor sipality valued at more the	or business l				Amou	nt of Con	itribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No ly	<i>yes</i> , ranche	outor a principal of a state indicate which branch or es of government the t is with:	r _	or pros		∐ Yes ✓ No			\$150.00
Method of contribution: ☐ Cash Personal Check ☐ 0	Credit/Debit Car			Money Ord	er	Date Received 01/28/2023	Aggregate contribution \$150.0			
Last Name					First			•		M.I.
Waterman					Gai	I				
Residential Street Address				City				State	Zip Cod	
280 Capen St				Hartford				CT	06112	-4905
Principal Occupation					Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ No	munic munic	tribution is in excess of sipality does contributor sipality valued at more the	or business l nan \$5,000?	ne/she i	s associated with have	a contract with said No	Amou	nt of Con	ntribution
Is this contribution associated with an event reported in Section L1?	Yes		outor a principal of a state		or pros	pective state contracto	Yes Yes			\$10.00

SUBTOTAL Section B - This Page	\$660.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	\$00,170.30

Executive

✓ No

Aggregate contributions

\$10.00

Legislative

Date Received

03/19/2023

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

✓ No

Method of contribution:

Cash Personal Check Credit/Debit Card Payroll Deduction Money Order

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)						49 o :	f	176
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	Γ			
Coleman for Hartford	•			•		April 10 filing				
A. Total Contributions from	Small Contri	ibutors - Received this	Period O	NLY						
See instructions for definition of S	Small Contribi	itor)			Subtotal Section A					\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals					
Last Name				Firs	i				1	M.I.
Waterman				Joł	ın					
Residential Street Address			City				State	Zip Coo		
280 Capen St			Hartford				CT	06112	2-49(05
Principal Occupation				Name 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				Amou	nt of Co	ntrib	bution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No	contributor a principal of a stat fyes, indicate which branch or branches of government the contract is with:	r	or pros		✓ Yes				
Method of contribution: Cash Personal Check	Credit/Debit Car		Money Orde		Date Received 03/19/2023	Aggregate contribution \$20.0	1			
Last Name				Firs	t				N	M.I.
West				Pa	ul					
Residential Street Address			City				State	Zip Coo		
40 Overlook Dr			Windsor				СТ	0609	5-26	57
Principal Occupation					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 h				Amou	nt of Co	ntrib	bution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	✓ No	contributor a principal of a state fyes, indicate which branch or branches of government the contract is with:	r	or pros		✓ Yes			\$2	250.00
Method of contribution: Cash ✓ Personal Check	Credit/Debit Car	rd Payroll Deduction	Money Orde	er	Date Received 01/28/2023	Aggregate contribution \$250.0				
Last Name				Firs	i		•		ı	M.I.
Wiggins				Ch	arles					
Residential Street Address			City				State	Zip Coo		
24 Park Pl, Apt 14F			Hartford				СТ	06106	3-502	25
Principal Occupation				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 h				Amou	nt of Co	 ntrib	bution

SUBTOTAL Section B - This Page	\$310.00		
TOTAL of Section B Pages	\$60,170.30		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30		
(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

\$160.00

Legislative

Date Received

01/28/2023

\$40.00

I. MO

ONETARY RECEIPTS (Sections A-K)	Page 150 of 17	76
tered with Filing Repository)	TYPE OF REPORT	
	April 10 filing	

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Coleman 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
	Contributi	ions f	rom Individuals				·
Last Name		Firs					M.I.
Wiggins		Ch	arles				
Residential Street Address	City	1 0			State	Zip Code	
24 Park PI, Apt 14F	Hartford	b			CT	06106-5	025
Principal Occupation		Name	e of Employer				
		Reti	red				
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of	\$400 to a car	ndidate	committee for a chief	executive officer of a	A moun	t of Cont	ribution
dependent child of a lobbyist? Mo municipality does contributor municipality valued at more the state of		he/she			Amoun	it of Cont	ibuuon
— mainerpanty valued at more to			Yes	✓ No			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a stat		or pros	spective state contracto	Yes			\$20.00
Wos list Event #	_	ecutiv	re Legisl	✓ No			
Method of contribution:		CCULIV	Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	02/18/2023	\$160.00			
Last Name		Firs	t		ļ.		M.I.
Wilburt		Gu	V				
Residential Street Address	City	1 0 0	,		State	Zip Code	
60 Karen Dr	Manche	ester			CT	06042-2	2188
Principal Occupation		Name	e of Employer				
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of	\$400 to a car	ndidate	committee for a chief	executive officer of a	Amoun	t of Cont	ribution
dependent child of a lobbyist? Mo municipality does contributor municipality valued at more the state of		he/she		_	Amoun	it of Cont	ibution
Is this contribution associated with an Is contributor a principal of a state		or proc	Yes	No No			
event reported in Section L1? Yes If yes, indicate which branch o		or pros	spective state contracto	Yes	\$26.0		\$26.00
Wo list Event #	_	ecutiv	re Legisl	ative No			
Method of contribution:		ccutiv	Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	03/19/2023	\$26.00			
Last Name		Firs	t	•			M.I.
Williams		Dia	ine				
Residential Street Address	City	1 - 10			State	Zip Code	
121 Holcomb St	Hartford	t			СТ	06112-1	1512
Principal Occupation		Name	e of Employer				
		Reti	red				
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of					A moun	t of Cont	ribution
dependent child of a lobbyist? Mo municipality does contributor municipality valued at more the state of		he/she	is associated with have Yes		Amoun	it of Cont	ibution
Is this contribution associated with an Is contributor a principal of a stat		or proc		No No			
event reported in Section L1? Yes If yes, indicate which branch o		or pros	spective state contracto	Yes			\$5.00
We list Event #		ecutiv	re Legisl	ative No			
Method of contribution:		.court	Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	03/28/2023	\$5.00			

SUBTOTAL Section B - This Page	\$51.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.30

