# **SEEC FORM 20**

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

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

		CC	OVER PA	(G	E			
1. NAME OF COMMITTEE								
H								
Coleman for Hartford								
2. TREASURER NAME							0.07	
First		MI	Last				Suffix	
Thirman		L	Milner					
3. TREASURER ADDRESS	<b>为是数位置外</b>				<b>第3.6</b> 章以为30			
Street Address			City					Zip Code
170 Broad St Ap 913	_		Hartford					3106
4. ELECTION/REFERENDUM DATE	5. OFFICE SO	UGHT	(Complete only is	Cand	lidate Committee)	6. DISTRICT NUM	1BER	
(mm/dd/yyyy)						(if applicable)		
1/07/2023	Mayor					0		
7. CANDIDATE NAME (Complete or	ily if Candidate or Exp	plorator	y Committee)					
First		MI	Last				Suffix	
Ēric		D	Coleman					
8. TYPE OF REPORT (Check One	Box)				<b>\$1</b> 25			
☐ July 10 filing ☐ October 10 filing ☐ 24 Hour Independent Expenditure ☐ Primary ☐ Election  9. PERIOD COVERED	7th day preceding  12th day preceding (State Central Con 45 days following held in November	g electio nmittees	on T	efficit ermina	ation	Type of Repo		
В	eginning Date				Ending Date			
0	7/01/2023		thru		09/03/2023			
10. CERTIFICATION		12 6						*
I hereby certify and state, under page Campaign Finance Disclosure States and the Campaign Finance Disclosure Finance Fina	Statement for the		covered is true	e, acc		ete.	9/5/ DATE (mm/dd/	<sup>1</sup> 23 <sup>1</sup> /yyyy)
A person who is fo			willfully violate penalty or impris			campaign finance		0.5

# **SEEC FORM 20**

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

# **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
	COLUMN A This Period	COLUMN B Aggregate		
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	\$146,873.56			
13. Contributions Received from Individuals (Sections A and B)	\$11,210.00	\$136,886.45		
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00		
15. Other Monetary Receipts (Sections D through K)	\$0.00	\$80,000.00		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed				
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)				
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$11,210.00	\$216,886.45		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$158,083.56	\$216,886.45		
19. Expenses Paid by Committee (Section P)	\$90,519.24	\$149,322.12		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$67,564.32	\$67,564.33		
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)	\$771.66	\$771.66		
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	\$80,000.00			
25a. + Loans Received (Section D)	\$0.00	\$80,000.00		
25b. + Interest and Penalties on Loan	\$0.00	\$0.00		
25c Payments on Loan	\$20,000.00	\$20,000.00		
25d. Total Outstanding Loan Amount	\$60,000.00			
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00		
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00			
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00			

Method of contribution:

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

Revised January 2015		I. MONETARY	RECE!	PTS	(Sections A-K)	Pag	<b>ge</b> 3	of	72
NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						7th day preceding	primary		
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
See instructions for definition of S	Small Cont	ributor)			<b>Subtotal Section A</b>				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals	•			
Last Name				First	t				M.I.
Aina				Ola	1				
Residential Street Address			City				State	Zip Code	ı
2 Brooke St			Bloomfi	eld			CT	06002-2	2711
Principal Occupation					of Employer				
Consultant				Rob	ert Half				
Is contributor a lobbyist, spouse, or 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 state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative						\$150.00	
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debit	contract is with:	Money Orde	er	Date Received 07/24/2023	Aggregate contributions \$900.00			
Last Name				First	t				M.I.
Alston				Cai	rolyn				
Residential Street Address			City Bowie				State MD	Zip Code 20720	
Principal Occupation Retired				Name Retii	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	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			\$50.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debit		Money Orde	er	Date Received 08/21/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Beamon				Re	ginald				
Residential Street Address 46 Catalina Dr			City Waterbu	ury			State CT	Zip Code 06704-2	2111
Principal Occupation  Exec Dir					of Employer erbury OTC Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  **If yes*, list Event # 081323a*	✓ Yes No	Is contributor a principal of a stat  If yes, indicate which branch of branches of government the	r	or pros		∐ Yes ✓ No			\$100.00
		contract is with:		· · ·			1		

\$300.00	SUBTOTAL Section B - This Page			
\$11,210.00	TOTAL of Section B Pages			
\$11,210.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)			
ψ11,210.00	(Enter total on Line 13, Column A of Summary Page			

Date Received 08/19/2023 Aggregate contributions \$200.00

#### I. MON

SEEC FORM 20	V DECE	IPTS (Sections A-K)	Pag	e .	4 of	72
					. 01	
NAME OF COMMITTEE (Provide Complete Name as Registered with A	Filing Repos	citory)	TYPE OF REPORT			
Coleman for Hartford			7th day preceding	primary	/	
A. Total Contributions from Small Contributors - Received thi	is Period O	ONLY				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
B. Itemized	Contribut	ions from Individuals				
Last Name		First				M.I.
Bingham		Alvin				K
Residential Street Address	City	L		State	Zip Code	
64 Faneuil St	Windso	or		CT	06095-	4520
Principal Occupation  Is contributor a lobbyist, spouse, or Yes If contribution is in excess of the spouse of the	of \$400 to a ca	Name of Employer	evecutive officer of a			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Ves  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						tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a si  If yes, indicate which branch branches of government the contract is with:	or	or prospective state contractor secutive Legisla	∐ Yes ✓ No			\$300.00
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction  Payroll Deduction	Money Ord	Date Received 07/12/2023	Aggregate contributions \$400.00			
Last Name		First				M.I.
Bingham		Alvin				K
Residential Street Address	City			State	Zip Code	
64 Faneuil St	Windso	or		CT	06095-	4520
Principal Occupation		Name of Employer				
	or or business	indidate committee for a chief e he/she is associated with have Yes		Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323a  Is contributor a principal of a si  If yes, indicate which branch branches of government the	or	or prospective state contractor	∐ Yes ✓ No			\$100.00

**TOTAL of Section B Pages** 

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)

(Enter total on Line 13, Column A of Summary Page

\$11,210.00

\$11,210.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ No	municipality does contributor of municipality valued at more th	or business h				Amour	nt of Cont	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 contract is with:		or prospe	ective state contractor	☐ Yes  ✓ No			\$100.00
Method of contribution:  Cash ✓ Personal Check Contribution:	redit/Debit (	Card Payroll Deduction	Money Orde		Date Received 08/14/2023	Aggregate contributions \$400.00			
Last Name				First					M.I.
Bensen				Rich	ard				Α
Residential Street Address 5 Christian Dr			City Deerfiel	d			State MA	Zip Code 01342-8	900
Principal Occupation				Name o	f Employer			•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of \$\frac{9}{2}\$ municipality does contributor of municipality valued at more th	or business h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	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 process of government the government that government the government the government that government the government the governmen								\$50.00
Method of contribution:  Cash ✓ Personal Check Contribution:	redit/Debit (	Card Payroll Deduction	Money Orde		Date Received 08/22/2023	Aggregate contributions \$50.00			
					SUBTOTA	Al Section B - This F	Pane		\$450.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Reposi	itory)			TYPE OF REPORT			
Coleman for Hartford			7th day preceding	primary				
A. Total Contributions from Small Contributors - Received this	s Period O	NLY						
(See instructions for definition of Small Contributor)			Subtota	al Section A				\$0.00
B. Itemized (	Contributi	ions f	rom In	dividuals				
Last Name		First						M.I.
Calderon		Jorg	ge					
Residential Street Address	City					State	Zip Code	ı
17 Merriam Ave	Bloomfi					СТ	06002-3	8806
Principal Occupation			of Employ	, -				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific property of the	r or business l					Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323a  Is contributor a principal of a star If yes, indicate which branch of branches of government the contract is with:	or	or pros		ate contractor  Legisla	∐ Yes ✓ No			\$100.00
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Ord		Date Re		Aggregate contributions \$425.00			
Last Name		First						M.I.
Coleman-Carr		Em	ma					
Residential Street Address	City					State	Zip Code	
19 B Woodland Ave	Bloomfi					СТ	06002-1	857
Principal Occupation CNA		Retir	of Emplo ed	vyer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific property of the	r or business l					Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323a  Is contributor a principal of a star of the section L1?  If yes, list Event # 081323a  Is contributor a principal of a star of the section L1?  If yes, indicate which branch of the branches of government the contract is with:	or	or pros		ate contractor Legisla	∐ Yes ✓ No			\$25.00
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Re 08/13	eceived /2023	Aggregate contributions \$70.00			
Last Name		First						M.I.
Darity		Pat	sy					
Residential Street Address	City					State	Zip Code	
6 Elaine Mary Dr	Windso		CF 1			СТ	06095-1	/1/
Principal Occupation		Name	of Emplo	yer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific property of the	r or business l					Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323a  Is contributor a principal of a star If yes, indicate which branch of branches of government the contract is with:	or	or pros	•	ate contractor	∐ Yes ✓ No			\$200.00
Method of contribution:       Cash       ✓ Personal Check     Credit/Debit Card     Payroll Deduction	Money Ord	ler	Date Re 08/13	eceived /2023	Aggregate contributions \$300.00			

SUBTOTAL Section B - This Page	\$325.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210,00
(Enter total on Line 13, Column A of Summary Page	Ψ11,210.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Coleman for Hartford				7th day preceding	primary		
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	ns fr	om Individuals				
Last Name		First					M.I.
Davis		Irma	1				
	City				State	Zip Code	0.40
110 Gardana 161	lartford		CF 1		СТ	06112-2	243
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 municipality does contributor or b municipality valued at more than \$100	ousiness he				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes    Yes     Is contributor a principal of a state contributor apprincipal of a sta			_	∐ Yes ✓ No			\$25.00
If yes, list Event #   Contract is with:    Method of contribution:	oney Order	cutive	Date Received 07/25/2023	Aggregate contributions \$50.00			
Last Name		First					M.I.
Brown		Cyd	onie				
	ity				State	Zip Code	I.
211 dikt 1,70070	lartford				СТ	06106-5	5021
Principal Occupation Teacher			of Employer Dugal Middle Sch	iool			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 municipality does contributor or b municipality valued at more than \$100	ousiness he				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323a  Is contributor a principal of a state configuration of the section L1?  If yes, list Event # 081323a  No  Is contributor a principal of a state configuration of the section of	_	r prosp	_	∐ Yes ✓ No			\$20.00
Method of contribution:	oney Order	r	Date Received 08/13/2023	Aggregate contributions \$20.00			
Last Name		First			•		M.I.
Brown		Rob	ert				
	City				State	Zip Code	
14 Butternat Br	Bloomfie		CD 1		СТ	06002-1	639
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 \$400 municipality does contributor or b municipality valued at more than \$400	ousiness he				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, list Event #  Is contributor a principal of a state configuration of the state of the section of the state of the section L1?  If yes, list Event #  Is contributor a principal of a state configuration of the state of the section L1?		or prosp	_	∐ Yes ✓ No			\$100.00
Method of contribution:	oney Order		Date Received 07/13/2023	Aggregate contributions \$100.00			
				· · · · · · · · · · · · · · · · · · ·	l		

SUBTOTAL Section B - This Page	\$145.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210.00
(Enter total on Line 13, Column A of Summary Page	ψ11,210.00

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

If yes, list Event #

Yes

**✓** No

Method of contribution:

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

SEEC FORM 20 Revised January 2015	I. MONETARY RECEIPTS (Sections A-K)			Paş	ge 7	of	72		
NAME OF COMMITTEE (Prov	ride Complete N	Name as Registered with Fi	iling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford						7th day preceding	primary		
A. Total Contributions from	Small Contri	ibutors - Received this	Period O	NLY					
See instructions for definition of	Small Contribi	utor)			Subtotal Section A				\$0.00
		B. Itemized C	Contributi	ons f	rom Individuals				
Last Name				First	:				M.I.
Caro				Eug	genio				Α
Residential Street Address			City				State	Zip Code	I
321 Freeman St			Hartford				CT	06106-4	1224
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					Amoui	nt of Cont	ribution
dependent ennu er a receptor.	✓ No	municipality valued at more th		io, biio	Yes	✓ No			
Is this contribution associated with an event reported in Section L1?		contributor a principal of a state of the st	r		_	✓ No			\$100.00
If yes, list Event #		contract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution:  Cash ✓ Personal Check	Credit/Debit Car	rd Payroll Deduction	Money Orde	er	Date Received 07/13/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Bouyer				Lel	ia				
Residential Street Address			City				State	Zip Code	
51 Boothbay St			Hartford				CT	06112-	1217
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 contributor municipality valued at more the	or business h				Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  **If yes*, list Event # 081323a*	No le	contributor a principal of a state fyes, indicate which branch of oranches of government the contract is with:	r	or pros		✓ No			\$50.00
Method of contribution:  ☐ Cash	Credit/Debit Car		Money Orde		Date Received 08/13/2023	Aggregate contributions \$50.00	-		
Last Name				First					M.I.
Fenley				Bill					
Residential Street Address			City				State	Zip Code	
1105 Hutchins Landing Rd			Natchez	<u>-</u>			MS	39120-8	3852
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				Amoui	nt of Cont	ribution

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210.00
(Enter total on Line 13, Column A of Summary Page	\$11,210.00

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

08/29/2023

\$50.00

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rage	0	01	12

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Coleman for Hartford			7th day preceding	primary			
A. Total Contributions from Small Contributors - Received this Pe	riod ON	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Con	tributio	ons fr	om Individuals	•			
Last Name		First					M.I.
Graham		Kim	berly				
Residential Street Address C	City				State	Zip Code	ı
2 Yale Cir	Bloomfie	eld			CT	06002-3	3027
Principal Occupation			of Employer				
Attorney		Self/S	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 b municipality valued at more than	ousiness he				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes  No  No  No  Is contributor a principal of a state contributor apprincipal of a s			_	✓ No			\$100.00
If yes, list Event # 081323a  branches of government the contract is with:	Exe	cutive	Legisla	ntive			
Method of contribution:  ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Order	r	Date Received 08/15/2023	Aggregate contributions \$120.23			
Last Name		First					M.I.
Garcia		Ros	alind				
	City				State	Zip Code	
or rangely et	Vest Ha				CT	06516-1	167
Principal Occupation Principal	I .		of Employer Haven Board of I	Education			
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	ousiness he				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323a  Is contributor a principal of a state contributor a principal of a state contributor aprincipal of a state co	_	or prosp	_	✓ No			\$200.00
Method of contribution:	ехе	cutive	Legisla	Aggregate contributions			
	oney Order	r	08/13/2023	\$400.00			
Last Name		First		, , , , , , , , , , , , , , , , , , , ,			M.I.
Garcia		Mito	hell				
	City				State	Zip Code	
310 Mckinley Ave	Bridgepo	ort			CT	06604-1	624
Principal Occupation			of Employer				
Physician Assistant	1	Griffi	n Faculty Physici	ans			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$40 municipality does contributor or by municipality valued at more than	ousiness he				Amoun	t of Conti	ribution
Is this contribution associated with an vent reported in Section I 12	ontractor o	or prosp	ective state contractor	? Yes			\$750.00
If yes, indicate which branch or				✓ No			ψ1 30.00
If yes, list Event # 001323a contract is with:	Exe	cutive		itive			
Method of contribution:         Cash       Personal Check       ✓ Credit/Debit Card       Payroll Deduction       Mod	oney Order	r	Date Received 08/13/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$1,050.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210.00
(Enter total on Line 13, Column A of Summary Page	\$11,210.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Coleman for Hartford			7th day preceding	primary					
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			<b>Subtotal Section</b> A	<b>\</b>			\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals	•			
Last Name				Firs	t				M.I.
Gallery				Wil	liam				
Residential Street Address			City	•			State	Zip Code	
637 Cahoone Rd			Greene				RI	02827-1	807
Principal Occupation Photographer				l	of Employer Gallery 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 ✓ No	Is contributor a principal of a state <i>If yes,</i> indicate which branch or branches of government the	r		_	✓ No			\$250.00
If yes, list Event #  Method of contribution:  Cash Personal Check	Credit/Debit	contract is with:  Card Payroll Deduction	Money Ord	ecutiv er	Date Received 09/01/2023	Aggregate contributions \$600.00	_		
Last Name				Firs	t		1		M.I.
Franklin				Ch	ristopher				
Residential Street Address			City				State	Zip Code	
190 Little Brook Dr			Newing	ton			СТ	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 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			\$25.00
If yes, list Event # 081323a	∐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 08/14/2023	Aggregate contributions \$70.00	,		
Last Name				Firs	t				M.I.
Dodson				Ula	1				
Residential Street Address			City				State	Zip Code	
37 Kent St			Hartford				СТ	06112-2	2129
Principal Occupation Retired				Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of 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		or pros	spective state contractor	r?			\$200.00
If yes, list Event # 081323a		contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 08/07/2023	Aggregate contributions \$450.00			

SUBTOTAL Section B - This Page	\$475.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210,00
(Enter total on Line 13, Column A of Summary Page	ψ11,210.00

