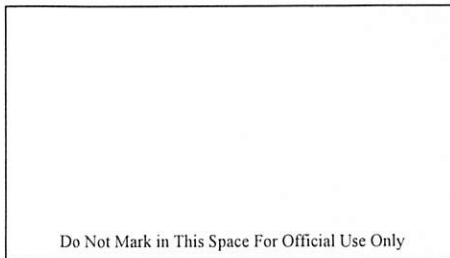


SEEC FORM 20

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



COVER PAGE

1. NAME OF COMMITTEE			
Coleman for Hartford			
2. TREASURER NAME			
First	MI	Last	Suffix
Thirman	L	Milner	
3. TREASURER ADDRESS			
Street Address	City	State	Zip Code
470 Broad St Ap 913	Hartford	CT	06106
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>	6. DISTRICT NUMBER	
(mm/dd/yyyy)		<i>(if applicable)</i>	
11/07/2023	Mayor	0	
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
Eric	D	Coleman	
8. TYPE OF REPORT (Check One Box)			
<input type="checkbox"/> January 10 filing	<input checked="" type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report: _____
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="checkbox"/> Termination	
<input type="checkbox"/> 24 Hour Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="checkbox"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date	thru	Ending Date	
07/01/2023		09/03/2023	
10. CERTIFICATION			
<p>I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.</p>			
 _____ TREASURER OR DEPUTY TREASURER (SIGNATURE)	Peter Little _____ PRINT NAME OF SIGNER	9/5/23 _____ DATE (mm/dd/yyyy)	
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
	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. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
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	

I. MONETARY RECEIPTS (Sections A-K)

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 Contributions from Individuals					
Last Name		First		M.I.	
Aina		Ola			
Residential Street Address		City		State	Zip Code
2 Brooke St		Bloomfield		CT	06002-2711
Principal Occupation		Name of Employer			
Consultant		Robert Half			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$150.00	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions		
		07/24/2023	\$900.00		
Last Name		First		M.I.	
Alston		Carolyn			
Residential Street Address		City		State	Zip Code
		Bowie		MD	20720
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$50.00	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions		
		08/21/2023	\$50.00		
Last Name		First		M.I.	
Beamon		Reginald			
Residential Street Address		City		State	Zip Code
46 Catalina Dr		Waterbury		CT	06704-2111
Principal Occupation		Name of Employer			
Exec Dir		Waterbury OTC Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$100.00	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions		
		08/19/2023	\$200.00		

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Bingham	First Alvin	M.I. K
Residential Street Address 64 Faneuil St	City Windsor	State CT
	Zip Code 06095-4520	
Principal Occupation	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$300.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/12/2023
		Aggregate contributions \$400.00

Last Name Bingham	First Alvin	M.I. K
Residential Street Address 64 Faneuil St	City Windsor	State CT
	Zip Code 06095-4520	
Principal Occupation	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 081323a	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/14/2023
		Aggregate contributions \$400.00

Last Name Bensen	First Richard	M.I. A
Residential Street Address 5 Christian Dr	City Deerfield	State MA
	Zip Code 01342-8900	
Principal Occupation	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2023
		Aggregate contributions \$50.00

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B Pages	\$11,210.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$11,210.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name Calderon		First Jorge		M.I.	
Residential Street Address 17 Merriam Ave		City Bloomfield		State CT	Zip Code 06002-3806
Principal Occupation		Name of Employer self employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/13/2023	Aggregate contributions \$425.00		
Last Name Coleman-Carr		First Emma		M.I.	
Residential Street Address 19 B Woodland Ave		City Bloomfield		State CT	Zip Code 06002-1857
Principal Occupation CNA		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/13/2023	Aggregate contributions \$70.00		
Last Name Darity		First Patsy		M.I.	
Residential Street Address 6 Elaine Mary Dr		City Windsor		State CT	Zip Code 06095-1717
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/13/2023	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) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$11,210.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name Davis		First Irma		M.I.	
Residential Street Address 116 Oakland Ter		City Hartford		State CT	Zip Code 06112-2243
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/25/2023		Aggregate contributions \$50.00	
Last Name Brown		First Cydonie		M.I.	
Residential Street Address 24 Park Pl, Apt 7C		City Hartford		State CT	Zip Code 06106-5021
Principal Occupation Teacher		Name of Employer McDougal Middle School			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/13/2023		Aggregate contributions \$20.00	
Last Name Brown		First Robert		M.I.	
Residential Street Address 14 Butternut Dr		City Bloomfield		State CT	Zip Code 06002-1639
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/13/2023		Aggregate contributions \$100.00	

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Caro	First Eugenio	M.I. A
Residential Street Address 321 Freeman St	City Hartford	State CT
	Zip Code 06106-4224	
Principal Occupation	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/13/2023
		Aggregate contributions \$100.00

Last Name Bouyer	First Lelia	M.I.
Residential Street Address 51 Boothbay St	City Hartford	State CT
	Zip Code 06112-1217	
Principal Occupation Retired	Name of Employer Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 081323a	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/13/2023
		Aggregate contributions \$50.00

Last Name Fenley	First Bill	M.I.
Residential Street Address 1105 Hutchins Landing Rd	City Natchez	State MS
	Zip Code 39120-8852	
Principal Occupation retired	Name of Employer retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/29/2023
		Aggregate contributions \$250.00