I. MONETARY RECEIPTS (Sections A-K)

SEEC FORM 20 Revised January 2015	I. MONETARY	I. MONETARY RECEIPTS (Sections A-K) Page						176
NAME OF COMMITTEE (Provide	F COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Coleman for Hartford				April 10 filing				
A. Total Contributions from Sma (See instructions for definition of Sma	all Contributors - Received this lall Contributor)	Period Ol	NLY	Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name			First					M.I.
Williams			Geo	orge				
Residential Street Address		City				State	Zip Code	
180 Grandview Ter		Hartford				СТ	06114-2	2213
Principal Occupation Electrical Contractor				of Employer ams Electrical Co	entracting LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of ✓ No municipality does contributor of municipality valued at more the	or business h				Amour	nt of Conti	ribution
event reported in Section L1?	Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	r	or pros		✓ No			\$50.00
Method of contribution: ✓ Cash Personal Check Cree	edit/Debit Card Payroll Deduction	Money Orde	er	Date Received 01/28/2023	Aggregate contributions \$75.00			
Last Name			First					M.I.
Williams			Lav	vrence				
Residential Street Address		City				State	Zip Code	
264 Edgewood St		Hartford		an 1		СТ	06112-1	906
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 ₹ municipality does contributor of municipality valued at more th	or business h				Amour	nt of Conti	ribution
event reported in Section L1?	Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the	· _		_	✓ No			\$200.00
If yes, list Event #	contract is with:	Exe	ecutive		ative			
Method of contribution: Cash Personal Check Cree	edit/Debit Card Payroll Deduction	Money Orde	er	Date Received 03/29/2023	Aggregate contributions \$300.00			
Last Name			First					M.I.
Williams			Maı	urice				
Residential Street Address		City				State	Zip Code	2254
29 Sterling St		Hartford		CE I		СТ	06112-2	2354
Principal Occupation			Retir	of Employer ed				
	Yes If contribution is in excess of ✓ No municipality does contributor of municipality valued at more th	or business h nan \$5,000?	ie/she i	s associated with have Yes	a contract with said No	Amour	nt of Conti	ribution
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			\$20.00
If yes, list Event #	contract is with:	∐Exe	ecutive		ative			
Method of contribution: ✓ Cash Personal Check Cree	edit/Debit Card Payroll Deduction	Money Orde	er	Date Received 03/11/2023	Aggregate contributions \$20.00			

SUBTOTAL Section B - This Page	\$270.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 17 0.30

Revised January 2015		I. MONETARY	RECEI	PIS	(Sections A-K)	rag	ge 15.	2 01	1/6
NAME OF COMMITTEE (Provide	e Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford			April 10 filing						
A. Total Contributions from Sn	nall Cor	tributors - Received this	Period O	NLY					
(See instructions for definition of Sm	ıall Conti	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Williams				Ricl	hard				
Residential Street Address			City				State	Zip Code	
401 W Wolcott Ave			Windsor				СТ	06095-4	1335
Principal Occupation				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 h				Amoun	it 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	_	∐ Yes ✓ No			\$25.00
Method of contribution:		contract is with:	Ext	Cutive	Date Received	Aggregate contributions	-		
	redit/Debit	Card Payroll Deduction	Money Orde	er	01/28/2023	\$125.00			
Last Name				First					M.I.
Williams				Ricl	hard				
Residential Street Address			City				State	Zip Code	
401 W Wolcott Ave			Windsor				СТ	06095-4	1335
Principal Occupation				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 h				Amoun	ıt of Conti	ribution
Is this contribution associated with an	Yes	Is contributor a principal of a stat	e contractor of	or pros	pective state contractor	? Yes			\$25.00
event reported in Section L1? If yes, list Event #	✓ No	If yes, indicate which branch or branches of government the contract is with:	_	ecutive	eLegisla	✓ No			φ25.00
Method of contribution: Cash Personal Check Contribution:	redit/Debit		Money Orde	er	Date Received 03/11/2023	Aggregate contributions \$125.00			
Last Name				First					M.I.
Williams				Ricl	hard				
Residential Street Address			City	•			State	Zip Code	
401 W Wolcott Ave			Windsor				СТ	06095-4	1335
Principal Occupation				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 h				Amoun	ıt of Contı	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			\$25.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exe	ecutive	eLegisla	No No	_		

SUBTOTAL Section B - This Page	\$75.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$00,170.50

Date Received 03/16/2023

Aggregate contributions \$125.00

Method of contribution:

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

I. M

ONETARY RECEIPTS (Sections A-K)	Page 153 of 176
istered with Filing Repository)	TYPE OF REPORT
	April 10 filing

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Coleman 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	ions f	rom Individuals				
Last Name		First	t				M.I.
Williams		Ror	ma				
Residential Street Address City					State	Zip Code	
544 Blue Hills Ave Hartford				CT	06112-1	1204	
Principal Occupation		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 specific production of the specific produc	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 of branches of government the		or pros	spective state contractor	r?			\$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	ler	Date Received 01/20/2023	Aggregate contributions \$100.00			
Last Name		First	i		•		M.I.
Williams		Ter	ry				
Residential Street Address	City				State	Zip Code	
26 Jonathan Cir	Windso	r			CT	06095-3	3247
Principal Occupation		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 specific production of the specific produc	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		or pros	spective state contractor	r?			\$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	ler	Date Received 02/11/2023	Aggregate contributions \$50.00			
Last Name		First	t				M.I.
Williams		Tie	len				
Residential Street Address 180 Grandview Ter	City Hartford	d			State CT	Zip Code 06114-2	2213
Principal Occupation Social Worker		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 specific contributor of the specific contributor is in excess of municipality valued at more than the specific contributor and the specific contributor is in excess of municipality valued at more than the specific contributor as the specific contributor and the specific contributor and the specific contributor as the specific contributor and the specific contributor and the specific contributor and the specific contributor as the specific contributor and the specific co	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 of the section L1? If yes, indicate which branch of the section L1?		or pros	spective state contractor	Yes			\$50.00
If yes, list Event #	Ex	ecutiv	e Legisl	ative No			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 03/19/2023	Aggregate contributions \$75.00			

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	ψου, 170.30

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?

If yes, list Event #

✓ Cash

Method of contribution:

82 Burlington St Principal Occupation

✓ Cash Last Name

Wilson

Yes

✓ No

Yes

✓ No

Personal Check Credit/Debit Card

SEEC FORM 20 Revised January 2015 I. MON	ETARY	RECEI	PTS	(Sections A-K)) Pag	ge 1	54 of	176
NAME OF COMMITTEE (Provide Complete Name as Register	ed with Fi	ilino Renosii	torv)		TYPE OF REPORT			
Coleman for Hartford	za wiin 1 i	iing Reposii	ory)		April 10 filing			
A. Total Contributions from Small Contributors - Recei	yod this	Pariod O	WI V		April 10 lilling			
(See instructions for definition of Small Contributor)	veu tiiis	1 criou Or	\L1	Subtotal Section A	A			\$0.00
B. Ite	emized C	Contributio	ons f	rom Individuals				
Last Name			First					M.I.
Williams			Wa	rren				
Residential Street Address		City				State	Zip Code	:
27 Sterling St		Hartford				CT	06112-	2354
Principal Occupation			Name Retir	of Employer ed				
	contributor	or business h		committee for a chief s associated with have Yes		Amou	ınt of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a princip If yes, indicate which branches of government contract is with:	ch branch o	r	or pros	_	∐ Yes ✓ No			\$100.00
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll De	eduction _	Money Orde	r	Date Received 03/11/2023	Aggregate contributions \$100.00			
Last Name			First					M.I.
Willis			Bes	ssie				
Residential Street Address		City				State	Zip Code	
63 Canterbury St		Hartford				СТ	06112-	1823
Principal Occupation			Name Retir	of Employer ed				
	contributor	or business h		committee for a chief s associated with have Yes		Amou	ınt of Con	tribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which	ch branch oi		or pros	pective state contractor	Y es			\$5.00
If yes, list Event # No branches of governm contract is with:	ient the	Exe	cutiv	eLegisl	ative No			
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll De	eduction	Money Orde	r	Date Received 03/28/2023	Aggregate contributions \$5.00			

M.I.