SEEC FORM 20 Revised January 2015	I. MONETARY RECEIPTS (Sections A-K)					age 1	0 <b>of</b>	72	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	Γ		
Coleman for Hartford						7th day precedin	g primary	,	
A. Total Contributions from S	Small Contribut	ors - Received this	Period Ol	NLY					
See instructions for definition of S	Small Contributor)				Subtotal Section A				\$0.00
		B. Itemized C	Contribution	ons f	rom Individuals				
Last Name				First					M.I.
Evans				Hor	ре				
Residential Street Address			City				State	Zip Code	
17 Harold St			Hartford				СТ	06112-	1121
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 Is control of the state of	ontribution is in excess of accipality does contributor icipality valued at more the ibutor a principal of a state indicate which branch on the sof government the act is with:	or business h han \$5,000? re contractor or	e/she i	s associated with have Yes pective state contracto	a contract with said  No  Yes  No	Amou	nt of Cont	**************************************
Method of contribution:  ✓ Cash Personal Check	Credit/Debit Card	Payroll Deduction	Money Orde	r	Date Received 08/04/2023	Aggregate contribution \$10.0			
Last Name				First					M.I.
Gooley				Ant	oinette				
Residential Street Address			City				State	Zip Code	
10 Habitat Ln			Bloomfie	eld			CT	06002-	1152
Principal Occupation				Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ No mur mur	ontribution is in excess of accipality does contributor nicipality valued at more the	or business h han \$5,000?	e/she i	s 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?  If yes, list Event # 081323a	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			\$200.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debit Card	Payroll Deduction	Money Orde	er	Date Received 08/13/2023	Aggregate contributio \$200.0			
Last Name				First					M.I.
Foster				Ber	njamin				
Residential Street Address			City				State	Zip Code	
6 Croydon Dr			Bloomfie	eld			CT	06002-	3446
Principal Occupation				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		ontribution is in excess of accipality does contributor					Amou	nt of Cont	ribution

SUBTOTAL Section B - This Page	\$310.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210.00
(Enter total on Line 13, Column A of Summary Page	ψ11,210.00

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

08/16/2023

Legislative

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 # 081323a

Revised January 2015  I. MO	NETARY REC	EIPTS	S (Sections A-K)	) Pag	<b>ge</b> 1	.1 <b>of</b>	72
NAME OF COMMITTEE (Provide Complete Name as Regist	tered with Filing Rep	ository)		TYPE OF REPORT			
Coleman for Hartford				7th day preceding	primary	/	
A. Total Contributions from Small Contributors - Rec	ceived this Period	ONLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	<u> </u>			\$0.00
В. 1	Itemized Contribu	tions 1	rom Individuals				
Last Name		Firs					M.I.
Ford Saunders		An	ita				
Residential Street Address	City				State	Zip Code	
14 Brookview Ln	Middl	etown			СТ	06457-	
Principal Occupation	ļ .	Name	e of Employer				
dependent child of a lobbyist? municipality do	s in excess of \$400 to a es contributor or busines lued at more than \$5,000	s he/she			Amou	nt of Cont	tribution
· · · · · · · · · · · · · · · · · · ·	ncipal of a state contract	or or pro	spective state contractor	r? Yes			\$25.00
If yes, indicate w	rnment the			. No			Ψ25.00
contract is with:		Executiv	e Legisl	ative			
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll	Deduction Money C	rder	Date Received 08/13/2023	Aggregate contributions \$25.00			
Last Name	<u>—</u>	Firs	t	,			M.I.
Fox		Su	san				
Residential Street Address	City				State	Zip Code	1
484 Joshuatown Rd	Lyme				CT	06371-	3034
Principal Occupation		Name	e of Employer				
dependent child of a lobbyist? municipality do	is in excess of \$400 to a es contributor or busines lued at more than \$5,000	ss he/she			Amou	nt of Con	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a prince of the section L1?  If yes, indicate we have a section L1?	ncipal of a state contract	or or pro	spective state contractor	r? Yes	•	\$	31,000.00
If yes, list Event # 081323a No branches of gover contract is with:	rnment the	Executiv	re Legisl	ative  No			
Method of contribution:	Deduction Money C	rder	Date Received 08/07/2023	Aggregate contributions \$1,000.00	-		
Last Name		Firs	t				M.I.
Eisenberg		De	borah				
Residential Street Address	City				State	Zip Code	
16 Goodwin Cir	Hartfo	ord			СТ	06105-	5201
Principal Occupation Attorney			e of Employer wn Paindiris & Sc	ott			
dependent child of a lobbyist? municipality do	is in excess of \$400 to a ses contributor or busines lued at more than \$5,000	s he/she			Amou	nt of Con	ribution
event reported in Section I 12	ncipal of a state contract	or or pro	spective state contractor	r? Yes	]		\$100 00
If yes, indicate w branches of government of the second of	rnment the	Executiv	re Legisl	✓ No			\$100.00
Method of contribution:	Ш,				1		

SUBTOTAL Section B - This Page	\$1,125.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210.00
(Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE (Provide Complete Name as Regis	tered with Filin	ng Reposi	tory)			TYPE OF REPORT			
Coleman for Hartford						7th day preceding	primary		
A. Total Contributions from Small Contributors - Rec	ceived this Po	eriod O	NLY						
(See instructions for definition of Small Contributor)				Subtotal S	Section A				\$0.00
B.	Itemized Co	ntributi	ons fr	om Indiv	iduals				
Last Name			First						M.I.
Giles			Carl	leton					
Residential Street Address		City					State	Zip Code	70.40
45 Nolan Ter		Milford		an 1			СТ	06460-7	849
Principal Occupation Law enforcement official			State	of Employer of Conn					
dependent child of a lobbyist? municipality do		business h			with have a	xecutive officer of 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 #  Is contributor a pri If yes, indicate w branches of gove branches of gove	which branch or		or prosp	_	contractors	✓ No			\$500.00
Method of contribution:	Deduction M	Money Orde		Date Recei 08/17/20	ved	Aggregate contributions \$500.00			
Last Name			First						M.I.
Frieder			Rich	nard					
Residential Street Address		City					State	Zip Code	140
335 Cotton Hill Rd Principal Occupation	l	New Ha		of Employer			СТ	06057-3	9418
Community engagement				munity Ca		Builders			
dependent child of a lobbyist? municipality do		business h			with have a	xecutive officer of a 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 priest of gove branches of gove contract is with:	which branch or	_	or prosp	_	contractor	✓ No			\$50.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll	Deduction M	Money Orde	er	Date Recei 08/08/20		Aggregate contributions \$50.00			
Last Name			First						M.I.
Gaffey			Tho	mas					Р
Residential Street Address		City					State	Zip Code	101
40 Ridgeland Cir	,	Wallingf		of Employer			СТ	06492-2	2121
Principal Occupation Director						Recyling Authority			
dependent child of a lobbyist? municipality do		business h			with have a	xecutive officer of a a contract with said	Amoun	t of Conti	ribution
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:	which branch or		or prosp	_	contractors	∐ Yes ✓ No			\$100.00
Method of contribution:  ☐ Cash	Deduction M	Money Orde	er	Date Recei 08/01/20		Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210.00
(Enter total on Line 13, Column A of Summary Page	Ψ11,210.00

Revised January 2015		I. MONETARY	RECE!	PTS	S (Sections A-K)	Pag	<b>ge</b> 13	of	72
NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						7th day preceding	primary		
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
See instructions for definition of S	Small Conti	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				Firs	t				M.I.
Payne-Hill				Pa	ulette				
Residential Street Address			City				State	Zip Code	I
73 Gabb Rd			Bloomfi	eld			CT	06002-2	2306
Principal Occupation				Name	e of Employer		•		
Instructor				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 l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323a	✓ Yes No	Is contributor a principal of a stat  If yes, indicate which branch or branches of government the contract is with:	r	or pros		✓ No			\$100.00
Method of contribution:  Cash Personal Check	Credit/Debit		Money Orde		Date Received 08/14/2023	Aggregate contributions \$200.00	-		
Last Name				Firs	t				M.I.
Harris				Vic	toria				
Residential Street Address			City				State	Zip Code	•
66 W Main St, Apt 302			New Bri	tain			CT	06051-2	2290
Principal Occupation Adjuster					e of Employer t 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	✓ Yes	Is contributor a principal of a stat	e contractor	or pros	spective state contractor	? Yes	1		\$50.00
event reported in Section L1?  If yes, list Event # 081323a	No	If yes, indicate which branch or branches of government the contract is with:	_	ecutiv	re Legisla	✓ No			φου.υυ
Method of contribution:  Cash Personal Check	Credit/Debit		Money Orde	er	Date Received 08/13/2023	Aggregate contributions \$210.23	-		
Last Name				Firs	t				M.I.
Hennessy				Ма	tthew				
Residential Street Address			City				State	Zip Code	
161 Tremont St			Hartford	l			CT	06105-2	2541
Principal Occupation Managing Director					e of Employer mont Public Advise	ors			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  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			\$100.00
		contract is with:		· · ·			1		

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210.00
(Enter total on Line 13, Column A of Summary Page	\$11,210.00

Date Received 07/28/2023 Aggregate contributions \$400.00

Method of contribution:

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

Th.	1.4		
Page	14	of	72

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Coleman for Hartford				7th day preceding	primary		
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.
Hunt		Kim	ball				
Residential Street Address	City				State	Zip Code	1
205 Wintonbury Ave	Bloomfi	ield			CT	06002-1	1912
Principal Occupation	•		of Employer			•	
retired		retire	d				
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	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a s  If yes, indicate which branch		or prosp	ective state contractor	i es			\$200.00
If yes, list Event # 081323a No branches of government the contract is with:	Exc	ecutive					
Method of contribution:  ☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	ler	Date Received 08/13/2023	Aggregate contributions \$450.00			
Last Name		First					M.I.
Mounds		Julie	•				
Residential Street Address	City				State	Zip Code	
176 Homestead St, Apt G	Manche	ester			CT	06042-3	3062
Principal Occupation Employee Specialist		Name o	of Employer				
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 h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a second reported in Section L1?  If yes, indicate which branch		or prosp	ective state contractor	Y es			\$70.00
If yes, list Event # 081323a No branches of government the contract is with:		ecutive	Legisla	✓ No ative			
Method of contribution:         Cash       Personal Check       ✓ Credit/Debit Card       Payroll Deduction	Money Orde	ler	Date Received 08/25/2023	Aggregate contributions \$120.00			
Last Name		First					M.I.
LeBeau		Gar	У				
Residential Street Address	City				State	Zip Code	
338 Foote Rd	South G	Glastor	nbury		CT	06073-3	3312
Principal Occupation retired		Name or retire	of Employer d				
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 h				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323a  Is contributor a principal of a second track is with the contract is with:	n or	or prosp	_	∐ Yes ✓ No			\$200.00
Method of contribution:		CullVE	Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	ler	08/10/2023	\$1,000.00			

SUBTOTAL Section B - This Page	\$470.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210.00
(Enter total on Line 13, Column A of Summary Page	ψ11,210.00

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

If yes, list Event #

Yes

**✓** No

Method of contribution:

Cash Personal Check Credit/Debit Card Payroll Deduction Money Order

SEEC FORM 20 Revised January 2015	I. MONETARY RECEIPTS (Sections A-K)					<b>ge</b> 1	5 <b>of</b>	72
NAME OF COMMITTEE (Provide C	Complete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford					7th day preceding	primary	•	
A. Total Contributions from Sma	ll Contributors - Received this	Period O	NLY					
See instructions for definition of Smal				Subtotal Section A				\$0.00
J J J		Contributi	ons f	rom Individuals				,
Last Name			First	:				M.I.
Green			Ker	nneth				
Residential Street Address		City				State	Zip Code	
223 Granby St		Hartford	l			CT	06112-	1319
Principal Occupation Social Worker				of Employer nis Chaffee				
damandant shild of a labbrust?	Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amou	nt of Cont	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						\$200.	
Method of contribution:  ☐ Cash  Personal Check ☐ Cred	it/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/13/2023	Aggregate contributions \$1,000.00			
Last Name			First			-		M.I.
Greene			Ма	rkita				
Residential Street Address		City				State	Zip Code	
27 Washington Rd		Windsor	<u>-</u>			СТ	06095-	3559
Principal Occupation Teacher			Name Retir	of Employer red				
dapandant shild of a labbruist?	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 # 081323a	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			\$25.00
Method of contribution:  ☐ Cash  Personal Check ☐ Cred	it/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/13/2023	Aggregate contributions \$75.00			
Last Name			First					M.I.
James			Fra	nklin				D
Residential Street Address		City				State	Zip Code	
177 Barbour St		Hartford				СТ	06120-	1807
Principal Occupation Retired			Name Retir	of Employer red				
dependent shild of a labbrust?	Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amou	nt of Cont	ribution

SUBTOTAL Section B - This Page	\$285.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210,00
(Enter total on Line 13, Column A of Summary Page	\$11,210.00

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

\$80.00

Legislative

Date Received

07/31/2023

\$60.00

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1 age	10	UI	12

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Coleman for Hartford				7th day preceding	primary				
A. Total Contributions from Small Contributors - Received this Period ONLY									
(See instructions for definition of Smo	all Contr	ributor)			<b>Subtotal Section A</b>				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Johnson				Jef	frey				
Residential Street Address			City				State	Zip Code	
206 Tower Ave			Hartford				СТ	06120-1	1050
Principal Occupation				Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
event reported in Section L1?	Yes No	Is contributor a principal of a state If yes, indicate which branch of branches of government the	r	or pros	_	✓ No			\$50.00
Method of contribution:	edit/Debit	contract is with:  Card Payroll Deduction	Money Orde		Date Received 08/07/2023	Aggregate contributions \$200.00			
Last Name				First					M.I.
King-Corbin				Line	da				
Residential Street Address			City				State	Zip Code	1400
199 Branford St			Hartford		CF 1		СТ	06112-1	1406
Principal Occupation Civil Engineer				Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
event reported in Section L1?	Yes	Is contributor a principal of a stat  If yes, indicate which branch or		or pros	pective state contractor	Y es			\$40.00
If yes, list Event # 001323a	No	branches of government the contract is with:	Exe	ecutiv			_		
Method of contribution:  ✓ Cash Personal Check Cree	edit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 08/13/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Milward				Sto	sh				
Residential Street Address			City Hartford				State CT	Zip Code 06112-2	205
51 Vine St Principal Occupation			панного		of Employer		Ci	00112-2	2205
Development Consultant					CT 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 Cont	ribution
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	? Yes			\$25.00
If yes, list Event # 081323a		branches of government the contract is with:	Exe	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check Cre	edit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 08/13/2023	Aggregate contributions \$75.00			

SUBTOTAL Section B - This Page	\$115.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210.00
(Enter total on Line 13, Column A of Summary Page	Ψ11,210.00

#### I. MO

NETARY RECEIPTS (Sections A-K)	<b>Page</b> 17 <b>of</b> 72
tered with Filing Repository)	TYPE OF REPORT
	7th day preceding primary

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Coleman for Hartford				7th day preceding	primary		
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.
Nelson		Eug	gena				
Residential Street Address	City	1			State	Zip Code	
71 Bryden Ter	Hamde	n			CT	06517-4	1010
Principal Occupation			of Employer				
Retired		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 specific production of the specific produc	or business l				Amoun	t of Cont	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, indicate which branch of branches of government the	_			. Vo			ψ50.00
If yes, list Event # contract is with:	Ex	ecutiv		ative —			
Method of contribution:	Money Ord	er	Date Received 08/02/2023	Aggregate contributions \$250.00			
Last Name		First	t				M.I.
Pomeranz		Jar	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 Brov	vn			
Is contributor 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  Volume Viet Found #  Yes  Is contributor a principal of a stat  If yes, indicate which branch o  branches of government the		or pros	_	✓ No			\$250.00
If yes, list Event #	L Ex	ecutiv	e Legisl	ative			
Method of contribution:	Money Ord	er	Date Received 07/10/2023	Aggregate contributions \$750.00			
Last Name		First			•		M.I.
Levin		Ric	hard				
Residential Street Address	City				State	Zip Code	
10 Lary Falls Dr	Scarbo				ME	04074-8	3952
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 the specific contribution.	or business l				Amoun	t of Cont	ribution
event reported in Section L1?  Yes  If yes, indicate which branch o	Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or						\$200.00
If yes, list Event # branches of government the contract is with:	Ex	ecutiv	e Legisl	ative No			
Method of contribution:         Cash       Personal Check       ✓ Credit/Debit Card       Payroll Deduction	Money Ord	er	Date Received 08/18/2023	Aggregate contributions \$300.00			

SUBTOTAL Section B - This Page	\$500.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210.00
(Enter total on Line 13, Column A of Summary Page	ψ11,210.00

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 18	of	72
NAME OF COMMITTEE (Prov	ride Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						7th day preceding	primary		
A. Total Contributions from	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	from Individuals				
Last Name				Firs	st				M.I.
Johnson				Ka	thryn				
Residential Street Address			City		•		State	Zip Code	
80 Kane St, Apt D06			West Ha	artfo	rd		CT	06119-2	2113
Principal Occupation				l .	e of Employer		•	•	
Retired				Reti	ired				
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	t of Cont	ribution
event reported in Section L1?	Yes	If yes, indicate which branch o		or pro	spective state contractor	i es			\$250.00
If yes, list Event #	<b>✓</b> No	branches of government the contract is with:	Exc	ecutiv	veLegisla	✓ No ative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 07/22/2023	Aggregate contributions \$550.00			
Last Name				Firs	st				M.I.
Johnson				Jo	hnny				
Residential Street Address			City				State	Zip Code	
113 Martin St			Hartford	1			CT	06120-1	1819
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 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 of branches of government the		or pro	spective state contractor	?			\$10.00
If yes, list Event #	<b>V</b> 110	contract is with:	Exe	ecutiv	ve Legisla	ative			
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 08/03/2023	Aggregate contributions \$10.00			
Last Name				Firs	st		-		M.I.
Horton Sheff				Eli	zabeth				
Residential Street Address			City				State	Zip Code	
25 Belmont Ave			Windso	r			CT	06095-3	3333
Principal Occupation Director, Community Service	es				e of Employer nmunity Renewal	Team			
Is 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?  If yes, list Event #	☐ Yes	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the contract is with:	r	or pro		∐ Yes ✓ No			\$100.00
		contract is with.					1		