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name Graham		First Kimberly		M.I.	
Residential Street Address 2 Yale Cir		City Bloomfield		State CT	Zip Code 06002-3027
Principal Occupation Attorney		Name of Employer Self/State of CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2023	Aggregate contributions \$120.23		
Last Name Garcia		First Rosalind		M.I.	
Residential Street Address 61 Rangely St		City West Haven		State CT	Zip Code 06516-1167
Principal Occupation Principal		Name of Employer New Haven Board of Education			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/13/2023	Aggregate contributions \$400.00		
Last Name Garcia		First Mitchell		M.I.	
Residential Street Address 310 Mckinley Ave		City Bridgeport		State CT	Zip Code 06604-1624
Principal Occupation Physician Assistant		Name of Employer Griffin Faculty Physicians			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$750.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		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) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$11,210.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Gallery		William			
Residential Street Address		City		State	Zip Code
637 Cahoone Rd		Greene		RI	02827-1807
Principal Occupation		Name of Employer			
Photographer		Bill Gallery LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/01/2023		\$600.00	
Last Name		First		M.I.	
Franklin		Christopher			
Residential Street Address		City		State	Zip Code
190 Little Brook Dr		Newington		CT	06111-5310
Principal Occupation		Name of Employer			
Managing Partner		FranSan Group LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$25.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/14/2023		\$70.00	
Last Name		First		M.I.	
Dodson		Ula			
Residential Street Address		City		State	Zip Code
37 Kent St		Hartford		CT	06112-2129
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/07/2023		\$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) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$11,210.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Evans		Hope			
Residential Street Address		City		State	Zip Code
17 Harold St		Hartford		CT	06112-1121
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			08/04/2023	\$10.00	
Last Name		First		M.I.	
Gooley		Antoinette			
Residential Street Address		City		State	Zip Code
10 Habitat Ln		Bloomfield		CT	06002-1152
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			08/13/2023	\$200.00	
Last Name		First		M.I.	
Foster		Benjamin			
Residential Street Address		City		State	Zip Code
6 Croydon Dr		Bloomfield		CT	06002-3446
Principal Occupation			Name of Employer		
			Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			08/16/2023	\$100.00	

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Ford Saunders		Anita			
Residential Street Address		City		State	Zip Code
14 Brookview Ln		Middletown		CT	06457-2118
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			08/13/2023	\$25.00	
Last Name		First		M.I.	
Fox		Susan			
Residential Street Address		City		State	Zip Code
484 Joshuatown Rd		Lyme		CT	06371-3034
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			08/07/2023	\$1,000.00	
Last Name		First		M.I.	
Eisenberg		Deborah			
Residential Street Address		City		State	Zip Code
16 Goodwin Cir		Hartford		CT	06105-5201
Principal Occupation			Name of Employer		
Attorney			Brown Paindiris & Scott		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			08/13/2023	\$100.00	

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) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$11,210.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Giles	First Carleton	M.I.
Residential Street Address 45 Nolan Ter	City Milford	State CT
	Zip Code 06460-7849	
Principal Occupation Law enforcement official	Name of Employer State of Conn	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$500.00

Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 08/17/2023	Aggregate contributions \$500.00

Last Name Frieder	First Richard	M.I.
Residential Street Address 335 Cotton Hill Rd	City New Hartford	State CT
	Zip Code 06057-3418	
Principal Occupation Community engagement	Name of Employer Community Capacity Builders	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$50.00

Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 08/08/2023	Aggregate contributions \$50.00

Last Name Gaffey	First Thomas	M.I. P
Residential Street Address 40 Ridgeland Cir	City Wallingford	State CT
	Zip Code 06492-2121	
Principal Occupation Director	Name of Employer Materials Innovation & Recycling Authority	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$100.00

Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 08/01/2023	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) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$11,210.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Payne-Hill		Paulette			
Residential Street Address		City		State	Zip Code
73 Gabb Rd		Bloomfield		CT	06002-2306
Principal Occupation		Name of Employer			
Instructor		Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/14/2023	Aggregate contributions \$200.00		
Last Name		First		M.I.	
Harris		Victoria			
Residential Street Address		City		State	Zip Code
66 W Main St, Apt 302		New Britain		CT	06051-2290
Principal Occupation		Name of Employer			
Adjuster		Pilot Catastrophe Services			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/13/2023	Aggregate contributions \$210.23		
Last Name		First		M.I.	
Hennessy		Matthew			
Residential Street Address		City		State	Zip Code
161 Tremont St		Hartford		CT	06105-2541
Principal Occupation		Name of Employer			
Managing Director		Tremont Public Advisors			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/28/2023	Aggregate contributions \$400.00		

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Hunt	First Kimball	M.I.
Residential Street Address 205 Wintonbury Ave	City Bloomfield	State CT
Principal Occupation retired	Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$200.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/13/2023
		Aggregate contributions \$450.00
Last Name Mounds	First Julie	M.I.
Residential Street Address 176 Homestead St, Apt G	City Manchester	State CT
Principal Occupation Employee Specialist	Name of Employer CRT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$70.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/25/2023
		Aggregate contributions \$120.00
Last Name LeBeau	First Gary	M.I.
Residential Street Address 338 Foote Rd	City South Glastonbury	State CT
Principal Occupation retired	Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$200.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/10/2023
		Aggregate contributions \$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) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$11,210.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Green		Kenneth			
Residential Street Address		City		State	Zip Code
223 Granby St		Hartford		CT	06112-1319
Principal Occupation		Name of Employer			
Social Worker		Loomis Chaffee			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/13/2023	\$1,000.00		
Last Name		First		M.I.	
Greene		Markita			
Residential Street Address		City		State	Zip Code
27 Washington Rd		Windsor		CT	06095-3559
Principal Occupation		Name of Employer			
Teacher		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/13/2023	\$75.00		
Last Name		First		M.I.	
James		Franklin		D	
Residential Street Address		City		State	Zip Code
177 Barbour St		Hartford		CT	06120-1807
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$60.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		07/31/2023	\$80.00		