\$20.00

Zip Code

Amount of Contribution

06112-1701

State

CT

Yes

✓ No

Aggregate contributions

\$20.00

\$125.00
\$60,170.30
\$60,170.30

Acqueline

Name of Employer Retired

Yes

Date Received

01/28/2023

Legislative

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

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

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	RECE	PTS	S (Sections A-K)	Pag	ge 15	55 of	176
NAME OF COMMITTEE (P	rovide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						April 10 filing			
A. Total Contributions fro	m Small Co	ntributors - Received this	Period O	NLY					
See instructions for definition	of Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				Firs	t				M.I.
Wilson				Ch	arlotte				
Residential Street Address			City				State	Zip Code	
105 Meyers Dr			Rocky I	Hill			CT	06067-	2647
Principal Occupation				Name	e of Employer				
Dental Hygienist				Dwy	er Family Dentist	ry			
Is contributor 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				Amou	nt of Cont	ribution
Is this contribution associated with event reported in Section L1?	an	Is contributor a principal of a state <i>If yes,</i> indicate which branch of branches of government the	r		_	✓ No			\$20.00
If yes, list Event # Method of contribution: ✓ Cash Personal Check	Credit/Debit	contract is with: Card Payroll Deduction	Money Ord	ecutiv	Date Received 01/28/2023	Aggregate contributions \$20.00			
Last Name				Firs	t				M.I.
Wilson				Ina	l				
Residential Street Address			City				State	Zip Code	
106 Chatham St			Hartford	i			CT	06112-	1309
Principal Occupation			•	Name Reti	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 the	or business l				Amou	nt of Cont	ribution
Is this contribution associated with event reported in Section L1? **If yes*, list Event #*	an Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or pros		✓ No			\$20.00
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 01/28/2023	Aggregate contributions \$20.00			
Last Name				Firs	t				M.I.
Wilson				Lat	acha				
Residential Street Address			City				State	Zip Code	
56 Terrace Ave			East Ha	irtfor	d		CT	06108-	1529
Principal Occupation				l .	e of Employer				
Manager				Aetr	na/Tasheanaturals	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 that	or business l	ne/she	is associated with have		Amou	nt of Cont	ribution

his Page \$60.00	SUBTOTAL Section B - This Page
B Pages \$60,170.30	TOTAL of Section B Pages
s A + B) \$60,170.30	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
ary Page	(Enter total on Line 13, Column A of Summary Page

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

Executive

✓ No

Yes

✓ No

Aggregate contributions

\$20.00

\$20.00

Yes

Date Received

01/28/2023

Legislative

municipality valued at more than \$5,000?

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

SEEC FORM 20 Revised January 2015	I. MONETARY	RECEI	PTS	(Sections A-K)	Pag	ge 15	6 of	176
NAME OF COMMITTEE (Provide Complete A	Name as Registered with Fil	ing Reposit	ory)		TYPE OF REPORT			
Coleman for Hartford					April 10 filing			
A. Total Contributions from Small Contr	ibutors - Received this	Period ON	NLY					
See instructions for definition of Small Contrib	utor)			Subtotal Section A				\$0.00
	B. Itemized Co	ontributio	ons fi	rom Individuals				
Last Name			First					M.I.
Wilson			Mar	rc				
Residential Street Address		City				State	Zip Code	I
58 Saint Augustine St		West Ha	rtfor	d		СТ	06110-1	159
Principal Occupation			Name	of Employer		•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$\frac{9}{2}\$ municipality does contributor of municipality valued at more th	or business h				Amour	nt of Conti	ribution
event reported in Section L1?	contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		cutive		✓ No			\$20.00
Method of contribution: Cash Personal Check Credit/Debit Ca		Money Order	r	Date Received 03/16/2023	Aggregate contributions \$20.00)		
Last Name			First			•		M.I.
Wright			Will	iam Henry				
Residential Street Address		City				State	Zip Code	
72 Peterborough St, Apt 45		Boston				MA	02215-4	812
Principal Occupation		:	Name	of Employer				
Is contributor a lobbyist, spouse, or 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				Amour	nt of Conti	ribution
event reported in Section L1?	contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	_	r prosp	_	✓ Yes			\$100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Ca		Money Orde	r	Date Received 03/06/2023	Aggregate contributions \$100.00)		
Last Name			First					M.I.
Lewis			Alic	ia				
Residential Street Address		City Webster	Cro	100		State MO	Zip Code 63119-1	625
Principal Occupation				of Employer		IVIO	03119-1	033
T of the last	Tro	1400	1.1					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$\frac{9}{municipality does contributor of municipality valued at more th	or business he an \$5,000?	e/she i	s associated with have Yes	a contract with said No	Amour	nt of Conti	ribution
avant reported in Castian I 12 Yes	contributor a principal of a state If yes, indicate which branch or		r prosj	pective state contractor	Yes			\$25.00

SUBTOTAL Section B - This Page	\$145.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60.170.30
(Enter total on Line 13, Column A of Summary Page	φου, 170.30

Executive

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

✓ No

Method of contribution:

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

If yes, list Event #

\$25.00

✓ No

Aggregate contributions

\$25.00

Legislative

Date Received

02/14/2023

Revised January 2015	I. MONETARY	RECEI	PIS	(Sections A-K)	rag	ge 15	/ 01	1/6
NAME OF COMMITTEE (Provide Complete	e Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford					April 10 filing			
A. Total Contributions from Small Cont	tributors - Received this	Period O	NLY					
(See instructions for definition of Small Contri	ibutor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons fr	rom Individuals				
Last Name			First					M.I.
Rapoport			Mile	es				
Residential Street Address		City				State	Zip Code	
30 Montclair Dr		West Ha				СТ	06107-1	1246
Principal Occupation			Name	of Employer				
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 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	r	or prosp		✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit C	contract is with: Card Payroll Deduction	Money Orde		Date Received 03/17/2023	Aggregate contributions \$100.00	_		
Last Name			First			'		M.I.
Moreland			Tan	nara				
Residential Street Address		City				State	Zip Code	
7 Old Orchard Rd		Bloomfie				СТ	06002-2	2259
Principal Occupation Minister				of Employer Congregatinal C	hurch			
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 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 contract is with:	r _	or prosp		∐ Yes ✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Contribution:		Money Orde	er	Date Received 03/31/2023	Aggregate contributions \$50.00			
Last Name			First					M.I.
Price			Mar	rgaret				
Residential Street Address 71 E MORNINGSIDE St		City Hartford	l			State CT	Zip Code 06112	
Principal Occupation				of Employer				
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 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:	r _	or prosp		∐ Yes ✓ No			\$25.00

