# **SEEC FORM 20**

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

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2023 SEP -5 PM 1: 29

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## **COVER PAGE**

1. NAME OF COMMUTTEE			V DICTIO				
		an a basin				210000	7.
Arunan for Hartford							
C. TREASURER NAME							
First	19	МІ	Last			Suffix	
Andrea			Comer				
3. TREASURER ADDRESS			Military and				
Street Address			City			State	Zip Code
1 Linden Place		Ha	artford			СТ	06106
4. EBECTTONIRERERENDUM DA	ie 3 office so	CENT (	Complete only if Cana	ldate Committee)	adistrict nu	MBER	
(mm/dd/yyyy)					(if applicable)		
11/07/2023	Mayor	ske			0		
7. CANDIDATE NAME (Complete	only if Candidate or Exp	loratory (	ommittee)			PATRICE S	NAME OF
First		MI	Last			Suffix	
Arunan			Arulampalam				
8. TYPE OF REPORT (Glock Or	ie Box)					A AVERTAGE	
January 10 filing April 10 filing July 10 filing October 10 filing 24 Hour Independent Expenditure Primary Election	7th day preceding p 30 days following p 7th day preceding e 12th day preceding (State Central Com. 45 days following e held in November	orimary election election mittees Or	45 days Deficit Termina	preceding referendur following referendur ation	- IPACS ON	1t to	soursement
9. BERIOD COVERED				Audio Garage			
	Beginning Date			Ending Date			
<u>-</u>	07/01/2023		thru	09/03/2023			
10. CERTIFICATION					7000		
I hereby certify and state, under Campaign Finance Disclosure	Statement for the p			trate and comple		09/05 DATE (mm)	/2023 6d/yyyy)
A person who is fo	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 (Proyles Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
	COLUMN A This Period	COLUMN B Aggregate		
Balance on hand January 1 of current year for ongoing and party committees OR     Balance on hand from day committee was formed for all other committees		0		
12. Balance on hand at the beginning of Reporting Period	\$284,894.80			
13. Contributions Received from Individuals (Sections A and B)	\$73,611	\$421,204		
14. Receipts from Other Committees (Sections C1 and C2)	\$4,000	\$4,800		
15. Other Monetary Receipts (Sections D through K)	\$0	\$0		
6a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0	\$0		
6b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed				
6c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$8,250	\$8,250		
7. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$85,861	\$434,254		
8. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$370,755.80	\$434,254		
9. Expenses Paid by Committee (Section P)	\$314,440.31	\$377,938.51		
0. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$56,315.49	\$56,315.49		
1. In-Kind Donations not Considered Contributions Received (Section L4)	\$0	\$0		
2. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0	\$0		
3. In-Kind Contributions Received (Section M)	\$0	\$0		
4. Refundable Deposit to Telephone Company (Section N)	\$0	\$0		
5. Loan Balance	\$0			
5a. + Loans Received (Section D)	so	\$0		
5b. + Interest and Penalties on Loan	\$0	\$0		
Sc Payments on Loan	\$0	\$0		
5d. Total Outstanding Loan Amount	\$0			
6. Campaign Expenses Paid by Candidate (Section Q)	\$0	\$0		
7. Expenses Incurred on Committee Credit Card (Section R)	\$0	\$0		
8. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0			
	1			

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NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filing	g Repastiony)	edia.	TYPE OF REPORT	(Silvery	FIRE CONTRACTOR
Arunan for Hartford				7th day preceding	primary	
Superior Services	P. Expeni	es Paid by Comm	ittee			
Name of Payee Hartford Pizza				Date of Payment 08/11/2023	Method of Chec	
Street Address		City			State	Zip Code
161 Franklin Ave		Hartford			СТ	06114-1335
Purpose of Expenditure (by code) FOOD	Description		Even	i și		Amount
Expenditure # (Wapplicable)	Type of Expenditure ** (Itemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude)  Coordinated without reimbursement sought (in-kind continue)	r committee) Indepo	endent	cked)		\$41.79
Name of Pavee Hello Consulting				Date of Payment 08/15/2023		Payment k ± 1082 Card EFT
Street Address  1 Linden Pl. Apt 402		City Hartford			State CT	Zip Code 06106-1745
Purpose of Expenditure (by cube) MISC	Description Graphic Design		Even	t#	-	Amount
Expenditure # (if applicable)	Type of Expenditure Itemization in Addendum P Required u  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indepe	ndent	ked)		\$212.70
Name of Pavee Andrea E Hill				Date of Payment 08/17/2023	Method o	
Street Address 26 Judson St. # 3-A		City Hartford			State CT	Zip Code 06120-1814
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure = af appla able)	Type of Expenditure - Atentzation in Addendum P Regulard in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind continuous)	committee) Indeper	ident	ked)		\$990,00
Name of Pavee Andrea E Hill				Date of Payment 09/01/2023	Method of Check	* <u>1090</u>
Street Address		Cirv Hartford			State	Zip Code 06120-1814
26 Judson St, #3-A Purcose of Expenditure (by code) CNSLT	Description	Tarboro	Event	#		Amount
Exvenditure # Gf opplicable)	Type of Expenditure themization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (cont expenditure) Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	dent	icd)		\$936.00

SUBTOTA	AL Section P - This Page	\$2,180.49
πο	TAL of Section P Pages	\$271,542.55
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A o	f Summary Page Totals)	\$271.542.55

NAME OF COMMITTE	E (Provide Complete Name as Registered with Kiling	g R pository) of	Kab.	TYPE OF REPORT	7	
Arunan for Hartford	The second secon	, adding	44.40	7th day preceding	primery	Committee of the Commit
DATE OF THE PARTY	P. Expens	ses Paid by Comm	ittee	Water Burney	STATE	
Name of Payer Deliver	COLOR A COLOR AND		· <u>_ ,</u>	Date of Payment 08/16/2023	Method of Chec	
Street Address PO Box 100970		City Arlington		\$	State VA	Zip Code 22210-3970
Perpose of Expenditure (by code) A-DM	Description		Fiver	il i		Amount
Expenditure # (if applicable)	Type of Expenditure Hemization in Addendian P Required it.  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude).  Coordinated without reimbursement sought (in-kind con	or committee) Indepe	ndent	ckcd)		\$10,340.75
Name of Pavee Emma Finnegan				Date of Payment 09/01/2023	promote .	f Payment C= 1089 CardEFT
Street Address 282 Peach Orchard	Rd	City Waterbury			State CT	Zip Code 06706-2834
Purpose of Expenditure (by code) CNSLT	Description		Even	K #		Amount
Expenditure i (if applicable)	Type of Expenditure (Itemization in Addendum P Required a None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	ndent	ckedi		\$900.00
Name of Payor Hartford News				Date of Payment 08/17/2023	Method of Check	#
Street Address 30 Arbor St		Cav Hartford			State CT	Zip Code 06106-1215
Purpose of lixpenditure (b) code: A-NEWS	Description		Event	t #		Amount
Expenditure = (if applicable)	Type of Expenditure Illemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus)  Coordinated without reimbursement sought (in-kind continue)	r committee) Indeper	nden:	A B C D		\$110 00
Name of Paver Hartford Pizza				Date of Payment 08/08/2023	Method of Check	#
Street Address 161 Franklin Ave		City Hartford			State CT	Zip Code 06114-1335
Purpose of Expenditure (by code: FOOD	Description		Event	g.		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind continuous)	committee) Indepen	ident	A B C D		\$24.47

SUBTOTAL Section P - This Page	\$11,375.22
TOTAL of Section P Pages	\$271,542,55
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$271,542.55

Revised January 2015	K T LEZZK ZITWZ	TOTALO (OCCUO)			
NAME OF COMMITTE	HB (Provide Complete Vame or Registered with Hilling	g Repository)	TYPE OF REPORT		
Arunan for Hartford			7th day preceding	orimary	
	P. Expens	Păid by Gomm	ittee		Nipaci .
Name of Pavec George DeLeon			Date of Payment 09/01/2023	Check	of Payment k # 1094 t Card EFT
Street Address 120 Tyler Way		City Bristol		State CT	Zip Code 06010-9461
Purpose of Expenditure (by and a) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure Attention in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind con	or committee) Indepe			\$1,500.00
Name of Pavce Deliver	781775 - 3781		Date of Payment 08/08/2023	Method o	mi (4 m. 4.40)
Street Address PO Box 100970		City Arlington		State VA	Zip Code 22210-3970
Purpose of Expenditure (by code) A-DM	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure   Tremization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind com	r committee) Indepe	endent		<b>\$</b> 11,935.36
Name of Pavee Deliver			Date of Payment 08/10/2023	Method of Check	
Street Address PO Box 100970		City Arlington	Cast II	State VA	Zm Code 22210-3970
Purpose of Expenditure (by code) A-DM	Description		Event #		Amount
Expenditure (fapple soie)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indepe	ndent		\$11,403.82
Name of Pavec Deliver			Date of Payment 08/16/2023	Method of Check	( #
Street Address PO 8ox 100970		City Arlington		State VA	Zip Code 22210-3970
Purpose of Expenditure (by code) A-DM	Description		Event =		Amount
Expenditure # (If applicable)	Type of Expenditure - Adendum P Required u  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind continue)	re) Indepe	ndeni		\$10,340.75

SUBTOTAL Section P - This Page	\$35,179.93
TOTAL of Section P.Pages	\$271,542.55
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$271,542.55

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository) All Es		TYPE OF REPORTS	i ii jak	May Ca 1915
Arunan for Hartford				7th day preceding	primary	
SE PRE PRESENT	P. Expens	es Paid by Comm	ittee		THE .	
Name of Pavee Cristian Corza				Date of Payment 09/01/2023		of Payment k = 1093 Card EFT
Street Address  1 Linden Pl, Apt 206		City Hartford		'	Sfate CT	Zip Cede 06106-1744
Purpose of Expenditure (by code) CNSLT	Description		Ever	nt ≠		Amouni
Experiditure = (if applicable)	Type of Expenditure Itemization in Addendum P Required it None of the below (does not involve another candidate o Coordinated with relimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind continue)	r committee) Indep				\$2,250.00
Name of Payer George Delleon				Date of Payment 07/14/2023		F Payment F 1064 Card EFT
Street Address 120 Tyler Way		City Bristol			State	Zip Code 06010-9461
Purpose of Expenditure (by code) CNSLT	Description		Even	n =		Amount
Expenditure # (if applicable)	Type of Expenditure **Itemization in Addendum P Required u  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind cont	re) Indep		ckedi	in a graph of the state of the	\$1.904.1
Name of Pavee George DeLeon				Date of Payment 08/01/2023	Check	Pavment # 1072 Card EFT
Street Address 120 Tyler Way		City Bristol		1	State CT	Zip Code 06010-9461
Purpose of Expenditure (by code CNSLT	Description		Even	I #	Wilder of the control of	Amount
Expenditure = (4f.applic#ble)	Type of Expenditure (ItemIzation in Addendum P Required to None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind conti	re) Indepe	ndeni	A B C D		S1,500, <b>00</b>
Name of Payer  George De Leon				Date of Payment 08/15/2023	Method of Check	# 1075
Street Address		Cirv Bristol			State CT	Zip Code 06010-9461
Purpose of Expenditure (by code CNSLT	Description	Bh3tol	Even	1 =		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in Vivore of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	e) Indepe				\$1,500.00

SUBTOTAL Section P - This Page	\$7,159.10
TOTAL of Section P Pages	\$271,542 55
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$271,542.55

NAME OF COMMITTEE	EE (Provide Complete Name as Registered with Filing	Repository)	TYPE OF REPORT	1 14	
Arunan for Hartford			7th day preceding	primary	
	P. Expens	es Paid by Commi	ftee		in and
Name of Pavee Cristian Corza			Date of Payment 07/01/2023		F Payment k # 1063 Card EFT
Street Address 1 Linden Pl. Apt 206	3	City Hartford		State CT	Zip Code 06106-1744
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure **Itemization in Addendum P Required it  \[ \sumsymbol{\subset}\] None of the below tdoes not involve another candidate of  \[ \text{Coordinated with reimbursement sought Coint expenditu}  \[ Coordinated without reimbursement sought Lin-kind continuous continu	r committee) Indepen	ndent		\$1,750.00
Name of Payee Cristian Corza			Date of Payment 07/14/2023	Method of Check	
Street Address  1 Linden Pl. Apt 206		City Hartford		State	Zip Code 06106-1744
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure **Hemization in Addendum P Required war None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure).  Coordinated without reimbursement sought (in-kind continue).	rel Indepen	dent		\$2,250.00
Name of Pavee Cristian Corza			Date of Payment 08/01/2023	Method of Check	<b>#</b> 1071
Street Address  1 Linden Pl. Apt 206		City Hartford		State CT	Zip Code 06106-1744
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount
Expenditure # (if spointable)	Type of Expenditure ** Humization in Addendum P Required in ** None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control of the coordinated with reimbursement sought (in-kind control of the coordinated without sought (in-kind control o	committee) Independe	dent		\$2,250,00
Name of Pavec Cristian Corza			Date of Payment 08/15/2023	Method of Check Debit C	# <u>1077</u>
Street Address  1 Linden PI, Apt 206		City Hartford		State CT	Zip Code 06106-1744
Purpose of Expenditure (by code) CNSLT	Description		Fivent #	5	Amount
Expenditure # (if unplicable)	Type of Expenditure Atemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	c) Independ	dent		\$2,250.00

SUBTOTAL Section P - This Page	\$8,500.00
TOTAL of Section P Pages	\$271.542.55
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$271,542.55

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NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filing	Repository)	S.E.	TYPF OF REPORT	5 778	
Arunan for Hartford			Silver Silver	7th day preceding	g primary	
Total Daily of	PExpens	es Paid by C	Committe	ee Handaga ja seelet ka	Winds.	
Name of Payer		The state of the s		Date of Payment	Method of Payment Check #	
CICD Puerto Rican	Day Parade			08/22/2023	✓ Dep	P
Street Address		City			State	Zip Code
80 Cedar St		Hartford			CT	06106-1622
Purpose of Expenditure (by code) A-OTH	Description		an	F cal d		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee)  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization:  A B C D					\$515,00
Name of Paved City Pizza				Date of Payment 09/03/2023	Method Chec	
Street Address		City		make many and a many a	State	Zip Code 06105-3106
498 Farmington Ave	9	Hartford			CT	06105-3106
Purpose of Expenditure (b) code) FOOD	Description			Svent #		Amount
Expending # (if applicable)	Type of Expenditure (Itemization in Addendum P Required it  None of the below (does not involve another candidate of  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind cont	re)	Independe Organizati	n!		\$32.18
Name of Pavee Trudy Collier				Date of Payment 09/01/2023	Chec	ni Pavment k = 1088 i CardEFT
Street Address	,	City Hartford		was de la	State	Zip Code 06120-1044
41 Tower Ave, Apt h Purpose of Expenditure	Description		1	ivent 1	1	
(by code) CNSLT					İ	Amount
Expenditure = (if applicable)	Type of Expenditure **Itemization in Addendum P Required u  None of the below (does not involve another candidate of  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind continue)	re)	he below" is ]Independe ]Organizati	nı		\$324,00
Name of Pavee Cornerstone Deli				Date of Payment 08/02/2023	F	t Card EFT
Street Address		City Hartford			State	Zip Code 06103-3004
529 Main St		Tigitioid		Street 9		
Purpose of Expenditure (by code) FOOD	Description		L.	ivent #		Amount
Expenditure # (If applicable)	Type of Expenditure **Itemization in Addendum P Required in *\overline{\sqrt{V}}\$ None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind continuous).	re)	ne below" is ] Independe ] Organizati	nt.		\$77.30

SUBTOTAL Section P - This Page	\$948.48
TOTAL of Section P Pages	<b>\$271,542.</b> 55
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	<b>\$27</b> 1, <b>5</b> 42.55

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filling	Repository)		TYPE OF REPORT		
Arunan for Hartford	7th day preceding primary					
	PAEripeis	es Påid by Comm	ittee		La North	Amount
Name of Pavee Budget Printers				Date of Payment 08/08/2023	Method of Check	
Street Address 1718 Park St		City Hartford			State CT	Zip Code 06106-2132
Purpose of Expenditure (by code) PRNT	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure Itemization in Addendum P Required it None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) Indepe		_A _B _C _D		\$403.28
Name of Pavee CCM & Co				Date of Payment 08/02/2023	Method o Check	
Street Address 1022 Boulevard, # 3	29	City West Hartford			State CT	Zip Code 06119-1801
Purpose of Expenditure (by code) PRNT	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure ** Chemization in Addendum P Required us ** None of the below (does not involve another candidate or ** Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind control of the	commince) Indepe	endent	d) A B C D		\$3,041.69
Name of Pavec CCIM & Co			6)	Date of Payment 08/21/2023	Method of Check	*
Street Address  1022 Boulevard, #3	29	City West Hartford			State CT	Zip Code 06119-1801
Purpose of Expenditure (by code) A-SIGN	Description		Event #		)	Amount
Expenditure # (tf appacable)	Type of Expenditure (itemization in Addendum P Required us   None of the below (does not involve another candidate or   Coordinated with reimbursement sought (joint expenditur)   Coordinated without reimbursement sought (in-kind contra	committee) Indepen	ndent	#) ]A		\$3,472,33
Name of Pavee CCM & Co			- 3	Date of Payment 08/27/2023	Method of Check	#
Street Address 1022 Boulevard, #3	29	City West Hartford			State	Zip Code 06119-1801
Purpose of Expenditure (by code) A-SIGN	Description	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Event =	The state of the s		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	committee) Indeper	ndent	A B C D		\$960.00

SUBTOTAL Section P - This Page	\$7.877.30
TOTAL of Section P Pages	\$271,542.55
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$271,542.55