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

I. MONETARY RECEIPTS (Sections A-K)

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 Contributions from Individuals					
Last Name		First		M.I.	
Johnson		Jeffrey			
Residential Street Address		City		State	Zip Code
206 Tower Ave		Hartford		CT	06120-1050
Principal Occupation		Name of Employer			
		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/07/2023		\$200.00	
Last Name		First		M.I.	
King-Corbin		Linda			
Residential Street Address		City		State	Zip Code
199 Branford St		Hartford		CT	06112-1406
Principal Occupation		Name of Employer			
Civil Engineer		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$40.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/13/2023		\$100.00	
Last Name		First		M.I.	
Milward		Stosh			
Residential Street Address		City		State	Zip Code
51 Vine St		Hartford		CT	06112-2205
Principal Occupation		Name of Employer			
Development Consultant		ADG CT LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$25.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/13/2023		\$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) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$11,210.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name Nelson		First Eugena		M.I.	
Residential Street Address 71 Bryden Ter		City Hamden		State CT	Zip Code 06517-4010
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/02/2023	Aggregate contributions \$250.00		
Last Name Pomeranz		First James		M.I.	
Residential Street Address 265 Farms Village Rd		City West Simsbury		State CT	Zip Code 06092-2437
Principal Occupation Attorney		Name of Employer McGann Bartlett Brown			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/10/2023	Aggregate contributions \$750.00		
Last Name Levin		First Richard		M.I.	
Residential Street Address 10 Lary Falls Dr		City Scarborough		State ME	Zip Code 04074-8952
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		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) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$11,210.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Johnson		First Kathryn		M.I.
Residential Street Address 80 Kane St, Apt D06		City West Hartford	State CT	Zip Code 06119-2113
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/22/2023		
Last Name Johnson		First Johnny		M.I.
Residential Street Address 113 Martin St		City Hartford	State CT	Zip Code 06120-1819
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$10.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/03/2023		
Last Name Horton Sheff		First Elizabeth		M.I.
Residential Street Address 25 Belmont Ave		City Windsor	State CT	Zip Code 06095-3333
Principal Occupation Director, Community Services		Name of Employer Community Renewal Team		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/27/2023		

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Przybysz		First Kenneth		M.I.
Residential Street Address 50 Goodwin Cir		City Hartford	State CT	Zip Code 06105-5207
Principal Occupation Consultant		Name of Employer Przybysz + Associates Government Affairs		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/11/2023		
Last Name Peck		First Michael		M.I.
Residential Street Address 200 Scarborough St		City Hartford	State CT	Zip Code 06105-1129
Principal Occupation Attorney		Name of Employer Peck & Peck		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/25/2023		
Last Name Mullarkey		First Edward		M.I. J
Residential Street Address 154 Fox Hill Rd		City Wethersfield	State CT	Zip Code 06109-4129
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/21/2023		

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Robinson		Lewis		J	
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/30/2023	Aggregate contributions \$200.00		
Last Name		First		M.I.	
Hopkins-Staten		Theresa			
Residential Street Address		City		State	Zip Code
1833 Asylum Ave		West Hartford		CT	06117-2604
Principal Occupation		Name of Employer			
VP Corp Citizenship & Equity		Eversource Energy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/13/2023	Aggregate contributions \$100.00		
Last Name		First		M.I.	
Peterson		Alex			
Residential Street Address		City		State	Zip Code
26 Robin Rd		West Hartford		CT	06119-1231
Principal Occupation		Name of Employer			
Govt Affairs		CT Airport Authority			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/13/2023	Aggregate contributions \$100.00		

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Price		Willena			
Residential Street Address		City		State	Zip Code
59 Fieldstone Dr		South Glastonbury		CT	06073-3717
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		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		Cresskill		NJ	07626-1727
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$350.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/10/2023	Aggregate contributions \$350.00		
Last Name		First		M.I.	
Grande		Robert		S	
Residential Street Address		City		State	Zip Code
18 Cliffmount Dr		Bloomfield		CT	06002-2226
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2023	Aggregate contributions \$50.00		

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name James		First Lois		M.I.	
Residential Street Address E4 Saint Marc Cir		City South Windsor		State CT	Zip Code 06074-4133
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/20/2023	Aggregate contributions \$25.00		
Last Name Ramos		First Wanda		M.I.	
Residential Street Address 74 Union Pl, Apt 216		City Hartford		State CT	Zip Code 06103-1411
Principal Occupation Educator		Name of Employer Hartford Board of Education			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/18/2023	Aggregate contributions \$100.00		
Last Name Setaro		First Louise		M.I. M	
Residential Street Address 5 Partridge Dr		City Newington		State CT	Zip Code 06111-3716
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/25/2023	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) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$11,210.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name O'Hara		First Keith		M.I. A	
Residential Street Address 480 Joy Rd		City Woodstock		State CT	Zip Code 06281-2116
Principal Occupation Teacher/Coach		Name of Employer Marianapolis Prep			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/25/2023	Aggregate contributions \$50.00		
Last Name Hall		First Sonja		M.I.	
Residential Street Address 49 Canterbury St		City Hartford		State CT	Zip Code 06112-1823
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/03/2023	Aggregate contributions \$250.00		
Last Name Spence		First Leslie		M.I.	
Residential Street Address 7 Boulevard Ct		City New London		State CT	Zip Code 06320-4306
Principal Occupation Social Work Supervisor		Name of Employer State of Connecticut DCF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		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) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$11,210.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Spence		Leslie			
Residential Street Address		City		State	Zip Code
7 Boulevard Ct		New London		CT	06320-4306
Principal Occupation		Name of Employer			
Social Work Supervisor		State of Connecticut DCF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/12/2023	\$225.00		
Last Name		First		M.I.	
Simmons		Louise			
Residential Street Address		City		State	Zip Code
120 Beacon St		Hartford		CT	06105-3908
Principal Occupation		Name of Employer			
Professor		Uconn			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 081323a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/13/2023	\$325.00		
Last Name		First		M.I.	
Simpson		Nathan			
Residential Street Address		City		State	Zip Code
185 Brook St		New Britain		CT	06051-3348
Principal Occupation		Name of Employer			
Food service worker		Morrison Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$20.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 081323a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/13/2023	\$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) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$11,210.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name Szewczyk		First John		M.I.	
Residential Street Address 458 Stage Coach Rd		City Durham		State CT	Zip Code 06422-3615
Principal Occupation Law enforcement		Name of Employer Town of Boxborough			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$150.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/26/2023	Aggregate contributions \$250.00		
Last Name Szewczyk		First John		M.I.	
Residential Street Address 458 Stage Coach Rd		City Durham		State CT	Zip Code 06422-3615
Principal Occupation Law enforcement		Name of Employer Town of Boxborough			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/13/2023	Aggregate contributions \$250.00		
Last Name Tronchin		First Irwin		M.I.	
Residential Street Address 55 Sunnyfield Dr		City Windsor		State CT	Zip Code 06095-3263
Principal Occupation		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$60.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/13/2023	Aggregate contributions \$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) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$11,210.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
West		Paul			
Residential Street Address		City		State	Zip Code
40 Overlook Dr		Windsor		CT	06095-2657
Principal Occupation		Name of Employer			
		City of Hartford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/24/2023		\$500.00	
Last Name		First		M.I.	
Williams		Diane			
Residential Street Address		City		State	Zip Code
121 Holcomb St		Hartford		CT	06112-1512
Principal Occupation		Name of Employer			
		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		07/24/2023		\$30.00	
Last Name		First		M.I.	
Williams		Lawrence			
Residential Street Address		City		State	Zip Code
264 Edgewood St		Hartford		CT	06112-1906
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/13/2023		\$500.00	