SUBTOTAL Section B - This Page	\$175.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	\$60,170.50

Date Received 03/21/2023

Aggregate contributions

\$50.00

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)

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Page

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of

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford				April 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)		Sul	ototal Section A	1			\$0.00
B. Itemized C	Contributi	ions from	Individuals	_			
Last Name		First					M.I.
Price		Margai	et				
Residential Street Address	City				State	Zip Code	
71 E MORNINGSIDE St	Hartford	d			СТ	06112	
Principal Occupation		Name of E	mployer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality does contributor	4				Amoun	t of Contr	ibution
No municipality valued at more the		nc/snc is ass	Yes	✓ No			
Is this contribution associated with an Yes Is contributor a principal of a state expect the Specific L12	te contractor	or prospecti	ve state contractor	r? Yes	1		\$25.00
event reported in Section L1? If yes, indicate which branch of branches of government the	r			✓ No			ֆ∠ნ.00
If yes, list Event # contract is with:	Exe	ecutive	Legisl	ative			
Method of contribution:	7	I	te Received	Aggregate contributions	1		
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	ler 03	3/21/2023	\$50.00			

SUBTOTAL Section B - This Page	\$25.00
TOTAL of Section B Pages	\$60,170.30
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$60,170.30
(Enter total on Line 13, Column A of Summary Page	Ψ00,170.00

I. MONETARY RECEIPTS (Sections A-K)	Page	159	of	176
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REP	PORT			
Coleman for Hartford	April 10 filing]			
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

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Coleman for Hartford				April 10 filing		
	P. Expense	es Paid by Commit	tee			
Name of Payee Amazon				Date of Payment 02/07/2023	Method of ☐ Check ✓ Debit 0	#
Street Address 440 Terry Ave N		City Seattle	'		State WA	Zip Code 98109-5210
Purpose of Expenditure (by code) OFFICE	Description Office supplies		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 contract)	committee) Indepen	ndent]A		\$33.90
Name of Payee Amazon				Date of Payment 02/19/2023	Method of ☐ Check ✓ Debit 0	#
Street Address 440 Terry Ave N		City Seattle			State WA	Zip Code 98109-5210
Purpose of Expenditure (by code) OFFICE	Description Office supplies		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 contra	committee) Indepen	ndent]A		\$16.99
Name of Payee Anedot				Date of Payment 03/31/2023	Method of Check Debit C	#
Street Address 1340 Poydras St, Ste	± 1770	City New Orleans	'		State LA	Zip Code 70112-5204
Purpose of Expenditure (by code) BNK	Description Online donation processing		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 contra	committee) Indepen	ndent]A		\$1,434.79
Name of Payee Bank of America				Date of Payment 01/27/2023	Method of Check Debit 0	#
Street Address 100 N Tryon St		City Charlotte	•		State NC	Zip Code 28202-2135
Purpose of Expenditure (by code) BNK	Description ACH fee		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 contra	committee) Indepen	ndent]A		\$5.00

SUBTOTAL Section P - This Page	\$1,490.68
TOTAL of Section P Pages	\$26,451.39
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$26,451.39

Name of Payee Bank of America

Street Address 100 N Tryon St Purpose of Expenditure

(by code) BNK

Expenditure #

(if applicable)

Name of Payee **Barile Printers**

Street Address PO Box 2628 Purpose of Expenditure

(by code) PRNT

Expenditure #

(if applicable)

Name of Payee Marcus Brown

Street Address 183 Barbour St Purpose of Expenditure

(by code) OVHD

Expenditure #

(if applicable)

Name of Payee

Street Address

Campaign Verify

Purpose of Expenditure

NAME OF COMMITTEE

Coleman for Hartford

Description

IV. EXPENDIT	TURES (Sections	P-T)		Page	161	of	176
(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPOR	RT			
			April 10 filing				
P. Expense	es Paid by Commit	tee					
			Date of Payment		thod of F Check #		
			03/02/2023		Debit Ca		FT
	City Charlotte			Stat NC		Zip Code 28202-2	2135
Description Bank fee		Event #			A	Amount	
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	dent		D			\$3.00
			Date of Payment 01/25/2023	✓	thod of F Check # Debit Ca		FT
	City New Britain	·		Stat CT		Zip Code 06050-2	2628
Description Letterhead		Event #			A	Amount	
Type of Expenditure (Itemization in Addendum P 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				D		\$2	207.38
			Date of Payment 03/03/2023	\checkmark	thod of F Check # Debit Ca		FT
	City Hartford			Stat CT		Zip Code 06120-	1807
Description Rent		Event #			A	Amount	
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	dent ation:]A] D	al-al-Cr		100.00
			Date of Payment	Mei	thod of P	'ayment	

01/26/2023

Event #

Check #

State

DC

Debit Card ✓ EFT

Zip Code

Amount

\$26,451.39

(by code) MISC	Verification account startup		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	\$95.00
	SUBTOT	TAL Section P - This Pa	age \$1,405.38
	т.	OTAL of Section P Pag	ges \$26,451.39

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

City

Washington

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	TURES (Sections	P-T)	Pag	e 162	of 176
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				April 10 filing		
	P. Expense	es Paid by Commit	tee			
Name of Payee Eric Coleman				Date of Payment 03/31/2023	Method of Check Debit	#
Street Address PO Box 332		City Hartford	'		State CT	Zip Code 06141-0332
Purpose of Expenditure (by code) RMB	Description Reimb campaign expenses		Event #	·		Amount
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P 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 P Required unless "None of the below" is checked) Independent Organization: A B C D					\$286.29	
Name of Payee Constant Contact				Date of Payment 02/27/2023	Method of Check	#
Street Address 1601 Trapelo Rd		City Waltham	•		State MA	Zip Code 02451-7333
Purpose of Expenditure (by code) MISC	Description Data services		Event #	!		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) Indeper	ndent	ABCD		\$51.00
Name of Payee Maman Cooper				Date of Payment 03/05/2023	Method of Check Debit	#
Street Address 873 West Blvd		City Hartford			State CT	Zip Code 06105-4153
Purpose of Expenditure (by code) CNSLT	Description Consulting		Event #	!		Amount