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NAME OF COMMITTE	Bay (Provide Complete Name as Registe ed with Filing	Repository)	TYPL OF REPORTS		
Arunan for Hartford			7th day preceding		
	P. Expens	es Paid by Commit	ce Tre		ate .
Name of Payer Aruom, LLC			Date of Payment 08/17/2023	Method of  Check  Debit 6	# 1086
Street Address 67 Russ St, Ste 3	3.4	City Hartford		State CT	Zip Code 06106-5408
Purpose of Expenditure (by code) OVHD	Description		Event#		Amount
Expenditure # fif applicable)	Type of Expenditure (Itemization in Addendum P Regulard in  None of the below (does not involve another candidate of  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind cont	r committee)  [Independent Commerce]	ent A B C D		\$1,300.00
Aruom, LLC			Date of Payment 08/17/2023	Method of Check	# 1086 CardEFT
Street Address 67 Russ St, Ste 3		City Hartford		State CT	Zip Code 06106-5408
Purpose of Expenditure (by code) OVHD	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure ** (Hemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continue).	re) [Independ	dent	A the second of	\$30.60
Name of Payer Aruorn, LLC			Date of Payment 09/01/2023	Method of Check	1097
Street Address 67 Russ St, Ste 3		City Hartford		State CT	Zip Code 06108-5408
Purpose of Expenditure (by code) OVHD	Description		Event #		Amount
Expenditure r (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind continue)	e) Independ	len:		\$1,000.00
Name of Pavec Aruom, LLC			Date of Payment 09/01/2023	Method of Check	1097
Street Address 67 Russ St, Ste 3		City Hartford		State CT	Zip Code 06106-5408
Purpose of Expenditure (by code) OVHD	Description		Event =		Amount
Expenditure (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Independ	ent		\$79.02

SUBTOTAL Section P - This Page	\$2,409.62
TOTAL of Section P Pages	\$271,542.55
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$271,542.55

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NAME OF COMMITTEE	B (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	1	125 (148 8127)
Arunan for Hartford	Arunan for Hartford 7th day preceding					
	P. Expens	es Päid by Cor	umittee			Signature 1
Name of Paves James Angelopoulo	s			O7/14/2023		of Pavment k # 1065 Card EFT
Street Address 151 Bloomingdale R	Rd	City Quaker Hill			State CT	Zip Code 06375-1338
Purpose of Expenditure (by code) CNSLT	Description		Eve	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  None of the below (does not involve another candidate o  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind continue)	r committee) In	elow is ch dependent ganization			\$2,181.82
Name of Pavee James Angelopoulo:	s			Date of Payment 08/01/2023		f Payment  # 1069  Card EFT
Street Address 151 Bloomingdale R	d	City Quaker Hill			State CT	Zip Code 06375-1338
Purpose of Expenditure (by code) CNSLT	Description		Eve	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure **Itemization in Addendum P Required u.  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur)  Coordinated without reimbursement sought (in-kind control of the contr	re)	dow" is che dependent ganization	cked)		\$1,500.00
Name of Pavee James Angelopoulos	3			Date of Payment 08/15/2023	Method of Check	
Street Address 151 Bloomingdale Re	d	City Quaker Hill			State CT	Zip Code 06375-1338
Purpose of Expenditure (by orde) CNSLT	Descri <b>ption</b>		Ever	n #		Amount
Expenditure 4 (if applicable)	Type of Expenditure ** (Itemization in Addendum P Required w  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur)  Coordinated without reimbursement sought (in-kind contra	committee)	low" is che ependent ganization:	Cked)		\$1,500.00
Name of Pavee James Angelopoulos				Date of Payment 09/01/2023	Method of Check	<sup>4</sup> 1096
Street Address  151 Bloomingdale Ro		City Quaker Hill			State CT	Zip Code 06375-1338
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contract)	committee) Ind	low" is checependent	A B C D		\$1.500.00

\$6,681.82	SUBTOTAL Section P - This Page	
\$271,542.55	TOTAL of Section P Pages	<b>与建设</b> 是10年20年,2016年,2016年2月1日
\$271,542.55	(Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

Page	86	of	103

NAME OF COMMITTE	Il Ve (Provide Complete Name as Registered with Filing	Repository)	TYPE OF REPORT		3 10 2		
Arunan for Hartford			7th day preceding	primary	primary		
	P. Expens	es Paid by Commi	ttee	e E			
Name of Pavee AL Media			Date of Payment 07/01/2023	Method o Check			
Street Address 222 W Ontario St, S	te 600	City Chicago		State IL	Zip Cod: 60654-3655		
Purpose of Expenditure (by code) A-OTH	Description Videography		Event =		Amount		
Expenditure = (if applicable)		\$2,627,00					
Name of Paver AL Media	Method a Check	<del></del>					
Street Address  222 W Ontario St, St	te 600	City Chicago		State IL	Zip Cod: 60654-3655		
Purpose of Expenditure (by code) A-WEB	Description		Event =		Amount		
Expenditure # (if applicable)		\$2,500.00					
Name of Pavee AL Media	Method of Pavment  Check #  Debit Card EFT						
Street Address  222 W Ontario St, St	e 600	City Chicago		State IL	Zip Code 60654-3655		
Purpose of Expenditure (by code) A-DM	Description	To design the second	Event #		Amount		
Expenditure # (if applicable)							
Name of Pavec AL Media	Method of Check	ř.					
Street Address  222 W Ontario St, St	e 600	City Chicago		State IL	Zip Code 60654-3655		
Purpose of Expenditure (by code) A-OTH	enditure Description Event #				Amount		
Expenditure # (if applicable)	Type of Expenditure **iltemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditun  Coordinated without reimbursement sought (in-kind contra	committee) Independ	dent	TY- CHIEF BALL III WILLIAM	\$88,209.60		

SUBTOTAL Section P - This Page	<b>\$151</b> ,954.00
TOTAL of Section P Pages	<b>\$27</b> 1,542.55
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	<b>\$271</b> ,542.55

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r IPa		Ð

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Arunan For Hartford 7th Day Preceding Primary L3. Purchases of Advertising in a Program Book or on a Sign Purchase Made By: Name of Purchaser Business Entity Other **Plastonics** () individual/Sole Proprietorship Zin Code State Smeet Address City 230 Locust St Hartford Date Received Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Event # 250 8/29/23 82923 250 Purchase Made By: Name of Purchaser Business Entity Other Innovative Insurance Specialists, LLC O Individual/Sole Proprietorship Zip Code Street Address State City 116 S Main St Wallingford Date Received Amount of Sign Purchase Event# Aggregate Purchases for All Events Amount of Program Ad Purchase 250 82923 8/29/23 250 Purchase Made By: Name of Purchaser Business Entity Other Thomas Hooker Brewery Olndividual Sole Proprietorship Zip Code Street Address State City CT 140 Huyshope Ave Bridgeport Date Received Aggregate Purchases for All Events Amount of Sign Purchase Event # Amount of Program Ad Purchase 82923 8/29/23 250 250 Purchase Made By: Name of Purchaser OBusiness Entity Other Oladividual Sole Proprietorship Zip Code Street Address State City Amount of Sign Purchase Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Purchase Made By Name of Purchaser OBusiness Entity Other OIndividual Sole Proprietorship State Zip Code Street Address Ciry Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase \$750 SUBTOTAL Section L3 Total Purchases of Advertising in Program Book - This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages

(Enter total on Line 16c, Column A of Summary Page Totals)

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK OF ON A SIGN

\$7,500

\$8,250

Section L3. ADDITIONAL PAGE 6 of 7

		8, effective January om a committee tag :						
NAME OF COMMITTI	EE (Provide Complete Nam	e as Registered with Filing Reposit	tory)		TYPE OF REPO	ORT		
	L3. P	urchases of Advertisi	ng in a Prog	ram Book or	on a Sign			
Name of Purchaser		<del></del>				1 _	nase Made By:	
Great American Don	iut, Inc					1	Business Entity	Olner
Street Address			Circ	<del></del> .		O	ndividual/Sole	Proprietorship Zip Ced
1000 E. Main St			City Plainville				CT	2.10.000
			1					
Date Received	Event #	" '	gregate Purchases for All Events Amount of Program Ad P				Amount of S	ign Purchase
8/29/23	82923	250						
Name of Purchaser		·		· · · · · · · · · · · · · · · · · · ·		1 _	ase Made By:	
Cape!li							Business Entity	Other
Street Address			l can			IO	ndividual/Sole I	Proprietorship Zip Code
			City Whethersfie	ld			CT	eny con
581 Highland St	7							
Date Received	Event #	Aggregate Purchases				ase	Amount of Si	gn Purchase
8/29/23	82923	250	250					
Name of Purchaser						-	ase Made By:	
Wisnowski & Sullivar	١					1 =	lusiness Entity	Other
Street Address			City			I O II	dividual/Sole I	Zip Code
55 Broad St			New Britain				СТ	1111
	1 -	1						
Date Received	Even =		schases for All fixens Amount of Program Ad Pu				Amount of Si	gn Purcause
8/29/23	82923	250		250				
Name of Purchager	<del></del>						ase Made By:	
Santo Driving School	l						usiness Entity	_
street Address			City			Ou	dividual/Sole I	Zio Coda
334 Franklin Ave			Hartford				СТ	
		1					Amount of Si	- n. D
Date Received	Event #	Aggregate Purchases	for All Events		ogram Ad Purch:	226	Amount of Si	gn Purchase
8/29/23	82923	250		250				
Name of Purchaser						i _	ase Made By:	•
Sardilli Produce & Da	iry					-	usiness Entity idividual/Sole I	Other
itreet Address			City				State	Zip Code
212 Locust St			Hartford				СТ	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purch:	ase	Amount of Si	gn Purchase
8/29/23	82923	250		250				
	SUBTOTAL Sect	tion L3 Total Purchases of	Advertising in	Program Book	— This Page \$	1,250		
A Capacia	SUBTOT	AL Section L3 Total Purc	hases of Adver	tising on a Sign -	This Page			
			TOTAL of	f additional Secti	on L3 Pages \$	7,000		<u> </u>
тот	AL OF ALL PURCE	IASES OF ADVERTISIN	G IN A PROG	RAM BOOK or	ON A SIGN .	8,250	·	
		(Enter total on	Line 16c, Colum	in A of Summary	Page Totals)	J,200		

# Section L3. ADDITIONAL PAGE 5 of 7

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

53143 # OF COLUM	Marketon and the Control of the Cont				THE OF BEDO	DT			
Arunan For Hartfo	ITTEE (Provide Complete Name	as Registered with Filing Repo	sitory)		7th Day Prec		Drimony	- 4	
Arunan For Hartit			100 2	allered Sec. 18.		earrig	Filliary		
Name of Purchaser	L3. Pt	rchases of Advertis	sing in a Prog	gram Book or	on a Sign	Darreh	ise Made By:		
							usiness Entity	Other	
Parkville Market						O Individual/Sole Proprietorsh			
Street Address		<del> </del>	City			1 🕠	State	Zip Code	
2014 Park St #101			Hartford				CT		
Date Received	Event #	Aggregate Purchas	ses for All Events	Amount of Pr	ogram Ad Purchs	350	Amount of Si	ign Purchase	
<b>8/29/2</b> 3	82923	250		250					
Name of Purchaser	<del></del>					Purcha	se Made By:		
<b>30 Arb</b> or St						_	usiness Entity dividual/Sole I	O0ther 'roprietorship	
Street Address			City		·		State	Zip Code	
2014 Park St #101			Hartford				СТ		
Date Received	ived Event # Aggregate Purchases for All Events Amount of Program Ad Pur				ogram Ad Purcha	se	Amount of Si	gn Purchase	
<b>8/29/2</b> 3	82923	250		250					
Name of Purchaser						Purcha	se Made By:		
Coleman Levy LLC						_	isiness Entity dividual/Sole P	Other roprietorship	
Street Address		City				State	Zip Code		
22 Avondale Rd		West Hartford					СТ		
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Pro	gram Ad Purcha	5C	Amount of Si	gn Purchase	
<b>8/29/2</b> 3	82923	250	250						
Name of Purchaser				· · ·			e Made By:		
Vince Group						137-1-2	siness Entity	Other	
Street Address			l o'e			Olac	lividual/Sole P		
140 Glastonbury B	lvd		1	Glastonbury			State	Zip Code	
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Purcha	se	Amount of Sig	gn Purchase	
<b>8/29/</b> 23	82923	250		250		İ			
Name of Purchaser						Purchas	e Made By		
<b>Lifeca</b> re Design, In	c					_	siness Entity ividual/Sole Pi	Other	
Street Address			City				State	Zip Code	
1429 Park St #201			Hartford				СТ		
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Purchas	se	Amount of Sig	n Purchase	
<b>8/29</b> /23	82923	250	250						
T.	SUBTOTAL Section	on L3 Total Purchases o	f Advertising in	Program Book –	- This Page \$1	,250			
1960) (	SUBTOTA	L Section L3 Total Pur	chases of Adver	tising on a Sign –	– This Page				
			TOTAL of	f additional Section	on L3 Pages \$7	,000	<u>-</u> :		
TO	OTAL OF ALL PURCH					,250			
130		(Enter total on	Line 16c, Colum	in A of Summary I	Page Totals)	,200			

		3, effective January om a committee tag						
NAME OF COMMIT	TEE (Provide Complete Name	e as Registered with Filing Repos	itory)		TYPE OF REPO	RT		
Arunan For Hartfor		2 2			7th Day Prec	eding	Primary	
	L3. Pi	urchases of Advertis	ing in a Prog	ram Book or	on a Sign			· · · · · · · · · · · · · · · · · · ·
Name of Purchaser						Purcha	ase Made By:	
Szilagyi & Daly							usin <mark>ess Entity</mark> adividual/Sole l	Other Proprietorship
Street Address			City				State	Zip Code
118 Oak St			Hartford				СТ	
Date Received	Event =	Aggregate Purchase	es for All Events	Amount of Pro	ogram Ad Purch	ase	Amount of S	ign Purchase
8/29/23	82923	250	250					
Name of Purchaser						Purcha	ise Made By:	
D-14 0.511-1	110					_	usiness Entity	Other
Dalton & Finegold,	LLP					Oln	dividual/Sole I	Proprietorship
Street Address			City				State	Zip Code
7 Intrepid Cir			Marblehead				MA	
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Furchs	ise	Amount of Si	ign Purchase
8/29/23	82923	250		250				
Name of Purchaser						Purcha	se Made By:	
U <b>pdike</b> , Kelly & Spe	llacy					<b>⊙</b> Bı	usiness Entity	Other
						Olne	dividual/Sole I	
treet Address			City				State	Zip Code
225 Asylum St FL20	 		Hartford				CT	
Date Received	Event "	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Purcha	ase Amount of Sign Purchase		
B/ <b>29/</b> 23	82923	250		250				
lame of Purchaser	<del></del>					Purcha	se Made By:	
Parkville Manageme	ent				ĺ	_	siness Entity	Other
			T			Olno	dividual Sole F	-
treet Address			City				State	Zip Code
2014 Park St #101			Hartford		·		СТ	
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Purcha	se	Amount of Si	gn Purchase
3/29/23	82923	250		250				
lame of Purchaser						Purcha	se Made By:	
Piri Piri Q						_	isiness Entity dividual/Sole P	Other
treet Address			City				State	Zip Code
<b>2014 Park</b> St #101			Hartford				СТ	
Pate Received	Event #	Aggregate Purchases	Aggregate Purchases for All Events Amount of Program Ad Pu				Amount of Si	gn Purchase
3/29?23	82923	250		250				
A CONTRACTOR OF THE PARTY OF TH	SUBTOTAL Sect	ion L3 Total Purchases of	f Advertising in	Program Book -	- This Page \$1	1,250		
Company of the Compan	SUBTOT	AL Section L3 Total Pure	chases of Adver	tising on a Sign -	- This Page			
TTE-SA		ALL MANY DESCRIPTION OF THE PARTY OF THE PAR	TOTAL of	f additional Section	on L3 Pages \$7	7,000		

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)

\$8,250

# Section L3. ADDITIONAL PAGE 3 of 7

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE							OF REPORT			
Arunan for Hartfo	· · · · · · · · · · · · · · · · · · ·			71	h Day Prece	ding	Primary			
19, 6	L3. Pu	rchases of Adverti	sing in a Prog	ram Book or on	a Sign		170-17			
Name of Purchaser					Į.	_	se Made By:	_		
Ambassador Whe	elchair Services				l l	_	siness Entity	Other		
Street Address			City	<del></del>		Olnd	State	Proprietorship Zip Code		
5 Glastonbury Ave	e		Rocky Hill				СТ			
Date Received	Event #	Aggregate Purcha	ises for All Events	Amount of Progra	am Ad Purchas	ie .	Amount of S	ign Purchase		
8/29/23	82923	250		250						
Name of Purchaser					1	Purchas	e Made By:	1		
Autumn Transpor	tation, Inc.				i	_	siness Entity lividual/Sole l	Other Proprietorship		
Street Address			City				State	Zip Code		
5 Glastonbury Ave	e		Rocky Hill				СТ			
Date Received	Event#	Aggregate Purcha	gregate Purchases for All Events Amount of Program Ad P			e /	Amount of Si	gn Purchase		
8/29/23	82923	250								
Name of Purchaser		i	<del></del>		1	Purchase	e Made By:			
Acoustics, Inc.					ſ	_	siness Entity	Other		
			l ci	<del></del>		OIndi	Г	Proprietorship Zip Code		
Street Address 58 Alna La			City East Hartford	4			State	Zip Code		
Date Received	Event #	Aggregate Purcha:			- Ad Dunghan		<u> </u>	un Punahasa		
		250					Amount of 21	gn Purchase		
<b>8/29/2</b> 023	82923	250		250	Т.					
Name of Purchaser					- 1	_	Made By:	Other		
Aztech Engineers,	Inc				1			roprietorship		
Street Address			City			State	Zip Code			
901 Wethersfield A	Ave		Hartford				СТ			
Date Received	Event#	Aggregate Purchas	es for All Events	Amount of Progra	m Ad Purchase	e A	Amount of Si	gn Purchase		
8/29.23	82923	250		250						
Name of Purchaser				!	I I	'urchase	Made By:			
Beta Group, Inc					i		iness Entity	Other		
			To			) Indi		roprietorship Zip Code		
Street Address 1010 Wethersfield	Aug # 20E		City Hartford			Ì	State	Zip Code		
			1							
Date Received	Event #		Aggregate Purchases for All Events		m Ad Purchase	A	kmount of Si	gn Furchase		
<b>8/29/2</b> 3	82923	250	250 250							
	SUBTOTAL Secti	on L3 Total Purchases	of Advertising in	Program Book — T	his Page \$1,	250				
	SUBTOTA	L Section L3 Total Pu	rchases of Advert	tisi <b>n</b> g on a Sign — T	his Page					
Control of the Contro			TOTAL of	additional Section I	3 Pages \$7,	000		•		
T	OTAL OF ALL PURCH			RAM BOOK or ON n A of Summary Pag		250	<del></del>			
		TENED TOTAL	Line ive, Count	nzi oj onamany i ug	v a viuis) i			::		