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name Williams		First Tielen		M.I.	
Residential Street Address 180 Grandview Ter		City Hartford		State CT	Zip Code 06114-2213
Principal Occupation Social Worker		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$40.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/13/2023	Aggregate contributions \$115.00		
Last Name Sutherland		First Tania		M.I.	
Residential Street Address 825 Town Colony Dr		City Middletown		State CT	Zip Code 06457-5917
Principal Occupation Teacher / artist		Name of Employer Self employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/18/2023	Aggregate contributions \$100.00		
Last Name Wilder		First Keith		M.I.	
Residential Street Address 9910 SW 16th Ct		City Pembroke Pines		State FL	Zip Code 33025-3642
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/13/2023	Aggregate contributions \$250.00		

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

I. MONETARY RECEIPTS (Sections A-K)

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 Contributions from Individuals						
Last Name		First		M.I.		
Turner		Eric				
Residential Street Address		City		State	Zip Code	
5 Mourning Dove Way		Oak Bluffs		MA	02557-7066	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$100.00		
Method of contribution:		Date Received	Aggregate contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/01/2023	\$350.00			
Last Name		First		M.I.		
Spears		Wesley				
Residential Street Address		City		State	Zip Code	
8 Westview Dr		Bloomfield		CT	06002-3459	
Principal Occupation		Name of Employer				
Self employed		Self employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$400.00		
Method of contribution:		Date Received	Aggregate contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		07/27/2023	\$400.00			
Last Name		First		M.I.		
Sutherland		Gary				
Residential Street Address		City		State	Zip Code	
825 Town Colony Dr		Middletown		CT	06457-5917	
Principal Occupation		Name of Employer				
Audio Engineer / Driver		Self employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$20.00		
Method of contribution:		Date Received	Aggregate contributions			
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		07/21/2023	\$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) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$11,210.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Thompson	First James	M.I.
Residential Street Address 138 Westerly Ter	City Hartford	State CT
Zip Code 06105-1117		
Principal Occupation Superintendent	Name of Employer Bloomfield Public Schools	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/13/2023
		Aggregate contributions \$100.00
Last Name Williams	First Carlisse	M.I.
Residential Street Address 37 Westminster St	City Hartford	State CT
Zip Code 06112-1451		
Principal Occupation Retired	Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$10.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081323a</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/13/2023
		Aggregate contributions \$10.00
Last Name Wheeler	First Gordon	M.I.
Residential Street Address 6344 Old Dominion Dr	City Mclean	State VA
Zip Code 22101-4117		
Principal Occupation Retired	Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/29/2023
		Aggregate contributions \$100.00

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

I. MONETARY RECEIPTS (Sections A-K)

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 Contributions from Individuals					
Last Name		First		M.I.	
Welsh		Peter			
Residential Street Address		City		State	Zip Code
47 Hager St		Marlborough		MA	01752-3413
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution \$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			08/29/2023	\$200.00	
Last Name		First		M.I.	
Woods		Cecilia		J	
Residential Street Address		City		State	Zip Code
36 Old Farms E		Middletown		CT	06457-7534
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief 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?		Amount of Contribution \$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			08/22/2023	\$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) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$11,210.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

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

Total of Other Monetary Receipts (Add Sections D through K) <i>(Enter total on Line 15, Column A of Summary Page Totals)</i>	\$0.00
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II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

L1. Event Information

Event # Date of Event 08/13/2023	Letter a	Description BBQ Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
---	--------------------	---------------------------------	---	--

Location: Street Address 42 Kenmore Rd	City Bloomfield	State CT	Zip Code 06002-2111
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Subpart 1: (All Committees) Was this event hosted at a personal residence?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)
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Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
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Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)	<input type="text"/>
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Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)
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Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)	<input type="text"/>
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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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Coleman for Hartford			7th day preceding primary	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party				
Name of Host Peter Little			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum L5	
Street Address 42 Kenmore Rd		City Bloomfield		State CT
				Zip Code 06002-2111
Description of Donation Food & Beverage			Fair Market Value of Donation	
			\$385.83	
Event # 081323a	Aggregate value of this Event - all hosts \$771.66	Aggregate Value of all Events—this host/candidate \$385.83		
Name of Host Geraldo Neves			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum L5	
Street Address 42 Kenmore Rd		City Bloomfield		State CT
				Zip Code 06002-2111
Description of Donation Food & beverage			Fair Market Value of Donation	
			\$385.83	
Event # 081323a	Aggregate value of this Event - all hosts \$771.66	Aggregate Value of all Events—this host/candidate \$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 <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>	\$771.66