SUBTOTAL Section B - This Page	\$360.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210,00
(Enter total on Line 13, Column A of Summary Page	\$11,210.00

Aggregate contributions \$150.00

Date Received 08/27/2023

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

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NAME OF COMMITTEE (Prov	ide Complete	Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT				
Coleman for Hartford						7th day preceding	primary	/		
A. Total Contributions from S	Small Cont	ributors - Received this	Period O	NLY						
See instructions for definition of S					Subtotal Section A				\$0	.00
			Contributi	ons f	rom Individuals	_				
Last Name				Firs	t				M.I.	
Przybysz				Ke	nneth					
Residential Street Address			City				State	Zip Coo	de	
50 Goodwin Cir			Hartford	i			CT	06108	5-5207	
Principal Occupation Consultant			•	l .	of Employer bysz + Associate	s Government Affa	airs			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes  No	If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amou	nt of Co	ntributi	on
Is this contribution associated with an event reported in Section L1?	☐ Yes I	s contributor a principal of a state of the	r	•		✓ No			\$100	.00
If yes, list Event #		contract is with:	Ex	ecutiv	e Legisla	ative				
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debit C	ard Payroll Deduction	Money Ord	er	Date Received 07/11/2023	Aggregate contribution \$100.0	1			
Last Name				Firs	t				M.I.	
Peck				Mic	chael					
Residential Street Address			City				State	Zip Coo	le	
200 Scarborough St			Hartford	1			СТ	06108	5-1129	
Principal Occupation Attorney					of Employer  K & Peck					
Is 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				Amou	nt of Co	ntributi	ion
Is this contribution associated with an event reported in Section L1?  **If yes*, list Event #*	☐Yes I	s contributor a principal of a star 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 C		Money Ord	er	Date Received 07/25/2023	Aggregate contribution \$100.0	1			
Last Name				Firs					M.I.	
Mullarkey				Ed	ward				J	
Residential Street Address			City				State	Zip Coo	le	
154 Fox Hill Rd			Wethers	sfield			CT	06109	9-4129	
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 contributor municipality valued at more ti	or business l	ne/she			Amou	nt of Co	 ntributi	on

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210.00
(Enter total on Line 13, Column A of Summary Page	ψ11,210.00

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

07/21/2023

Legislative

municipality valued at more than \$5,000?

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

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NAME OF COMMITTEE (Prov.	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						7th day preceding	primary		
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals	•			
Last Name				Firs	t				M.I.
Robinson				Lev	wis				J
Residential Street Address			City				State	Zip Code	l
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	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐Yes ✓No	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the	r	or pros		✓ No			\$200.00
Method of contribution:	Credit/Debit	contract is with:  Card Payroll Deduction	Money Orde		Date Received 07/30/2023	Aggregate contributions \$200.00			
Last Name				Firs	t				M.I.
Hopkins-Staten				The	eresa				
Residential Street Address			City				State	Zip Code	
1833 Asylum Ave			West Ha	artfor	rd .		CT	06117-2	2604
Principal Occupation VP Corp Citizenship & Equity	/				of Employer rsource Energy				
Is contributor a lobbyist, 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	✓ Yes	Is contributor a principal of a stat		or pros	spective state contractor	? Yes			\$100.00
event reported in Section L1?  If yes, list Event # 081323a	No	If yes, indicate which branch o branches of government the contract is with:	_	ecutiv	re Legisla	✓ No ative			\$100.00
Method of contribution:  Cash Personal Check	Credit/Debit		Money Orde	er	Date Received 08/13/2023	Aggregate contributions \$100.00			
Last Name				Firs	t				M.I.
Peterson				Ale	ex				
Residential Street Address			City		_		State	Zip Code	
26 Robin Rd			West Ha				СТ	06119-1	231
Principal Occupation Govt Affairs					e of Employer Airport Authority				
Is 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 If yes, indicate which branch o branches of government the	r	or pros		∐ Yes ✓ No			\$100.00
		contract is with:		· · ·			1		

\$400.00	SUBTOTAL Section B - This Page
\$11,210.00	TOTAL of Section B Pages
\$11,210.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
Ψ11,210.00	(Enter total on Line 13, Column A of Summary Page

Aggregate contributions

\$100.00

Date Received

08/13/2023

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:

18 Cliffmount Dr Principal Occupation

Yes

**✓** No

Yes

**✓** No

✓ Personal Check Credit/Debit Card

SEEG FORM 20						
SEEC FORM 20 Revised January 2015  I. MONETA	RY RECE	IPTS (Sections A-K)	Pag	e 2	1 <b>of</b>	72
NAME OF COMMITTEE (Provide Complete Name as Registered with	n Filing Repos	itory)	TYPE OF REPORT			
Coleman for Hartford			7th day preceding	primary	/	
A. Total Contributions from Small Contributors - Received th	his Period O	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
B. Itemized	d Contributi	ions from Individuals				
Last Name		First				M.I.
Price		Willena				
Residential Street Address	City			State	Zip Code	
59 Fieldstone Dr	South C	Slastonbury		СТ	06073-	3717
Principal Occupation Retired		Name of Employer Retired				
	utor or business	he/she is associated with have		Amou	nt of Cont	ribution
tt Cti I 12	No   If yes, indicate which branch or branches of government the   Frequentive   I considering					\$250.00
Method of contribution:         Cash       Personal Check       ✓ Credit/Debit Card       Payroll Deduction	Money Ord	Date Received 08/10/2023	Aggregate contributions \$250.00			
Last Name		First				M.I.
Nunez		Domingo				
Residential Street Address	City			State	Zip Code	
47 Adams Dr	Cresski			NJ	07626-	1727
Principal Occupation		Name of Employer				
	utor or business	ndidate committee for a chief endershe is associated with have a Yes		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 If yes, indicate which branches of government the	ch or	or prospective state contractor	∐ Yes ✓ No			\$350.00
Method of contribution:		ecutive Legisla  Date Received	Aggregate contributions			
Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	er 08/10/2023	\$350.00			
Last Name		First				M.I.
Grande		Robert				S
Residential Street Address	City			State	Zip Code	

CT

06002-2226

\$50.00

**Amount of Contribution** 

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210.00
(Enter total on Line 13, Column A of Summary Page	Ψ11,210.00

Bloomfield

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

municipality valued at more than \$5,000?

Payroll Deduction Money Order

If yes, indicate which branch or

branches of government the

contract is with:

Name of Employer

Yes

Date Received

08/15/2023

Legislative

**✓** No

Yes

**✓** No

Aggregate contributions

\$50.00

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

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	Reposito	ory)		TYPE OF REPORT			
Coleman for Hartford				7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this Per	riod ON	ILY					
(See instructions for definition of Small Contributor)		Subtotal Se	ction A				\$0.00
B. Itemized Cont	tributio	ns from Individ	duals				
Last Name		First					M.I.
James		Lois					
Residential Street Address Cit					State	Zip Code	1400
L4 Saint Wale Oil	outh Wi				СТ	06074-4	1133
Principal Occupation		Name of Employer					
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		ith 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		_	ontractor?  Legislat	✓ No			\$25.00
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Mon	oney Order	Date Receive	ed	Aggregate contributions \$25.00			
Last Name		First					M.I.
Ramos		Wanda					
Residential Street Address Cit	ity artford				State CT	Zip Code 06103-1	1411
74 Union PI, Apt 216 Principal Occupation		Name of Employer				00103-1	711
Educator	H	Hartford Board					
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		ith 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:	_	_	ontractor?  Legislat	✓ No			\$100.00
Method of contribution:	oney Order	Date Receive	ed	Aggregate contributions \$100.00			
Last Name		First					M.I.
Setaro		Louise					М
Residential Street Address Cit					State	Zip Code	740
or analogo Dr	ewingto				СТ	06111-3	3/16
Principal Occupation	ľ	Name of Employer					
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		ith 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:		_	ontractor? Legislat	∐ Yes ✓ No			\$100.00
Method of contribution:	oney Order	Date Receive 08/25/202		Aggregate contributions \$100.00			
		•	-				

SUBTOTAL Section B - This Page	\$225.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210.00
(Enter total on Line 13, Column A of Summary Page	\$11,210.00

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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						7th day preceding	primary		
A. Total Contributions from	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of )	Small Cont	ributor)			<b>Subtotal Section</b>	A			\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
O'Hara				Keit	th				Α
Residential Street Address			City				State	Zip Code	
480 Joy Rd			Woodst				СТ	06281-2	2116
Principal Occupation Teacher/Coach				1	of Employer anapolis Prep				
Is contributor a lobbyist, spouse, or 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 o branches of government the	r	or prosp	_	✓ No			\$50.00
Method of contribution:  Cash Personal Check	Credit/Debit	contract is with:	Money Ord		Date Received 08/25/2023	Aggregate contributions \$50.00	)		
Last Name				First		•	•		M.I.
Hall				Son	nja				
Residential Street Address			City				State	Zip Code	
49 Canterbury St			Hartford				CT	06112-1	1823
Principal Occupation Retired				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	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 contracto	Y es			\$250.00
If yes, list Event #	<b>✓</b> 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 09/03/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Spence				Les	lie				
Residential Street Address			City	ndon			State	Zip Code	1206
7 Boulevard Ct Principal Occupation			New Lo		of Employer		СТ	06320-4	+306
Social Work Supervisor				1	e of Connecticut	DCF			
Is 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 contracto	Y es			\$25.00
If yes, list Event #	<b>✓</b> No	branches of government the contract is with:		ecutive		lative No			
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debit	t Card Payroll Deduction	Money Ord	ler	Date Received 07/12/2023	Aggregate contributions \$225.00	)		

SUBTOTAL Section B - This Page	\$325.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11.210.00
(Enter total on Line 13, Column A of Summary Page	ψ11,210.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with	th Filing Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford				7th day preceding	primary		
A. Total Contributions from Small Contributors - Received t	this Period O	NLY					
(See instructions for definition of Small Contributor)			<b>Subtotal Section A</b>				\$0.00
B. Itemize	ed Contributi	ions fi	rom Individuals				
Last Name		First					M.I.
Spence		Les	lie				
Residential Street Address	City				State	Zip Code	
7 Boulevard Ct	New Lo				СТ	06320-4	1306
Principal Occupation Social Work Supervisor			of Employer e of Connecticut I	DCF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excemunicipality does contribution is in excemunicipality valued at municipality valued	outor 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 If yes, indicate which brain branches of government the contract is with.	nch or	or prosp		✓ No			\$25.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction			Date Received 08/12/2023	Aggregate contributions \$225.00			
Last Name		First					M.I.
Simmons		Lou	ise				
Residential Street Address	City				State	Zip Code	
120 Beacon St	Hartford				СТ	06105-3	3908
Principal Occupation Professor		Name Ucor	of Employer IN				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excemunicipality does contribution is in excemunicipality valued at m	outor or business l				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323a  Is contributor a principal of If yes, indicate which brain branches of government the contract is with:	nch or	or prosp	_	✓ No			\$200.00
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	on Money Orde	er	Date Received 08/13/2023	Aggregate contributions \$325.00			
Last Name		First					M.I.
Simpson		Nat	han				
Residential Street Address	City				State	Zip Code	
185 Brook St	New Bri		CD 1		СТ	06051-3	3348
Principal Occupation Food service worker			of Employer ison Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excermunicipality does contribution is in excermunicipality valued at m	outor or business l				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323a  Is contributor a principal of If yes, indicate which branches of government the contract is with:	nch or	or prosp	<u></u>	∐ Yes ✓ No			\$20.00
Method of contribution:  ✓ Cash Personal Check Credit/Debit Card Payroll Deduction	n Money Ordo	er	Date Received 08/13/2023	Aggregate contributions \$75.00			

SUBTOTAL Section B - This Page	\$245.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11.210.00
(Enter total on Line 13, Column A of Summary Page	ψ11,210.00

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1 age	23	UI	12

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Rep	ository)		TYPE OF REPORT			
Coleman for Hartford				7th day preceding	primary		
A. Total Contributions from Small Contribut	ors - Received this Period	ONLY					
(See instructions for definition of Small Contributor)			<b>Subtotal Section A</b>				\$0.00
	B. Itemized Contrib	utions f	rom Individuals				
Last Name		Firs	t				M.I.
Szewczyk		Joh	n				
Residential Street Address	City	l			State	Zip Code	
458 Stage Coach Rd	Durh				СТ	06422-3	3615
Principal Occupation  Law enforcement			of Employer				
Law enforcement		TOW	n of Boxborough				
dependent child of a lobbyist? mun	ontribution is in excess of \$400 to a nicipality does contributor or busine icipality valued at more than \$5,00	ess he/she			Amoun	t of Conti	ribution
event reported in Section L1?	ributor a principal of a state contract indicate which branch or the of government the	tor or pros	spective state contractor	?			\$150.00
	act is with:	Executiv	e Legisla	ative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction Money	Order	Date Received 07/26/2023	Aggregate contributions \$250.00			
Last Name		Firs	t				M.I.
Szewczyk		Joh	nn				
Residential Street Address	City				State	Zip Code	
458 Stage Coach Rd	Durh				СТ	06422-3	3615
Principal Occupation  Law enforcement			of Employer on of Boxborough				
dependent child of a lobbyist? mun	ontribution is in excess of \$400 to a hicipality does contributor or busine hicipality valued at more than \$5,00	ess he/she			Amoun	t of Conti	ribution
event reported in Section L1?  If yes,  If yes,  In No branch	ibutor a principal of a state contract indicate which branch or thes of government the	tor or pros	_	∐ Yes ✓ No			\$50.00
Method of contribution:	act is with:	Executiv	Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card	Payroll Deduction Money	Order	08/13/2023	\$250.00			
Last Name		Firs	t	•	l		M.I.
Tronchin		Irw	in				
Residential Street Address	City				State	Zip Code	
55 Sunnyfield Dr	Wind	sor			CT	06095-3	3263
Principal Occupation		Name Reti	of Employer red				
dependent child of a lobbyist? mun	ontribution is in excess of \$400 to a nicipality does contributor or busine inicipality valued at more than \$5,00	ess he/she			Amoun	t of Conti	ribution
event reported in Section L1?  If yes,  If yes,  In No branch	ibutor a principal of a state contraction indicate which branch or these of government the	tor or pros	_	∐ Yes ✓ No			\$60.00
Method of contribution:	act is with:	LACCULIV	Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card	Payroll Deduction Money	Order	08/13/2023	\$200.00			

SUBTOTAL Section B - This Page	\$260.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210.00
(Enter total on Line 13, Column A of Summary Page	Ψ11,210.00

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

If yes, list Event # 081323a

✓ 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)				) Paş	ge 2	6 of	72
NAME OF COMMITTEE (Providence of COMMITTEE)	de Complete N	ame as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						7th day preceding	primary	,	
A. Total Contributions from S	mall Contri	butors - Received this	Period O	NLY					
See instructions for definition of Si	mall Contribu	tor)			Subtotal Section A				\$0.00
		B. Itemized C	Contributi	ons f	rom Individuals				
Last Name				First	:				M.I.
West				Pai	ıl				
Residential Street Address			City				State	Zip Code	1
40 Overlook Dr			Windso	r			СТ	06095-2	2657
Principal Occupation					of Employer 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				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323a	No If	ontributor a principal of a stat "yes, indicate which branch or canches of government the contract is with:	r	or pros	_	✓ No			\$250.00
Method of contribution: Cash Personal Check	Credit/Debit Care	d Payroll Deduction	Money Orde	er	Date Received 08/24/2023	Aggregate contributions \$500.00	)		
Last Name				First					M.I.
Williams				Dia	ne				
Residential Street Address			City				State	Zip Code	
121 Holcomb St			Hartford	l			СТ	06112-	1512
Principal Occupation				Name Retii	of Employer red				
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				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 of the state of the state of government the contract is with:	r	or pros	_	✓ Yes			\$25.00
Method of contribution: Cash Personal Check	Credit/Debit Care	d Payroll Deduction	Money Orde	er	Date Received 07/24/2023	Aggregate contributions \$30.00	)		
Last Name				First					M.I.
Williams				Lav	vrence				
Residential Street Address			City				State	Zip Code	•
264 Edgewood St			Hartford				СТ	06112-	1906
Principal Occupation Retired				Name Retii	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amou	nt of Cont	ribution

\$475.00	SUBTOTAL Section B - This Page
\$11,210.00	TOTAL of Section B Pages
\$11,210.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
Ψ11,210.00	(Enter total on Line 13, Column A of Summary Page

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

Executive

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

Yes

**✓** No

Aggregate contributions

\$500.00

Legislative

Date Received

08/13/2023

\$200.00

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

If yes, list Event #

Yes

**✓** No

Method of contribution:

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

SEEC FORM 20 Revised January 2015	I. MONETARY RECEIPTS (Sections A-K)  Pag				ge 2	7 <b>of</b>	72		
NAME OF COMMITTEE (Prov	ride Complet	e Name as Registered with	h Filing Repos	itory)		TYPE OF REPORT			
Coleman for Hartford			0 1	•/		7th day preceding	primary	,	
A. Total Contributions from	Small Con	tributors - Received tl	his Period O	NLY	•	1			
See instructions for definition of	Small Contri	ibutor)			Subtotal Section	A			\$0.00
		B. Itemized	d Contributi	ions f	from Individuals				
Last Name				Firs	t				M.I.
Williams				Tie	elen				
Residential Street Address			City				State	Zip Code	1
180 Grandview Ter			Hartford	t			CT	06114-	2213
Principal Occupation Social Worker				Name Reti	e of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess municipality does contribu municipality valued at mo	utor or business				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  **If yes*, list Event # 081323a*	✓ Yes No	Is contributor a principal of a If yes, indicate which branches of government the contract is with:	ch or	or pros	_	✓ Yes			\$40.00
Method of contribution:  ☐ Cash  Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 08/13/2023	Aggregate contributions \$115.00			
Last Name				Firs	t				M.I.
Sutherland				Та	nia				
Residential Street Address			City				State	Zip Code	•
825 Town Colony Dr			Middlet	_			СТ	06457-	5917
Principal Occupation Teacher / artist				1	e of Employer employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess municipality does contribu municipality valued at mo	utor or business				Amou	nt 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 If yes, indicate which branches of government the contract is with:	ch or	or pros	_	✓ Yes			\$50.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 07/18/2023	Aggregate contributions \$100.00			
Last Name				Firs	t				M.I.
Wilder				Ke	ith				
Residential Street Address			City				State	Zip Code	20.40
9910 SW 16th Ct			Pembro				FL	33025-	3642
Principal Occupation Retired				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 mo	utor or business				Amou	nt of Cont	ribution

\$190.00	SUBTOTAL Section B - This Page
\$11,210.00	TOTAL of Section B Pages
\$11,210.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
Ψ11,210.00	(Enter total on Line 13, Column A of Summary Page

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

Executive

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

Yes

**✓** No

Aggregate contributions \$250.00

Legislative

Date Received 08/13/2023 \$100.00

Page	28	of	72

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	Reposit	tory)	TYPE OF REPORT			
Coleman for Hartford			7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this Per	riod ON	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section	on A			\$0.00
B. Itemized Cont	tributio	ons from Individua	als			
Last Name		First				M.I.
Turner		Eric				
	ity			State	Zip Code	
3 Widdining Bove Way	ak Bluf			MA	02557-7	7066
Principal Occupation Retired		Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 municipality does contributor or by municipality valued at more than \$400	usiness h			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state configuration of the state of		_	actor?			\$100.00
Method of contribution:	oney Orde	Date Received	Aggregate contributions \$350.00	)		
Last Name		First				M.I.
Spears		Wesley				
	ity	الما		State	Zip Code	2450
8 Westview Dr Principal Occupation	loomfie	Name of Employer		СТ	06002-3	9459
Self employed		Self employed				
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 h			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes    Is contributor a principal of a state configuration of the state of the section of the sectio	ontractor o	or prospective state contra	Yes V No			\$400.00
If yes, list Event # branches of government the contract is with:	Exe	cutive Le	gislative			
Method of contribution:         Cash       Personal Check       ✓ Credit/Debit Card       Payroll Deduction       Montanger	oney Orde	Date Received 07/27/2023	Aggregate contributions \$400.00			
Last Name		First				M.I.
Sutherland		Gary				
	ity			State	Zip Code	
020 Town Colony Bi	liddleto			СТ	06457-5	917
Principal Occupation Audio Engineer / Driver	- 1	Name of Employer Self employed				
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 \$	ousiness h			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  V No  Is contributor a principal of a state con  If yes, indicate which branch or branches of government the		•	Yes ✓ No			\$20.00
If yes, list Event # contract is with:	Exe		gislative			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Mon	oney Orde	Date Received 07/21/2023	Aggregate contributions \$20.00	)		

SUBTOTAL Section B - This Page	\$520.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210,00
(Enter total on Line 13, Column A of Summary Page	Ψ11,210.00

Last Name

Wheeler

Retired

Residential Street Address

6344 Old Dominion Dr Principal Occupation

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

SEEC FORM 20 Revised January 2015  I. MONETAR	Y RECE	IPTS	(Sections A-K)	Pag	<b>ge</b> 29	9 <b>of</b>	72
NAME OF COMMITTEE (Provide Complete Name as Registered with F	Filing Repos	itory)		TYPE OF REPORT			
Coleman for Hartford				7th day preceding	primary	,	
A. Total Contributions from Small Contributors - Received this	s Period O	NLY					
(See instructions for definition of Small Contributor)			<b>Subtotal Section A</b>				\$0.00
B. Itemized	Contribut	ions f	rom Individuals				
Last Name		First					M.I.
Thompson		Jan	nes				
Residential Street Address	City				State	Zip Code	
138 Westerly Ter	Hartford	d			СТ	06105-	1117
Principal Occupation Superintendent			of Employer mfield Public Sch	ools			
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				Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323a  Is contributor a principal of a star if yes, indicate which 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 Ord	ler	Date Received 08/13/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Williams		Car	lisse				
Residential Street Address	City				State	Zip Code	
37 Westminster St	Hartford	d			CT	06112-	1451
Principal Occupation Retired		Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business				Amoui	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 pros	pective state contractor	Y es			\$10.00
If yes, list Event # 081323a	Ex	ecutiv					
Method of contribution:         ✓ Cash       Personal Check       Credit/Debit Card       Payroll Deduction	Money Ord	ler	Date Received 08/13/2023	Aggregate contributions \$10.00			

M.I.

\$100.00

Zip Code

**Amount of Contribution** 

22101-4117

State

VA

Yes

**✓** No

If yes, list Event #	VINO	contract is with:	Executiv	e Legisl	ative		
Method of contribution: Cash Personal Check	✓ Credit/Debit	Card Payroll Deduction	Money Order	Date Received 08/29/2023	Aggregate contributions \$100.00		
				SUBTOTA	AL Section B - This P	age	\$210.00
				TC	OTAL of Section B Pa	iges	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary)						•	\$11,210.00
			Entertota	Ton Line 13, Con	anni A or Summary P	aye	

First

City

municipality valued at more than \$5,000?

If yes, indicate which branch or

branches of government the

Mclean

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

Gordon

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

Name of Employer

Yes

Is contributor a lobbyist, spouse, or

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

dependent child of a lobbyist?

If yes, list Event #

Cash

Method of contribution:

Yes

**✓** No

Yes

**✓** No

Personal Check Credit/Debit Card

SEEC FORM 20 Revised January 2015  I. MONETAR	I. MONETARY RECEIPTS (Sections A-K)						
NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Reposi	itory)	TYPE OF REPORT				
Coleman for Hartford			7th day preceding	primary	,		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00	
B. Itemized (	Contributi	ons from Individuals					
Last Name		First				M.I.	
Welsh		Peter					
Residential Street Address	City				Zip Code		
47 Hager St	Marlborough				01752-	3413	
Principal Occupation Retired		Name of Employer Retired					
	r or business l	ndidate committee for a chief one/she is associated with have Yes		Amou	nt of Con	tribution	
Yes Yes	Yes Yes Yes Ves Ves Ves Ves Ves Ves Ves Ves Ves V					\$200.00	
Method of contribution:	Money Orde	Date Received	Aggregate contributions \$200.00	_			
Last Name		First				M.I.	
Woods		Cecilia				J	
Residential Street Address	City			State	Zip Code		
36 Old Farms E	Middleto	own		CT	06457-	7534	
Principal Occupation	•	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?

**✓** No

Legislative

Date Received

08/22/2023

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** 

\$200.00

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$11,210.00
(Enter total on Line 13, Column A of Summary Page	\$11,210.00

I. MONETARY RECEIPTS (Sections A-K	)	Page	31	of	72
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF R	EPORT			
Coleman for Hartford	7th day pre	eceding prim	ary		
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

Subpart 3: (Town Committees ONLY)

mass gathering held within the state?

Did your committee sell food or beverage at a fair or similar

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

SEEC FORM 20 Revised January 2015	i	II. EVENT A	CTIVITY (Sections L1-L5)		Page	32	of	72
NAME OF COM	MITTEE	(Provide Complete Name as Registered with I	Filing Repository)	TYPE OF REP	ORT			
Coleman for H	Hartford			7th day prece	eding prim	ary		
		L1. Event Info	ormation					
Event # Date of Event 08/13/2023	Letter a	Description BBQ Event				eve		indraising No
Location: Street 42 Kenmore			City Bloomfield		State CT	Zip Co 0600	ode 2-2111	
Subpart 1: ( Was this ever		mittees) t a personal residence?	Yes (If yes, go to Section Contributions Ass  required information beverage and invita	ociated with a	House P	arty and	d comp	lete
	y of up to	ude goods or services donated by a \$200 or items donated by an individual	☐Yes ( <i>If yes</i> , go to Section ✓No Contributions and					red
		g sale, auction, or other sale of donated an individual of up to \$100?	☐Yes ( <i>If yes</i> , enter <b>Total</b> ✓No	Receipts here	.)			
Were there po	urchases o	ommittees, Municipal Candidates and fadvertising space in a program book or h this fundraiser?	Political Committees other th	n L3 <b>Purchas</b>	es of Adv	ertising	Space	in a

**✓** No

information.)

 $\square^{\mathrm{Yes}}$  (*If yes*, enter **Total Receipts** here.)

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	\$0.00

SEEC FORM 20	
Revised January 201	5

081323a

# II. EVENT ACTIVITY (Sections L1 - L5)

33

72

revised suitairy 2015							
NAME OF COMMITTEE	(Provide Complete Name as Registered v	with Filing	g Repository)	TYF	PE OF REPORT		
Coleman for Hartford				7th	day preceding pr	imary	
	L5. In-Kind Donations Not Con	sidered (	Contributions Associate	ed with a	<b>House Party</b>		
Name of Host Peter Little				or co	s event supporting more multitee?  Yes s, complete Itemization	✓ N	o
Street Address 42 Kenmore Rd			City Bloomfield			State CT	Zip Code 06002-2111
Description of Donation					Fair Marke	et Valu	e of Donation
Food & Beverage							\$385.83
Event #	Aggregate value of this Event - all hosts	Aggregate	e Value of all Events—this host	/candidate			φ303.03
081323a	\$771.66		;	\$385.83			
Name of Host Geraldo Neves				or co	is event supporting more immittee?  Yes S, complete Itemization	<b>✓</b> No	o
Street Address			City			State	Zip Code
42 Kenmore Rd			Bloomfield			СТ	06002-2111
Description of Donation					Fair Marke	et Valu	e of Donation
Food & beverage							\$385.83
Event #	Aggregate value of this Event - all hosts	Aggregate	e Value of all Events—this host	/candidate			<b>ფადა.</b> და
081323a	\$771.66		:	\$385.83			

SUBTOTAL Section L5 - This Page	\$771.66
TOTAL of Section L5 Pages	\$771.66
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY (Enter total on Line 22, Column A of Summary Page Totals)	\$771.66

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	TURES (Sections	P-T)	P	age 34	<b>of</b> 72	
NAME OF COMMITTEI	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	,		
Coleman for Hartford				7th day preceding	g primary		
	P. Expense	es Paid by Commit	tee				
Name of Payee ADJ Enterprises				Date of Payment 07/17/2023		f Payment  s # 1127  Card EFT	
Street Address	ress City					Zip Code	
2 A Loudoun St SW,	Ste 215	Leesburg			VA	20175-2926	
Purpose of Expenditure (by code) PRNT	Description Campaign materials		Event	#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required w None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re) Indeper	ndent	ied)	)	\$2,936.00	
Name of Payee Amazon				Date of Payment 08/11/2023	Method o Check		
Street Address		City			State	Zip Code	
440 Terry Ave N		Seattle			WA	98109-5210	
Purpose of Expenditure (by code) OFFICE	Description Event # Office supplies			#	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	re) Indeper	ndent	ised)  □ A □ B □ C □ I	)	\$29.77	
Name of Payee Amazon				Date of Payment 08/24/2023	Method o Check		
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 control of the control o	re) Indeper	ndent	ited)	)	\$12.30	
Name of Payee Anedot				Date of Payment 09/03/2023	Method o Check		
Street Address  1340 Poydras St, Ste	e 1770	City New Orleans			State LA	Zip Code 70112-5204	
Purpose of Expenditure (by code) BNK	Description 7/1/23 to 9/3/23 fees		Event	#		Amount	

SUBTOTAL Section P - This Page	\$3,269.57
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

Independent

Organization: A B C D

\$291.50

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)

Expenditure # (if applicable)

# IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT						
Coleman for Hartford				7th day preceding	primary	
	P. Expense	es Paid by Commi	ttee			
Name of Payee Bank of America				Date of Payment 07/01/2023	Method of Check	#
Street Address 100 N Tryon St		City Charlotte			State NC	Zip Code 28202-2135
Purpose of Expenditure (by code) BNK	Description Bank fee		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required under Item)  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control in the control in	re) Independent	ndent	⊵ked)  □ A □ B □ C □ D		\$3.00
Name of Payee Bank of America				Date of Payment 07/23/2023	Method of Check	#
Street Address 100 N Tryon St		City Charlotte			State NC	Zip Code 28202-2135
Purpose of Expenditure (by code) BNK	Description Bank fee		Even	t #		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 cont	re) Indepen	ndent	cked)		\$29.50
Name of Payee Bank of America				Date of Payment 08/01/2023	Method of Check	#
Street Address 100 N Tryon St		City Charlotte			State NC	Zip Code 28202-2135
Purpose of Expenditure (by code) BNK	Description Bank fee		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)		\$3.00
Name of Payee Bank of America				Date of Payment 09/01/2023	Method of Check	#
Street Address 100 N Tryon St		City Charlotte			State NC	Zip Code 28202-2135
Purpose of Expenditure (by code) BNK	Description Bank fee		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 cont	re) Independent	ndent	cked)		\$3.00

SUBTOTAL Section P - This Page	\$38.50
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

Name of Payee Debra Boyd

Street Address 110 Granby St Purpose of Expenditure

Expenditure # (if applicable)

Name of Payee Debra Boyd

Street Address 110 Granby St Purpose of Expenditure

(by code) CNSLT

Expenditure # (if applicable)

Name of Payee Debra Boyd

Street Address 110 Granby St Purpose of Expenditure

(by code) CNSLT

Expenditure # (if applicable)

Name of Payee Debra Boyd

Street Address

Expenditure # (if applicable)

110 Granby St Purpose of Expenditure

(by code) CNSLT

(by code) CNSLT

NAME OF COMMITTEE

Coleman for Hartford

Description

Consulting svcs

IV. EXPENDIT	TURES (Sections	P-T)	Paş	ge 36	of	72
(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
			7th day preceding	primary		
P. Expense	es Paid by Committ	tee				
			te of Payment 7/07/2023		f Payment  4 1113  Card E	FT
	City Hartford	,		State CT	Zip Code 06112-	1717
Description Consulting svcs		Event #			Amount	
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 expenditur Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought)	committee) Independ	dent	A		\$^	102.00
			te of Payment 7/14/2023		f Payment  x # 1124  Card E	FT
	City Hartford			State CT	Zip Code 06112-	1717
Description Consulting svcs		Event #			Amount	
Type of Expenditure (Itemization in Addendum P Required in Vanone of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control of the control	committee) Independ	dent	A		\$1	102.00
			te of Payment 7/21/2023	Method o	f Payment  x # 1132  Card E	FT
	City Hartford			State CT	Zip Code 06112-	1717
Description Consulting svcs		Event #			Amount	
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) Independ	dent	A		\$^	102.00
			te of Payment 7/28/2023	Method o		FT

Event #

Organization: A B C D

Independent

State

CT

Zip Code

Amount

06112-1717

\$102.00

SUBTOTAL Section P - This Page	\$408.00
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

City

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 without reimbursement sought (in-kind contribution)

Coordinated with reimbursement sought (joint expenditure)

Hartford

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	TURES (Sections	P-T)	Pag	ge 37	<b>of</b> 72
NAME OF COMMITTEI	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				7th day preceding	primary	
	P. Expense	es Paid by Commit	tee			
Name of Payee Debra Boyd				Date of Payment 08/04/2023	Method of Check Debit (	# <u>1145</u>
Street Address 110 Granby St		City Hartford			State CT	Zip Code 06112-1717
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Event #	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	ed)		\$102.00
Name of Payee Debra Boyd				Date of Payment 08/11/2023	Method of Check Debit 0	<sup>#</sup> 1153
Street Address 110 Granby St		City <b>Hartford</b>			State CT	Zip Code 06112-1717
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Event #	#		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	r committee) re) Indeper	ndent	A B C D		\$102.00
Name of Payee Debra Boyd				Date of Payment 08/16/2023	Method of Check Debit 0	# 1160
Street Address 110 Granby St		City Hartford	'		State CT	Zip Code 06112-1717
Purpose of Expenditure (by code) CNSLT	Description Consulting services.		Event #	<del>'</del>		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	r committee) Indeper	ndent	ed)		\$102.00
Name of Payee Debra Boyd				Date of Payment 08/23/2023	Method of Check Debit 0	<sup>#</sup> 1165
Street Address 110 Granby St		City Hartford			State CT	Zip Code 06112-1717
Purpose of Expenditure (by code) CNSLT	Description Consulting services		Event #	#		Amount

SUBTOTAL Section P - This Page	\$408.00
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

Independent

Organization: A B C D

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)