PO Box 332		Tartioru			01	00141-0332
Purpose of Expenditure (by code) RMB	Description Reimb campaign expenses		Event	:#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuous)	re) Indepen	ndent	ked)		\$286.29
Name of Payee Constant Contact				Date of Payment 02/27/2023	Method of Check	#
Street Address 1601 Trapelo Rd		City Waltham			State MA	Zip Code 02451-7333
Purpose of Expenditure (by code) MISC	Description Data services		Event	:#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in 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	ked)		\$51.00
Name of Payee Maman Cooper				Date of Payment 03/05/2023	Method of ✓ Check Debit 0	#
Street Address 873 West Blvd		City Hartford			State CT	Zip Code 06105-4153
Purpose of Expenditure (by code) CNSLT	Description Consulting		Event	:#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in 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	ked)		\$400.00
Name of Payee Democratic State Ce	ntral Committee			Date of Payment 01/10/2023	Method of Check Debit O	#
Street Address 750 Main St		City Hartford			State CT	Zip Code 06103-2703
Purpose of Expenditure (by code) MISC	Description Data services		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 cont	re) Indepen	ndent	ked)		\$800.00

\$1,537.29	SUBTOTAL Section P - This Page
\$26,451.39	TOTAL of Section P Pages
\$26,451.39	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITTER	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				April 10 filing		
	P. Expense	es Paid by Commit	tee			
Name of Payee DNA Campaigns				Date of Payment 01/25/2023	Method of Check	#
Street Address 800 Village Walk, # 2	248	City Guilford			State CT	Zip Code 06437-2762
Purpose of Expenditure (by code) FNDR	Description Reims for Artist Collective space rental		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) Indeper	ndent	cked)		\$1,030.00
Name of Payee DNA Campaigns				Date of Payment 01/25/2023	Method of Check	#
Street Address 800 Village Walk, # 2	048	City Guilford		•	State CT	Zip Code 06437-2762
Purpose of Expenditure (by code) CNSLT	Description Design and web services		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	r committee) Indeper	ndent	□A □B □C □D		\$1,797.26
Name of Payee Kevin Doyle				Date of Payment 02/25/2023	Method of Check Debit	#
Street Address 116 Beacon St		City Hartford		I	State CT	Zip Code 06105-3908
Purpose of Expenditure (by code) FOOD	Description Event food & bev reimb		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 contro	r committee) Indeper	ndent	ABCD		\$67.92
Name of Payee Kevin Doyle				Date of Payment 03/31/2023	Method of Check	#
Street Address 116 Beacon St		City Hartford			State CT	Zip Code 06105-3908
Purpose of Expenditure (by code) ATT	Description Reimb Hartford Business Journal forum ticket	t	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	Cked)		\$79.57

\$2,974.75	SUBTOTAL Section P - This Page
\$26,451.39	TOTAL of Section P Pages
\$26,451.39	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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5-	101	•	1,0

NAME OF COMMITTER	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				April 10 filing		
	P. Expense	es Paid by Commi	ttee			
Name of Payee Frank Pepe Restaura	ant			Date of Payment 02/05/2023	Method of Check Debit	#
Street Address 1148 New Britain Ave	е	City West Hartford			State CT	Zip Code 06110-2413
Purpose of Expenditure (by code) FOOD	Description Volunteer team-building		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contro	re) Independent	ndent	Cked)		\$279.98
Name of Payee Google				Date of Payment 02/01/2023	Method of Check	#
Street Address 1600 Amphitheatre F	Pkwy	City Mountain View			State CA	Zip Code 94043-1351
Purpose of Expenditure (by code) MISC	Description Software		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 cont	re) Independent	ndent	Cked)		\$38.29
Name of Payee Google				Date of Payment 03/02/2023	Method of Check	#
Street Address 1600 Amphitheatre F	Pkwy	City Mountain View			State CA	Zip Code 94043-1351
Purpose of Expenditure (by code) MISC	Description Software services		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 contro	re) Independent	ndent	Cked)		\$62.18
Name of Payee Google				Date of Payment 03/31/2023	Method of Check	#
Street Address		City Mountain View			State CA	Zip Code 94043-1351
1600 Amphitheatre P	·	THOURIST VIOW	F	. H	0,1	010101001
Purpose of Expenditure (by code) MISC	Description Data services		Even			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	re) Independent	ndent	A B C D		\$75.53

\$455.98	SUBTOTAL Section P - This Page
\$26,451.39	TOTAL of Section P Pages
\$26,451.39	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

Purpose of Expenditure

(by code) FNDR

Expenditure #

(if applicable)

Description

Event space rental; food & bev

EEC FORM 20 evised January 2015	IV. EXPENDIT	ΓURES (Sections	P-T)	Paş	ge 165	of	176
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
Coleman for Hartford				April 10 filing			
	P. Expense	es Paid by Committ	tee				
Name of Payee Guilty Kitchen & Lour	nge.			Date of Payment	Method of Check		
Guilty Ritcheri & Loui	iye			01/20/2023	Debit 0		EFT
Street Address		City Hartford			State CT	Zip Code 06114-	
7 Congress St		Hartioiu			Ci	00114-	1025
Purpose of Expenditure (by code) FNDR	Description Event space rental		Event	t#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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)					\$4	429.40
Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D							
Name of Payee INGroup Creative				Date of Payment 02/09/2023	Method of Check	#	FT
Street Address		City			State	Zip Code	
41 Crossroads Plz, #	280	West Hartford			CT	06117-	2402
Purpose of Expenditure (by code) CNSLT	Description Marketing services		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 expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	dent	ked)		\$3,8	826.60
Name of Payee INGroup Creative				Date of Payment 03/31/2023	Method of Check		
				00/01/2020	Debit 0	Card 🗸 E	FT
Street Address	000	City West Hartford			State CT	Zip Code 06117-	
41 Crossroads Plz, # Purpose of Expenditure	Description		Event	· #			
(by code) CNSLT	Marketing services		Lven	. 11		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 expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Independ	dent	ked)		\$3,	826.60
Name of Payee KBARR				Date of Payment 03/16/2023	Method of Check Debit 0	#	EFT
Street Address		City			State	Zip Code	
2071 Park St		Hartford			CT	06106-	2025

SUBTOTAL Section P - This Page	\$8,646.60
TOTAL of Section P Pages	\$26,451.39
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$26,451.39

Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)

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

Coordinated without reimbursement sought (in-kind contribution)

Coordinated with reimbursement sought (joint expenditure)