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Coleman for Hartford			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee ADJ Enterprises		Date of Payment 07/17/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1127 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 A Loudoun St SW, Ste 215		City Leesburg	State VA	Zip Code 20175-2926
Purpose of Expenditure (by code) PRNT	Description Campaign materials	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$2,936.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Amazon		Date of Payment 08/11/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$29.77	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Amazon		Date of Payment 08/24/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$12.30	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Anedot		Date of Payment 09/03/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St, Ste 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	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$291.50	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Bank of America		Date of Payment 07/01/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 100 N Tryon St		City Charlotte	State NC Zip Code 28202-2135
Purpose of Expenditure (by code) BNK	Description Bank fee	Event #	Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$3.00
Name of Payee Bank of America		Date of Payment 07/23/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 100 N Tryon St		City Charlotte	State NC Zip Code 28202-2135
Purpose of Expenditure (by code) BNK	Description Bank fee	Event #	Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$29.50
Name of Payee Bank of America		Date of Payment 08/01/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 100 N Tryon St		City Charlotte	State NC Zip Code 28202-2135
Purpose of Expenditure (by code) BNK	Description Bank fee	Event #	Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$3.00
Name of Payee Bank of America		Date of Payment 09/01/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 100 N Tryon St		City Charlotte	State NC Zip Code 28202-2135
Purpose of Expenditure (by code) BNK	Description Bank fee	Event #	Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Debra Boyd		Date of Payment 07/07/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1113 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00
Name of Payee Debra Boyd		Date of Payment 07/14/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1124 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00
Name of Payee Debra Boyd		Date of Payment 07/21/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1132 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00
Name of Payee Debra Boyd		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1137 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Debra Boyd		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1145 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00	
Name of Payee Debra Boyd		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1153 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00	
Name of Payee Debra Boyd		Date of Payment 08/16/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1160 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00	
Name of Payee Debra Boyd		Date of Payment 08/23/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1165 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Debra Boyd		Date of Payment 08/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1180 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Debra Boyd		Date of Payment 09/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1187 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Marcus Brown		Date of Payment 07/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 104 Granby St		City Hartford		State CT
Zip Code 06112-1717				
Purpose of Expenditure (by code) OVHD	Description Rent	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,100.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Marcus Brown		Date of Payment 08/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1120 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 104 Granby St		City Hartford		State CT
Zip Code 06112-1717				
Purpose of Expenditure (by code) OVHD	Description Rent	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,100.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Coleman for Hartford			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Marcus Brown		Date of Payment 08/31/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1162 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,100.00	
Name of Payee Eric Coleman		Date of Payment 08/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1142 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 332		City Hartford	State CT	Zip Code 06141-0332
Purpose of Expenditure (by code) LOAN	Description Loan repayment	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$20,000.00	
Name of Payee Comcast		Date of Payment 07/10/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 70219		City Philadelphia	State PA	Zip Code 19176-0219
Purpose of Expenditure (by code) OVHD	Description Data services	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$83.91	
Name of Payee Comcast		Date of Payment 08/10/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 70219		City Philadelphia	State PA	Zip Code 19176-0219
Purpose of Expenditure (by code) OVHD	Description Data services	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$70.22	

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Coleman for Hartford			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Complete Graphics		Date of Payment 07/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1119 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$6,912.75	
Name of Payee Connecticut Institute for Community Development		Date of Payment 08/22/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$772.50	
Name of Payee Maman Cooper		Date of Payment 08/14/2023	Method of Payment <input checked="" type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$290.00	
Name of Payee Hillary Desideraggio		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1167 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Hillary Desideraggio		Date of Payment 09/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1171 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$350.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Eversource		Date of Payment 07/08/2023	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address		City Hartford		State CT
Zip Code 06103				
Purpose of Expenditure (by code) OVHD	Description Utilities	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$29.52	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Eversource		Date of Payment 07/14/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1126 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City Hartford		State CT
Zip Code 06103				
Purpose of Expenditure (by code) OVHD	Description Utilities	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$38.88	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Google		Date of Payment 07/01/2023	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View		State CA
Zip Code 94043-1351				
Purpose of Expenditure (by code) MISC	Description Data services	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$130.17	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Coleman for Hartford			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Google		Date of Payment 08/01/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA	Zip Code 94043-1351
Purpose of Expenditure (by code) MISC	Description Data services	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$130.17
Name of Payee Greater Hartford Pro-Am, Inc.		Date of Payment 09/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1174 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 209 Miller Way		City Windsor	State CT	Zip Code 06095-1762
Purpose of Expenditure (by code) MISC	Description Banner sponsorship	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$500.00
Name of Payee INGroup Creative		Date of Payment 08/05/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 41 Crossroads Plz, # 280		City West Hartford	State CT	Zip Code 06117-2402
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$1,595.25
Name of Payee INGroup Creative		Date of Payment 09/03/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 41 Crossroads Plz, # 280		City West Hartford	State CT	Zip Code 06117-2402
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$1,595.25

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Coleman for Hartford			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Johnny Johnson		Date of Payment 07/07/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1114 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 113 Martin St		City Hartford	State CT	Zip Code 06120-1819
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Johnny Johnson		Date of Payment 07/14/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1123 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 113 Martin St		City Hartford	State CT	Zip Code 06120-1819
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Johnny Johnson		Date of Payment 07/21/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1130 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 113 Martin St		City Hartford	State CT	Zip Code 06120-1819
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Johnny Johnson		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1136 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 113 Martin St		City Hartford	State CT	Zip Code 06120-1819
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Johnny Johnson		Date of Payment 08/04/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00
Name of Payee Johnny Johnson		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1152 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00
Name of Payee Johnny Johnson		Date of Payment 08/16/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00
Name of Payee Johnny Johnson		Date of Payment 08/22/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Johnny Johnson		Date of Payment 08/30/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00	
Name of Payee Johnny Johnson		Date of Payment 09/03/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00	
Name of Payee Let's Vote Inc.		Date of Payment 07/07/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1115 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00	
Name of Payee Let's Vote Inc.		Date of Payment 07/14/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1125 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Let's Vote Inc.		Date of Payment 07/21/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1129 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$170.00
Name of Payee Let's Vote Inc.		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1139 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$200.00
Name of Payee Let's Vote Inc.		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1146 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$200.00
Name of Payee Let's Vote Inc.		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1151 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Let's Vote Inc.		Date of Payment 08/16/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1157 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$200.00
Name of Payee Let's Vote Inc.		Date of Payment 08/23/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1163 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$200.00
Name of Payee Let's Vote Inc.		Date of Payment 08/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1181 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$200.00
Name of Payee Let's Vote Inc.		Date of Payment 09/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1186 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$200.00