Section L3. ADDITIONAL PAGE 2 or 7

	ublic Act 11-48, effect al purchases from a co							
NAME OF COMMITTEE	(Provide Complete Name as Registe	cred with Filing Reposi	(orv)		TYPE OF REPO	ORT		
Arunan for Hartford	and the same of th				7th Day Pred	eding	]	555
	L3. Purchas	es of Advertisi	ing in a Progr	am Book or	on a Sign			
Name of Purchaser						1 -	ase Made By:	_
Giliberto & Sons LLC						1	usiness Entity	Other
Street Address			City			Or	dividual/Sole	Zip Code
80 Airport Rd			Hartford		8		СТ	
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pi	rogram Ad Purch	ase	Amount of S	gn Purchase
8/24/2023	82923	250	250					
Name of Purchaser						Purcha	ise Made By:	Alabation of the Bett Photo & Libraries
Connecticut Calibration	ns LLC					1 =	usiness Entity	Other
Street Address		Charles			Oin	dividual/Sole I	Proprietorship Zip Code	
40 Airport Rd			West Hartford	4			CT	Zip cada
•							1	
	Event #	13-38-53	Amount of Program Ad Pu 250				Amount of Si	gn Purchase
8/24/2023	82923 250 250							
Name of Purchaser						1_	ise Made By: usiness Entity	Other
Medici LLC						I =	dividual/Sole F	2,000
Street Address			City				State	Zip Coda
1 Gold St #27J		Gartford				СТ		
Date Received	Event #	Aggregate Purchases	rchases for All Events Amount of Program Ad Pu			ase	Amount of Si	gn Purenase
8/24/2023	82923	250		250				
Name of Purchaser	I					Purcha	se Made By:	<u> </u>
3D Consulting LLC							usiness Entity	Other
Street Address			l cin.			Oln	dividual/Sole P	Zip Code
1 Gold St #27J			City Hartford				CT	yap cuac
	· · · · · · · · · · · · · · · · · · ·	<del>,</del>	L				ل	
Date Received	Event =	Aggregate Purchases	for All Events		ogram Ad Purch:	ase	Amount of Si	gn Purchase
8/24/2023	82923	250		250				
Name of Purchaser						l _	se Made By:	
Connecticut Mason Cor	ntractors, Inc.					I I	usiness Entity	Other
Street Address			City			I Om	State	Zio Code
75 Bysiewics Dr			Middletown				СТ	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purch	ase	Amount of Si	gn Purchase
8/29/2023	82923	250		250				
A STATE OF THE STA	SUBTOTAL Section L3 T	otal Purchases of	Advertising in I	rogram Book	This Page \$	1,250		
A STATE OF THE STA	SUBTOTAL Sect	ion L3 Total Purc	hases of Adverti	sing on a Sign -	— This Page			
			TOTAL of	additional Secti	on L3 Pages \$	\$7,000		
TOTAL	OF ALL PURCHASES C		G IN A PROGR			8,250		

# Section L3. ADDITIONAL PAGE 1 of 7

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) 7th Day Preceding Primary **Arunan For Hartford** L3. Purchases of Advertising in a Program Book or on a Sign Purchase Made By: Name of Purchaser ( Business Entity Other Il Panino Inc O Individual Sole Proprietorship Street Address Zip Code City CT 60 Villa Louisa Rd Bolton Date Received Aggregate Purchases for All Events Amount of Sign Purchase Event # Amount of Program Ad Purchase 8/23/20 250 250 82923 Purchase Made By: Name of Purchaser Business Entity Other Airport Road Auto Body O Individual/Sole Proprietorship Zip Code Street Address City State 75 Locust St Hartford CT Aggregate Purchases for All Events Date Received Amount of Program Ad Purchase Amount of Sign Purchase Even! # 250 250 8/24/2023 82923 Name of Purchaser Purchase Made By: Business Entity Other Ciampi Mandile O Individual/Sole Proprietorship Zip Code State Street Address City CT 35 Cold Spring Rd Rocky Hill Aggregate Purchases for All Events Amount of Sign Purchase Date Received Event # Amount of Program Ad Purchase 250 250 8/23/2023 82923 Name of Purchaser Purchase Made By: Business Entity Other Lamore's Service Center Olndividual/Sole Proprietorship Zin Code Street Address City State Whethersfield CT 475 Silas Deane Hwy Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase 250 250 8/23/2023 82923 Name of Purchaser Purchase Made By: Business Entity Other Paramount Construction LLC Olndividual/Sole Proprietorship Zip Code Street Address State City 49 Hollow Tree CT Newington Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Date Received Event# 250 250 8/24/2023 82923 SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page \$1,250 SUBTOTAL Section L3 Total Purchases of Advertising on a Sign -- This Page TOTAL of additional Section L3 Pages \$7,000 TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN

(Enter total on Line 16c, Column A of Summary Page Totals)

\$8,250

I. MONETARY RECEIPTS (Sections A-F	()	Page	85	of	103
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repaidlery)	TYPHOF	REPORT	Tellan		NEDS A
Arunan for Hartford	7th day pr	eceding prin	nary		
Summary of Other Monetary Reccipts (Sections D-K)		407.5			15.45
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)	4.		550	25,055,05	\$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)	1			200	\$0.00

## I. MONETARY RECEIPTS (Sections A-K)

NAME OF CO	ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)							TYPE OF REPORT		
1,544	<u></u>	C1. 6	Contributio	ons f	rom Ot	her Comm	ittees			- S. 169
Name of Committee	:					Name of Treasu				
The Internati	onal Unions of Pain	ter's and Allied Tr	rades			Jason Wer	thman			
Address		<del></del>		İs	this contril	ution associate	d with a	OYes ONo	Amount	of Contribution
1492 Berlin T	pk			ev	ent reporte	d in Section L1: If yes, lis	?		500	
City		State	Zip Code	_	Date Recei			ate Contributions	-	
Berlin		СТ	06037		8/15/20	23	500			
Name of Committee	:					Name of Treasu	rer			<u></u>
Address						d in Section L1?	?	O Yes ONo	Amount	of Contribution
City		State	Zip Code		Date Receiv	ed	Aggreg	ate Contributions		
Name of Committee			1			Name of Treasu	ter			
Address				Tel	this contrib	ution accordated	Luith an	Yes ONo	Amount	of Contribution
						l in Section L1? If yes, lis	•			
City		State	Zip Code		Date Receiv			ite Contributions	1	
235	C2.	Reimbursemen	ts or Surpl	us D	istribu	tions from	other	Committees	A THEORY	
Name of Committee			1			Name of Treasur				
Address					City		·		State	Zip Code
Date Received	Expenditure #	Payment Type							Amoun	t of Receipt
	(if applicable)	OReimbursen	ent for shared e	xpens	e <b>O</b> Sui	plus Distributio	n			
Description							-		-	
Name of Committee						Name of Treasur	er			
				5						100000
Address					City				State	Zip Code
Date Received	Expenditure #	Payment Type				,			100 - 1000	t of Dessie
Date Received	of applicable		ment for shared	i axpei	nse Os	urplus Distribut	tion		Amoun	t of Receipt
Description			. <u>.</u>							
			****							
			SUBTO	TAL	Section	C — This I	Page			
AL.			TOTAL o	of ad	ditional	Section C Pa	ages			
2		F ALL COMNIT								
	(Section	or on third	e manage series 14.	,			emildf.			

## I. MONETARY RECEIPTS (Sections A-K)

NAME OF COM	MMITTEE Provide Compl	ete Name as Registered	with Filing Repos	sitory)			TYPE OF REPO	RT			
<u> </u>		Cı.	Contribution	ons f	from Ot	her Com	mittees				
Name of Committee						Name of Tre	suref				
MarciaPACT						Gustavo	Bajana				
Address 681 Burnham	St			ls ev	ent reporte	d in Section I If yes.	list Event#		Amount of Contribution		
City		State	Zip Code		Date Recei	red	Aggregate Contributions				
East Hartford		CT	06108		7/27/20	23	1000				
Name of Committee						Name of Trea	surer	-			
Iron Workers	Local 15				James Denning						
Address 49 Locust St						d in Section L	ted with an ÖYes <b>⊙No</b> 1? list Even1 =		Amount o	of Contribution	
City Hartford					7/20/20		Aggregate Contributions				
Name of Committee Connecticut L	Laborer's Political Le	ague				Name of Trea					
Address					this contrib	ution associal	ed with an OYes ONo	- 4	mount o	f Contribution	
150 Wylie School Rd			eve	event reported in Section L1?  If yes, list		1? ist Event =	.	5 <b>0</b> 0			
City	State Zip Code		1	Date Receiv	ed	Aggregate Contributions	_				
Voluntown	oluntown CT 06384			7/ <b>2</b> 6/20	23	1500					
7. 74	C2. F	Reimbursemen	ts or Surpl	us D	Distribut	ions fron	other Committees				
Name of Committee						Name of Treas	urer				
Address					City			-//-	State	Zîp Code	
Date Received	Expenditute = (if applicable)	Payment Type OReimbursen	ent for shared e	xpens	spense OSurplus Distribution				Amoun	t of Receipt	
Description	OLYTTES PERMANENTS										
Name of Committee						Name of Treas	airer				
Address					City				State	Zip Code	
Date Received	Expenditure # 14 applicable,	Payment Type  Reimburse	ement for shared	l expe	nse OS	urplus Distri	oution		Amount	t of Receipt	
Description					W					W 19-8005	
			SUBTO	TAL	Section	C — This	Page				
Carle Control			TOTAL o	of add	ditional	Section C	Pages				
		ALL COMMIT C1 + C2) (Enter t									

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## I. MONETARY RECEIPTS (Sections A-K)

Page	84	of	103

NAME OF COMMITTEE (Provide Complete N	lance as Registered with P	ling Repos	ilbry)	Total Superior	TYPE OF REPORT	TAKES		The state of
Arunan for Hartford					7th day preceding	primary	1	
A. Total Contributions from Small Contri	butors - Received this	Period O	NLY					
Ree instructions for definition of Small Contribut	itor)	學的情	111	Subtotal Section	A			\$0.00
	B. Itemized C	ontribut	ons fi	om Individuals				POR S
Last Name			First					M.I,
Stoner			Ben	jamin				
Residential Street Address		City				State	Zip Code	TO BY
70 Richmond Ln		West H	artford			СТ	06117-	1628
Principal Occupation Construction				of Employer les Construction	n			
dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more than the second of the s	or business l				Amou	nt of Cont	ribution
event reported in Section L1?  Yes  WNo bri	ontributor a principal of a stat yes, indicate which branch or ranches of government the partact is with:	r	or prosp	_	∐ Yes			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card		Money Orde	er	Date Received 08/31/2023	Aggregate contributions \$100.00			
Last Name		Ca	First				-12:	M.I.
Smith			Stev	en				W
Residential Street Address		City				State	Zip Code	
16 Edgewood Ave		Waterfo	rd			CT	06385-2	2031
Principal Occupation Project Executive	71-142 - 384/3-			f Employer es Construction	1			
dependent child of a lobbyist?	(f contribution is in excess of the municipality does contributor municipality valued at more than	or business h				Amour	it of Conti	ribution
event reported in Section L1?  If you let France it.	omributor a principal of a state yes, indicate which branch or anches of government the ntract is with:	_	ecutive	Legisl	□ Vo			\$100.00
Method of contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	Payroll Deduction	Money Orde	ī	Date Received 08/31/2023	Aggregate contributions \$100.00			

\$200.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 33, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registere	d with Filit	ng Repos	tory)	Ameder (	TYPE OF REPORT	PE SUR		at atta
Arunan for Hartford					7th day preceding	primary		
A. Total Contributions from Small Contributors - Receive	ved this P	eriod O	NLY					
See instructions for definition of Small Contributor)				Subtotal Section	A	- 13		\$0.00
B, I(e)	mizéd Co	otribeb	оца	rom Individual		USCHIN		To the
Last Name			First				- 12-17-1-11	M.f.
Veronesi			Bill					
Residential Street Address	-	City				State	Zip Code	
342 Fairfield Ave		Hartford	1			CT	06114-	2715
Principal Occupation Retired			Name	of Employer red				
	ontributor or	business h			f executive officer of a e a contract with said	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  If yes, hist Event #  Is contributor a princip:  If yes, indicate which branches of government contract is with:	h branch or	_	or pros					\$200.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Ded	duction M	loney Orde	er	Date Received 08/30/2023	Aggregate contributions \$200.00			
Last Name			First					M.1.
Verdone Schwarz			Alis	ha				
Residential Street Address	(	City				State	Zip Code	
1010 Goodale Hill Rd		Glastoni	bury			CT	06033-	4010
Principal Occupation Attorney				of Employer ke, Kelly & Spel	lacy PC			
	ontribut <mark>or or</mark> l	business h		committee for a chief s associated with have Yes	executive officer of a contract with said	Amour	nt of Cont	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event a Yes Is contributor a principal of yes, indicate which branches of governme contract is with:	branch or	_	eutivi	_	□ res			\$250.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	luctionM	oney Orde	т	Date Received 08/30/2023	Aggregate contributions \$250.00			
Last Name Mitchell			First Jan	nes				M.I.
Residential Street Address 2 Cricklewood Ln		City Norwalk				State CT	Zip Code 06851-	1721
Principal Occupation Retired			Retir					
dependent child of a lobbyist?  No municipality does co municipality valued	ontributor or l at more than	business h \$5,000?	e she is	s associated with have	√ No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  If yes, list Event #	branch or		or prosp	_	✓ No			\$500.00
Method of contribution:  Cash Personal Check Credit Debit Card Payroll Dedu	uction Mo			Date Received 08/30/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$950.00
TOTAL of Section B Pages	\$73,611.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$73,611.00

of 103

Arunan for Hartford  A. To 21 Confributions from Small Contributors - Received this (Section tractions for definition of Small Contributor)  B. Itemized Go Last Name Williams Residential Street Address 11 Warner Ct Principal Occupation		Sphtotal Section A tons from Individuals First Joseph	7th day preceding	primary		\$0.00
(Section tractions for definition of Small Contributor)  B. Itemized, G. Last Name Williams Residential Street Address 11 Warner Ct	<b>ontribut</b> City	Sphtotal Section A tons from Individuals First Joseph	4	(v)		\$0.00
B. Itemized Go Last Name Williams Residential Street Address 11 Warner Ct	City	ions from Individuals First Joseph	<u>a</u>	(V)		12.00
Last Name Williams Residential Street Address 11 Warner Ct	City	First Joseph				Mit
Williams Residential Street Address 11 Warner Ct		Joseph				MT.
Residential Street Address 11 Warner Ct						AVII, I
11 Warner Ct		bury				
	Glaston	bury		State	Zip Code	
Principal Occupation	77. E. W.			СТ	06033-	5009
		Name of Employer			Š.	
Attorney		Shipman & Goodwin				2
Is contributor a lebbyist, spouse, or dependent child of a lebbyist?  Yes if contribution is in excess of S municipality does contributor of municipality valued at more than	or business i an \$5,000?	he/she is associated with have Yes	a contract with said  No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?    Yes   Is contributed a principal of a state   If yes, indicate which branch of branches of government the contract is with.		or prospective state contractor	☑ Yes			\$100.00
Method of communion:	Money Orde	Date Received 08/30/2023	Aggregate contributions \$100.00			
Lasi Name		First				M.I.
Morgan		Maurice				
Residential Street Address	City			State	Zip Code	
931 Forbes St	East Ha			CT	06118-1	923
Principal Occupation Hr consultant		Name of Employer SHEBA Consulting ag	gency			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   Yes	r business h			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Section L1?  Is contributor a principal of a state If yes, indicate which branch or	contractor (	or prospective state contractor	? ✓ Yes		\$	1,000.00
If yes, list Event = VNo branches of government the contract is with:	Exe	ecutive Legisla	itive 🔲:50			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction 1	Money Orde	Date Received 08/30/2023	Aggregate contributions \$1,000.00			
Last Name		First				M.L.
Rajendra		Clement				s
*****	City			State	Zip Code	
911 Cobia Ln	Wilming			NC	28409-5	047
Principal Occupation Engineer		Name of Employer Container Products Co	orporation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of \$4 manicipality does contributor or municipality valued at more than	r business h			Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which branch or branches of government the	conitactor o	or prospective state contractor?	Yes . ✓ No			\$50.00
If yes, list Event # branches of government the contract is with:	Exe	ecutive Legisla	tive			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction N	Money Orde	Date Received 08/30/2023	Aggregate contributions \$50.00			