Expenditure # (if applicable)

\$102.00

Street Address

104 Granby St Purpose of Expenditure

(by code) OVHD

Expenditure #

(if applicable)

Description

Rent

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	Paş	<b>ge</b> 38	<b>of</b> 72				
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT				
Coleman for Hartford				7th day preceding	g primary			
	P. Expense	es Paid by Commit	tee					
Name of Payee Debra Boyd				Date of Payment 08/28/2023	Chec	of Payment k # 1180 Card EFT		
Street Address 110 Granby St		City Hartford			State CT	Zip Code 06112-1717		
Purpose of Expenditure (by code) CNSLT	Description Consulting 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 control of the contr	r committee) re) Indeper	ndent	d)  A	-	\$102.00		
Name of Payee Debra Boyd				Date of Payment 09/03/2023	Chec	of Payment k # 1187 Card EFT		
Street Address 110 Granby St		City Hartford			State CT	Zip Code 06112-1717		
Purpose of Expenditure (by code) CNSLT	Description Consulting 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 control of the contr	r committee)	ndent	d)  A		\$102.00		
Name of Payee Marcus Brown				Date of Payment 07/01/2023	Method of ✓ Checcond Debit			
Street Address  104 Granby St		City Hartford	·		State CT	Zip Code 06112-1717		
Purpose of Expenditure (by code) OVHD	Description Rent		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 control of the control	r committee) re) Indeper	ndent	A B C D		\$1,100.00		
Name of Payee Marcus Brown				Date of Payment 08/01/2023	Chec	of Payment k # 1120 Card EFT		
Street Address		City			State	Zip Code		

06112-1717

\$1,100.00

Amount

CT

SUBTOTAL Section P - This Page	\$2,404.00
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

Hartford

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 without reimbursement sought (in-kind contribution)

Coordinated with reimbursement sought (joint expenditure)

Event #

Organization: A B C D

Independent

(by code) OVHD

Expenditure #

(if applicable)

Data services

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	ΓURES (Sections	s P-T)		Page	39	of	72
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPO	RT			
Coleman for Hartford				7th day preced	ling pr	rimary		
	P. Expense	es Paid by Commit	ttee					
Name of Payee Marcus Brown				Date of Payment 08/31/2023		Check	of Payment k # 1162 Card	]EFT
Street Address		City Hartford				State CT	Zip Coc 06112	le 2-1717
Purpose of Expenditure (by code) OVHD	Description Rent		Event	#			Amount	<u> </u>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the contro	r committee) Indeper	ndent	ked)	D		\$1	1,100.00
Name of Payee Eric Coleman				Date of Payment 08/15/2023			of Payment k # 1142 Card	]EFT
Street Address PO Box 332		City Hartford				State CT	Zip Cod 06141	le 1-0332
Purpose of Expenditure (by code) LOAN	Description Loan repayment		Event	#			Amount	;
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	ked)	D		\$20	0,000.00
Name of Payee Comcast				Date of Payment 07/10/2023		Method o Check		]EFT
Street Address		City				State	Zip Cod	
PO Box 70219		Philadelphia				PA	19176	6-0219
Purpose of Expenditure (by code) OVHD	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	r committee) re) Indeper	ndent		D			\$83.91
Name of Payee Comcast				Date of Payment 08/10/2023		Method o Check		]EFT
Street Address PO Box 70219		City Philadelphia	'			State PA	Zip Cod 19176	le 6-0219
Purpose of Expenditure	Description		Event	#	+		Amount	i

SUBTOTAL Section P - This Page	\$21,254.13
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

Independent

Organization: A B C D

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 without reimbursement sought (in-kind contribution)

Coordinated with reimbursement sought (joint expenditure)

\$70.22

### IV. EXPENDITUE

RES (Sections P-T)	Page	40	of	72
ository)	TYPE OF REPORT			

NAME OF COMMITTEE	EE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT							
Coleman for Hartford	d 7th day preceding				primary			
	P. Expense	es Paid by Commit	tee					
Name of Payee Complete Graphics				Date of Payment 07/11/2023	Method of  ✓ Check  Debit	# 1119		
Street Address PO Box 7242		City Prospect			State CT	Zip Code 06712-0242		
Purpose of Expenditure (by code) PRNT	Description Campaign materials		Event #	#		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required under Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought)	committee) Indepen	dent	A B C D		\$6,912.75		
Name of Payee Connecticut Institute	for Community Development			Date of Payment 08/22/2023	Method of ☐ Check ✓ Debit	#		
Street Address 80 Cedar St		City Hartford	,		State CT	Zip Code 06106-1622		
Purpose of Expenditure (by code) ATT	Description Puerto Rican Day Parade 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 control	committee) Indepen	dent	ed)		\$772.50		
Name of Payee Maman Cooper				Date of Payment 08/14/2023	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 svcs		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	dent	ed)		\$290.00		
Name of Payee Hillary Desideraggio				Date of Payment 08/25/2023	Method of Check Debit	# 1167		
Street Address 88 Simsbury Rd		City West Granby			State CT	Zip Code 06090-1410		
Purpose of Expenditure (by code) RMB	Description Reimbursement for campaign expenses		Event #	#		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	committee) Indepen	dent	ed)  A B C D		\$180.73		

SUBTOTAL Section P - This Page	\$8,155.98
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	TURES (Sections	s P-T)	F	Page 41	<b>of</b> 72		
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	Γ			
Coleman for Hartford				7th day preceding	g primary			
	P. Expense	es Paid by Commi	ttee					
Name of Payee Hillary Desideraggio	)			Date of Payment 09/03/2023		of Payment k # 1171 Card EFT		
Street Address 88 Simsbury Rd		City West Granby			State CT	Zip Code 06090-1410		
Purpose of Expenditure (by code) RMB	Description Reimb for Hubdialer		Event #			Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  ✓ None of the below (does not involve another candidate o  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	ndent	d)  A B C	D	\$350.00		
Name of Payee Eversource				Date of Payment 07/08/2023	Chec	of Payment k # Card VEFT		
Street Address		City Hartford			State CT	Zip Code 06103		
Purpose of Expenditure (by code) OVHD	Description		Event #			Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required under 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 con	r committee) Indepen	ndent	d)  A B C	D	\$29.52		
Name of Payee Eversource	•			Date of Payment 07/14/2023		of Payment k # 1126 Card EFT		
Street Address		City			State	Zin Code		

Name of Payee Hillary Desideraggio			Date of Payment 09/03/2023	Method of Payment  ✓ Check # 1171  Debit Card EFT		
G:		a:				
Street Address  88 Simsbury Rd	City West Granby			State CT	Zip Code 06090-1410	
Purpose of Expenditure (by code) RMB	Description Reimb for Hubdialer		Event	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	re) Indepen	ndent	cked)		\$350.00
Name of Payee Eversource				Date of Payment 07/08/2023	Method of Check	#
Street Address		City Hartford			State CT	Zip Code 06103
Purpose of Expenditure (by code) OVHD	Description		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind cont	re) Indepen	ndent	cked)		\$29.52
Name of Payee Eversource				Date of Payment 07/14/2023	Method of Check	# 1126
Street Address		City Hartford			State CT	Zip Code 06103
Purpose of Expenditure (by code) OVHD	Description Utilities		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind cont	re) Indepen	ndent	cked)		\$38.88
Name of Payee Google				Date of Payment 07/01/2023	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 Data services		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  ✓ None of the below (does not involve another candidate or  ─ Coordinated with reimbursement sought (joint expenditure)  ─ Coordinated without reimbursement sought (in-kind cont	re) Independent	ndent	A B C D		\$130.17

SUBTOTAL Section P - This Page	\$548.57
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

(by code) CNSLT

Expenditure #

(if applicable)

41 Crossroads Plz, # 280 Purpose of Expenditure

Description

Consulting services

SEEC FORM 20	IV. EXPENDIT	ΓURES (Sections	<b>P-</b> T)	Pa	ge 4	12	of	72
Revised January 2015		`				_		
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT				
Coleman for Hartford				7th day preceding	primary	<u>′                                    </u>		
	P. Expense	es Paid by Commit	tee					
Name of Payee Google				Date of Payment 08/01/2023		l of Pa eck # bit Ca		FT
Street Address  1600 Amphitheatre F	Dkan	City Mountain View	·		State CA	- 1	Zip Code <b>94043</b> -	1351
Purpose of Expenditure	Description		Event #		+			
(by code) MISC	Data services		Lvent #			A	mount	
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						\$^	130.17
Name of Payee Greater Hartford Pro	o-Am, Inc.			Date of Payment 09/03/2023	Method Che	l of Pa eck # bit Ca	1174	EFT
Street Address 209 Miller Way		City Windsor			State CT		Zip Code <b>06095</b> -	1762
Purpose of Expenditure (by code) MISC	Description Banner sponsorship		Event #			A	mount	
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) Indeper	ident	d)			\$5	500.00
Name of Payee INGroup Creative				Date of Payment 08/05/2023		d of Pa eck # bit Ca	<u> </u>	FT
Street Address 41 Crossroads Plz, #	± 280	City West Hartford			State CT		Zip Code <b>06117-</b> 2	2402
Purpose of Expenditure (by code) CNSLT	Description Consulting services		Event #			A	mount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required user None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute). Coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought).	r committee)	ident	d)  A B C D			\$1,5	595.25
Name of Payee INGroup Creative				Date of Payment 09/03/2023		d of Pa eck # bit Ca		FT
Street Address		City West Hartford			State CT	- 1	Zip Code <b>06117-</b> 2	2402

SUBTOTAL Section P - This Page	\$3,820.67
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

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 without reimbursement sought (in-kind contribution)

Coordinated with reimbursement sought (joint expenditure)

Event #

Organization: A B C D

Independent

Amount

\$1,595.25

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	TURES (Sections	P-T)	Pag	e 43	of	72
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
Coleman for Hartford				7th day preceding	primary		
	P. Expense	es Paid by Commit	ttee				
Name of Payee Johnny Johnson				Date of Payment 07/07/2023	Method of Check Debit	# 1114	EFT
Street Address 113 Martin St		City Hartford			State CT	Zip Code 06120-	
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		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) Indeper	ndent	ked)		\$	102.00
Name of Payee Johnny Johnson				Date of Payment 07/14/2023	Method of Check Debit	# <u>1123</u>	EFT
Street Address  113 Martin St		City Hartford			State CT	Zip Code 06120-	
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Event	#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	ABCD		\$	102.00
Name of Payee Johnny Johnson				Date of Payment 07/21/2023	Method of Check	# <u>1130</u>	EFT EFT
Street Address 113 Martin St		City Hartford			State CT	Zip Code 06120-	I
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Event	#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.)  None of the below (does not involve another candidate or	-	' is check	ked)		\$	102.00

(if applicable)	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind cont	re) Indeper		ABCD		
Name of Payee Johnny Johnson				Date of Payment 07/14/2023	Method of Check Debit C	# 1123 CardEFT
Street Address  113 Martin St		City <b>Hartford</b>			State CT	Zip Code 06120-1819
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind cont	re) Indepen	ndent	cked)		\$102.00
Name of Payee Johnny Johnson				Date of Payment 07/21/2023	Method of Check Debit C	# 1130
Street Address 113 Martin St		City Hartford			State CT	Zip Code 06120-1819
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Independent	ndent	_A _B _C _D		\$102.00
Name of Payee Johnny Johnson				Date of Payment 07/28/2023	Method of Check Debit C	# 1136
Street Address  113 Martin St		City Hartford			State CT	Zip Code 06120-1819
D 00 11			г	f #		Amount
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Even	•		Amount
		re) Independent	" is chec			\$102.00

SUBTOTAL Section P - This Page \$408.00	
TOTAL of Section P Pages \$90,519.24	
on Line 19, Column A of Summary Page Totals) \$90,519.24	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

# IV. EXPENDITURES (Sections P-T)

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1 agc	77	O1	12

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT						
Coleman for Hartford				7th day preceding	orimary	
	P. Expense	es Paid by Commi	ttee			
Name of Payee Johnny Johnson				Date of Payment 08/04/2023	Method of Check  ✓ Debit 0	#
Street Address 113 Martin St		City Hartford			State CT	Zip Code 06120-1819
Purpose of Expenditure (by code) CNSLT	Description Consulting 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	⊵ked)  □ A □ B □ C □ D		\$102.00
Name of Payee Johnny Johnson				Date of Payment 08/11/2023	Method of Check Debit	# <u>1152</u>
Street Address 113 Martin St		City Hartford			State CT	Zip Code 06120-1819
Purpose of Expenditure (by code) CNSLT	Description Consulting 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 cont	re) Indepen	ndent	cked)		\$102.00
Name of Payee Johnny Johnson				Date of Payment 08/16/2023	Method of Check  ✓ Debit 0	#
Street Address 113 Martin St		City Hartford			State CT	Zip Code 06120-1819
Purpose of Expenditure (by code) CNSLT	Description Consulting 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)		\$102.00
Name of Payee Johnny Johnson				Date of Payment 08/22/2023	Method of Check  ✓ Debit 0	#
Street Address		City <b>Hartford</b>			State CT	Zip Code 06120-1819
Purpose of Expenditure (by code) CNSLT	Description Consulting 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 cont	re) Independent	ndent	A B C D		\$102.00

SUBTOTAL Section P - This Page	\$408.00
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	<b>ΓURES (Sections</b>	P-T)	Pag	<b>ge</b> 45	<b>of</b> 72
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				7th day preceding	primary	
	P. Expens	es Paid by Commit	ttee			
Name of Payee Johnny Johnson				ate of Payment 8/30/2023	Method of Check	#
Street Address 113 Martin St		City Hartford	l		State CT	Zip Code 06120-1819
Purpose of Expenditure (by code) CNSLT	Description Consulting services	ı	Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  ✓ None of the below (does not involve another candidate o  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind cont	r committee) Indeper	ndent	A		\$102.00
Name of Payee Johnny Johnson				ate of Payment 9/03/2023	Method of Check	#
Street Address 113 Martin St		City Hartford	1		State CT	Zip Code 06120-1819
Purpose of Expenditure (by code) CNSLT	Description Consulting services		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate o  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	A		\$102.00
Name of Payee Let's Vote Inc.				ate of Payment 7/07/2023	Method of Check	# 1115
Street Address 88 Ashley St		City Hartford	,		State CT	Zip Code 06105-1403
Purpose of Expenditure (by code) CNSLT	Description Consulting sycs		Event #			Amount

113 Martin St	Hartford		СТ	06120-1819		
Purpose of Expenditure (by code) CNSLT	Description Consulting services	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)  Independent  Organization:  A B C D					\$102.00
Name of Payee Johnny Johnson				Date of Payment 09/03/2023	Method of Check  Debit C	#
Street Address  113 Martin St		City Hartford			State CT	Zip Code 06120-1819
Purpose of Expenditure (by code) CNSLT	Description Consulting services		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					\$102.00
Name of Payee Let's Vote Inc.				Date of Payment 07/07/2023	Method of Check Debit C	# 1115
Street Address		City Hartford			State CT	Zip Code 06105-1403
88 Ashley St		riartiora			_	
88 Ashley St Purpose of Expenditure (by code) CNSLT	Description Consulting svcs	Tiartiora	Event	#		Amount
Purpose of Expenditure		nless "None of the below" committee) Indeper	is chec			
Purpose of Expenditure (by code) CNSLT  Expenditure #	Consulting svcs  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	nless "None of the below" committee) Indeper	is chec	ked)		Amount \$102.00 Payment # 1125
Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)  Name of Payee Let's Vote Inc.	Consulting svcs  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	nless "None of the below" committee) Indeper	is chec	hked)  A B C D  Date of Payment	Method of	Amount \$102.00 Payment # 1125
Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)  Name of Payee Let's Vote Inc.	Consulting svcs  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	naless "None of the below" committee) Indeper ribution Organiz	is chec	Land B C D  Date of Payment  07/14/2023	Method of Check Debit C	Amount \$102.00  Payment # 1125 Card EFT  Zip Code
Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)  Name of Payee Let's Vote Inc.  Street Address 88 Ashley St Purpose of Expenditure	Consulting svcs  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 C	committee) City Hartford  Committee) Indeper City City Hartford  Crommittee) Crommittee	Event	Land B C D  Date of Payment  07/14/2023	Method of Check Debit C	Amount \$102.00  Payment # 1125 Card EFT  Zip Code 06105-1403

SUBTOTAL Section P - This Page \$408.00	
TOTAL of Section P Pages \$90,519.24	
on Line 19, Column A of Summary Page Totals) \$90,519.24	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

# IV. EXPENDITURES (Sections P-T)

Page	46	of	72
5-			, -

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT						
Coleman for Hartford 7th day preceding p			orimary			
	P. Expense	es Paid by Commit	tee			
Name of Payee Let's Vote Inc.				Date of Payment 07/21/2023	Method of Check Debit 0	# 1129
Street Address 88 Ashley St		City Hartford	1		State CT	Zip Code 06105-1403
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		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 of the control o	re) Indepen	dent	]A		\$170.00
Name of Payee Let's Vote Inc.				Date of Payment 07/28/2023	Method of  ✓ Check  Debit 0	<sup>#</sup> <u>1139</u>
Street Address 88 Ashley St		City Hartford			State CT	Zip Code 06105-1403
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		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 contract)	re) Indepen	dent	]A		\$200.00
Name of Payee Let's Vote Inc.				Date of Payment 08/04/2023	Method of Check Debit 0	# <u>1146</u>
Street Address 88 Ashley St		City Hartford	<b>'</b>		State CT	Zip Code 06105-1403
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		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 of the control o	re) Indepen	dent	]A		\$200.00
Name of Payee Let's Vote Inc.				Date of Payment 08/11/2023	Method of Check Debit 0	# <u>1151</u>
Street Address		City <b>Hartford</b>			State CT	Zip Code 06105-1403
88 Ashley St	Description	Tiartiora	E		01	00100-1400
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		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 expenditur Coordinated without reimbursement sought (in-kind control Coordinated with	re) Indepen	dent	]A		\$200.00