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Lillard Lewis		Date of Payment 09/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1170 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2 Goodwin Cir		City Hartford	State CT Zip Code 06105-5201
Purpose of Expenditure (by code) RMB	Description Expense reimbursement	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$38.00
Name of Payee Peter Little		Date of Payment 09/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1175 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$50.00
Name of Payee Mikeya Long		Date of Payment 07/07/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1117 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 150 Nelson St, Apt 5		City Hartford	State CT Zip Code 06120-2034
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00
Name of Payee Mikeya Long		Date of Payment 07/14/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1122 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 150 Nelson St, Apt 5		City Hartford	State CT Zip Code 06120-2034
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Mikeya Long		Date of Payment 07/21/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1131 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 150 Nelson St, Apt 5		City Hartford		State CT Zip Code 06120-2034
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$102.00
Name of Payee Mikeya Long		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1140 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 150 Nelson St, Apt 5		City Hartford		State CT Zip Code 06120-2034
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$144.00
Name of Payee Mikeya Long		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1147 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 150 Nelson St, Apt 5		City Hartford		State CT Zip Code 06120-2034
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$102.00
Name of Payee Mikeya Long		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1154 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 150 Nelson St, Apt 5		City Hartford		State CT Zip Code 06120-2034
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Coleman for Hartford			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee George Millner		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1177 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 108 Ashley St		City Hartford	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$68.25
Name of Payee NGP Van		Date of Payment 07/01/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$323.20
Name of Payee NGP Van		Date of Payment 08/01/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$323.20
Name of Payee NGP Van		Date of Payment 09/01/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$323.20

SUBTOTAL Section P - This Page	\$1,037.85
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)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Paragon Payment Solutions		Date of Payment 07/01/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2141 E Broadway Rd, Ste 202		City Tempe		State AZ
Zip Code 85282-1895				
Purpose of Expenditure (by code) BNK	Description Payment gateway fee	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$20.00
Name of Payee Paragon Payment Solutions		Date of Payment 08/02/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2141 E Broadway Rd, Ste 202		City Tempe		State AZ
Zip Code 85282-1895				
Purpose of Expenditure (by code) BNK	Description Payment gateway fee	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$20.00
Name of Payee Pudlin & Pudlin LLC		Date of Payment 08/30/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1184 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 407 Monroe St		City New Britain		State CT
Zip Code 06052-1647				
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$14,000.00
Name of Payee Pudlin & Pudlin LLC		Date of Payment 08/30/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1168 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 407 Monroe St		City New Britain		State CT
Zip Code 06052-1647				
Purpose of Expenditure (by code) PRNT	Description Printed material costs and associated consulting svcs	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Pudlin & Pudlin LLC		Date of Payment 09/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1173 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 407 Monroe St		City New Britain		State CT
Zip Code 06052-1647				
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$4,068.88	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Jacob Pudlin		Date of Payment 07/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 407 Monroe St		City New Britain		State CT
Zip Code 06052-1647				
Purpose of Expenditure (by code) RMB	Description Reimb for campaign expenses	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$46.79	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Jacob Pudlin		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1143 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 407 Monroe St		City New Britain		State CT
Zip Code 06052-1647				
Purpose of Expenditure (by code) FOOD	Description Reimbursement for campaign expenses	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$230.69	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Jacob Pudlin		Date of Payment 08/16/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1159 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 407 Monroe St		City New Britain		State CT
Zip Code 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$64.18	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

SUBTOTAL Section P - This Page	\$4,410.54
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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Jacob Pudlin		Date of Payment 08/25/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1166 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$175.05
Name of Payee Jacob Pudlin		Date of Payment 09/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1185 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$136.49
Name of Payee Sonie Rodriguez		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1141 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$170.00
Name of Payee Sonie Rodriguez		Date of Payment 08/04/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1148 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80 Mansfield St		City Hartford		State CT Zip Code 06112-1938
Purpose of Expenditure (by code) CNSLT	Description Consulting services	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Sonie Rodriguez		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1149 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80 Mansfield St		City Hartford		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$170.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Sonie Rodriguez		Date of Payment 08/16/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1158 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80 Mansfield St		City Hartford		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$170.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Sonie Rodriguez		Date of Payment 08/23/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1164 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80 Mansfield St		City Hartford		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$170.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Sonie Rodriguez		Date of Payment 08/30/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1182 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80 Mansfield St		City Hartford		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$170.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

SUBTOTAL Section P - This Page	\$680.00
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)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Coleman for Hartford			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Sonie Rodriguez		Date of Payment 09/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1188 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80 Mansfield St		City Hartford	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$170.00	
Name of Payee Scale To Win		Date of Payment 08/03/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 13742 Harper St		City Santa Ana	State CA	Zip Code 92703-1419
Purpose of Expenditure (by code) MISC	Description Comms services	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$887.20	
Name of Payee Freda Seritella		Date of Payment 08/31/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 88 Ashley St		City Hartford	State CT	Zip Code 06105-1403
Purpose of Expenditure (by code) TRVL	Description Vehicle expense	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$87.95	
Name of Payee Staples		Date of Payment 08/30/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2550 Albany Ave		City West Hartford	State CT	Zip Code 06117-2335
Purpose of Expenditure (by code) OFFICE	Description Office supplies	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Joseph Suggs		Date of Payment 07/22/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1135 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 10 Sandpiper Dr		City Bloomfield	State CT Zip Code 06002-2232
Purpose of Expenditure (by code) RMB	Description Reimbursement for operating expenses	Event #	Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$135.92
Name of Payee Joseph Suggs		Date of Payment 09/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1135 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 10 Sandpiper Dr		City Bloomfield	State CT Zip Code 06002-2232
Purpose of Expenditure (by code) RMB	Description Reimbursement for operating expenses	Event #	Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$250.63
Name of Payee The Hartford News		Date of Payment 09/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1169 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 30 Arbor St		City Hartford	State CT Zip Code 06106-1215
Purpose of Expenditure (by code) A-NEWS	Description Advertisement	Event #	Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$110.00
Name of Payee Camille Thomas		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1179 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 276 Lyme St		City Hartford	State CT Zip Code 06112-1344
Purpose of Expenditure (by code) RMB	Description Reimb for campaign expenses	Event #	Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$145.58

SUBTOTAL Section P - This Page	\$642.13
TOTAL of Section P Pages	\$90,519.24
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$90,519.24