\$1,150.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A 4-B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with)	iling Repos	sitory)	A Secretary	TYPE OF REPORT	New York	al Establish	1
Arunan for Hartford				7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this See instructions for definition of Small Contributor)	Period C	ALCOHOLD STATE OF	ibtotal Section				\$0.00
B. Itemized C	Contribut	tions from	il jigi das	STATE OF THE STATE OF	PEKK.	A CONTRACTOR	Maries.
Last Name		First					M.I.
Sullivan		Timot	hy				
Residential Street Address	City				State	Zip Code	
6 Woodbine Ct	Berlin				СТ	06037-	3151
Principal Occupation Attorney		Name of I Wishiot	Employer Wski & Sullivar	ı, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contributor municipality valued at more to	or business han \$5,000?	he/she is as	sociated with have Yes	a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, hist Event #  Is contributor a principal of a sta  If yes, indicate which branch of branches of government the contract is with:	r	or prospect	tive state contractor	□ res			\$250.00
Method of contribution:  Cash Personal Check Coredit Debit Card Payroll Deduction	Money Ord		ate Received 8/29/2023	Aggregate contributions \$250.00			
Last Name		First			107 000 100		M.I.
Smith		Jason					
Residential Street Address	City				State	Zip Code	
7 Simsbury Rd	West G				CT	06090-	1210
Principal Occupation Project Superintendent		Name of 8 Downes	implayer Construction				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contributor municipality valued at more than the specific property of the specific property o	or business t	he/she is us:			Атоц	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Wes Is contributor a principal of a state of the section L1?  No If yes, list Event #	· _	or prospect	ive state contractor	[]Yes			\$100.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction		D:	ne Received   8/29/2023	Aggregate contributions \$100.00			
Last Name		First					ML1.
Michnevitz		Nichola	as				Р
Residential Street Address 641 Waterman Road 433 Main Street Hartford SW	City Lebanor	n			State CT	Zip Code 06249	
Principal Occupation Architect		Name of B MBH Ar	chitecture				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contributor municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality does contribution.	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event =  Ves  Ves  Is contributor a principal of a stat  If yes, indicate which branch of branches of government the contract is with	_	or prosp <b>ec</b> t	ive state contractor	[√] No			\$500.00
Method of contribution:  Cash Personal Check Credit Debit Card Payroll Deduction		D	nte Received   8/30/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$850.00
TOTAL of Section B Pages	\$73,611.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$73,611.00

NAMB OF COMMITTIES (Provide Complete Name as Registered with)	TYPE OF REPORT					
Arunan for Hartford			7th day preceding	7th day preceding primary		
A. Total Contributions from Small Contributors - Received this	s Period (	NUN				
(See Listractions for definition of Small Contributor)		Subtatal Section	A.			\$0.00
B. Itemized	Contribut	ons from Individuals				
Last Name		First				M.L.
Keyes		Paul	- transmi	8 - 8 - 8	CALIFE VI	N
Residential Street Address	City			State	Zíp Code	
9 Juniper Rd	Bloomf			СТ	06002-	2128
Principal Occupation Energy Consultant		Name of Employer The GreenfootPrint, I	LLC			
dependent child of a lobbyist?  No municipality does contribute municipality valued at more	r or business than \$5,000?	Land 1	a contract with said No	Amou	ot of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event =  If yes, list Event =  If yes, list Event =  If yes, list Event =	70	cor prospective state contractor  cecutive Legisl	√l No			\$100.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ CredivDebit Card ☐ Payroll Deduction	Money Ord	Date Received 08/29/2023	Aggregate contributions \$100.00			
Lust Name		First	10 10 10 10 10 10 10 10 10 10 10 10 10 1	100		M.I.
Martinez		Ricky				
Residential Street Address	City			State	Zip Code	1007
200 Victoria Rd	Hartford			СТ	06114-2	2837
Principal Occupation Police officer		Name of Employer Town of hebron				
	or business	ndidate committee for a chief of the she is associated with have Yes		Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state of the section L1?  If yes, indicate which branch of the section L1?		or prospective state contractor	: e2			\$250.00
If yes, list Event # No branches of government the contract is with:	<u></u> Ex	ecutive Legisla	ative No			
Method of contribution:  Cash Personal Check Condit/Debit Card Payroli Deduction	Money Ord	Date Received 08/29/2023	Aggregate contributions \$250.00			
Last Name		First				M.L.
Zagata		Elizabeth		45 7	-7	
Residential Street Address	City			State	Zip Code	242
174 High Ridge Rd	Avon	N		CT	06001-3	243
Principal Occupation Student		Name of Employer UConn				
	or business l	ndidate committee for a chief of neishe is associated with have Yes		Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a state of the section L1?  No branches of government the			□			\$100.00
If yes, list Event # contract is with,	Ex	ecutiveLegisla	ttive			
Method of contribution:  Cash Personal Check Credit Debit Card Payroll Deduction	Money Orde	Date Received 08/29/2023	Aggregate contributions \$100.00			

\$450.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TO TAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

B. Itemized Contributions (Fortfurnitvidipals)  B. Itemized Contributions (Fortfurnitvidipals)  B. Residential Street Address 77 Minnechaug Dr  Frietria Consuming  Estimating Manager  B. Cov  Glasion U.T.  Glasion U.T.  Cov  Glasion U.T.  Downlas Construction, LLC  B. Contribution is in excess of \$500 to a sandible committee for a chief executive officer of a municipality valued at more than \$5,000?    Yes   If (contribution is in excess of \$500 to a sandible committee for a chief executive officer of a municipality valued at more than \$5,000?    Yes   Itemstrate a special of a labbyrist.   Yes   Itemstrate a special of a labbyrist of possible shall be a special with have a contributions with have a contribution of the special of a labbyrist.   Yes   Itemstrate a special of the special of a labbyrist of the special of a labbyrist of the special of a labbyrist of the special of a labbyrist of the special of a labbyrist of the special of a labbyrist of the special of t	NAME OF COMMITTEE (Prov	de Compl	ete Name as Registered with F	iling Repo	itery	A SALUE AND A	TYPL OF REPORT	Andrew M	7202245	Bull.
B. Itensized Contributes    Patrick   B. Itensized Contributes   Formula department of the patrick   B. Itensized Contributes   Formula department of the patrick   B. Itensized Contributes   Patrick   B. Itensized Contributes   B. Itensized Cont	Arunan for Hartford						7th day preceding	priman	/	
Last Name Patrick Residential Street Address 77 Minnechaug Dr Frietical Occusion Estimating Manager  B. Itemized Coni ribb this is Front Patrickiduals  Civ Residential Street Address 77 Minnechaug Dr Frietical Occusion Estimating Manager  B. State Color Color Occurs  State Color Occurs  State Color Occurs  State Color Occurs  State Color Occurs  State Color Occurs  Amount of Contributor  Includes this acoustic with an occurs of \$500 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?  If contributor a substitute of behavior a substitute of the state of powerment the contract it with:  Method of contributors  Readential Street Address  Readential Street Address  Types, instruction a substitute of the state of the s	A. Total Contributions from S	imali Co	ntributors - Received this	Period C	NE		<u> </u>			
Lest Name Patrick Residential Street Address 77 Minnachaug Dr Principal Occupation Estimating Manager Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No Method of contributors.  Last Name Method of contribution: Last Name Sullo  Last Name Residential Street Address Shemmarial Rd, Apt 411  Principal Occupation Residential Street Address Shemmarial Rd, Apt 411  Principal Occupation Residential Street Address Residential Street Ad	(See instructions for definition of S	mall Con	tributor)			Subtotal Section	A			\$0.00
Patrick  Residential Street Address 77 Minnachaug Dr 79 M		Very face	B. Itemized (	ontribut	ions	from Individuals		Star 9	Trans of	
Residential Street Address 77 Minnachaug Dr Giastonous ry Giastonous ry Frencisal Occupation Estimating Manager    Name of Frequency   Name of State of Address   Name of State of Name of Name of State of Name of State of Name of State of Name of State of Name of State of Name of State of Name of State of Name of Name of State of Name of State of Name of State of Name of State of Name of State of Name of State of Name of State of Name of State of Name of State of Name of State of Name of State of Name of State of Name of State of Name of State of Name of State of Name of State of Name of State of Name of State of Name of Stat	Last Name				Fire	1	w 3			MLL
77 Minnechaug Dr Principal Occupation Estimating Manager    Security   Downes Construction, LLC	Patrick				Ry	an				
Secuributor a lobbyist, spouse, or dependent child of a lobbyist?   Vest   Fractional Occupation   Payroll Deduction   Name of Employer   Stape	Residential Street Address			City				State	Zip Code	
Estimating Manager    Downes Construction, LLC	77 Minnechaug Dr			Glastor	ioury			CT	06033-	1909
Secutifibution a lobbysist, spouse, or dependent child of a lobbysist?   No   No   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contribution or business he who is nascolated with have a contract with said municipality votes to the state of the s	100 000 000									
Sependent child of a tobbysis?   No	Estimating Manager				Dov	mes Construction	n, ELC			
State   Stat			municipality does contributor	or business	he she	is associated with have	a contract with said	Amou	nt <b>of C</b> ont	ribution
Method of contribution:   Executive     Legislative	event reported in Section L1?	_	If yes, indicate which branch o	ot		_	No I No			\$100.00
Cash	If yes, list hvent #			Ex	riuosi					
Sullo  Residential Street Address  85 Memorial Rd, Apt 411  State CT  Office West Hartford  State CT  Office Offic		redit-Debi	Card Payroll Deduction	] a toney Ord	er	I Company		1		
Residential Street Address  85 Memorial Rd, Apt 411  Principal Occupation Real Estate  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If contributor a principal of a state contractor?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Contribution and Payrell Deduction Manage Order  State  City  Mest Hartford  Amount of Contributor  State  State  State  State  State  The security officer of a chefe executive officer of a chefe executive with said municipality valued at more than \$5,000?  Yes No  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If contributor a principal of a state contractor or prospective state contractor?  Yes  State  Sta	Last Name				Fits					M.f.
85 Memorial Rd, Apt 411  Principal Occupation Real Estate    Name of Employer Staypoint Holdings, LLC	Suilo				Jos	seph				A
Sometributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?   Yes   Y	Residential Street Address			City	1			State	Zip Code	
Staypoint Holdings, LLC	85 Memorial Rd, Apt 411	-17		West H	artfor	d		CT	06107-	4212
dependent child of a lobbyist?    No							LC			
Secont reported in Section L1?   Yes   If yes, indicate which branch or branches of government the contract is with:   Executive   Legislative   No			municipality does contributor	or business l		is associated with have	a contract with said	Amoui	nt of Cont	ribution
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 08/29/2023 \$250.00  Last Name First M.I.  Sloves Jay Residential Street Address 15 Richmond Rd West Hartford State CT 06117-1633  Principal Occupation Marketing Elkinson + Sloves, Inc.  Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No  Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes \$100 to a candidate of a contractor? Yes \$100 to a candidate contractor? Yes \$100 to a candidate contractor? Yes \$100 to a candidate contractor? Yes \$100 to a candidate contractor? Yes \$100 to a candidate contractor? Yes \$100 to a candidate contractor? Yes \$100 to a candidate contractor? Yes \$100 to a candidate contractor? Yes \$100 to a candidate contractor? Yes \$100 to a candidate contractor? Yes \$100 to a candidate contractor? Yes \$100 to a candidate contractor? Yes \$100 to a candidate contractor? Yes \$100 to a candidate contractor? Yes \$100 to a candidate contractor? Yes \$100 to a candidate contractor? Yes \$100 to a candidate contractor? Yes \$100 to a candidate contractor? Yes \$100 to a candidate contractor?	event reported in Section L1?		If yes, indicate which branch o branches of government the	1			∐ res			\$250.00
Sloves  Residential Street Address  15 Richmond Rd  City West Hartford  CT  O6117-1633  Principal Occupation Marketing  Name of Employer Elkinson + Sloves, Inc.  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contribute or obstiness he she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?  Yes  R  Amount of Contributor of Contri	Method of contribution:	Trediv/Dobit		-		Date Received	Agaregate contributions			
Residential Street Address  15 Richmond Rd  West Hartford  Name of Employer Elkinson + Sloves, Inc.  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?  Yes  State City O6117-1633  Amount of Contributors  Amount of Contributors  Yes	Last Name				First					M.I.
15 Richmond Rd  Principal Occupation Marketing  Name of Employer Elkinson + Sloves, Inc.  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Vo  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?  Yes  Sanction  Amount of Contributors and the state of the state contractor or prospective state contractor?  Yes	Sloves				l .lay	,				R
Principal Occupation  Marketing  Name of Employer  Elkinson + Sloves, Inc.  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Vo  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?  Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?  Yes Said					artfor				1 '	1633
Marketing Elkinson + Sloves, Inc.  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   No   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he she is associated with have a contract with said municipality valued at more than \$5,000?				***************************************						-
dependent child of a lobbyist?  No municipality does contributor or business he'she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?  Yes					Elkin	son + Sloves, In	С,			
11cs   11cs   11cs		-	municipality does contributor	or business l		s associated with have	a contract with said	Amour	nt of Cont	ribution
VNO hashes of constraint the	event reported in Section L1?	_ 1	If yes, indicate which branch of	-		_	□ 1.65			S100,00
If yes, list Event = Contract is with. Executive Legislative	If yes. list Event =			Fx	ecutiv	e Legisl	ative			
Method of contribution:  Cash Personal Check Cedit Debit Card Payroll Deduction Money Order  Date Received 08/29/2023 \$100.00		redit Debit	Card Payroll Deduction	Money Orde	<b>?</b> I					

\$450,00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611,00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

P	age	

78 of 103

NAME OF COMMITTIES (Provide Complete Name as Registered with	Elling Repo	(עריסווצי		TYPE OF REPORT	WHEN !		
Arunan for Hartford				7th day preceding	primary		
A. Total Contributions from Small Contributors - Received th	is Period (	UNUY		0.			
(See Instructions for definition of Small Contributor)			Subtotal Section	A.			\$0.00
B. Itemized	Göntribu	tions fi	om Individuals		La la la		
Last Name		First					M.I.
Troy		Mic	nele				1
Residential Street Address	City	-			State	Zip Code	
112 Beacon St	Hartfor	rd			СТ	06105-	3908
Principal Occupation			of Employer	Burello de Al	1232 20 1		
Professor		UHar	t				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes if contribution is an excess of municipality does contribute municipality valued at more	or or business than \$5,000?	he/she is	associated with have	a contract with said No	Amour	st of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  If yes, list Event #  If yes, list Event #	or	r or prosp xecutive	_	[√] No			\$50.00
Method of contribution:  Cash Personal Check Crediv Debit Card Payroll Deduction	-10.000		Date Received 08/29/2023	Aggregate contributions			
Last Name		First			-	-	M.I.
Stevens		Pete	er				
Residential Street Address	City	1			State	Zip Code	
8 Powaget Ave	Charles	stown			RI	02813-1	1331
Principal Occupation Architect			of Employer Architecture			B.57	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes    Yes	or or business	he/she is			Amoun	t of Conti	ribution
Is this contribution associated with an Yes Is contributor a principal of a st		or prosp	ective state contractor	? Yes			\$750.00
### Mo banches of government the contract is with:	-	cecutive	Legisl	ative No			
Method of contribution:  Cash Personal Check Credit Debit Card Payroll Deduction	Money Ord	ler	08/29/2023	Aggregate contributions \$750.00			
Last Name		First			87		M.I.
Salem		Rifat					3714 =-1
Residential Street Address	City		1000		State	Zip Code	
18 Simon Dr	Welcott				СТ	06716-2	048
Principal Occupation President			f Employer Consulting				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess or numicipality does contribute municipality valued at more	or or business i	he she is			Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section LT?  Yes Is contributor a principal of a star figure, indicate which branches of government the	or		_	☐ 1es		\$1	00.000,1
fyes, list fivenia	L Ex	ecutive	Legisla	itive			
Method of contribution:  Cash Personal Check Credit Debit Card Payroll Deduction ☐	Money Orde		Date Received 08/ <b>2</b> 9/2023	Aggregate contributions \$1,000.00			

\$1,800.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF AUL CONTRIBUTIONS FROM INDIVIDUAUS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTIES (Brovide Complete Name as Registered with	Filing Repo	sitory)	ARROBINAL TERM	TYPE OF REPORT		STATE OF	and the first
Arunan for Hartford			The second second	7th day preceding	primary	1	
A. Total Contributions from Small Contributors - Received th	is Period C	ONEY	CANTO DE L				
(See instructions for definition of Small Contributor)	200 a		Subtotal Section	Ą			\$0.00
Balfemized	Contribut	ions	rom Individuals		* **	To the	
Last Name	M. SINGERSE	Firs		AM =12411.141.4			ML
Sklenka		Ma	rc				
Residential Street Address	City				State	Zip Code	
4 Applewood Ln	Avon				CT	06001-	4502
Principal Occupation			of Employer				
Project Manager		Coll	ers Project Lead	ers			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business	he/she			Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event =  Yes  If yes, indicate which branch branches of government the contract is with:	or	or pros					\$100.00
Method of contribution: Cash Personal Check Credit Debit Card Payroll Deduction	Money Ord	ler	Date Received 08/04/2023	Aggregate contributions \$300.00			
Last Name		First			-		MEE
Sklenka		Ma	rc				
Residential Street Address	City	345			State	Zip Code	4500
4 Applewood Ln	Avon				CT	06001-	4502
Principal Occupation Project Manager		1 1	of Employer ers Project Lead	ers			
	66400						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  Yes, list Event #  Is contributor a principal of a st  If yes, indicate which branch branches of government the contract is with:	DI	or pros	¢ many				\$200.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 08/29/2023	Aggregate contributions \$300.00			
Last Name		First					M.L
Metonson		Mel	issa				0.0000000000000000000000000000000000000
Residential Street Address	City				State	Zip Code	
430 WEST St	Hartford				CT	06106	
Principal Occupation Owner			of Employer By's Specialty Sw	/eets	2000000		2.3
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess o municipality does contribute municipality valued at more	r or business l				Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L.1?  Yes  Yes  No  If yes, list Event #  Yes  No  Is contributor a principal of a star figure, indicate which branches branches of government the contract is with:	or	or pros					\$500.00
Method of contribution:  Cash Personal Check CredieDebit Card Payroll Deduction	Money Ord	er	Date Received 08/29/2023	Aggregate contributions \$50 <b>0.00</b>			