Event #

Organization: A B C D

Independent

Amount

\$564.00

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NAME OF COMMITTER	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				April 10 filing		
	P. Expense	es Paid by Commit	ttee			
Name of Payee Liberty Mutual Insura	ince			Date of Payment 03/02/2023	Method of Check	#
Street Address 175 Berkeley St		City Boston			State MA	Zip Code 02116-5066
Purpose of Expenditure (by code) OVHD	Description 179 Barbour St		Event	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 contro	re) Indeper	ndent	⊵ked) □A □B □C □D		\$270.00
Name of Payee Lifetime Solutions Alv	vin Carter Project			Date of Payment 01/28/2023	Method of Check ✓ Debit 0	#
Street Address 975 Silver Ln		City East Hartford			State CT	Zip Code 06118-1266
Purpose of Expenditure (by code) FNDR	Description Alvin Carter Project band		Event	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 contro	re) Indeper	ndent	cked)		\$300.00
Name of Payee Peter Little				Date of Payment 01/08/2023	Method of ✓ Check Debit 0	#
Street Address 42 Kenmore Rd		City Bloomfield			State CT	Zip Code 06002-2111
Purpose of Expenditure (by code) MISC	Description Reimb for software		Event	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	re) Indeper	ndent	cked)		\$250.00
Name of Payee Peter Little				Date of Payment 03/31/2023	Method of Check Debit	#
Street Address 42 Kenmore Rd		City Bloomfield			State CT	Zip Code 06002-2111
Purpose of Expenditure (by code) OFFICE	Description Reimb for Staples / ofc supplies		Event	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	re) Indeper	ndent	cked)		\$62.53

SUBTOTAL Section P - This Page	\$882.53
TOTAL of Section P Pages	\$26,451.39
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$26,451.39

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NAME OF COMMITTER	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				April 10 filing		
	P. Expense	es Paid by Commit	ttee			
Name of Payee Jennifer Marshall-Ne	aly			Date of Payment 03/01/2023	Method of Check Debit 0	#
Street Address 57 Cliffmount Dr		City Bloomfield			State CT	Zip Code 06002-2225
Purpose of Expenditure (by code) REF	Description Refund		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 contro	re) Indeper	ndent	cked)		\$200.00
Name of Payee Jennifer Marshall-Ne	aly			Date of Payment 03/01/2023	Method of Check Debit 0	#
Street Address 57 Cliffmount Dr		City Bloomfield			State CT	Zip Code 06002-2225
Purpose of Expenditure (by code) FOOD	Description 430 Park opening food & bev		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 expenditur Coordinated without reimbursement sought (in-kind cont	re) Indeper	ndent	cked)		\$85.00
Name of Payee George Millner				Date of Payment 03/29/2023	Method of ✓ Check Debit 0	#
Street Address 108 Ashley St		City Hartford			State CT	Zip Code 06105-1403
Purpose of Expenditure (by code) OFFICE	Description Reimb for office supplies		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 cont	re) Indeper	ndent	cked)		\$46.01
Name of Payee NGP Van				Date of Payment 01/17/2023	Method of Check	#
Street Address		City Washington			State DC	Zip Code 20005-5738
655 15th St NW, Ste		vvasimigion	-			20000-0700
Purpose of Expenditure (by code) MISC	Description Data services		Even			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	re) Indeper	ndent	ABCD		\$323.20

\$654.21	SUBTOTAL Section P - This Page
\$26,451.39	TOTAL of Section P Pages
\$26,451.39	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	TURES (Sections	P-T)	Pag	ge 168	of 176
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				April 10 filing		
	P. Expense	es Paid by Commit	tee			
Name of Payee NGP Van				Date of Payment 01/25/2023	Method of Check	
Street Address 655 15th St NW, Ste	650	City Washington			State DC	Zip Code 20005-5738
Purpose of Expenditure (by code) MISC	Description Data services		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 expenditur Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	ked)		\$323.20
Name of Payee NGP Van				Date of Payment 03/12/2023	Method of Check	
Street Address 655 15th St NW, Ste	650	City Washington			State DC	Zip Code 20005-5738
Purpose of Expenditure (by code) MISC	Description Data services		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 expenditur Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	ked) □A □B □C □D		\$646.40
Name of Payee NGP Van				Date of Payment 03/31/2023	Method of Check	
Street Address 655 15th St NW, Ste	650	City Washington			State DC	Zip Code 20005-5738
Purpose of Expenditure (by code) MISC	Description Data services		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) Indepen	ndent	ked)		\$323.20
Name of Pavee				Date of Payment	Method o	of Payment

					Debit (Card FFT	
Street Address 655 15th St NW, Ste	650	City Washington			State DC	Zip Code 20005-5738	
Purpose of Expenditure (by code) MISC	Description Data services		Event	t#	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us 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	ident	cked)		\$323.20	
Name of Payee NGP Van				Date of Payment 03/12/2023	Method of Check	#	
Street Address 655 15th St NW, Ste	650	City Washington			State DC	Zip Code 20005-5738	
Purpose of Expenditure (by code) MISC	Description Data services		Event	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 cont	re) Indepen	ident	cked)		\$646.40	
Name of Payee NGP Van				Date of Payment 03/31/2023	Method of Check	#	
Street Address	0.50	City Washington			State DC	Zip Code 20005-5738	
Purpose of Expenditure (by code) MISC	Description Data services		Event	t#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us 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	ident	cked)		\$323.20	
Name of Payee Nu Life Imagery				Date of Payment 03/17/2023	Method of ✓ Check Debit C	#	
Street Address		City Upper Marlboro			State MD	Zip Code 20772-2759	
4908 Woodford Ln Purpose of Expenditure (by code) A-WEB	Description Flyer design		Event	t#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us 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	ident	Cked)		\$90.00	

\$1,382.80	SUBTOTAL Section P - This Page
\$26,451.39	TOTAL of Section P Pages
\$26,451.39	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTER	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				April 10 filing		
	P. Expense	es Paid by Commit	ttee			
Name of Payee Paradise Bar & Grille	,			Date of Payment 02/18/2023	Method of Check Debit	#
Street Address 381 Franklin Ave		City Hartford			State CT	Zip Code 06114-2516
Purpose of Expenditure (by code) FNDR	Description Event space; food & bev		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 contro	re) Indepen	ndent	ABCD		\$725.00
Name of Payee Phoenix Society				Date of Payment 01/28/2023	Method of Check Debit	#
Street Address 729 Windsor St		City Hartford			State CT	Zip Code 06120-1919
Purpose of Expenditure (by code) FNDR	Description Event space rental, and food & bev		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	re) Indeper	ndent	Cked)		\$750.00
Name of Payee Scale To Win				Date of Payment 01/31/2023	Method of Check	#
Street Address 13742 Harper St		City Santa Ana			State CA	Zip Code 92703-1419
Purpose of Expenditure (by code) MISC	Description Data services		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	re) Independent	ndent	cked)		\$83.70
Name of Payee Scale To Win				Date of Payment 03/02/2023	Method of Check	#
Street Address		City Santa Ana			State CA	Zip Code 92703-1419
13742 Harper St		Santa Ana			CA	92703-1419
Purpose of Expenditure (by code) MISC	Description Data services		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 contro	re) Indepen	ndent	Cked)		\$246.86