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Coleman for Hartford			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Laresa Thompson		Date of Payment 07/07/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City Hartford	State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00	
Name of Payee Laresa Thompson		Date of Payment 07/14/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1121 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City Hartford	State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00	
Name of Payee Laresa Thompson		Date of Payment 07/21/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1133 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City Hartford	State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$34.00	
Name of Payee Laresa Thompson		Date of Payment 07/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1138 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City Hartford	State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Tracfone		Date of Payment 08/21/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address		City Miami	State FL Zip Code
Purpose of Expenditure (by code) MISC	Description Phone svcs	Event #	Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$26.27
Name of Payee United States Postal Service		Date of Payment 07/07/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City Hartford	State CT Zip Code
Purpose of Expenditure (by code) POST	Description USPS fee	Event #	Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1.75
Name of Payee United States Postal Service		Date of Payment 07/10/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City Hartford	State CT Zip Code
Purpose of Expenditure (by code) POST	Description Postage	Event #	Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$16.01
Name of Payee United States Postal Service		Date of Payment 07/24/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City Hartford	State CT Zip Code
Purpose of Expenditure (by code) POST	Description Postage	Event #	Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$10.31

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee United States Postal Service		Date of Payment 08/16/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City Hartford	State CT	Zip Code
Purpose of Expenditure (by code) POST	Description Postage	Event #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$15.20
Name of Payee United States Postal Service		Date of Payment 08/22/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City Hartford	State CT	Zip Code
Purpose of Expenditure (by code) POST	Description Postage	Event #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$2.00
Name of Payee United States Postal Service		Date of Payment 08/30/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City Hartford	State CT	Zip Code
Purpose of Expenditure (by code) POST	Description Postage	Event #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$2.00
Name of Payee United States Postal Service		Date of Payment 09/03/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City Hartford	State CT	Zip Code
Purpose of Expenditure (by code) POST	Description Postage	Event #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$2.00

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Coleman for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee West Indian Independence Celebrations Inc.		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1176 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 2632		City Hartford	State CT	Zip Code 06146-2632
Purpose of Expenditure (by code) ATT	Description Parade participation fee	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$150.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Dwight Wilson		Date of Payment 08/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1155 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 887 Asylum Ave, Apt A8		City Hartford	State CT	Zip Code 06105-1957
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$102.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee WYRM		Date of Payment 08/21/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1178 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1056 Willard Ave		City Newington	State CT	Zip Code 06111-3540
Purpose of Expenditure (by code) A-RAD	Description Advertising	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,400.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Coleman for Hartford				7th day preceding primary			
T. Itemization of Reimbursements to Committee Workers and Consultants							
Last Name of Worker/Consultant Pudlin		First Jacob		MI	Date of Payment to Vendor, Person or Entity 09/03/2023		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Aldi				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1185 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
Street Address			City West Hartford		State CT	Zip Code	
Purpose of Expenditure (by code) FOOD	Description Aldi Express volunteer refreshment			Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)					\$27.61	
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity		
Millner		George			07/22/2023		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Allegra Printing				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1168 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
Street Address 30 Nutmeg Dr			City Trumbull		State CT	Zip Code 06611-5453	
Purpose of Expenditure (by code) PRNT	Description Printed materials			Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)					\$16,814.24	
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity		
Millner		George			07/22/2023		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Dollar Tree				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1177 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
Street Address 495 Flatbush Ave			City Hartford		State CT	Zip Code 06106-3604	
Purpose of Expenditure (by code) OFFICE	Description Office supplies			Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)					\$14.62	

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant Millner		First George		MI	Date of Payment to Vendor, Person or Entity 07/23/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Family Dollar				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1177 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1870 Main St		City Hartford		State CT	Zip Code 06120-2360
Purpose of Expenditure (by code) OFFICE	Description Office supplies	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$27.12
Last Name of Worker/Consultant Desideraggio		First Hillary		MI	Date of Payment to Vendor, Person or Entity 08/04/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Family Dollar				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1167 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1870 Main St		City Hartford		State CT	Zip Code 06120-2360
Purpose of Expenditure (by code) MISC	Description Foul-weather gear for volunteers	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$48.60
Last Name of Worker/Consultant Desideraggio		First Hillary		MI	Date of Payment to Vendor, Person or Entity 08/25/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Family Dollar				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1167 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1870 Main St		City Hartford		State CT	Zip Code 06120-2360
Purpose of Expenditure (by code) OFFICE	Description Office supplies	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant Millner		First George		MI	Date of Payment to Vendor, Person or Entity 07/22/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Home Depot				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1177 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Granby St		City Bloomfield		State CT	Zip Code 06002-3511
Purpose of Expenditure (by code) OFFICE	Description Office supplies	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$24.44
Last Name of Worker/Consultant Desideraggio		First Hillary		MI	Date of Payment to Vendor, Person or Entity 09/03/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Hubdialer				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1171 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4380 S Syracuse St, Ste 200		City Denver		State CO	Zip Code 80237-2624
Purpose of Expenditure (by code) MISC	Description Comms services	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$350.00
Last Name of Worker/Consultant Suggs		First Joseph		MI	Date of Payment to Vendor, Person or Entity 07/25/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Kent Pizza				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1135 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 211 Garden St		City Hartford		State CT	Zip Code 06105-1464
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshments	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$45.00

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant Lewis		First Lillard		MI	Date of Payment to Vendor, Person or Entity 08/06/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Kinder Pizza				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1170 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2543 Main St		City Hartford		State CT	Zip Code 06120-1932
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshments	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$38.00
Last Name of Worker/Consultant Desideraggio		First Hillary		MI	Date of Payment to Vendor, Person or Entity 08/21/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Kinder Pizza				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1167 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2543 Main St		City Hartford		State CT	Zip Code 06120-1932
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshments	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$63.50
Last Name of Worker/Consultant Thomas		First Camille		MI	Date of Payment to Vendor, Person or Entity 08/09/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Mr Pizza House				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1179 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 671 Blue Hills Ave		City Hartford		State CT	Zip Code 06112-1209
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshments	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$50.16