SUBTOTAL Section B - This Page	\$800.00
TOTAL of Section B Pages	\$73,611.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A*+ B)  (Enter total on Line 13, Column A of Summary Page	\$73,611,00

NAME OF COMMITTEE (Pro	vide Comp	lete Name as Registered with	biling Repa	silory)	1 3 0 W W	TYPE OF REPORT			7
Arunan for Hartford	-					7th day preceding	g primar	/	
A Total Contributions from	Small C	ntributors - Received th	is Period (	ONLA			7/1-17		-
See instructions for definition of	Small Con	tributor)			Subtatal Section	A			\$0.0
	0.000	B. Tremize	l Gortribu	tions	from Individual		and the same	71	
Last Name		The second secon	The state of the s	Fire					M.I.
Pavia				Jo	hn				
Residential Street Address			City	-		- 375:00	State	Zip Code	
120 Beers Rd			Easton	1			CT	06612-	1722
Principal Occupation				Name	e of Employer	100		3/37	
Attorney				Joh	n Pa <b>via</b>				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐ Yes ☑ No	If contribution is in excess municipality does contribu municipality valued at mor	nor or business	he she			Amou	nt of Cont	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes  No	Is contributor a principal of a  ff yes, indicate which brane branches of government the contract is with:	h or	or pro	_				\$100.0
Method of contribution.  Cash Personal Check	CredivDeb		Money Orc	ier	Date Received 08/29/2023	Aggregate contribution \$100.0	7.0		
Last Name				Firs	t		600		M.I.
Vassallo				Jos	seph				
Residential Street Address			City	-			State	Zip Code	
219 Speno Rdg			Rocky	Hill			СТ	06067-2	2835
Principal Occupation Owner					of Employer o's Auto Body ar	nd Repair			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐ Yes ✓ No	If contribution is in excess municipality does contribu- municipality valued at mor	or or business				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a s If yes, indicate which branch		or pros	pective state contracto	Yes  No			\$500.0
If yes, list Event #	₩.10	branches of government the contract is with:	Ex	ecutiv	e Legis	lative	1		
Method of contribution: Cash Personal Check	Credit/Debi	1 Card Payroll Deduction	Money Ord	ler	Date Received 08/29/2023	Aggregate contributions \$500.00			
Last Name			100000000000000000000000000000000000000	First			100	50256	M.I.
<b>McE</b> leny				Ke	/in				5 L
Residential Street Address			City				State	Zip Code	
33 April Dr			Glaston				СТ	06033-1	1305
Principal Occupation Attorney					of Employer ke, Kelly & Spell	acy PC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	_ Yes ✓ No	If contribution is in excess of municipality does contribut municipality valued at more	or or business				Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Ycs No	Is contributer a principal of a s  If yes, indicate which branch branches of government the	ı or			. [V] No			\$500.00
# yes, list Event #	9.40	contract is with:	Ex	cculive	e Legisl	alive			

TOTAL
AL OF ALL

NAME OF COMMITTEE (Prov	ide Gompl	ete Name a	s Registere	d with En	ling Repos	tory)		TYPL OF REPORT		18/2/21	Same I
Arunan for Hartford			-					7th day precedin	g primary	/	
A. Total Contributions from	Small Co	ntributor	s - Receiv	ed this	Period O	NLY	MARCH MALES	7.00		-	
(See instructions for definition of 2	Small Con	tributor)		4 3		V.	Subtotal Section	Λ			\$0.00
		and the same	B. Ite	nized C	o tribiti	ous	rom Individual	s)	Silk visi	r di	Total I
Last Name						Firs					MJ
Scannell						Jea	an				
Residential Street Address	- 7				City				State	Zip Code	
11426 Lost Tree Way	JAN 1727				North P	alm i	Beach		FL	33408-	3327
Principal Occupation							of Employer				
Retired					120 334	Reti	red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes ✓ No	munici		ontributor o	or business b			of executive officer of a we a contract with said	Antou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	If yes, in	tor a principa idicate which of governme	branch or		- 50	pective state contract	□ 165 □ 165			\$250.00
If yes, list Event #		contract			Exe	eculiv		slative	_		
Method of contribution: Cash Personal Check	CredivDebi	Card	Payroll Ded	uction 🔲	Money Orac	r	Date Received 08/26/2023	A surregate contribution \$250.0			
Last Name						First					M.f.
Romaniello						Tho	mas				J
Residential Street Address					Ciev				State	Zip Code	
349 Litchfield Rd					Hanvinto	_			СТ	06791-	2101
Principal Occupation					1		of Employer nes Constructio	n			
Construction Superntendent											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes  ✓ No	municip		ntributar o	r business h			f executive officer of a to a contract with said  No	Amoui	nt of Cont	ribution
Is this contribution associated with an	Yes				contractor o	or pros	pective state contract	or? Yes			\$100.00
event reported in Section L1?  If yes, list Event #	√ No		dicate which of government with:		Exc	cutive	Legi:	slative			0.00.00
Method of contribution:					-	- `	Date Received	Aggregate contribution	1		
Cash Personal Check	Credit Debit	Card	Payroll Dedu	action []	Money Orde	r .	08/28/2023	\$100.0	0		
Last Name						First					M.I.
REILLY						CH	RISTOPHER				
Residential Street Address					City				State	Zip Code	2000
1 Sandstone Rd					Plainville				CT	06062-	1570
Principal Occupation Property Manager					10.51		of Employer igton Property I	Management, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	municip		ntributor o	r business he			f executive officer of a ca contract with said	Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ☑ No	If yes, in branches	dicate which of governmen	branch or	_	r pros	Legis	<u> </u>			S500.00
Method of contribution:		contract is	s with:	-		-	Date Received	Aggregate contributions	$\exists$		
Cash Personal Check	Orediv Debit	Card	Payroll Dedu	iction []	Money Order	r	08/29/2023	\$500.0	1		

SUBTOTAL Section B - This Page	\$850.00
TOTAL of Section B Pages	\$73,611.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$73,611.00

NAME OF COMMITTEE (Provide Complete Name as Registered with	th Filing Repo	sitory)	TYPE OF REPORT		109/15/2	
Arunan for Hartford	- Huzbergeld		7th day preceding	primary		
A. Total Contributions from Small Contributors - Received	this Period (	NUZ				
(See Instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
B. Itemiz	ed Contribu	hous from Individuals	STATE OF THE STATE			STEEL STEEL
Last Name		First				M.I.
Watanabe		Myrna			-3103	E
Residential Street Address	City			State	Zip Code	
155 Woodchuck Ln	Harwin	iton		CT	06791-1	512
Principal Occupation		Name of Employer				7.0
Retired		Retired				
	utor or business	andidate committee for a chief of he/she is associated with have:		Атоия	it of Contr	ibution
	a state contractor	r or prospective state contractor	? Yes			\$100.00
event reported in Section L1?  If yes, indicate which branches of government the	۰		✓ No	ļ		
If yes, list Even E contract is with:	E	cecutive Legisla	itive			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	n Money Ore	Date Received der 08/25/2023	Aggregate contributions \$100.00			
Last Name		First				M,I.
Sandrasegaran		Kumaresan				
Residential Street Address	City			State	Zip Code	
9406 N 128th Way	Scottso	fale		AZ	85259-6	237
Principal Occupation Physician		Name of Employer Mayo Clinic, AZ				
		ndidate committee for a chief e		Amoun	t of Contr	ibution
dependent child of a lobbyist?  No municipality does contributed at municipality valued at		be she is associated with have a	No			
1 Yes		or prospective state contractor?	Yes			\$500.00
No branches of government th	e eee	. —	. No			
If yes, list event # contract is with:	Ex	ecutive Legisla		É		- 1
Method of contribution:  Cash Personal Check ✓ Credit Debit Card Payroll Deduction	n Money Ord	Date Received ler 08/25/2023	Aggregate contributions \$500.00			
Last Name		First				M.L
Wolfson		John			-	
Residential Street Address	City			State	Zip Code	
1 High Meadow Rd	Bloomfi	eld		СТ	06002-2	133
Principal Occupation	440	Name of Employer				
Attorney		Feiner Wolfson LLC				
	utor or business	ndidate committee for a chief exherishe is associated with have a		Amoun	t of Contr	ibution
event reported in Section L19  If yes, indicate which branches of novembers the	ch or	or prospective state contractor?	✓ No		\$	100.00
If yes, list Event 5 contract is with;	L Ex	ecutive Legisla				
Method of contribution: Cash Personal Check Credit Debh Card Fayroli Deduction	Money Ord		Aggregate contributions \$100.00			

\$700.00	SUBTOTAL Section B - This Page	
\$73,611.00	TOTAL of Section B Pages	
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	The second code ( ) and the
\$70,011.00	(Enter total on Line 13, Column A of Summary Page	

NAME OF COMMITTEE (Provide Complete Name as Registered with	Thing Repos	sitory)	A STATE OF S	TYPE OF REPORT	To be a	in 1982)	AND DE	
Arunan for Hartford				7th day preceding	7th day preceding primary			
A. Total Contributions from Small Contributors - Received th	is Period C	ONLY	PASSAGE 1	10				
(See instructions for definition of Small Contributor)			Subtotal Section	Ä			\$0.00	
B. Itemized	Contrib it	tions fro	m Individuals		Hitalia		NEW Y	
Last Name		First					M.L.	
Travis		Edna						
Residential Street Address	City				State	Zip Code		
397 Smith Hill Rd	Colebro				CT	06021-4	111	
Principal Occupation Retired		Retire	f Employer d					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess municipality does contribut municipality valued at more	tor or business	he she is			Amoui	nt of Contr	ibution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a second branch of some sof government the contract is with:	h or	r or prospe	ctive state contracto			1	\$160.0 <b>0</b>	
Method of contribution.  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	1.0	Date Received 08/25/2023	Aggregate contributions \$100.00				
Last Name	1-1-1-1-1-1-1-1	First					M.L.	
Kincaid		Jerer	ny					
Residential Street Address	City			15	State	Zip Code		
79 Lewis St	Torringt				CT	06790-6	705	
Principal Occupation Educator			Employer Hartford Public	Schools	20100100			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Ves   If contribution is in excess of municipality does contribute municipality valued at more	or or business t e than \$5,000?	he'she is a	ssociated with have	a contract with said	Атоип	nt of Contri	ibution	
Is this contribution associated with an event reported in Section L1?  Yes  No  Is contributor a principal of a s  If yes, indicate which branch branches of government the contract is with:	10 6	or prospe	tive state contracto	□ 1 cs			\$20.00	
Method of contribution:  Cash Personal Check Credit Debit Card Payroll Deduction	Money Orde		Date Received 08/25/2023	Aggregate contributions \$20.00				
Last Name Vance		First Paul					M.I.	
Residential Street Address	City	,			State	Zip Code		
24 Summit Rdg	Waterto	own			CT	06795-15	62	
Principal Occupation Attorney		Name of LVSK	Employer Law					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he she is associated with have a contract with said municipality valued at more than \$5,000? Yes   Yes   No					Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative					\$40.00			
Method of contribution:  Cash Personal Check Credit Debit Card Payroll Deduction	Money Orde	100	)ate Received )8/25/2023	Aggregate contributions 540.00				

\$160.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

			TYPE OF REPORT				
			7th day preceding	7th day preceding primary			
A. Total Contributions from Small Contributors - Received	this Period C	NLY					
(See Instructions for definition of Small Contributor)			otal Section	A			\$0.00
	ed Contribut	ions from I	ndividuals				ST 1996
Last Name	anne and one	First					M.t.
Martinez		Gil					
Residential Street Address	City	1	20		State	Zip Code	
20 Griswold St	Hartford	d			CT	06114-2	725
Principal Occupation		Name of Emp	oloyer				
Executive Director		HPATV, Ir	ic.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excemunicipality does contribution is in excemunicipality does contribution. Yes	butor or business				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which brain branches of government the	nch or		_	□N <sub>0</sub>			\$50.00
If yes, list Event # contract is with:	Ех	ecutive	Legisi		1		
Method of contribution:  Cash Personal Check CedivDebit Card Payroll Deductio	n Noney Ord		Received 14/2023	Aggregate contributions \$50.00			
Last Name		First				10	M.I.
		Susan					
Schoenberger Residential Street Address	City	308411			State	Zip Code	
34 Linbrook Rd 34 Linbrook Rd	West H	artford			CT	06107	
Principal Occupation		Name of Emp	lover				2.07
Director of Communications				University			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes if contribution is in excess municipality does contribution is in excess municipality does contribution.	outor or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a section L1?  If yes, indicate which branches		or prospective	state contracto	1 G2		;	\$100.00
If yes, list Event # branches of government the contract is with:		ecutive	Legisl	ative No			
Method of contribution: Cash Personal Check Credit Debit Card Payroll Deduction	n Money Ord		Received 4/2023	Aggregate contributions \$100.00			
Last Name		First					M.L.
Sherwood		Cindy					
Residential Street Address	City				State	Zip Code	
100 Oakbrook Ln	Torringt	on			СТ	06790-6	249
Principal Occupation Broker		Name of Employers					
is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess municipality does contribution in the interpolation of the interpolation of the interpolation is in excess municipality does contribution in the interpolation of the interpolation in the interpolation is in excess municipality valued at more dependent child of a lobbyist.	outor or business h				Amoun	t of Contr	ibution
ls this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a ff. res. indicate which bran branches of government the	ch or		88	✓ 1.0	\$50.00		
If yes, list Event # contract is with.	Exc	cutive	Legisla	ative			
Method of contribution:  Cash Personal Check Credit Debit Card Payroll Deduction	Money Orde		Received 5/2023	Aggregate contributions \$50.00			
			- TO				

\$200.00	SUBTOTAL Section B - This Page	
\$73,611.00	TOTAL of Section B Pages	
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page)	

NAME OF COMMITTEE (Provide Con	nplete Name as Registered with I	iling Repos	itory)		TYPE OF REPORT	Para de		Marie 1
Arunan for Hartford					7th day preceding primary			
A. Total Contributions from Small (See instructions for definition of Small C	THE REPORT OF THE PARTY OF THE	Period O	NĒN	Subtotal Section	A			\$0.00
17.5	Ballemized (	Contribut	ons:	rom Individuals	AND THE WAY AND THE	mage qu	THE PERSON NAMED IN	entitable.
Last Name			Firs	t				M.L
Zachs			Be	njamin				
Residential Street Address		City				State	Zip Code	
346 W 22 Apt 346 West St, Apt 2		New Yo	-			NY	10011	
Principal Occupation VP Biz Ops			MCI	e of timplove: VI Holdings, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Landalan Discustore acceptable service	or business !				Amou	nt of Conti	ribution
event reported in Section L1?	✓ Yes     Is contributor a principal of a state contractor or prospective state contractor?     ✓ Yes       ✓ No     If yes, indicate which branch or branches of government the prospective with     ✓ No    Executive  Legislative					\$1,000.00		
Method of contribution: Cash Personal Check Credit®	contract is with:			Date Received 08/22/2023	Aggregate contributions \$1,000.00			
Last Name			Firs					M.L.
Lallier			Ru	5\$				-
Residential Street Address  14 Mulberry St		City Old Say	broo	k		State		
Principal Occupation Waste Removal				of Employer Vaste Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	- uniai-ality days contributes	or business h				Amoun	it of Contr	ibution
event reported in Section L17	Yes   Is contributor a principal of a state contractor or prospective state contractor?   Yes   Yes   If yes, indicate which branch or branches of government the contract is with:   Executive   Legislative   Legislative						00.00.00	
Method of contribution: Cash Personal Check Credit/D		Money Orde	r	Date Received 08/22/2023	Aggregate contributions \$1,000.00			
Last Name			First	225				M.I.
Kenny			Ma	rlin		State		J
Residential Street Address 8 Belhaven	12 1000 1000	City Cromwe	ell	II.			Zip Code 06416-2	719
Principal Occupation Real Estate				of Employer ngton Partners, L	LC			
dependent shild of a labbraigt?						Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	in Section L.1?  If yes, indicate which branch or  VINO  hearches of government the						,000.00	
Method of contribution: Cash Personal Check CreditD		Money Orde	T	Date Received 08/22/2023	Aggregate contributions \$1,000.00		Page 20	

SUBTOTAL Section BThis Page	\$3,000.00
TOTAL of Section B Pages	\$73,611.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$73,611.00