\$1,805.56	SUBTOTAL Section P - This Page
\$26,451.39	TOTAL of Section P Pages
\$26,451.39	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

(by code) WEB

Expenditure # (if applicable)

Web platform

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NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
Coleman for Hartford				April 10 filing			
	P. Expense	es Paid by Commit	tee	-			
Name of Payee Scale To Win		-		Date of Payment 03/31/2023	Method of Check	#	EFT
Street Address 13742 Harper St		City Santa Ana			State CA	Zip Code 92703-	
Purpose of Expenditure (by code) MISC	Description Data services		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 contract)	r committee) re) Indepen	ndent	ked)		!	\$26.15
Name of Payee Small Business Colle	ective			Date of Payment 01/17/2023	Method of Check	#	EFT
Street Address 430 New Park Ave		City Hartford			State CT	Zip Code 06110-	I
Purpose of Expenditure (by code) WEB	Description Web services		Event	#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	r committee) re) Indepen	ndent	ked)		\$1,	382.55
Name of Payee Small Business Colle	ective			Date of Payment 03/23/2023	Method of Check	#	FT
Street Address		City			State	Zip Code	
430 New Park Ave		Hartford			СТ	06110-	1142
Purpose of Expenditure (by code) WEB	Description Web design services		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 control	r committee) Indepen	ndent	_A _B _C _D		\$2,	871.45
Name of Payee Squarespace				Date of Payment 01/31/2023	Method of Check	#	FT
Street Address 8 Clarkson St		City New York			State NY	Zip Code 10014-	
Purpose of Expenditure	Description		Event	#		 Amount	

SUBTOTAL Section P - This Page	\$4,514.97
TOTAL of Section P Pages	\$26,451.39
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$26,451.39

Independent

Organization: A B C D

\$234.82

Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)

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

Coordinated without reimbursement sought (in-kind contribution)

Coordinated with reimbursement sought (joint expenditure)

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NAME OF COMMITTER	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				April 10 filing		
	P. Expense	es Paid by Commit	tee			
Name of Payee Staples				Date of Payment 03/06/2023	Method of Check	#
Street Address		City West Hartford			State CT	Zip Code
Purpose of Expenditure (by code) OFFICE	Description Office supplies		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 cont	re) Indeper	ndent	cked)		\$35.90
Name of Payee TimeFrozen Photogra	aphy			Date of Payment 01/26/2023	Method of Check	#
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Photography		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 expenditus Coordinated without reimbursement sought (in-kind cont	re) Indeper	dent	Cked)		\$550.00
Name of Payee United States Postal	Service			Date of Payment 02/18/2023	Method of Check Debit	#
Street Address		City Hartford		I	State CT	Zip Code
Purpose of Expenditure (by code) MISC	Description Postage		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 contro	re) Indeper	dent	cked)		\$15.65
Name of Payee United States Postal	Service			Date of Payment 03/03/2023	Method of Check	#
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) MISC	Description Postage		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 coordinated without reimbursement sought)	re) Indeper	ndent	Cked)		\$26.70

SUBTOTAL Section P - This Page	\$628.25
TOTAL of Section P Pages	\$26,451.39
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$26,451.39

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IV. EXPENDITURES (Sections P-T)

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Revised January 2015						
NAME OF COMMITTER	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				April 10 filing		
	P. Expense	es Paid by Commit	tee			
Name of Payee United States Postal	Service			Date of Payment 03/27/2023	Method of Check	#
Street Address		City Hartford	,		State CT	Zip Code
Purpose of Expenditure (by code) MISC	Description Postage		Event #			Amount
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P 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						\$47.19
Name of Payee United States Postal	Service			Date of Payment 03/30/2023	Method of Check	#
Street Address		City Hartford	•		State CT	Zip Code
Purpose of Expenditure (by code) MISC	Description Postage		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)	r committee)		<i>(</i>)		\$25.20

Coordinated with reimbursement sought (joint expenditure)

Coordinated without reimbursement sought (in-kind contribution)

SUBTOTAL Section P - This Page	\$72.39
TOTAL of Section P Pages	\$26,451.39
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$26,451.39

Street Address

Expenditure #

(if applicable)

Purpose of Expenditure (by code) FOOD

Description

430 Park event food & bev

EEC FORM 20 evised January 2015	IV. E	XPENDIT	URES (Sections	P-T)		Pag	ge	173	of	176
IAME OF COMMITTE	E (Provide Complete Name as Register	ed with Filing	Repository)		TYPE C	F REPORT				
coleman for Hartford					April 10) filing				
	T. Itemization of Reim	bursements	to Committee Wo	rkers and	Consult	tants				
Last Name of Worker/Cons	sultant	First			MI	Date of Pays 01/25/		Vendo	or, Person o	or Entity
Name of Vendor, Person or Artists Collective	Entity Paid by Committee Worker/Consultant			I	as repo	nt to Reimburse rted in Section I eck #		_	orker/Con	_
Street Address			City				State		Zip Code	
1200 Albany Ave			Hartford				СТ		06112-	2104
Purpose of Expenditure (by code) FNDR	Description Event space rental			Event #				Ā	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addenated None of the below (does not involve and Coordinated with reimbursement sought Coordinated without reimbursement sought	other candidate or (joint expenditure	r committee) Indepen	ndent	В	C D			\$1,	030.00
Last Name of Worker/Cons	sultant	First			MI	Date of Payr	ment to	Vendo	or, Person o	or Entity
Coleman		Eric				03/20/	2023			
Name of Vendor, Person or Best Buy	r Entity Paid by Committee Worker/Consultant			1		nt to Reimburse rted in Section l eck #		_	orker/Con	sultant EFT
Street Address			City				State		Zip Code	
1501 New Britain Av	/e		West Hartford				СТ		06110-	2014
Purpose of Expenditure (by code) MISC	Description Telcom reimb			Event #				A	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addenation of the below (does not involve and Coordinated with reimbursement sought Coordinated without reimbursement sought	ther candidate or (joint expenditure	r committee) Indepen	ndent	В	CD			\$	113.74
Last Name of Worker/Cons Marshall-Nealy	sultant	First Jennifer			MI	Date of Pays 02/23/		Vendo	or, Person o	or Entity
Name of Vendor, Person or Big Y	r Entity Paid by Committee Worker/Consultant			,	1 -	nt to Reimburse rted in Section I eck #		_	orker/Con	sultant