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Millner		George			08/30/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Pudlin & Pudlin LLC				<input checked="" type="checkbox"/> Check # 1168 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address			City		State
407 Monroe St			New Britain		CT
Zip Code			06052-1647		
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Consulting svcs			\$5,122.44	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Millner		George			07/23/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Save A Lot				<input checked="" type="checkbox"/> Check # 1177 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address			City		State
1888 Main St			Hartford		CT
Zip Code			06120-2357		
Purpose of Expenditure (by code)	Description	Event #		Amount	
FOOD	Volunteer refreshments			\$2.07	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Little		Peter			07/23/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Save A Lot				<input checked="" type="checkbox"/> Check # 1175 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address			City		State
1888 Main St			Hartford		CT
Zip Code			06120-2357		
Purpose of Expenditure (by code)	Description	Event #		Amount	
FOOD	Food & beverage for campaign volunteers			\$50.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant Desideraggio		First Hillary		MI	Date of Payment to Vendor, Person or Entity 07/24/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Staples				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1167 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2550 Albany Ave		City West Hartford		State CT	Zip Code 06117-2335
Purpose of Expenditure (by code) OFFICE	Description Office supplies	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$57.56
Last Name of Worker/Consultant Suggs		First Joseph		MI	Date of Payment to Vendor, Person or Entity 07/25/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Staples				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1135 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2550 Albany Ave		City West Hartford		State CT	Zip Code 06117-2335
Purpose of Expenditure (by code) OFFICE	Description Office supplies	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$48.37
Last Name of Worker/Consultant Suggs		First Joseph		MI	Date of Payment to Vendor, Person or Entity 08/08/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Staples				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1135 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2550 Albany Ave		City West Hartford		State CT	Zip Code 06117-2335
Purpose of Expenditure (by code) OFFICE	Description Office supplies	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$40.40

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant Pudlin		First Jacob		MI	Date of Payment to Vendor, Person or Entity 08/05/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Stop & Shop				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1159 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$64.18
Last Name of Worker/Consultant Pudlin		First Jacob		MI	Date of Payment to Vendor, Person or Entity 08/19/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Stop & Shop				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1166 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$52.58
Last Name of Worker/Consultant Pudlin		First Jacob		MI	Date of Payment to Vendor, Person or Entity 07/25/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Uber				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1515 3rd St			City San Francisco		State CA Zip Code 94158-2211
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshments UberEats		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Coleman for Hartford			7th day preceding primary	
T. Itemization of Reimbursements to Committee Workers and Consultants				
Last Name of Worker/Consultant Pudlin		First Jacob		MI Date of Payment to Vendor, Person or Entity 07/25/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Uber			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1143 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1515 3rd St		City San Francisco		State CA Zip Code 94158-2211
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$50.70
Last Name of Worker/Consultant Pudlin		First Jacob		MI Date of Payment to Vendor, Person or Entity 07/26/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Uber			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1143 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1515 3rd St		City San Francisco		State CA Zip Code 94158-2211
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$44.24
Last Name of Worker/Consultant Pudlin		First Jacob		MI Date of Payment to Vendor, Person or Entity 08/01/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Uber			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1143 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1515 3rd St		City San Francisco		State CA Zip Code 94158-2211
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshments	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$49.93

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Coleman for Hartford			7th day preceding primary	
T. Itemization of Reimbursements to Committee Workers and Consultants				
Last Name of Worker/Consultant Pudlin		First Jacob		MI Date of Payment to Vendor, Person or Entity 08/03/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Uber			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1143 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1515 3rd St		City San Francisco		State CA Zip Code 94158-2211
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshments UberEats	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$52.77
Last Name of Worker/Consultant Pudlin		First Jacob		MI Date of Payment to Vendor, Person or Entity 08/04/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Uber			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1166 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1515 3rd St		City San Francisco		State CA Zip Code 94158-2211
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshments Uber Eats	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$39.47
Last Name of Worker/Consultant Pudlin		First Jacob		MI Date of Payment to Vendor, Person or Entity 08/20/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Uber			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1166 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1515 3rd St		City San Francisco		State CA Zip Code 94158-2211
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshments Uber Eats	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant Pudlin		First Jacob		MI	Date of Payment to Vendor, Person or Entity 09/02/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Uber				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1185 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1515 3rd St		City San Francisco		State CA	Zip Code 94158-2211
Purpose of Expenditure (by code) FOOD	Description Uber Eats volunteer refreshment	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$52.18
Last Name of Worker/Consultant Pudlin		First Jacob		MI	Date of Payment to Vendor, Person or Entity 09/03/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Uber				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1185 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1515 3rd St		City San Francisco		State CA	Zip Code 94158-2211
Purpose of Expenditure (by code) FOOD	Description Uber Eats volunteer refreshment	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$56.70
Last Name of Worker/Consultant Suggs		First Joseph		MI	Date of Payment to Vendor, Person or Entity 07/06/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant United States Postal Service				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1135 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant Suggs		First Joseph		MI	Date of Payment to Vendor, Person or Entity 07/06/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant United States Postal Service				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1135 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$44.10
Last Name of Worker/Consultant Suggs		First Joseph		MI	Date of Payment to Vendor, Person or Entity 07/12/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant United States Postal Service				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1135 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$52.80
Last Name of Worker/Consultant Pudlin		First Jacob		MI	Date of Payment to Vendor, Person or Entity 07/29/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Walgreens				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1143 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Coleman for Hartford				7th day preceding primary	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant Suggs		First Joseph		MI	Date of Payment to Vendor, Person or Entity 07/06/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Walmart				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1135 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address			City East Windsor		State CT Zip Code 06088
Purpose of Expenditure (by code) FOOD	Description Volunteer refreshments		Event #		Amount \$39.02
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Last Name of Worker/Consultant Pudlin		First Jacob		MI	Date of Payment to Vendor, Person or Entity 08/22/2023
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Walmart				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1166 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address			City East Windsor		State CT Zip Code 06088
Purpose of Expenditure (by code) OFFICE	Description Office supplies		Event #		Amount \$26.35
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> 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