SUBTOTAL Section P - This Page	\$770.00
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

## IV.

EXPENDITURES (Sections P-T)	<b>Page</b> 47 <b>of</b> 72	
red with Filing Repository)	TYPE OF REPORT	
	7th day preceding primary	

NAME OF COMMITTER	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
Coleman for Hartford				7th day preceding p	orimary		
	P. Expenses Paid by Committee						
Name of Payee Let's Vote Inc.				Date of Payment 08/16/2023	Method of Check Debit 0	# <u>1157</u>	
Street Address 88 Ashley St		City Hartford			State CT	Zip Code 06105-1403	
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		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)	re) Indepen	ndent	A B C D		\$200.00	
Name of Payee Let's Vote Inc.				Date of Payment 08/23/2023	Method of  ✓ Check  Debit 0	# <u>1163</u>	
Street Address 88 Ashley St		City Hartford	·		State CT	Zip Code 06105-1403	
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		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)	re) Indepen	ndent	A B C D		\$200.00	
Name of Payee Let's Vote Inc.				Date of Payment 08/28/2023	Method of  ✓ Check  Debit 0	<sup>#</sup> 1181	
Street Address 88 Ashley St		City Hartford	·		State CT	Zip Code 06105-1403	
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		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 of the control o	re) Indepen	ndent	ed)		\$200.00	
Name of Payee Let's Vote Inc.				Date of Payment 09/03/2023	Method of  ✓ Check  Debit 0	# 1186	
Street Address 88 Ashley St		City Hartford			State CT	Zip Code 06105-1403	
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		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 expenditur Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought)	re) Indepen	ndent	A B C D		\$200.00	

SUBTOTAL Section P - This Page	\$800.00
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

# IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTER	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford	7th day preceding				primary	
	P. Expense	es Paid by Commit	ttee			
Name of Payee Lillard Lewis				Date of Payment 09/03/2023	Method of Check	# 1170
Street Address 2 Goodwin Cir		City Hartford			State CT	Zip Code 06105-5201
Purpose of Expenditure (by code) RMB	Description Expense reimbursement		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 of the Coordinated without reimbursement sought)	committee) Indeper	ndent	ABCD		\$38.00
Name of Payee Peter Little				Date of Payment 09/03/2023	Method of Check Debit	<sup>#</sup> 1175
Street Address 42 Kenmore Rd		City Bloomfield			State CT	Zip Code 06002-2111
Purpose of Expenditure (by code) RMB	Description Reimbursement for campaign F&B		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 contract)	committee) Indeper	ndent	cked)		\$50.00
Name of Payee Mikeya Long				Date of Payment 07/07/2023	Method of Check Debit	# 1117
Street Address 150 Nelson St, Apt 5		City Hartford			State CT	Zip Code 06120-2034
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Even	t #		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	committee) Indepen	ndent	cked)		\$102.00
Name of Payee Mikeya Long				Date of Payment 07/14/2023	Method of Check	# 1122
Street Address 150 Nelson St, Apt 5		City <b>Hartford</b>			State CT	Zip Code 06120-2034
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		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 contract)	committee) Indeper	ndent	A B C D		\$102.00

SUBTOTAL Section P - This Page	\$292.00
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

## IV. E

EXPENDITURES (Sections P-T)	<b>Page</b> 49 <b>of</b> 72	
ed with Filing Repository)	TYPE OF REPORT	
	7th day preceding primary	_

NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
Coleman for Hartford 7th day preceding p				primary			
	P. Expenses Paid by Committee						
Name of Payee Mikeya Long				Date of Payment 07/21/2023	Method of Check Debit	# <u>1131</u>	
Street Address 150 Nelson St, Apt 5		City Hartford			State CT	Zip Code 06120-2034	
Purpose of Expenditure	Description		Ever	nt#			
(by code) CNSLT	Consulting svcs					Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  ✓ None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind control	re) Inde	pendent anization:	cked)		\$102.00	
Name of Payee Mikeya Long				Date of Payment 07/28/2023	Method of Check Debit	# <u>1140</u>	
Street Address		City		1	State	Zip Code	
150 Nelson St, Apt 5		Hartford			CT	06120-2034	
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Ever	nt#		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 contract)	r committee) Inde	pendent	Cked)		\$144.00	
Name of Payee Mikeya Long				Date of Payment 08/04/2023	Method of Check Debit	# <u>1147</u>	
Street Address		City Hartford			State CT	Zip Code 06120-2034	
150 Nelson St, Apt 5		Tiartioid			01	00120 2004	
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Ever	nt#		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 of the Coordinated without reimbursement sought).	re) Inde	pendent anization:	ABCD		\$102.00	
Name of Payee Mikeya Long				Date of Payment 08/11/2023	Method of Check Debit	# 1154	
Street Address		City <b>Hartford</b>			State CT	Zip Code 06120-2034	
150 Nelson St, Apt 5		Haitioiu			Ci	00120-2034	
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Ever	nt#		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)	re) Inde	pendent anization:	Cked)		\$170.00	

SUBTOTAL Section P - This Page	\$518.00
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	TURES (Sections	P-T)	Page	50 <b>of</b> 72
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	TYPE OF R	EPORT	
Coleman for Hartford			7th day pre	eceding primar	у
	P. Expense	es Paid by Commit	tee		
Name of Payee George Millner			Date of Payment 08/11/2023	<b>✓</b> Ch	od of Payment neck # 1177 ebit Card EFT
Street Address 108 Ashley St		City Hartford	<u>'</u>	State CT	Zip Code 06105-1403
Purpose of Expenditure (by code) RMB	Description Reimb for campaign expenses		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 expenditur  Coordinated without reimbursement sought (in-kind cont	r committee) Independence) Organiza	dent	C <b>D</b>	\$68.25
Name of Payee NGP Van			Date of Payment 07/01/2023	Ch	od of Payment neck # ebit Card  FFT
Street Address 655 15th St NW, Ste	650	City <b>Washington</b>		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 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) re) Independ	dent	С	\$323.20
Name of Payee NGP Van			Date of Payment 08/01/2023	Ch	od of Payment neck #ebit 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 #		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) Independence) Organiza	dent	C <b>D</b>	\$323.20
Name of Payee NGP Van			Date of Payment 09/01/2023	Ch	od of Payment neck # ebit Card  FT
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 un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)	r committee)			\$323.20

SUBTOTAL Section P - This Page	\$1,037.85
30BTOTAL Section F - This rage	\$1,037.00
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

Coordinated with reimbursement sought (joint expenditure)

Coordinated without reimbursement sought (in-kind contribution)

SEEC FORM 20 Revised January 2015	IV. EXPENDITURES (Sections P-T)						72
NAME OF COMMITTER	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
Coleman for Hartford				7th day preceding	primary		
	P. Expense	es Paid by Commit	ttee				
Name of Payee Paragon Payment So	plutions	•		Date of Payment 07/01/2023	Method o		EFT
Street Address 2141 E Broadway Ro	I, Ste 202	City Tempe			State AZ	Zip Code 85282-	<b>I</b>
Purpose of Expenditure (by code) BNK	Description Payment gateway fee		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 of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the cont	re) Indeper	ndent	□A □B □C □D		;	\$20.00
Name of Payee Paragon Payment Solutions Date of Payment 08/02/2023				Method of Payment Check #  □ Debit Card ✓ EFT			
Street Address		City			State	Zip Code	
2141 E Broadway Ro	d, Ste 202	Tempe			AZ	85282-	1895
Purpose of Expenditure (by code) BNK	Description Payment gateway fee		Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control of the contr	re) Indeper	ndent	∵ked)		;	\$20.00
Name of Payee Pudlin & Pudlin LLC				Date of Payment 08/30/2023	Method o		EFT
Street Address		City			State	Zip Code	
407 Monroe St		New Britain			CT	06052-	1647
Purpose of Expenditure (by code) CNSLT	Description Consulting services		Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control of the contr	re) Indeper	ndent	□A □B □C □D		\$14, <sup>(</sup>	000.00
Name of Payee				Date of Payment		f Payment	
Pudlin & Pudlin LLC				08/30/2023	Check		EFT
Street Address 407 Monroe St		City New Britain			State CT	Zip Code 06052-	
Purpose of Expenditure (by code) PRNT	Description Printed material costs and associated consult	ting svcs	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		is chec	cked)		\$21,	936.68

SUBTOTAL Section P - This Page	\$35,976.68
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

Coordinated with reimbursement sought (joint expenditure)

 $\begin{tabular}{|c|c|c|c|c|}\hline Coordinated without reimbursement sought (in-kind contribution)\\ \hline \end{tabular}$ 

Independent

Organization: A B C D

Name of Pavee Pudlin & Pudlin LLC

Street Address 407 Monroe St Purpose of Expenditure

(by code) CNSLT

Expenditure #

(if applicable)

Name of Payee Jacob Pudlin

Street Address 407 Monroe St Purpose of Expenditure

(by code) RMB

Expenditure #

(if applicable)

Name of Payee Jacob Pudlin

Street Address 407 Monroe St Purpose of Expenditure

(by code) FOOD

Expenditure #

(if applicable)

Name of Payee Jacob Pudlin

NAME OF COMMITTEE

Coleman for Hartford

IV EVDENDI	FUDES (Sections	D T)	Pag	ze 52	of	72
	FURES (Sections	r-1)	TYPE OF REPORT	32 		72
(Provide Complete Name as Registered with Filing	Keposuory)			n rim o m /		
D E-mana	es Paid by Commit	too	7th day preceding	primary		
r. Expense	es raid by Commit		te of Payment	Method o	f Payment	
			0/03/2023	Check	# 1173	FT FT
	City New Britain			State CT	Zip Code 06052-	1647
Description Consulting services		Event #			Amount	
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 continuous)	r committee) Independ	dent	A	_	\$4,0	068.88
Date of Payment 07/25/2023				Method of Payment  ✓ Check #  Debit Card EFT		
	City New Britain			State CT	Zip Code 06052-	1647
Description Reimb for campaign expenses		Event #			Amount	
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) Independ	dent	A		9	646.79
			te of Payment 8/04/2023	Method o		FT
	City New Britain	- 1		State CT	Zip Code 06052-	1647
Description Reimbursement for campaign expenses		Event #			Amount	
Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) re) Independ	dent	A		\$2	230.69
			te of Payment 3/16/2023	Method o	f Payment	

Debit Card EFT

\$90,519.24

\$90,519.24

**TOTAL of Section P Pages** 

			I		
Street Address		City		State	Zip Code
407 Monroe St New Britain			СТ	06052-1647	
Purpose of Expenditure (by code) RMB	Description Reimburse campaign expense		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control of the contro	date or committee) Independent  enditure)  Organization:   A R C D			\$64.18
		S	SUBTOTAL Section P - This F	Page	\$4,410.54

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

# IV. EXPENDITURES (Sections P-T)

<b>Page</b> 53 <b>of</b> 7
----------------------------

NAME OF COMMITTER	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				7th day preceding p	orimary	
	P. Expense	es Paid by Commit	ttee			
Name of Payee Jacob Pudlin				ate of Payment 8/25/2023	Method of Check Debit 0	# 1166
Street Address 407 Monroe St		City New Britain	1		State CT	Zip Code 06052-1647
Purpose of Expenditure (by code) RMB	Description Reimbursement for campaign expenses		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)	re) Indepen	ndent	A		\$175.05
Name of Payee  Jacob Pudlin				ate of Payment 9/03/2023	Method of  ✓ Check  Debit 0	<sup>#</sup> _1185
Street Address 407 Monroe St		City New Britain			State CT	Zip Code 06052-1647
Purpose of Expenditure (by code) RMB	Description Reimbursement for campaign expenses		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)	re) Indepen	ndent	A		\$136.49
Name of Payee Sonie Rodriguez				ate of Payment 7/28/2023	Method of  ✓ Check  Debit 0	# 1141
Street Address 80 Mansfield St		City Hartford	,		State CT	Zip Code 06112-1938
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		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 contract)	re) Indepen	ndent	A		\$170.00
Name of Payee Sonie Rodriguez				ate of Payment 8/04/2023	Method of  ✓ Check  Debit 0	<sup>#</sup> 1148
Street Address  80 Mansfield St		City <b>Hartford</b>			State CT	Zip Code 06112-1938
Purpose of Expenditure (by code) CNSLT	Description Consulting 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 contra	re) Indepen	ndent	A		\$170.00

SUBTOTAL Section P - This Page	\$651.54
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

Name of Payee Sonie Rodriguez

Street Address 80 Mansfield St Purpose of Expenditure

Expenditure #

(if applicable)

Name of Payee Sonie Rodriguez

Street Address 80 Mansfield St Purpose of Expenditure

Expenditure #

(if applicable)

Name of Payee Sonie Rodriguez

Street Address 80 Mansfield St Purpose of Expenditure

(by code) CNSLT

Expenditure #

(if applicable)

Name of Payee

(by code) CNSLT

(by code) CNSLT

NAME OF COMMITTEE

Coleman for Hartford

IV. EXPENDIT	TURES (Sections	P-T)	Pag	ge 54	of	72
(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
			7th day preceding	primary		
P. Expense	es Paid by Commit	tee				
		Da	te of Payment	Method of	-	
		08	/11/2023	Check Debit		FT
	City Hartford	·		State CT	Zip Code 06112-	1938
Description Consulting services		Event #			Amount	
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	re) Indepen	dent			\$	170.00
			te of Payment 5/16/2023	Method of Check Debit	# 1158	FT
	City <b>Hartford</b>			State CT	Zip Code 06112-	1938
Description Consulting services		Event #			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 expenditur  Coordinated without reimbursement sought (in-kind cont	re) Indepen	dent	ВСD		\$	170.00
			te of Payment 5/23/2023	Method of Check Debit	# 1164	FT
	City Hartford	,		State CT	Zip Code 06112-	1938
Description Consulting services		Event #			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	re) Indepen	dent ation: A	B C D	Mathad -	·	170.00
		Da	te of Payment	Method of	Payment	

\$90,519.24

Sonie Rodriguez 08/30/2023			Check # 1182  Debit Card EFT		
Street Address 80 Mansfield St		City Hartford		State CT	Zip Code 06112-1938
Purpose of Expenditure (by code) CNSLT	Description Consulting services	F	event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  Very 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				\$170.00
		SI	JBTOTAL Section P - This	Page	\$680.00
			TOTAL of Section P F	ages	\$90,519.24

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	<b>ge</b> 55	<b>of</b> 72	2
NAME OF COMMITTER	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
Coleman for Hartford				7th day preceding	primary		
	P. Expense	es Paid by Commit	tee				
Name of Payee Sonie Rodriguez				Date of Payment 09/03/2023	Method of Check Debit	# 1188	_
Street Address 80 Mansfield St		City Hartford			State CT	Zip Code 06112-193	8
Purpose of Expenditure (by code) CNSLT	Description Consulting services	•				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)		\$170	.00
Name of Payee Scale To Win				Date of Payment 08/03/2023	Method of Check		_
Street Address 13742 Harper St		City Santa Ana			State CA	Zip Code 92703-141	9
Purpose of Expenditure (by code) MISC	Description Comms 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 cont	re) Indeper	ndent	Cked)	_	\$887	.20
Name of Payee Freda Seritella				Date of Payment 08/31/2023	Method of Check	#	_
Street Address 88 Ashley St		City Hartford			State CT	Zip Code 06105-140	3
Purpose of Expenditure (by code) TRVL	Description Vehicle expense		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)		\$87	.95
Name of Payee Staples				Date of Payment 08/30/2023	Method of Check	#	_
Street Address 2550 Albany Ave		City West Hartford			State CT	Zip Code 06117-233	5
Purpose of Expenditure (by code) OFFICE	Description Office supplies		Even	t#		Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below"	is chec	cked)	1	\$30	.39

SUBTOTAL Section P - This Page	\$1,175.54
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

Independent

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

Coordinated without reimbursement sought (in-kind contribution)

Coordinated with reimbursement sought (joint expenditure)

 $(if \ applicable)$ 

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	ΓURES (Sections	P-T)	Pa	<b>age</b> 56	of 7	72
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
Coleman for Hartford				7th day preceding	g primary		
	P. Expense	es Paid by Commit	tee				
Name of Payee Joseph Suggs				Date of Payment 07/22/2023		f Payment  x # 1135  Card EFT	
Street Address		City			State	Zip Code	
10 Sandpiper Dr		Bloomfield			СТ	06002-223	32
Purpose of Expenditure (by code) RMB	Description Reimbursement for operating expenses		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	ident	]A	0	\$135	5.92
Name of Payee Joseph Suggs				Date of Payment 09/03/2023		f Payment  5 # 1135  Card EFT	
Street Address  10 Sandpiper Dr		City Bloomfield	•		State CT	Zip Code 06002-223	32
Purpose of Expenditure (by code) RMB	Description Reimbursement for operating expenses		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) Indeper	ident	<i>i)</i> ]A		\$250	).63
Name of Payee The Hartford News				Date of Payment 09/01/2023		f Payment  4 # 1169  Card EFT	_
Street Address 30 Arbor St		City Hartford			State CT	Zip Code 06106-121	15
Purpose of Expenditure (by code) A-NEWS	Description Advertisement		Event #			Amount	
E E #	TO CE I'M (Transit of the Add of the D.D		·	1\	1	<b>C110</b>	$\Delta \Delta \Delta \Delta$

	Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind cont	Organi		<b>□</b> A <b>□</b> B <b>□</b> C <b>□</b> D		
Name of Payee Joseph Suggs				Date of Payment 09/03/2023	Method of Check Debit	<sup>#</sup> 1135
Street Address 10 Sandpiper Dr		City Bloomfield			State CT	Zip Code 06002-2232
Purpose of Expenditure (by code) RMB	Description Reimbursement for operating expenses	<u> </u>	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required user None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus)  Coordinated without reimbursement sought (in-kind control of the contr	r committee) Indepen	ndent	□A □B □C □D		\$250.63
Name of Payee The Hartford News				Date of Payment 09/01/2023	Method of Check Debit 0	# 1169
Street Address 30 Arbor St		City Hartford			State CT	Zip Code 06106-1215
Purpose of Expenditure (by code) A-NEWS	Description Advertisement		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required user None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus). Coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind	r committee) Indepen	ndent	Cked)		\$110.00
Name of Payee Camille Thomas				Date of Payment 08/11/2023	Method of Check Debit	# 1179
Street Address 276 Lyme St		City Hartford			State CT	Zip Code 06112-1344
Purpose of Expenditure (by code) RMB	Description Reimb for campaign expenses		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	ndent	ABCD		\$145.58
					•	

\$642.13	SUBTOTAL Section P - This Page
\$90,519.24	TOTAL of Section P Pages
\$90,519.24	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	<b>P-T</b> )	) Pag	<b>ge</b> 57	<b>of</b> 72
NAME OF COMMITTER	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				7th day preceding	primary	
	P. Expense	es Paid by Commit	tee			
Name of Payee Laresa Thompson				Date of Payment 07/07/2023	Method of Check Debit C	#
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		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 contract)	re) Indeper	ndent	cked)		\$102.00
Name of Payee Laresa Thompson				Date of Payment 07/14/2023	Method of Check Debit C	<sup>#</sup> 1121
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		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 expenditur Coordinated without reimbursement sought (in-kind contract)	re) Indeper	ndent	cked)		\$102.00
Name of Payee Laresa Thompson				Date of Payment 07/21/2023	Method of Check Debit 0	# <u>1133</u>
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		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 contract)	re) Indeper	ndent	cked)		\$34.00
Name of Payee Laresa Thompson				Date of Payment 07/28/2023	Method of Check Debit C	# 1138
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Even	t#		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below"	is chec	ked)	1	\$68.00

SUBTOTAL Section P - This Page	\$306.00
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

Independent

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

Coordinated without reimbursement sought (in-kind contribution)

Coordinated with reimbursement sought (joint expenditure)

 $(if \ applicable)$ 

Purpose of Expenditure

(by code) POST

Expenditure #

(if applicable)

Description

Postage

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	TURES (Sections P	<b>-T</b> )	Pag	ge 58	of	72
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
Coleman for Hartford				7th day preceding	primary		
	P. Expense	es Paid by Committee	e				
Name of Payee Tracfone				te of Payment	Method o	f Payment	
					Debit	Card 🗸 I	EFT
Street Address		City <b>Miami</b>	'		State FL	Zip Code	
Purpose of Expenditure (by code) MISC	Description Phone svcs	Е	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) Independer	nt	A			\$26.27
Name of Payee United States Postal	Service			te of Payment 7/07/2023	Method o Check	: #	EFT
Street Address		City Hartford			State CT	Zip Code	:
Purpose of Expenditure (by code) POST	Description USPS fee	Е	event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) re) Independer	nt	A			\$1.75
Name of Payee United States Postal	Service			te of Payment 7/10/2023	Method o Check		EFT
Street Address		City Hartford	·		State CT	Zip Code	
Purpose of Expenditure (by code) POST	Description Postage	Е	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) Independer	nt	A			\$16.01
Name of Payee United States Postal	Service			te of Payment 7/24/2023	Method o ☐ Check ✓ Debit		EFT
Street Address		City Hartford	•		State CT	Zip Code	

SUBTOTAL Section P - This Page	\$54.34
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

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 without reimbursement sought (in-kind contribution)

Coordinated with reimbursement sought (joint expenditure)

Event #

Organization: A B C D

Independent

Amount

\$10.31

# IV. EXPENDITURES (Sections P-T)

Pogo	59	of	72
Page	39	01	12

NAME OF COMMITTER	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				7th day preceding	primary	
	P. Expense	es Paid by Commit	ttee			
Name of Payee United States Postal	-	·		Date of Payment 08/16/2023	Method of Check	#
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) POST	Description Postage		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	ABCD		\$15.20
Name of Payee United States Postal	Service			Date of Payment 08/22/2023	Method of Check	#
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) POST	Description Postage		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	Cked)		\$2.00
Name of Payee United States Postal	Service			Date of Payment 08/30/2023	Method of Check	#
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) POST	Description Postage		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind cont	r committee) Indeper	ndent	Cked)		\$2.00
Name of Payee United States Postal	Service			Date of Payment 09/03/2023	Method of Check  ✓ Debit	#
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) POST	Description Postage		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind cont	r committee) Indeper	ndent	cked)		\$2.00

SUBTOTAL Section P - This Page	\$21.20
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

Expenditure # (if applicable)

### IV. EXPENDITURES (Sections P-T)

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	TURES (Sections	P-T)	<b>age</b> 60 <b>of</b> 72
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	TYPE OF REPORT	
Coleman for Hartford			7th day preceding	g primary
	P. Expense	es Paid by Commit	ttee	
Name of Payee West Indian Indeper	ndence Celebrations Inc.		Date of Payment 08/11/2023	Method of Payment  Check # 1176  Debit Card EFT
Street Address PO Box 2632		City Hartford	<u>'</u>	State Zip Code CT 06146-2632
Purpose of Expenditure (by code) ATT	Description Parade participation fee		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) Indeper	ndent	\$150.00 D
Name of Payee Dwight Wilson			Date of Payment 08/11/2023	Method of Payment  ✓ Check # 1155  Debit Card ☐ EFT
Street Address 887 Asylum Ave, Ap	t A8	City Hartford		State Zip Code CT 06105-1957
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		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) Indeper	ndent	\$102.00 D
Name of Payee WYRM			Date of Payment 08/21/2023	Method of Payment  Check # 1178  Debit Card EFT
Street Address 1056 Willard Ave		City Newington		State Zip Code CT 06111-3540
Purpose of Expenditure (by code) A-RAD	Description Advertising		Event #	Amount

Independent

\$1,400.00

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)

SUBTOTAL Section P - This Page	\$1,652.00
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$90,519.24

495 Flatbush Ave Purpose of Expenditure (by code) OFFICE

Expenditure #

(if applicable)

Description

Office supplies

Revised January 2015	IV. EX	RPENDITU	URES (Sections )	P-T)		Pag	<b>e</b> 6	1 01	72
NAME OF COMMITTEE (Providence	le Complete Name as Registered	d with Filing	Repository)		ТҮРЕ О	F REPORT			
Coleman for Hartford					7th day	preceding p	orimary		
	T. Itemization of Reimb	ursements t	to Committee Wor	kers and	Consult	ants			
Last Name of Worker/Consultant Pudlin		First Jacob			MI	Date of Payn 09/03/2		endor, Person	or Entity
Name of Vendor, Person or Entity Paid I Aldi	by Committee Worker/Consultant				as repor	nt to Reimburse of ted in Section P	·:	ee Worker/Co Debit Card	nsultant EFT
Street Address			City West Hartford				State CT	Zip Cod	e
Purpose of Expenditure (by code) FOOD Aldi Ex	on press volunteer refreshmen	nt		Event #				Amount	
(if applicable) None of Coord	xpenditure (Itemization in Addendum of the below (does not involve anoth inated with reimbursement sought (ju inated without reimbursement sough	er candidate or oint expenditur	committee) Indepen	ndent	В	C <b>D</b>			\$27.61
Last Name of Worker/Consultant		First			MI	Date of Payn 08/29/2		endor, Person	or Entity
Name of Vendor, Person or Entity Paid & Allegra Printing	by Committee Worker/Consultant				as repor	nt to Reimburse rted in Section P eck # 1168	):	ee Worker/Co Debit Card	nsultant EFT
Street Address 30 Nutmeg Dr			City Trumbull				State CT	Zip Cod 06611	
Purpose of Expenditure (by code) PRNT Description Printed	materials			Event #				Amount	
(if applicable) None of Coord	xpenditure (Itemization in Addendum of the below (does not involve anoth inated with reimbursement sought (joinated without reimbursement sough	er candidate or oint expenditur	committee) Indepen	ndent	В [	C <b>D</b>		\$16	,814.24
Last Name of Worker/Consultant Millner		First George			MI	Date of Payn 07/22/2		endor, Person	or Entity
Name of Vendor, Person or Entity Paid & Dollar Tree	by Committee Worker/Consultant				as repor	nt to Reimburse rted in Section P eck # 1177	):	ee Worker/Co Debit Card	nsultant EFT
Street Address			City Hartford			1111	State CT	Zip Cod 06106	e

SUBTOTAL Section T - This Page	\$16,856.47
TOTAL of Section T Pages	\$23,640.81
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$23,640.81

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

\$14.62

 $(if\,applicable)$ 

Revised January 2015	IV. E.	XPENDIT	URES (Sections	P-T)		Pag	e 62	01	72
NAME OF COMMITTER	E (Provide Complete Name as Register	ed with Filing	Repository)		ТҮРЕ О	F REPORT			
Coleman for Hartford					7th day	preceding p	orimary		
	T. Itemization of Reiml	oursements	to Committee Wor	rkers and	Consult	ants			
Last Name of Worker/Consu Millner	ıltant	First George			MI	Date of Payn 07/23/2		dor, Person o	or Entity
Name of Vendor, Person or Family Dollar	Entity Paid by Committee Worker/Consultant			·	as repor	nt to Reimburse rted in Section P eck # 1177	):	Worker/Con	sultant EFT
Street Address 1870 Main St			City Hartford				State CT	Zip Code 06120-	
Purpose of Expenditure (by code) OFFICE	Description Office supplies			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendit  None of the below (does not involve anot  Coordinated with reimbursement sought  Coordinated without reimbursement sough	ther candidate or (joint expenditure)	r committee) Indeper	ndent	В	C <b>D</b>		;	\$27.12
Last Name of Worker/Consu Desideraggio	altant	First Hillary			MI	Date of Payn 08/04/2		lor, Person o	or Entity
Name of Vendor, Person or Family Dollar	Entity Paid by Committee Worker/Consultant			•	as repor	nt to Reimburse rted in Section P eck # 1167	):	Worker/Con	sultant EFT
Street Address 1870 Main St			City Hartford				State CT	Zip Code 06120-	
Purpose of Expenditure (by code) MISC	Description Foul-weather gear for volunteers			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendi None of the below (does not involve anot Coordinated with reimbursement sought Coordinated without reimbursement sought coordinated with the coordinate	ther candidate or	r committee) Indeper	ndent	В	C <b>D</b>		;	\$48.60
Last Name of Worker/Consu Desideraggio	altant	First Hillary			MI	Date of Payn 08/25/2		dor, Person o	or Entity
Name of Vendor, Person or Family Dollar	Entity Paid by Committee Worker/Consultant			•	as repor	nt to Reimburse of the red in Section Peck # 1167	):	Worker/Con	sultant EFT
Street Address 1870 Main St			City Hartford		. —		State CT	Zip Code 06120-	
Purpose of Expenditure (by code) OFFICE	Description Office supplies		1	Event #				Amount	
Expenditure #	Type of Expenditure (Itemization in Addenda	um T Required u	nless "None of the below"	' is checked)					\$11.07

SUBTOTAL Section T - This Page	\$86.79
TOTAL of Section T Pages	\$23,640.81
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$23,640.81

Independent

Organization: A B C D

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

Coordinated without reimbursement sought (in-kind contribution)

Street Address

Expenditure #

(if applicable)

211 Garden St Purpose of Expenditure (by code) FOOD

Description

Volunteer refreshments

SEEC FORM 20 Revised January 2015	IV. E	XPENDIT	URES (Sections	P-T)		Pag	ge	63	of	72
NAME OF COMMITTE	E (Provide Complete Name as Register	ed with Filing	Repository)		TYPE C	F REPORT				
Coleman for Hartford					7th day	preceding	prima	ıry		
	T. Itemization of Reim	bursements	to Committee Wo	rkers and	Consult	tants				
Last Name of Worker/Cons Millner	ultant	First George			MI	Date of Pays 07/22/		Vendo	or, Person	or Entity
Name of Vendor, Person or Home Depot	Entity Paid by Committee Worker/Consultant				as repo	nt to Reimburse rted in Section I eck # 1177		_	orker/Cor	sultant EFT
Street Address 55 Granby St			City Bloomfield				State	;	Zip Code 06002-	
Purpose of Expenditure (by code) OFFICE	Description Office supplies			Event #				A	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 of	r committee) Indepen	ndent	В	C D				\$24.44
Last Name of Worker/Cons Desideraggio	ultant	First Hillary			MI	Date of Pays 09/03/		Vendo	or, Person	or Entity
Name of Vendor, Person or Hubdialer	Entity Paid by Committee Worker/Consultant				as repo	nt to Reimburse rted in Section I eck # 1171		_	orker/Cor	sultant EFT
Street Address			City Denver				State	;	Zip Code 80237-	
4380 S Syracuse St,	Ste 200		Delivei						00237-	-2024
Purpose of Expenditure (by code) MISC	Description Comms services			Event #				A	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 of	r committee) Indepen	ndent	В	CD			\$	350.00
Last Name of Worker/Cons Suggs	ultant	First Joseph			MI	Date of Pays 07/25/		Vendo	or, Person	or Entity
Name of Vendor, Person or Kent Pizza	Entity Paid by Committee Worker/Consultant				as repo	nt to Reimburse rted in Section I eck # 1135		_	orker/Cor	esultant EFT

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

Zip Code

Amount

06105-1464

\$45.00

State

CT

SUBTOTAL Section T - This Page \$419.44	
TOTAL of Section T Pages \$23,640.81	
EMENT TO COMMITTEE WORKERS AND CONSULTANTS \$23,640.81	т

Street Address

Expenditure #

(if applicable)

671 Blue Hills Ave Purpose of Expenditure (by code) FOOD

Description

Volunteer refreshments

SEEC FORM 20 Revised January 2015	IV. E	XPENDIT	URES (Sections	P-T)		Pag	<b>e</b> 6	4	of	72
NAME OF COMMITTE	EE (Provide Complete Name as Register	ed with Filing	Repository)		TYPE O	F REPORT				
Coleman for Hartford					7th day	preceding p	orimary	,		
	T. Itemization of Reim	bursements	to Committee Wo	rkers and	Consult	tants				
Last Name of Worker/Cons Lewis	sultant	First Lillard			MI	Date of Payr 08/06/2		endor, l	Person o	r Entity
Name of Vendor, Person of Kinder Pizza	r Entity Paid by Committee Worker/Consultant				as repo	nt to Reimburse rted in Section F eck # 1170	):	ee Worl	_	sultant EFT
Street Address 2543 Main St			City Hartford				State CT		ip Code 6120-	1932
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshments			Event #				Am	ount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend  ✓ None of the below (does not involve ano  Coordinated with reimbursement sought  Coordinated without reimbursement sought	ther candidate or (joint expenditure	re) Independent	ndent	В	CD			ξ	\$38.00
Last Name of Worker/Cons Desideraggio	sultant	First Hillary			MI	Date of Payr 08/21/2		endor, l	Person o	r Entity
Name of Vendor, Person of Kinder Pizza	r Entity Paid by Committee Worker/Consultant				as repo	nt to Reimburse rted in Section F eck # 1167	):	ee Worl	_	sultant EFT
Street Address 2543 Main St			City Hartford				State CT		ip Code 6120-	1932
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshments			Event #				Am	ount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend  None of the below (does not involve ano Coordinated with reimbursement sought Coordinated without reimbursement sought	ther candidate or	re) Indepen	ndent	В	C <b>D</b>				\$63.50
Last Name of Worker/Cons Thomas		First Camille			MI	Date of Payr 08/09/2		endor, l	Person o	r Entity
Name of Vendor, Person of Mr Pizza House	r Entity Paid by Committee Worker/Consultant				as repor	nt to Reimburse rted in Section F eck # 1179	):	ee Worl Debit (	_	sultant EFT

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

06112-1209

\$50.16

Section T - This Page \$151.66	
L of Section T Pages \$23,640.81	
AND CONSULTANTS \$23,640.81	TOTAL OF ALL REIMBURSEMENT TO COMMITTE

(if applicable)