NAME OF COMMITTEE Provide Complete Name as Registered with Fo	iling Reposit	tors)	TYPE OF REPORT	2400		
Arunan for Hartford			7th day preceding	7th day preceding primary		
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period Ol	VLY Subtotal Section	A			\$0.00
B. Itemized C	Contribute	ons from Individual		2000		
Last Name		First				M.L
Sardilli		Don				
Residential Street Address	City			State	Zip Code	
15750 Villoresi Way	Naples			FL	34110-2	2714
Principal Occupation Owner		Name of Employer Sardilli Produce	1000000			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes if contribution is in excess of municipality does contributor municipality valued at more that	or business he			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state of the section L1?  If yes, list Event #  Is contributor a principal of a state of the section L1?  If yes, list Event #  Is contributor a principal of a state of the section L1?  If yes, list Event #		• •	[√] %o		\$	1,000.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Order	Date Received 08/21/2023	Aggregate contributions \$1,000.00	1		
Last Name		First	D. — 3888 532			M.I.
Lo Monte		John			9	
Residential Street Address	City			State	Zip Code	
39 W Wynd Ter	Middleto			СТ	06457-8	3729
Principal Occupation Real Estate	120	Name of Employer Lo Monte Real Estate	е			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor of municipality valued at more the	or business he			Amou	nt of Conti	ribution
Is this contribution associated with an Yes   Is contributor a principal of a state event reported in Section L1?		prospective state contracto	Yes Yes			\$250.00
If yes, indicate which branch or branches of government the contract is with:	Exec	cutiveLegis	ative No			
Method of contribution:  Cash	Money Order	Date Received 08/21/2023	Aggregate contributions \$250.00			
Last Name		First				M.I.
Shmerling		James				E
Residential Street Address 221 Trumbull Apt 221 St, Apt 2701	City Hartford			State CT	Zip Code 06103	
Principal Occupation Hospital CEO	45	Same of Employer Connecticut Children	's Medical Center			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of S municipality does contributor of municipality valued at more the	or business he an \$5,000?	she is associated with have	a contract with said  No	Ашош	it of Contr	lbution
Is this contribution associated with an Yes Is contributor a principal of a state event reported in Section I.1?		prospective state contractor	r? ✓ Yes		\$1	,000.00
### ### ### ### ### ### #### #########	Exec	utiveLegisl	ative No		*	
Method of contribution:  Cash Personal Check ✓ Credit Debit Card Payroll Deduction	Money Order	Date Received 08/21/2023	Aggregate contributions \$1,000.00			

\$2,250.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTIES (Provide Complete	e Name as Registered with F	ling Repos	sitory)	THE STATE OF THE STATE OF	TYPE OF REPORT	ALC: N	u Pilot	BALLY.
Arunan for Hartford					7th day preceding	7th day preceding primary		
A. Total Contributions from Small Cont	tributors - Received this	Period C	NLY		0			
(See Instructions for definition of Small Contri	ibutor)			Subtotal Section	A	\$0.0		
	B. Itemizeu C	ontribut	ionsi	rom individuals	Contract of the Contract of th		100	
Last Name		100	First					33.L
Ketheesan			Ket	hees			du Arterio	
Residential Street Address		City	-			State	Zip Code	-
810 Junipero Serra Blvd		San Fr				CA	94127-	2850
Principal Occupation CEO			Pulo	of Employer I		100.000		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business	he/shc i			Amoui	nt of Cont	tribution
Is this contribution associated with an event reported in Section L1?    Yes   Ves   is contributor a principal of a state  If yes, indicate which branch or branches of government the contract is with:		or pros			\$150.0		\$150,00	
Method of contribution:  ☐ Cash Personal Check ✓ Credit/Debit C	3. 13.0 Sq. 6 c. 6.			Date Received 08/20/2023	Aggregate contributions \$250.00			
Last Name			First					M.L.
Kleinbergs			Jan	n <b>e</b> s				
Residential Street Address		City				State	Zip Code	
8314 Strub Ave		Whittier				CA	90605-	1048
Principal Occupation Land Surveyor				of Employer of Los Angeles				
Is contributor a lobbyist, spouse, or  Ycs dependent child of a lobbyist?	If contribution is in excess of S municipality does contributor of municipality valued at more th	or business l				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Who  If yes, list Event #	s contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	_	or pross					\$50.00
Method of contribution;  Cash Personal Check ✓ Credit Debit Contribution		Money Orde	er	Date Received 08/20/2023	Aggregate contributions \$50.00			- 13
Last Name Motley			First	n				M.I.
Residential Street Address		City	1			State	Zip Code	
39 Canterbury Rd		Hamder	0			CT	06514-2	2016
Principal Occupation consulting				of Employer by Consulting				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of S municipality does contributor of municipality valued at more th	or business h				Amoun	t of Cont	ribution
event reported in Section L1?	s contributor a principal of a state  If yes, indicate which branch or  branches of government the	_		-	□ 165			\$500.00
	contract is with:	Exe	ecutive	Legisla	nive			
Method of contribution:  ☐ Cash Personal Check ✓ Crediv Debit Ca	ard Payroll Deduction	Money Orde	r	Date Received 07/24/2023	Aggregate contributions \$500.00			

S THE STATE OF THE	UBTOTAL Section B - This Page	\$700.00
	TOTAL of Section B Pages	\$73,611.00
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	I INDIVIDUALS (Sections A + B)  13, Column A of Summary Page	\$73,611.00

NAME OF COMMITTEE (Pro	vide Compi	ete Name as Registered with	Filing Repo.	silory)		TYPE OF REPORT	The same		
Arunan for Hartford			Am.a			7th day preceding	ding primary		
A. Total Contributions from	Small Co	ntributors - Received thi	s Period C	ONLA		0			
(See instructions for definition of					Subtotal Section	A			\$0.00
		The second secon	Contribut	tions	rom Individuals			002053	
Last Name		and Atlantace	Contribut	Fire	The latest the second s	Secretary and the second			M.I.
				Mo					
Mohib			- C	IVIC	ii ia		L Cinta	Tin Cada	
Residential Street Address 1404 N Sycamore St			City Arlingto	on			State   Zip Code   VA   22205-1883		
Principal Occupation			3		of Employer		_	-	
Consultant				McC	BuireWoods Con	sulting			
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contribute municipality valued at more	or or business	he/she			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event *	☐ Yes ✓ No	Is contributor a principal of a st If yes, indicate which branch branches of government the	or	or pro:		✓ No		\$	1,000.00
Method of contribution:    Cash   Personal Check	Credit/Debi	contract is with:  Card Payroll Deduction			Date Received 08/17/2023	Aggregate contributions \$1,000.00			
Last Name				Firs					M.I.
Nagendran				Na					
Residential Street Address			City	1			State	Zip Code	
912 Vista Ridge Ln			Westlai	ke Vil	age		CA	91362-	5612
Principal Occupation Physician				Name Self	of Employer			77	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Ŭ Yes ✓ No	If contribution is in excess of municipality does contribute municipality valued at more	or or business				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a str Myes, indicate which branch		or pros	pective state contracto	1 es			\$200.00
If yes, list Event #	√.No	branches of government the contract is with:	□ Ex	ecutiv	eLegisl	alive No			
Method of contribution: Cash Personal Check	Credit Debit	Card Payroll Deduction	Money Ord	er	Date Received 08/16/2023	Aggregate contributions \$200.00			
Last Name				First					M.I.
Ketheesan				Ket	hees				
Residential Street Address			City				State	Zip Code	
810 Junipero Serra Blvd			San Fra	incisc	0		CA	94127-2	2850
Principal Occupation CEO				Name	of Employer i				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	V No	If contribution is in excess of inunicipality does contribute nunicipality valued at more	r or business				Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section I.1?	Yes	ls contributor a principal of a sta Myes, indicate which branch		or pros	pective state contracto	Yes Yes			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	. Legis	ative			
Method of contribution: Cash Personal Check	Credit Debit	Card Payroll Deduction	Money Ord	er	Date Received 08/18/2023	Aggregate contributions \$250.00			
				000					

\$1,300.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A7+'B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTIE (Prayide Complete	Name as Registered will F	iling Repos	i ory	<b>特殊的 对各种</b> 自	PYPE OF REPORT	<b>PERMIT</b>	NAME OF STREET	A BOOK
Arunan for Hartford					7th day preceding	7th day preceding primary		
A. Total Contributions from Small Contr.	ibutors - Received this	Period O	NLY	A STATE OF THE STA	E .			
(See instructions for definition of Small Contribu	STREET, STREET			Subtotal Section	\$0			\$0.00
and the second s		ontribut	o <b>ns</b> d	romundividuals				
Last Name		-	First					M.L
Satchi			Ra	jadevi & Mahaling	gam			Α
Residential Street Address		City				State	Zip Code	
16 Louis Allan Dr		Danbur	_			CT	06811-	2716
Principal Occupation				of Employer Icare associates				
Physician			Child					
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amou	nt of Cont	ribution
event reported in Section L1?	contributor a principal of a state of the state of the state of government the	r	or pros			\$100.0		\$100.00
Method of contribution: Cash Personal Check Credit/Debit Cast	rd Payroll Deduction			Date Received 08/20/2023	Ageregate contributions \$100.00	4		
Last Name			First					M.I.
Tyler Smith			Lyn	Walker				
Residential Street Address		City	-			State	Zip Code	The state of
95 Elm St		Hartford	1		10.5	СТ	06106-	1633
Principal Occupation Retired			Name	of Employer red				
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business l	ndidate ne/she i	committee for a chief of a sassociated with have Yes	executive officer of a a contract with said No	Amour	nt of Cont	ribution
event reported in Section L1?	contributor a principal of a stat fyes, indicate which branch of tranches of government the ontract is with:							\$500.00
Method of contribution:  Cash Personal Check Credit Debit Car		Money Ord	er	Date Received 07/11/2023	Aggregate contributions \$500.00			
Last Name			First					M.I.
Maloney			Mae	9				
Residential Street Address	-	City				State	Zip Code	
1249 Matianuck Ave		Windso	r			CT	06095-3	3292
Principal Occupation Senior Program Director			Name LGH	of Employer				
dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business ?	ididate ie/she i	committee for a chief of a sassociated with have	executive officer of a a contract with said	Amour	nt of Cont	ribution
event reported in Section L1?	contributor a principal of a state fyes. indicate which branch of ranches of government the	_		_	√ No			\$25.00
If yes, list Event #	ontract is with:	Exe	ecutive		itive —			
Method of contribution:  Cash Personal Check Credit Debit Car	d Payroll Deduction	Money Orde	er	Date Received 07/12/2023	Aggregate contributions \$25.00			

\$625.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

of 103

NAME OF GOMMITTEE (Provide Con	plete Name as Registered with I	iling Repo	sitory)	L L	TYPE OF REPORT			
Arunan for Hartford					7th day preceding	7th day preceding primary		
A. Total Contributions from Small	Contributors - Received this	Period (	NIA	7				
(See instructions for definition of Small C	THE TANK BOOK AND LOCATED THE PROPERTY OF THE PARTY OF TH			Subtotal Section	\$0.0			\$0.00
	B. Itemized	Contribut	ions	from Individuals			70000	J. San and
Last Name	The state of the s		Fire					M.J.
Mathai			Su	ma				
Residential Street Address		City	1	1		State	Zip Code	-
234 Bentley Cir		Los An	geles			CA	90049-	2414
Principal Occupation Attorney				e of Employer na Mathai				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	if contribution is in excess of municipality does contribute municipality valued at more	r or business	he she			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	If yes, indicate which branch of branches of government the	or _	or pro		☐ Yes			\$500.00
Method of contribution: Cash Personal Check Credit/D	contract is with:	Money Ord		Date Received 08/15/2023	Aggregate contributions \$500.00			
Last Name			First					M,I.
Thiagarajah			Nir	anjan				F
Residential Street Address		City				State	Zip Code	
6577 Ashbury Cir		Hunting				CA	92648-	6634
Principal Occupation Attorney			Name Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	ennoucinality door coatributor	or business i				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch o		or pros	pective state contractor	□ 162			\$500.00
If pes, list Event #	branches of government the contract is with:	Ex	ecutiv	e Legisla	ative No			
Method of contribution: Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Ord	er	Date Received 08/17/2023	Aggregate contributions \$500.00			
Last Name			First					M.I.
Shikora			Phy	⁄llis				F
Residential Street Address 176 Kenyon St		Cit; Hartford				State CT	Zip Code 06105-2	2238
Principal Occupation Retired			Name Retir	of Employer ed		- SP-		= =
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more th	or business han \$5,000?	ie/she ii	s associated with have	a contract with said No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  No	Is contributor a principal of a state  If yes, indicate which branch or		or prosi	pective state contractor	? ☐Yes ☑No			\$250.00
If yes, list Event #	branches of government the contract is with:	Exc	cutive	Legisla	tive Find			
Method of contribution: Cash Personal Check  Credit De	bit Card Payroll Deduction	Money Orde	er	Date Received 07/25/2023	Aggregate contributions \$250.00			

\$1,250.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OR COMMITTEE (Provide Complete Name as Registered with)	Filing Repos	sitory)	PERMITTED AND A STATE OF	TYPE OF REPORT			ALCOHOL:
Arunan for Hartford				7th day preceding	7th day preceding primary		
A. Foral Contributions from Small Contributors - Received this	s Reriod C	DNLY	Subtotal Section	A			\$0.00
B. Ifemized	Contribut	tions f	rom Individuals	MARKET CONTACTOR		120000	PART HER
Last Name		First			M.I.		
Rajasingham		Sht	ısi <b>la</b>				
Residential Street Address	City				State	Zip Code	
5117 Wapakoneta Rd	Bethes				MD	20816-2	2232
Principal Occupation Retired		Retir					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes tit contribution is in excess of municipality does contribute municipality valued at more	or or business than \$5,000?	he/she i	s associated with have	a contract with said	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a st  If yes, indicate which branch branches of government the contract is with:	or _	r or pros		☑.v•	\$1,000.00		
Method of contribution:  Cash Personal Check Credit Debit Card Payroll Deduction			Date Received 08/20/2023	Aggregate contributions \$1,000.00			
Last Name		First				Kri	M.L.
Vitbiananthan		Siv	a				
Residential Street Address	City				State	Zip Code	
10 Sentry Hill Rd	Sharon	-			MA	02067-	1553
Principal Occupation Physician		Cam	of Employer bridge Health Al				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business	he she i	committee for a chief s associated with have Yes	executive officer of a a contract with said	Amou	ot of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  If yes, list Event #  Is contributor a principal of a st  If yes, indicate which branch branches of government the contract is with:	or _	or pros	r==1	√ No			\$200.00
Method of contribution:  Cash Personal Check ✓ Credit Debit Card Payroll Deduction	Money Ord	der	Date Received 08/16/2023	Aggregate contributions \$200.00	1		
Last Name		First					M.L
Sivakumar		Siva	3				
Residential Street Address 561 Connemara Way	City Sunnyv	/ale			State	Zip Code 94087-	3321
Principal Occupation Retired		Retir					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business than \$5,0001	he she i	s associated with have	a contract with said  No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes   Is contributor a principal of a st	or	or prosp		[] \square			\$200.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	let	Date Received 08/18/2023	Aggregate contributions \$200.00			-5-

\$1,400.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name ds Registered with P.	Uing Repos	(tòny)		TYPE OF REPORT	Autom		
Arunan for Hartford				7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this	Period C	NEY					1.0
(See instructions for definition of Small Contributor)		8	ibtotal Section	4			\$0.00
B. Itemized C	ontribut	ions fro	n Individuals				
Last Name		First					M.I.
nava		samu	el				n
Residential Street Address	City				State	Zip Code	
3199 Bushwood Dr	Perkasi				PA	18944-	4457
Principal Occupation		Name of					
physician		self em	biosed	-300			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of municipality does contributor municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality does contributed at more than the contribution is in excess of municipality does contributed at more than the contribution is in excess of municipality does contributed at more than the contribution is in excess of municipality does contributed at more than the contributed at more	or business	he/she is as			Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a stat  If yes, indicate which branch o branches of government the	т			[√] ;;o			\$100.00
If yes, list Event # contract is with:	Ex	ecutive	Legisl				
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	- 1	ate Received 8/20/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Nallainathan		Sanat					
Residential Street Address	City				State	Zip Code	-440
59 Cayer Cir	Shelton				СТ	06484-5	3110
Principal Occupation Retired		Name of I Retired	75				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes if contribution is in excess of smanicipality does contributor or municipality valued at more the	or business i				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state of the section L1?  If yes, indicate which branch or		or prospect	ive state contractor	☐ re			\$50.00
branches of government the	Exc	ecutive	Legisla	ative No			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde		ate Received B/20/2023	Aggregate contributions \$50.00			
Last Name		First					M.I.
Phelps		Scott					D
Residential Street Address	City				State	Zip Code	
16 Fox Run Ln	Killingw	orth			СТ	06419-1	245
Principal Occupation Government Relations		Name of I Twelve	Imployer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes if contribution is in excess of summicipality does contributor of municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:	_	or prospect	ive state contractor	□ 165 □ 1780			\$100.00
Method of contribution:  Cash Personal Check ✓ Credit Debit Card Payroll Deduction	Money Orde	- 1	rte Received 7/26/2023	Aggregate contributions \$100.00			
							300

\$250.00	SUBTOTAL Section B - This Page	
\$73,611.00	TOTAL of Section B Pages	100
\$73,611.00	TOTALFOF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections'A+B)  (Enter total on Line 18, Column A of Summary Page	