City

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 without reimbursement sought (in-kind contribution)

Coordinated with reimbursement sought (joint expenditure)

Hartford

Event #

Organization: A B C D

Independent

State

CT

Zip Code

Amount

\$85.00

SUBTOTAL Section T - This Page	\$1,228.74
TOTAL of Section T Pages	\$1,907.32
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$1,907.32

Expenditure #

(if applicable)

Revised January 2015	1V. E.	XPENDII	URES (Sections)	P-1)		rag	t 1/4	UI	170
NAME OF COMMITTE	E (Provide Complete Name as Register	ed with Filing	Repository)		TYPE O	F REPORT			
Coleman for Hartford					April 10) filing			
	T. Itemization of Reiml	oursements	to Committee Wor	kers and	Consult	ants			
Last Name of Worker/Const Coleman	ultant	First Eric			MI	Date of Payn 03/11/2		or, Person o	r Entity
Name of Vendor, Person or E Electronics	Entity Paid by Committee Worker/Consultant				1 -	nt to Reimburse rted in Section P eck #	:	Vorker/Cons	sultant EFT
Street Address 681 Albany Ave			City Hartford				State CT	Zip Code 06112-2	2305
Purpose of Expenditure (by code) MISC	Description Telcom reimb			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 sough	ther candidate or	r committee) Indepen	ndent	□в [CD		Ş	\$87.55
Last Name of Worker/Const Millner	ultant	First George			MI	Date of Payn 03/29/2		or, Person o	r Entity
Name of Vendor, Person or FedEx Office	Entity Paid by Committee Worker/Consultant			•		nt to Reimburse rted in Section P	:	Vorker/Cons	sultant EFT
Street Address			City Hartford				State CT	Zip Code	
Purpose of Expenditure (by code) MISC	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 sough	ther candidate or (joint expenditure)	r committee) Indepen	ndent	□в [CD		Ş	\$46.01
Last Name of Worker/Const Coleman	ultant	First Eric			MI	Date of Payn 03/13/2		or, Person o	r Entity
Gloribel	Entity Paid by Committee Worker/Consultant			,		nt to Reimburse rted in Section P	: De	oit Card	sultant EFT
Street Address			City Hartford				State CT	Zip Code	
Purpose of Expenditure (by code) MISC	Description Two city maps			Event #				Amount	

SUBTOTAL Section T - This Page	\$155.56
TOTAL of Section T Pages	\$1,907.32
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$1,907.32

Independent

Organization: A B C D

\$22.00

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 without reimbursement sought (in-kind contribution)

Coordinated with reimbursement sought (joint expenditure)

Purpose of Expenditure (by code) OFFICE

Expenditure #

(if applicable)

Description

Office supplies, ink

Revised January 2015	IV. EXPENDITURES (Sections P-T)					e 1/5	10	176		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT					
Coleman for Hartford				April 10	filing					
	T. Itemization of Reim	bursements	to Committee Wor	rkers and	Consult	ants				
Last Name of Worker/Cons Doyle	ultant	First Kevin			MI	Date of Payr 03/31/2		lor, Person o	or Entity	
Name of Vendor, Person or Hartford Business Jo	Entity Paid by Committee Worker/Consultant ournal			<u>'</u>		at to Reimburse ted in Section P):	Worker/Con	sultant EFT	
Street Address			City Hartford				State CT	Zip Code		
Purpose of Expenditure (by code) ATT	Description Reimb ticket for HBJ forum on do	wntown Har	tford's future	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 sough	ther candidate or (joint expenditur	re) Independent	ndent	□в [CD		,	\$79.57	
Last Name of Worker/Cons Little	ultant	First Peter			MI	Date of Payr 01/08/2		lor, Person o	or Entity	
Name of Vendor, Person or RSVPify	Entity Paid by Committee Worker/Consultant					nt to Reimburse ted in Section P):	Worker/Con	sultant EFT	
Street Address 4803 N Milwaukee A	ve, Ste B325		City Chicago				State IL	Zip Code 60630-		
Purpose of Expenditure (by code) MISC	Description Event management software			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 sough	ther candidate or (joint expenditure)	re) Indeper	ndent	□в [CD		\$	250.00	
Last Name of Worker/Cons	ultant	First			MI	Date of Payr	nent to Vend	lor, Person o	or Entity	
Little		Peter				03/24/2	2023			
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Staples			Payment to Reimbu as reported in Section Check #			ted in Section P	e Committee Worker/Consultant P: Debit Card EFT			
Street Address			City West Hartford		,		State CT	Zip Code		

SUBTOTAL Section T - This Page	\$392.10
TOTAL of Section T Pages	\$1,907.32
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$1,907.32

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 without reimbursement sought (in-kind contribution)

Coordinated with reimbursement sought (joint expenditure)

Event #

Organization: A B C D

Independent

Amount

\$62.53

SEEC FORM 20 Levised January 2015	IV. E	XPENDIT	URES (Sections	P-T)		Pag	e 176	of	176
NAME OF COMMITTEE (Provide Complete Name as Registered with F			Repository)		TYPE O	F REPORT			
Coleman for Hartford					April 10) filing			
	T. Itemization of Reim	bursements	to Committee Wor	rkers and	Consult	ants			
Last Name of Worker/Cons Doyle	sultant	First Kevin			MI	Date of Payn 02/25/2		lor, Person	or Entity
Name of Vendor, Person or Stop & Shop				as repor	rment to Reimburse Committee Worker/Consultant eported in Section P: Check # Debit Card EFT				
Street Address			City Hartford				State CT	Zip Code	,
Purpose of Expenditure (by code) FOOD	Description Campaign event, food & bev			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 sough	ther candidate or (joint expenditure	r committee) Indeper	ndent	В	CD			\$67.92
Last Name of Worker/Consultant Coleman		First Eric		MI	Date of Payment to Vendor, Person or En 03/20/2023			or Entity	
Name of Vendor, Person or United States Postal	Entity Paid by Committee Worker/Consultant Service					nt to Reimburse rted in Section P eck #	<u>'</u> :	Worker/Cor	nsultant EFT
Street Address			City Hartford				State CT	Zip Code	;
Purpose of Expenditure (by code) MISC	Description Postage			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendary) None of the below (does not involve ano	•		' is checked)					\$63.00

Coordinated with reimbursement sought (joint expenditure)

Coordinated without reimbursement sought (in-kind contribution)

Independent

Organization: A B C D

SUBTOTAL Section T - This Page	\$130.92
TOTAL of Section T Pages	\$1,907.32
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$1,907.32