Revised January 2015	IV. E.	XPENDIT	URES (Sections	P-T)		Pag	e 65	01	/2
NAME OF COMMITTEE	E (Provide Complete Name as Register	ed with Filing	Repository)		ТҮРЕ О	F REPORT			
Coleman for Hartford					7th day	preceding p	orimary		
	T. Itemization of Reiml	oursements	to Committee Wor	rkers and	Consult	ants			
Last Name of Worker/Consu	iltant	First			MI	Date of Payr 08/30/2		dor, Person o	or Entity
Name of Vendor, Person or Pudlin & Pudlin LLC	Entity Paid by Committee Worker/Consultant				as repor	nt to Reimburse rted in Section P eck # 1168	):	Worker/Con	sultant EFT
Street Address 407 Monroe St			City New Britain				State CT	Zip Code 06052-	
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendit  None of the below (does not involve anot  Coordinated with reimbursement sought  Coordinated without reimbursement souge	ther candidate or (joint expenditure)	r committee) Indeper	ndent	В	C <b>D</b>		\$5,	122.44
Last Name of Worker/Consu Millner	iltant	First George			MI	Date of Payr 07/23/2		dor, Person o	or Entity
Name of Vendor, Person or Save A Lot	Entity Paid by Committee Worker/Consultant				as repor	nt to Reimburse rted in Section P eck # 1177	·:	Worker/Con	sultant EFT
Street Address 1888 Main St			City Hartford				State CT	Zip Code 06120-	
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshments			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendated) None of the below (does not involve anot Coordinated with reimbursement sought Coordinated without reimbursement sough	ther candidate or (joint expenditure)	r committee) Indeper	ndent	В	C <b>D</b>			\$2.07
Last Name of Worker/Consu Little	ultant	First Peter			MI	Date of Payr 07/23/2		dor, Person o	or Entity
Name of Vendor, Person or Save A Lot	Entity Paid by Committee Worker/Consultant				as repor	nt to Reimburse rted in Section P eck # 1175	):	Worker/Con	sultant EFT
Street Address 1888 Main St			City Hartford			-	State CT	Zip Code 06120-	
Purpose of Expenditure (by code) FOOD	Description Food & beverage for campaign ve	olunteers		Event #				Amount	
Expenditure #	Type of Expenditure (Itemization in Addendit	um T Required u	nless "None of the below"	' is checked)				;	\$50.00

SUBTOTAL Section T - This Page	\$5,174.51
TOTAL of Section T Pages	\$23,640.81
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$23,640.81

Independent

Organization: A B C D

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

Coordinated without reimbursement sought (in-kind contribution)

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant

Description

Office supplies

Staples

Street Address

Expenditure # (if applicable)

2550 Albany Ave Purpose of Expenditure

(by code) OFFICE

SEEC FORM 20 Revised January 2015	IV. E	XPENDIT	URES (Sections	P-T)		Pag	<b>e</b> 66	of	72
NAME OF COMMITTER	E (Provide Complete Name as Register	ed with Filing	Repository)		TYPE O	F REPORT			
Coleman for Hartford					7th day	preceding preceding	orimary		
	T. Itemization of Reim	bursements	to Committee Wor	rkers and	l Consult	ants			
Last Name of Worker/Const Desideraggio	ultant	First Hillary			MI	Date of Payr 07/24/2		ndor, Person	or Entity
Name of Vendor, Person or Staples	Entity Paid by Committee Worker/Consultant			1	as repor	nt to Reimburse rted in Section F eck # 1167	):	Worker/Co	nsultant EFT
Street Address 2550 Albany Ave			City West Hartford				State CT	Zip Cod 06117	
Purpose of Expenditure (by code) OFFICE	Description Office supplies			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	АВ [	C <b>D</b>			\$57.56
Last Name of Worker/Const	ultant	First Joseph			MI	Date of Payr 07/25/2		ndor, Person	or Entity
Name of Vendor, Person or Staples	Entity Paid by Committee Worker/Consultant				as repor	nt to Reimburse rted in Section F eck # 1135	):	Worker/Co	nsultant EFT
Street Address 2550 Albany Ave			City West Hartford				State CT	Zip Cod 06117	
Purpose of Expenditure (by code) OFFICE	Description Office supplies			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) Indeper	ndent	АВ [	C <b>D</b>			\$48.37
Last Name of Worker/Const	ultant	First Joseph			MI	Date of Payr 08/08/2		ndor, Person	or Entity

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)

West Hartford

Event #

Organization: A B C D

Independent

Payment to Reimburse Committee Worker/Consultant

State

CT

Debit Card EFT

Zip Code 06117-2335

Amount

\$40.40

as reported in Section P:

✓ Check # 1135

SUBTOTAL Section T - This Page	\$146.33
TOTAL of Section T Pages	\$23,640.81
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$23,640.81

 $(if\,applicable)$ 

Revised January 2015	IV. E.	XPENDIT	URES (Sections	P-T)		Pag	e 6/	01	72
NAME OF COMMITTER	E (Provide Complete Name as Register	ed with Filing	Repository)		ТҮРЕ О	F REPORT			
Coleman for Hartford					7th day	preceding p	orimary		
	T. Itemization of Reim	bursements	to Committee Wor	rkers and	Consult	ants			
Last Name of Worker/Consu Pudlin	ıltant	First Jacob			MI	Date of Payn 08/05/2		lor, Person o	or Entity
Name of Vendor, Person or Stop & Shop	Entity Paid by Committee Worker/Consultant			·	as repor	nt to Reimburse rted in Section P eck # 1159	):	Worker/Con	sultant EFT
Street Address			City Hartford				State CT	Zip Code	
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshments			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendated)  None of the below (does not involve anount Coordinated with reimbursement sought Coordinated without reimbursement sought	ther candidate or (joint expenditure)	r committee) Indeper	ndent	В	CD			\$64.18
Last Name of Worker/Consu Pudlin	ıltant	First Jacob			MI	Date of Payn 08/19/2		lor, Person o	or Entity
Name of Vendor, Person or Stop & Shop	Entity Paid by Committee Worker/Consultant			·	as repor	nt to Reimburse rted in Section P	):	Worker/Con	sultant EFT
Street Address			City Hartford				State CT	Zip Code	
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshements			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	r committee) Indeper	ndent	В	C <b>D</b>			\$52.58
Last Name of Worker/Const Pudlin	altant	First Jacob			MI	Date of Payn 07/25/2		lor, Person o	or Entity
Name of Vendor, Person or Uber	Entity Paid by Committee Worker/Consultant					nt to Reimburse rted in Section P eck #	):	Worker/Con	sultant EFT
Street Address 1515 3rd St			City San Francisco				State CA	Zip Code 94158-	
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshments UberEats	3		Event #				Amount	
Expenditure #	Type of Expenditure (Itemization in Addendition	um T Required u	nless "None of the below"	' is checked)					\$46.79

SUBTOTAL Section T - This Page	\$163.55
TOTAL of Section T Pages	\$23,640.81
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$23,640.81

Independent

Organization: A B C D

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

Coordinated without reimbursement sought (in-kind contribution)

Purpose of Expenditure (by code) FOOD

Expenditure #

(if applicable)

Description

Volunteer refreshments

Revised January 2015	IV. E.	XPENDIT	URES (Sections	P-T)		Pag	e 68	01	72
NAME OF COMMITTER	E (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT								
Coleman for Hartford					7th day	preceding p	primary		
	T. Itemization of Reiml	oursements	to Committee Wor	rkers and	Consult	ants			
Last Name of Worker/Const Pudlin	ultant	First Jacob			MI	Date of Payr 07/25/2		or, Person or E	Entity
Name of Vendor, Person or Uber	Entity Paid by Committee Worker/Consultant				as repor	nt to Reimburse rted in Section P eck # 1143	):		ltant EFT
Street Address 1515 3rd St			City San Francisco				State CA	Zip Code 94158-22	211
Purpose of Expenditure (by code) FOOD	Description UberEats volunteer refreshment			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee)  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization:  A  B  C  D						\$5	50.70	
Last Name of Worker/Const Pudlin	ultant	First Jacob			MI	Date of Payr 07/26/2		or, Person or F	Entity
Name of Vendor, Person or Uber	Entity Paid by Committee Worker/Consultant				as repor	nt to Reimburse rted in Section P	):		ltant EFT
Street Address 1515 3rd St			City San Francisco				State CA	Zip Code 94158-22	211
Purpose of Expenditure (by code) FOOD	Description UberEats volunteer refreshment			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendated)  None of the below (does not involve anot  Coordinated with reimbursement sought  Coordinated without reimbursement sough	ther candidate or (joint expenditure)	re) Indeper	ndent	АВ [	C <b>D</b>		\$4	14.24
Last Name of Worker/Const Pudlin	ultant	First Jacob			MI	Date of Payr 08/01/2		or, Person or F	Entity
Name of Vendor, Person or Uber	Entity Paid by Committee Worker/Consultant				as repor	nt to Reimburse rted in Section P eck # 1143	):		ltant EFT
Street Address			City			1110	State	Zip Code	
1515 3rd St			San Francisco				CA	94158-22	211

SUBTOTAL Section T - This Page	\$144.87
TOTAL of Section T Pages	\$23,640.81
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$23,640.81

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

\$49.93

 $(if\,applicable)$ 

Revised January 2015	IV. E	XPENDIT	URES (Sections	P-T)		Pag	e 69	01	72
NAME OF COMMITTE	E (Provide Complete Name as Register	ed with Filing	Repository)		ТҮРЕ О	F REPORT			
Coleman for Hartford					7th day	preceding p	orimary		
	T. Itemization of Reim	bursements	to Committee Wo	rkers and	Consult	ants			
Last Name of Worker/Cons Pudlin	sultant	First Jacob			MI	Date of Payr 08/03/2		lor, Person o	r Entity
Name of Vendor, Person or Uber	Entity Paid by Committee Worker/Consultant			1	as repor	nt to Reimburse rted in Section P eck # 1143	):	Worker/Con	sultant EFT
Street Address 1515 3rd St			City San Francisco				State CA	Zip Code 94158-2	
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshments UberEats	s		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) Indepe		□В [	C <b>D</b>		\$	\$52.77
Last Name of Worker/Cons Pudlin	ultant	First Jacob			MI	Date of Payr 08/04/2		lor, Person o	r Entity
Name of Vendor, Person or Uber	Entity Paid by Committee Worker/Consultant	•		•	as repor	nt to Reimburse rted in Section P eck # 1166	):	Worker/Con	sultant EFT
Street Address 1515 3rd St			City San Francisco				State CA	Zip Code 94158-2	
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshements Uber Ea	ats		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	r committee) Indepe		□В [	C <b>D</b>		;	\$39.47
Last Name of Worker/Cons Pudlin	sultant	First Jacob			MI	Date of Payr 08/20/2		lor, Person o	r Entity
Name of Vendor, Person or Uber	Entity Paid by Committee Worker/Consultant				as repor	nt to Reimburse rted in Section P eck # 1166	):	Worker/Con	sultant EFT
Street Address 1515 3rd St			City San Francisco		<u>, —</u>		State CA	Zip Code 94158-2	
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshements Uber Ea	ats		Event #				Amount	
Expenditure #	Type of Expenditure (Itemization in Addend	lum T Required u	nless "None of the below	" is checked)					\$56.65

SUBTOTAL Section T - This Page	\$148.89
TOTAL of Section T Pages	\$23,640.81
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$23,640.81

Independent

Organization: A B C D

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

Coordinated without reimbursement sought (in-kind contribution)

Revised January 2015	IV. E	APENDII	UKES (Sections	P-1)		гад	e 70	O1	12
NAME OF COMMITTE	E (Provide Complete Name as Register	ed with Filing	Repository)		TYPE O	F REPORT			
Coleman for Hartford					7th day	preceding	primary		
	T. Itemization of Reim	bursements	to Committee Wo	rkers and	Consult	ants			
Last Name of Worker/Cons Pudlin	sultant	First Jacob			MI	Date of Payr 09/02/2		dor, Person o	or Entity
Name of Vendor, Person or Uber	Entity Paid by Committee Worker/Consultant				as repor	t to Reimburse ted in Section F ck # 1185	):	Worker/Con	sultant
Street Address 1515 3rd St			City San Francisco				State CA	Zip Code 94158-	
Purpose of Expenditure (by code) FOOD	Description Uber Eats volunteer refreshment			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) Indeper	ndent	А □В [	C <b>D</b>			\$52.18
Last Name of Worker/Cons Pudlin	sultant	First Jacob			MI	Date of Payr 09/03/2		dor, Person o	or Entity
Name of Vendor, Person or Uber	Entity Paid by Committee Worker/Consultant				as repor	t to Reimburse ted in Section F ck # 1185	):	Worker/Con	esultant EFT
Street Address 1515 3rd St			City San Francisco				State CA	Zip Code 94158-	
Purpose of Expenditure (by code) FOOD	Description Uber Eats volunteer refreshment			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) Indeper	ndent	А []В [	CD			\$56.70
Last Name of Worker/Cons Suggs	ultant	First Joseph			MI	Date of Payr 07/06/2		dor, Person o	or Entity
Name of Vendor, Person or United States Postal	Entity Paid by Committee Worker/Consultant Service				as repor	t to Reimburse ted in Section F ck # 1135	):	Worker/Con	esultant EFT
Street Address			City Hartford		<u> </u>		State CT	Zip Code	:
Purpose of Expenditure (by code) POST	Description Postage			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend	•		" is checked)					\$44.10

SUBTOTAL Section T - This Page	\$152.98
TOTAL of Section T Pages	\$23,640.81
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$23,640.81

Independent

Organization: A B C D

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

Coordinated without reimbursement sought (in-kind contribution)

Revised January 2015	IV. E	APENDII	URES (Sections	P-1)		rag	e /1	01	12
NAME OF COMMITTE	E (Provide Complete Name as Register	ed with Filing	Repository)		TYPE O	F REPORT			
Coleman for Hartford					7th day	preceding p	orimary		
	T. Itemization of Reim	bursements	to Committee Wo	rkers and	Consult	ants			
Last Name of Worker/Const Suggs	ultant	First Joseph			MI	Date of Payn 07/06/2		lor, Person	or Entity
Name of Vendor, Person or United States Postal	Entity Paid by Committee Worker/Consultant Service			1	as repor	t to Reimburse ted in Section P	):	Worker/Con	sultant
Street Address			City Hartford				State CT	Zip Code	
Purpose of Expenditure (by code) POST	Description Postage			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	C <b>D</b>			\$44.10
Last Name of Worker/Const Suggs	ultant	First Joseph			MI	Date of Payn 07/12/2		lor, Person	or Entity
Name of Vendor, Person or United States Postal	Entity Paid by Committee Worker/Consultant Service			·	as repor	t to Reimburse ted in Section P	):	Worker/Con	sultant EFT
Street Address			City Hartford		<u> </u>	1100	State CT	Zip Code	
Purpose of Expenditure (by code) POST	Description Postage			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			\$52.80
Last Name of Worker/Const Pudlin	ultant	First Jacob			MI	Date of Payn 07/29/2		lor, Person	or Entity
Name of Vendor, Person or Walgreens	Entity Paid by Committee Worker/Consultant				as repor	t to Reimburse ted in Section P	):	Worker/Con	sultant EFT
Street Address			City Hartford				State CT	Zip Code	
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshments			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend  None of the below (does not involve ano			is checked)					\$33.05

SUBTOTAL Section T - This Page	\$129.95
TOTAL of Section T Pages	\$23,640.81
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$23,640.81

Independent

Organization: A B C D

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

Coordinated without reimbursement sought (in-kind contribution)

## IV. EXPENDITURES (Sections P-T)

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of

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Revised January 2015			·					
NAME OF COMMITTEE	E (Provide Complete Name as Register	ed with Filing	Repository)		TYPE O	F REPORT		
Coleman for Hartford					7th day	preceding p	orimary	
	T. Itemization of Reiml	oursements	to Committee Wor	rkers and	Consult	ants		
Last Name of Worker/Consu	ıltant	First			MI	Date of Payn	nent to Vend	lor, Person or Entity
Suggs		Joseph				07/06/2	2023	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			1				Worker/Consultant
Walmart						rted in Section P eck # 1135		bit Card EFT
Street Address			City		•		State	Zip Code
			East Windsor				CT	06088
Purpose of Expenditure	Description			Event #				Amount
(by code) FOOD	Volunteer refreshments							
Expenditure #	Type of Expenditure (Itemization in Addenda	um T Required un	nless "None of the below"	is checked)				\$39.02
(if applicable)	None of the below (does not involve anot	ther candidate or	committee) Indeper	dont				
	Coordinated with reimbursement sought	(joint expenditur	re) <u> </u>		. —-			
	Coordinated without reimbursement soug	tht (in-kind cont	ribution) Organiz	zation:	A ∐B	CD		
Last Name of Worker/Consu	ıltant	First			MI			lor, Person or Entity
Pudlin		Jacob				08/22/2	2023	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			<u> </u>				Worker/Consultant
Walmart						rted in Section P eck # 1166		bit Card EFT
Street Address			City		C	1100	State	Zip Code
			East Windsor				CT	06088
Purpose of Expenditure	Description			Event #				Amount
(by code) OFFICE	Office supplies							rimount
Expenditure #	Type of Expenditure (Itemization in Addenda	um T Required u	nless "None of the below"	is checked)				\$26.35
(if applicable)	✓ None of the below (does not involve anot	ther candidate or						
	Coordinated with reimbursement sought	(ioint expenditu	(e) Indeper	ident				

Organization: A B C D

Coordinated with reimbursement sought (joint expenditure)

Coordinated without reimbursement sought (in-kind contribution)

SUBTOTAL Section T - This Page	\$65.37
TOTAL of Section T Pages	\$23,640.81
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$23,640.81