NAME OF COMMITTIES (Provide Complete Name as Registered with	h Riling Repo	sitory)		TYPE OF REPORT		are Mark	u Villag
Arunan for Hartford				7th day preceding	primary	/	
A. Total Contributions from Small Contributors - Received to	his Period (	ONLY	Access of the second				
(See Instructions for definition of Small Contributor)		-17 day	Subtotal Section	A			\$0.00
	d Contribu	ions	comilia dividuale	Le leading son se			CAN DE
Last Name	vidigentinosis es <b>int</b> ire i	Firs	- Projecting and the St. And St. Spin-Addition				M.I.
Peterson		Ale	×				
Residential Street Address	City	-			State	Zip Code	
26 Robin Rd, Apt 3	West H	lartfor	d		CT	06119-	1231
Principal Occupation			of Employer				
Government Affairs		CT	Airport Authority				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution in the contribution is in excess municipality valued at mo	ntor or business	he/she			Amou	nt o <b>f Cont</b>	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a ffyes, indicate which brane branches of government the contract is with:	h or	or pros		₩ 165	\$100.		
Method of contribution: Cash Personal Check Credit Debit Card Payroll Deduction	Money Ord	ler	Date Received 08/13/2023	Aggregate contributions \$100.00			
Last Name		First					M,I.
Sri-Jayantha		Avi	s				
Residential Street Address	City				State	Zip Code	0544
32 Sherwood Ave	Ossinin		Fe1 1		NY	10562-	) 1 to
Principal Occupation retired		NA	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribute municipality valued at more municipality valued at more municipality valued at more municipality valued.	tor or business				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a lifyes, indicate which brane branches of government the contract is with:	h or	or pros	_	√ No			\$200.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 08/21/2023	Aggregate contributions \$200.00			
Last Name		First					M.I.
Kess		Avr	ohom J				
Residential Street Address	City				State	Zip Code	
1259 E 35th St	Brookly	n			NY	11210-4	1821
Principal Occupation Lawyer			of Employer Travelers Comp	anies, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contributed in municipality valued at more municipality valued at more municipality.	tor or business lee than \$5,000?	he she i	s associated with have	a contract with said  No	Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a section L1?  If yes, list Event #  Is contributor a principal of a section L1?  If yes, list Event #  Is contributor a principal of a section L1?	h or	or pros	_			\$	1,000.00
Method of contribution:  Cash Personal Check ✓ Credit Debit Card Payroll Deduction	Money Orde	er	Date Received 08/08/2023	Aggregate contributions \$1,000.00			

\$1,300.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A ←B)
Ψ13,01100	(Enter total on Line 13, Column A of Summary Page

Arunan for Hartford  A. Total Contributions from Small Contributors - (See instructions for definition of Small Contributor)	Received His Period			7th day proceding			
The state of the s	Received this Period			7th day preceding primary			
(See two-residents for definition of Small Contributor)		ONLY	1 - 1 - 1				
Here and transmit the additional of country course,		8	ubtotal Section	Á.			\$0.00
The second secon	B. Itemized Contribu	tions fro	m Individuals				
Last Name		First					M.I.
Swift		Christ	topher				J
Residential Street Address	City				State	Zip Code	
49 Winfield Ln	New C	Canaan			CT	06840-	3439
Principal Occupation			Employer				
CEO		The Ha	artiora				
dependent child of a lobbyist? municipali	tion is in excess of \$400 to a city does contributor or businessity valued at more than \$5,000	s he/she is as			Amour	nt of Cont	ribution
event reported in Section L1? If yes, indic	a principal of a state contractorate which branch or	r or prospec	tive state contractor	r? ☐ Yes ☑ No		\$	1,000.00
If yes, list Event # contract is w	government the E	xecutive	Legisl	ative			
Method of contribution:   Cash   Personal Check   Credit/Debit Card   Pa	syroll Deduction Money Or		Pate Received 17/03/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.I.
LaQuire		Cindy					J
Residential Street Address	City	-			State	Zip Code	10,000
52 Highland Terrace 52 Highland Ter	Middle	town	1391		СТ	06457	
Principal Occupation Executive Secretary		Name of I	•				
dependent child of a lobbyist? municipali	tion is in excess of \$400 to a ca ty does contributor or business ty valued at more than \$5,000?	he/she is as			Amoun	t of Cont	ribution
TCS	a principal of a state contractor	r or prospect	tive state contractor	? Yes			\$100.00
if jest little	ate which branch or government the	xecutive	Legisla	√ No			0100.00
Method of contribution:	yroll Deduction Money Or		ate Received 7/28/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Yogakumar		Viranja	ani				
Residential Street Address	City				State	Zip Code	
2845 Royston Pl	Beverly			3	CA	90210-1	017
Principal Occupation Homemaker		Name of E	Employer				
dependent child of a lobbyist?	ion is in excess of \$400 to a ca y does contributor or business y valued at more than \$5,000?	he/she is as:			Amoun	t of Contr	ibution
event reported in Section L1?	principal of a state contractor ste which branch or	or prospect	ive state contractor	Yes			\$250.00
If yes, list Event #	overnment the Ex	ecutive	Legisla	tive VING			
Method of contribution:	Toll Deduction Money Ord		ate Received B/20/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B -This Page	\$1,350.00
TOTAL of Section B Pages	\$73,611.00
TOTAL OF ALLE CONTRIBUTIONS FROM INDIVIDUALIS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$73,611.00

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

Is this contribution associated with an

event reported in Section L1?

If yes, list Event #

Cash

Method of contribution:

Yes

**✓** No

Yes

✓ No

SEEC FORM 20 Revised January 2015	I. MONETARY	Y RECE	IPT.	S (Sections A-K	) Pa	ge	61 of	103
NAME OF COMMITTEE (Provide Com	plete Name as Registered with F	iling Repo	sit <b>or</b> y)	John Spanish	TYPE OF REPORT	No. of Lot		A SEC
Arunan for Hartford					7th day preceding	primar	у	
A. Total Contributions from Small C	ontributors - Received this	Period (	)NL)	7	4			
(See instructions for definition of Small Co	ntributor)		Market S	Subjetal Section	X .			\$0.00
		ontribu	ions	from Individuals		aka w	15.	1
Last Name			Fire	st				M.I.
Moran			Ca	sev				P
Residential Street Address		City	-			State	Zip Code	
1 Linden Pl, Apt 412		Hartfor	d			CT	06106-	-1745
Principal Occupation				e of Employer				- 1
Management Consultant			RS	VI US LLP				
Is contributor a labbyist, spouse, or dependent child of a lobbyist?	municipality dose contributor	or business	he/she			Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?    Yes   V   V   V   V   V   V   V   V   V	Is contributor a principal of a stat  If yes, indicate which branch o  branches of government the  contract is with:	r _	or pro		∐ i es √ No			\$200.00
Method of contribution: Cash Personal Check CredivDel		Money Ord	ler	Date Received 07/04/2023	Aggregate contributions \$200.00			
Last Name			Firs	t				M.I.
Premananthan			Ch	arles				
Residential Street Address		City	-			State	Zip Code	
27947 Sunlight Ct 27947 Sunlight Ct	517	Murrieta	a			CA	92563	
Principal Occupation President			100	of Employer Vision, Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  Yes  No	Is contributor a principal of a state  If yes, indicate which branch or branches of government the contract is with:	_	or pros		□ res			\$200.00
Method of contribution: Cash Personal Check CC Credit Deb		Money Ord	er	Date Received 08/21/2023	Aggregate contributions \$200.00			
Last Name			First					M.I.
Kinlock			Ch	arlotte				
Residential Street Address		City				State	Zip Code	
44 Wright Dr		Avon				CT	06001-	2106
Principal Occupation Retired			Name Retir	of Employer red				

\$1,400.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A*+B)  (Enter total on Line 13, Column A of Summary Page

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

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

Executive

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

✓ No

Legislative

Date Received

08/15/2023

Yes

✓ No

Aggregate contributions

\$1,000.00

municipality valued at more than \$5,000?

If yes, indicate which branch or

branches of government the

contract is with:

Personal Check Credit/Debit Card Payroll Deduction Money Order

**Amount of Contribution** 

\$1,000.00

NAME OF COMMITTEE (Provide Complete Name as Regist	ered With Filling Repor	illory)	TYPE OF REPORT			
Arunan for Hartford			7th day preceding	primary		
A. Total Contributions from Small Contributors - Rec	eived this Pecilot C	INDA		00.000		
(See bistructions for definition of Small Contributor)		Subtotal Section 4	\$	120		\$0.00
B.I	temized Contribut	ions from Lifetyidusis				
Last Name		First	·			M.I.
Pathmarajah		Canagaratnam				
Residential Street Address	City			State	Zip Code	2004
2607 Desert Rose Dr	Lancas			CA	93536-3	3321
Principal Occupation retired		Name of Employer retired				
dependent child of a lobbyist? municipality doe		ndidate committee for a chief he/she is associated with have Yes		Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a prin  If yes, indicate with an event reported in Section L1?  If yes, indicate with an event reported in Section L1?	hich branch or	or prospective state contractor	√N;o		\$	1,000.00
Method of contribution:	Deduction Money Ord	Date Received	Aggregate contributions \$1,000.00			
Last Name		First				M.I.
Lopez-Pacios		Carlos M				М
Residential Street Address	City	. 91-	a Cysolistry of Saki	State	Zip Code	1442
9211 Gilmore Grove Way	Jackson		- 20.4	FL	32211-4	1412
Principal Occupation Retired		Name of Employer Retired				
dependent child of a lobbyist?   No municipality value	es contributor or business a need at more than \$5,000?	ndidate committee for a chief of the she is associated with have Yes	a contract with said  No	Amoun	t of Conti	ribution
event reported in Section L1?  If yes, indicate will branches of govern	hich branch or	or prospective state contractor ecutive Legisla	[Z] No			\$500.00
Method of contribution:		Date Received	Aggregate contributions	-		
	Deduction Money Ord		\$500.00			
Lasi Name		First		V		M,I.
Rizzolo		Carol	738			L
Residential Street Address	City			State	Zip Code	
24 Long Hill Farm 24 Long HI, Farm	Guilford			СТ	06437	
Principal Occupation Retired		Name of Employer Retired				
dependent child of a lobbyist?  No municipality doe municipality value.	s contributor or business in ed at more than \$5,000?	didate committee for a chief e selshe is associated with have a Yes	contract with said	Amoun	t of Contr	ibution
event reported in Section L1?  Yes, indicate when the property of government of govern	sich branch or	or prospective state contractor	[√] %o		\$1	,000.00
If yes, list Event # contract is with:	Ex	coutive Legisla	tive	e e		
Method of contribution: Cash Personal Check CredivDebit Card Payroll I	Deduction Money Ord	Date Received 07/25/2023	Aggregate contributions \$1,000.00		1000	

\$2,500.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTHE (Provide Complete Name as Registered	with Filing Repor	sitory)	Attended to	TYPE OF REPORT			
Arunan for Hartford			_	7th day preceding	primary	/	
A. Total Contributions from Small Contributors - Receive	d this Beriod (	ONLY		3			
(See instructions for definition of Small Contributor)	the state of the s		Subtotal Section	A			\$0.00
	zed Contribu	lions	rom Individuals	NO TECHNICAL OF		/E(5)	
Last Name		Firs	Charles and the Control of the Contr	THE STORY OF THE STORY SHOULD SEE	Waller Co.		M.I.
Rodriguez - Porter		Cu	rtis				
Residential Street Address	City	00	103		State	Zip Code	0.00
20 Ansonia St	Hartfor	ď			CT	06114-	
Principal Occupation		Name	of Employer			-	
Marketing		CRE	C			-2 -1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in ex municipality does continuing a lobbyist?  No municipality valued at	tributor or business	he/she			Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contribution associated with an Yes If yes, indicate which be branches of government control to with	ranch or	or pros		☐ res	\$50		
Method of contribution:  Cash Personal Check Crediv Debit Card Payroll Deduce			Date Received 08/21/2023	Aggregate contributions \$50.00	1		
Last Name		First					M.I.
Lakdawalla		Da	rius				
Residential Street Address	City	1			State	Zip Code	
2630 Kelton Ave	Los An	geles			CA	90064-	
Principal Occupation		Name	of Employer				-
Professor		Univ	ersity of Souther	n California			
is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in examinicipality does contribution is in examinicipality does contribution in the examinicipality valued at	ributor or business	he she			Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contribution a principal of If yes, indicate which by branches of government contract is with:	ranch or	or pros		□ Tes			\$50.00
Method of contribution:  Cash Personal Check Credit Debit Card Payroll Deduct	tion Money Ord	ler	Date Received 08/15/2023	Aggregate contributions \$50.00			
Last Name		First		330.00			M.I.
Roth		Day					М
Residential Street Address 50 Whetten Rd	City West H	artfor			State	Zip Code 06117-	2856
Principal Occupation real estate development			of Employer h Ocean Capital	Partners			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in exemunicipality does continuately valued at municipality valued at	ributor or business i				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  If yes, list Event #	ranch or	or pros		□ IS		\$	1,000.00
Method of contribution:	ion Noney Ord	~ 7	Date Received 08/16/2023	Aggregate contributions \$1,000.00			

\$1,100.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A+B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Pro	vide Compl	ete Name as Registered with I	illing Repy	Sitory		TYPE OF REPORT	TYPE OF REPORT		
Arunan for Hartford						7th day preceding	7th day preceding primary		
A. Total Contributions from	Small Co	ntributors - Received this	Period	ONL	Y	N .			
(See instructions for definition of	Small Con	tributor)	The same of	100	Subtotal Section	Á			\$0.0
	100000	B, Itemized	Contribu	tions	from Individuals				342740
Last Name				Fir	\$1				M.I.
Sullo				Jo	seph				1
Residential Street Address			City				State	Zip Code	_
9 Sea Ln			Old Ly	me			СТ	06371-	2542
Principal Occupation				100	e of Employer				
Real Estate				Sul	lo Investments, Li	LC			
Is contributor a labbyist, spouse, or dependent child of a labbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributed municipality valued at more	r or busines:	s he/she			Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a sta If yes, indicate which branches branches of government the contract is with:	or	r or pro					\$500.0
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Nioney Or	der	Date Received 08/29/2023	Aggregate contribution \$750.0			
Last Name				Fire	st				M.I.
Prpich				Ga	ilina				
Residential Street Address			City				State	Zip Code	-
155 Beacon St			Hartfor	ď			CT	06105-	2927
Principal Occupation					e of Employer				
Research coordinator				luce	onn Health		372-		
Is contributor a labbyist, spouse, or dependent child of a labbyist?	∐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business	he/she			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐Yes ✓No	Is contributor a principal of a state  If yes, indicate which branch o  branches of government the		r or pro	spective state contractor	r? ☐ Yes ☑ No			\$100.00
If yes, list Event #	•	contract is with:	☐ E:	kecutiv	e Legisl	ative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money On	der	Date Received 08/17/2023	Aggregate contributions \$100.00			
Last Name				Firs	1				M.L
Sathianathan				Git	a and Dhushy				
Residential Street Address 18811 Tabor Dr			City Irvine			- 10 Table	State CA	Zip Code 92603-3	3319
Principal Occupation Faculty				Name	of Employer JF	0.1.000.00.117.000.1700			**
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	if contribution is in excess of municipality does contributor municipality valued at more th	or business	he/she			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat  If yes, indicate which branch or  branches of government the		or pros		☐ res			\$200.00
If yes, list Event #		contract is with.	E>	ecutiv	e Legisla	ative			
Method of contribution:	Credit/Debit	Card Payroll Deduction	Money On	ler	Date Received 08/21/2023	Aggregate contributions \$200.00			

\$800.00	SUBTOTAL Section B/This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B).  (Enter total on Line 13, Column A of Summary Page)

NAME OF COMMITTEE (Pro	vide Comp	lete Name as Registered with F	ling Repos	itory)		769A	TYPE OF REPORT			Market S
Arunan for Hartford	0-50-						7th day preceding	primary		
A. Total Contributions from	Small Co	ntributors - Received this	Period C	NLY	Local Control	alay in				
(See instructions for definition of				Tuels	Subtotal Se	ction A				\$0.00
		B. Ifemized	ontribut	ous f	romiladivi	duals	STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,	SAM	HI TO STORY	
Last Name			Villago Bostalia	Firs						M.t.
Paramananthan				Fre	da					К
Residential Street Address			City	-1-1				State	Zip Code	0540
24300 Civic Center Dr. Apt 1	1012		Southfie					MI	48033-	2549
Principal Occupation Retired				Name	of Employer ed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business l			ith have a		Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L.1?  If yes, list Event #	☐ Yes	Is contributor a principal of a star If yes, indicate which branch of branches of government the	ir	or pros		ntractor?	[√]No			\$25.00
Method of contribution; Cash Personal Check	Crediv Debi	contract is with:	-		Date Receive 07/28/202	ed	Aggregate commbutions \$100.00			
Last Name				First	37712772222			V-0 1141	- 00	M,I.
Otte				Tim	othy					j
Residential Street Address			City		. 53			State	Zip Code	1040
19 Vanderbilt Rd			West Ha			-		СТ	06119-	1342
Principal Occupation Retired				Name Retir	of Employer ed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more th	or business h			th have a		Атоит	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a stat  If yes, indicate which branch or  branches of government the		or prosp	sective state co	niractor?	☐ Yes			\$50.00
If yes, list Event #	<b>€</b> 10	contract is with:	Exe	cutive	: []	Legislaı	ive			
Method of contribution: Cash Personal Check	Credit/Debi	Card Payroli Deduction	Money Orde	:1	Date Receive 08/29/202		Aggregate contributions \$150.00			
Last Name			- 25	First						M.I.
Macy				Nan	су					М
Residential Street Address			City					State	Zip Code	
1 Gold Unit 1 St, Unit 13E			Hartford					CT	06103	
Principal Occupation Retired				Name	of Employer ed					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of s municipality does contributor municipality valued at more th	or business h					Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐Yes ☑No	Is contributor a principal of a state  If yes, indicate which branch or branches of government the	_	or prosp	_	ntractor? Legislat	☐ Yes  ☑ No			\$100.00
Method of contribution:	Centis Dalis	Card Payroll Deduction		T	Date Received	1	Aggregate contributions			Q.
Cash Personal Check	CLEGIT DOD!	Card Prayton Deduction	wioney Orac		07/01/202	5	\$100.00			

\$175.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Pro	vide Compl	ete Name as Registered with F	Iling Repos	itory)		TYPE OF REPORT			
Arunan for Hartford						7th day preceding	7th day preceding primary		
A. Total Contributions from	Small Co	ntributors - Received this	Period C	NEX	TO THE PARTY OF TH			0.00	
(See Instructions for definition of	Small Con	tributor)			Subtotal Section	4			\$0.00
		B. Itemized (	ontribut	ìons f	rom Individuals				
Last Name				Firs					M.L.
Kuganathan				Na	darajah	1000	2	2 80-21 500	
Residential Street Address			City				State	Zip Code	1770
1683 Via Sevilla St			Corona		AP 1		CA	92881-0	1776
Principal Occupation Principal Consultant					of Employer ay Consulting Se	rvices Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	if contribution is in excess of municipality does contributor municipality valued at more t	or business				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ☑ No	Is contributor a principal of a state  If yes, indicate which branch o  branches of government the	·	or pros	_	□ res			\$100.00
Method of contribution: Cash Personal Check	Credit/Debit	contract is with:  Card Payroll Deduction			Date Received 07/25/2023	Aggregate contributions \$300.00			
Last Name	7		223220	First					M.t.
Leroy				Pat	ricia				
Residential Street Address			City				State	Zip Code 02903-3	126
1 Regency Piz, Apt 202			Provide		of Employer		INI	02903-3	120
Principal Occupation Retired				Retir					
Is contributor a labbyist, spouse, or dependent child of a lobbyist?	☐ Yes  ✓ No	If contribution is in excess of municipality does contributor municipality valued at more th	or business i				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat  If yes, indicate which branch of		or pros	pective state contractor	☐ 1 es			\$36.00
If yes, list Event #	✓ No	branches of government the contract is with:	☐ Ex	ecutive	eLegisla	ative No			1
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debit	Curd Payroll Deduction	Money Ord	ет	Date Received 08/18/2023	Aggregate contributions \$179.00			
Last Name				First					M.L
Leroy				Pati	ricia				
Residential Street Address			City				State	Zip Code	400
1 Regency Plz, Apt 202			Provide		45.		RI	02903-3	126
Principal Occupation Retired	2000			Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ☑No	If contribution is in excess of a municipality does contributed municipality valued at more the	or <b>b</b> usiness h				Amoun	of Contr	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state  If yes, indicate which breach or		or prosp	pective state contractor	Yes ☑ Yes			\$25.00
If yes, list Event #	✓ No	branches of government the contract is with.	Exe	ecutive	Legisla	tive			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 08/28/2023	Aggregate contributions \$179.00			

\$161.00	SUBTOTAL Section BThis Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Symmaty Page

NAME OF COMMUTTIEE (Provide Complete Name as Registered with	ih Filing Repos	Itory)	TYPE OF REPORT	THE REAL PROPERTY.	William Co.	
Arunan for Hartford			7th day preceding	7th day preceding primary		
A. Total Contributions from Small Contributors - Received t	his Period O	NEY				
(See instructions for definition of Small Contributor)		Subtotal Section a	1			\$0.00
B. Itemize	d Contribut	ionsprom Individuals				STANKED .
Last Name		First				M.I.
Zarrilli		Gianni				
Residential Street Address	City	100		State	Zip Code	1000
208 Highland St	Wether			CT	06109-	1023
Principal Occupation President		Name of Employer Transportation Manag	gment Soluti <b>ons</b>			
	utor or business l	he/she is associated with have		Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a figure which bran branches of government the contract is with:	ch or	or prospective state contractor  ecutive Legisl:		\$500.0		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	Date Received 08/29/2023	Aggregate contributions \$1,500.00			
Last Name		First				M.I.
Williams		Grace				P
Residential Street Address	City			State	Zip Code	740
13004 Pine Ct	Bowie			MD	20720-4	142
Principal Occupation Retired		Name of Employer Retired				
dependent child of a lobbytst?  No municipality does contribute municipality valued at more	utor or business h ore than \$5,000?	ididate committee for a chief eac/she is associated with have Yes	a contract with said	Amour	nt of Cont	ribution
event reported in Section L1?    If yes, indicate which branches of covernment the	ch or	or prospective state contractor	✓ No			\$100.00
If yes, list Event # contract is with:	[_]Exe	ecutive Legisla				
Method of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction	Money Orde	Date Received  7 08/28/2023	Aggregate contributions \$310.00			
Last Name		First	\$5.0,00		7.00	M.I.
Teiger		Michael				В
Residential Street Address	City			State	Zip Code	
9 Timberwood Rd	West Ha	artford		CT	06117-1	460
Principal Occupation Physician		Name of Employer Self		8;		
	utor or business h	didate committee for a chief e c/she is associated with have Yes		Amoun	t of Conti	ibution
event reported in Section L1?  Yes  If yes, indicate which branches of accomment the	ch or	or prospective state contractor	☑ 165 ☑ No			\$250.00
If yes, list Event # contract is with:	Exe	ecutive Legisla	tive	0		
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	Date Received 08/29/2023	Aggregate contributions \$1,250.00			

\$850.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE ASSOCIATE G	emplete Name as Registered with I	Uing Repo	uitory		TYPB OF KEPORT			
Arunan for Hartford					7th day preceding	7th day preceding primary		
A. Total Contributions from Suid	Contributors - Received this	Period (	ONE	7		D-80-200		
(See instructions for definition of Small-	The last transfer of the Control of			Subjectal Section	A			\$0.00
	B. Itemized	Sonti ibu	tions	from Individual		Total Section		Market S.
Last Name			Fire					M.L.
Robinson			Da	avid				
Residential Street Address		City				State	Zip Code	
21 Ledyard Rd		West I	lartfo	rd		CT	06117	-1712
Principal Occupation Attorney				e of Employer Hartfors				
Is contributor a fobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more t	or business	he she			Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?    Yes, list Event #	If yes, indicate which branch of	»r	r or pro	·	∐ res			\$200.00
Method of contribution:  Cash Personal Check Credit	Debit Card Payroll Deduction	Money On	der	Date Received 08/28/2023	Aggregate contributions \$750.00			
Last Name			Firs	t				M.I.
Seifel			Do	nald				R
Residential Street Address		City				State	Zip Code	
28 Riverside Ave		Old Sa				СТ	06475-	1415
Principal Occupation Attorney			1	of Employer ike, Kelly & Spel	lacy PC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	fes If contribution is in excess of municipality does contributor municipality valued at more that	or business	he/she			Атоиг	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	If yes, indicate which branch or branches of government the	r	or pros					\$500.00
Method of contribution: Cash Personal Check Credit/	contract is with:  Debit Card Payroll Deduction		-	Date Received 08/29/2023	Aggregate contributions \$1,000.00			
Last Name			First					M.L.
Watkins			Ger	rald				R
Residential Street Address 19842 Hiawatha St		City Chatsw	orth			State CA	Zip Code 91311-	1807
Principal Occupation Retired		o i i di di		of Employer ed		<u> </u>	0.011	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	lo If contribution is in excess of S municipality does contributor of municipality valued at more th	or business l				Amoun	t of Cont	ribution
is this contribution associated with an event reported in Section L1?	If yes, indicate which branch or	_			☐ tes			\$100.00
### Method of contribution:    Cash   Personal Check   Credit/E	contract is with:		ecutive	Date Received 08/20/2023	Aggregate contributions \$300.00	W.:		
					4000.00			

\$800.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter (otal on Line 13, Column A of Summary Page)

NAME OF COMMITTEE (Provide Co.	nplete Name as Registered with F	iling Repo	itory)	Separate Sep	TYPE OF REPORT	Park	SAUGES!	No. St. C.
Arunan for Hartford					7th day preceding	primary		
A. Total Contributions from Small (See instructions for definition of Small C		Period C	NLY	Subtotal Section	A			\$0.00
	B. Itemized (	Contribut	ionsji	rom Individuals	Service Services	EQUIPMENT .	700	TO SHOW
Last Name			Firs	t				M.I.
Wiseman			Sa	ndy				w
Residential Street Address		City				State	Zip Code	- II
968 West Blvd		Hartfor	-			СТ	06105-	4144
Principal Occupation Retired			Reti		7.2 0.785.01851.0		102	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	and the Mandage and there are	or business	he/she			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Ye  Ye  Ye  No	If yes, indicate which branch o branches of government the	· .	or pros					\$50.00
Method of contribution: Cash Personal Check Credit/D	contract is with:			Date Received 07/25/2023	Aggregate contributions \$85.00			
Last Name			First					M.I.
Ponnambalam			Ana	andaraj				L
Residential Street Address		City				State	Zip Code	
109 Taormina Ln		Ojai				CA	93023-3	3629
Principal Occupation Retired			Name	of Employer ed			20	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality, days and others	or business !				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a state  If yes, indicate which branch of branches of government the contract is with:	r	or pros ecutiv		res			\$50.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ CredivD	ebit Card Payroll Deduction	Money Orde	er	Date Received 08/20/2023	Aggregate contributions \$150.00		5	
Last Name		2	First					M.E.
Simmons			Car	la 				D
Residential Street Address 30 Woodland St, Apt 3A		City Hartford				State	Zip Code 06105-2	303
Principal Occupation Retired			Name Retir	of Employer ed			·	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality door contributor	or business b				Amour	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Hyes, list Event #  Yes	Is contributor a principal of a state  If yes, indicate which branch or  branches of government the  contract is with:	=	or prosp ecutive	C***	✓ No			\$50.00
Method of contribution: Cash Personal Check Credit/Do		Money Orde	er	Date Received 08/16/2023	Aggregate contributions \$200.00			

\$150.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13; Column A of Summary Page

Page 52 of 103

NAME OF COMMITTIES (Provide Complete Name as Registered with Eiling Repository) TKPB O			TYPE OF REFORT	Ker oh kreoka			
Arunan for Hartford				7th day preceding	primary		5720-7
A. Total Contributions from Small Contributors - Received the	is Period C	NID					
(See instructions for definition of Smill Contributor)			Subtotal Section	A.			\$0.00
B, Itemized	Contribut	ions 1	rom Individuals				
Last Name		Firs	t				M.I.
Thambiah		Lo	ga				С
Residential Street Address City				State	Zip Code		
2559 Canterbury Ln, # F113	rbury Ln, # F113 Simi Valley			CA	93063-0	0455	
Principal Occupation Name of Employer Compliance Officer LifeCare Assurance Company							
Compliance Officer		rue	Jare Assurance	Сотрапу		House State	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of municipality does contribute municipality valued at more	or or business than \$5,000?	he/she	is associated with have	e a contract with said	Amour	t of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a st	tate contractor	or pros	pective state contracto	r? Yes			\$100.00
event reported in Section L1?  If yes, indicate which branch branches of government the	or		_	✓ No			<b>4100.00</b>
If yes, list Event # contract is with:	Ex	ecutiv		ative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	er	Date Received 08/29/2023	Aggregate contributions \$625.00			
Last Name		First					M.I.
Martinez		Су	nthia				
Residential Street Address	City			2-02.2	State	Zip Code	1000
185 Main St, Ste C				СТ	06032-2	2941	
Principal Occupation CFO	3	13	of Employer I Connecticut Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of municipality does contribute municipality valued at more	or or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a st		or pros	pective state contractor	r? Yes			\$50.00
# If yes, list Event # No If yes, indicate which branch branches of government the contract is with:	or Ex	ecutiv	e Legisl	✓ No ative			
Method of contribution:			Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	07/31/2023	\$75.00			
Last Name		First					M,l.
Smith		Jan	nes				С
Residential Street Address	City				State	Zip Code	400
PO Box 1436	Middleb				СТ	06762-7	436
Principal Occupation CEO/Owner			of Employer Mith Advisors				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business t than \$5,000?	xe/she i	s associated with have Yes	a contract with said  No	Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a start from the section L1?  If yes, indicate which branch		or pros	pective state contractor	<u> </u>			\$500.00
If yes, list Event # branches of government the contract is with:	Exe	ecutive	Legisla	ative No			
Mcthod of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	el	Date Received 08/09/2023	Aggregate contributions \$1,000.00			

\$650.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A+H)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTIES (Proyide Com	lete Name as Registered with	iling Repo	sitáry)		TYPE OF REPORT	No.		
Arunan for Hartford					7th day preceding	primar	/	76
A. Total Contributions from Small C	ontributors - Received this	Period C	NEY	The State of the S		150	1000	- 12
(See instructions for definition of Small Co.	STATE OF THE PERSON NAMED OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED A			Subtotal Section	A			\$0.0
		Contribut	ons f	rom ndividuals			100	No.
Last Name			First	Market - Land Committee				M.I.
Zoppo			Elle	ก				
Residential Street Address		City				State	Zip Code	_
47 Kory Ln		Bristol				CT	06010-	7180
Principal Occupation Town Manager		2000	100	of Employer of Enfield				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contribute municipality valued at more	r or business	he/she i:			Amou	nt of Con	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  You	Is contributor a principal of a sta  If yes, indicate which branch o branches of government the	or	or prosp		∐ Yes ☑No			\$100.00
Method of contribution:    Cash   Personal Check   Credit/Deb	contract is with:	Money Ord		Date Received 08/25/2023	Aggregate contributions \$200.00	4.0		
Last Name			First					M.I.
Lathrop	\$50,54%, 350,000 as 1		Dav	id			en la	
Residential Street Address		City				State	Zip Code	
53 Sherman St	Hartford		СТ	06105-2	2260			
Principal Occupation Accountant				of Employer ord Behavioral H	lealth			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  No	Is contributor a principal of a state  If yes, indicate which branch o  branches of government the	r	or prosp	_	∐ res ✓No			\$50.00
Method of contribution:  Cash Personal Check Credit/Deb	contract is with:	Money Orde		Date Received 08/01/2023	Aggregate contributions \$100.00			
Last Name			First	1310 112020	<b>4.55.00</b>			M.I.
Thambiah			Loga	à				С
Residential Street Address		City Simi Va	llev			State	Zip Code 93063-0	1455
2559 Canterbury Ln, # F113 Principal Occupation		On va		of Employer		0,,	00000	7100
Compliance Officer				are Assurance C	Company			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business h				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes	Is contributor a principal of a state  If yes, indicate which branch of branches of government the	_			□ res			\$100.00
If yes, list Event #	contract is with:	Exc	cutive	Legisla	itive			
Method of contribution: Cash Personal Check Credit/Debi	t Card Payroll Deduction	Money Orde		Date Received 07/24/2023	Aggregate contributions \$625.00			
			_					

\$250.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Arunan for Hartford  A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)  B. Itemized Contributions from Individuals  Last Name  Surgeon  7th day preceding print First Surgeon  Shirley	State		\$0.00
(See instructions for definition of Small Contributor)  B. Iteraized Contributions from Individuals  Last Name  First			
(See instructions for definition of Small Contributor)  B. Iteraized Contributions from Individuals  Last Name  First			
Last Name First			
			1 3 4 4
Surgeon Shirley			M.I.
111. 454	CT I	Zip Code 06112-	4902
Too Adams of	СТ	06112-	1002
Principal Occupation Retired 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?  Yes  At	mount	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with.  Executive Legislative			\$100.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date Received O8/26/2023 \$150.00			
Last Name First			M.I.
Merlin Linda			S
	tate	Zip Code	
To thigh details To thigh details	T	06001	
Principal Occupation  Grant Writer  Name of Employer  Hartford Promise			E852.0
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?   Yes   No	mount	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  VNo  VNo  VNo  VNo  VNo  VNo  VNo  VN			\$25.00
If yes, list Event # branches of government the contract is with:			
Method of contribution:  Cash Personal Check CardivDebit Card Payroll Deduction Money Order  Date Received O8/17/2023 \$25.00			
Last Name First			M.I.
Macy Nancy			В
Residential Street Address 1 Gold St, Apt 13E City Hartford City City City City City City City City		Zip Code 06103-2	907
Principal Occupation Retired Name of Employer Retired	- 2A - 143		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	mount	of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes  V No  V No  Is contributor a principal of a state contractor or prospective state contractor?  Yes  V No  V No  V No			\$200.00
Method of contribution:   Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Date Received   O8/16/2023   \$900.00			

\$325.00	SUBJOTAL Section B - This Page
\$73,611.00	TOTAL of Section B.Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM THO (Sections A.F.B)  (Enter total on Line 13, Column A of Summary Page

	Page	49	of	103
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NAME OF COMMITTIES (Provide Complete Name as Registered with )	Hilling Reposit	tony)	TYPE OF REPORT	MA SUS		A (197) NO.
Arunan for Hartford			7th day preceding	primary	1	
A. Total Contributions from Small Contributors - Received this	s Period Of	NLY				
(See instructions for definition of Small Contributor)	1966	Subtotal Section	A			\$0.0
B. Itemized	Contributio	ons from Individuals		3-10-20	DETERMINE	A CONT
Last Name	La La Maria de la Carta de la	First				M.I.
Summers		Paul				l w
Residential Street Address	City			State	Zip Code	-
69 Rockledge Loop	Torringto	on		СТ	06790-	3064
Principal Occupation		Name of Employer				
Auditor	- 1	Bottom Line Tech				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of municipality does contribute municipality valued at more	or or business he			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  No  If pes, hat Event #  Yes  No			□ res			\$75.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Order	Date Received	Aggregate contributions \$100.00			
Last Name		First				M,I.
Piel		Lizbeth				
Residential Street Address	City			State	Zip Code	
286 Gay St	Sharon			CT	06069-2	2060
Principal Occupation Retired		Same of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business he			Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  If yes, indicate which branch obtained so f government the	or _	prospective state contracto	∐ 1es			\$50.00
Method of contribution:		Date Received	Aggregate contributions	ł		
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Order	08/25/2023	\$50.00			
Last Name		First				M.L
Tomasiewicz		patrick				
Residential Street Address	City		1.10 - 1.11 (1.10 - 1.10 - 1.10 - 1.10 - 1.10 - 1.10 - 1.10 - 1.10 - 1.10 - 1.10 - 1.10 - 1.10 - 1.10 - 1.10 -	State	Zip Code	_
97 Walbridge Rd	West Har	tford		СТ	06119-1	160
Principal Occupation Attorney	1 3	ame of Employer azzino & Tamasiewi	cz		1080	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contributor municipality valued at more than the second contributor municipality valued at more than the second contributor municipality valued at more than the second contributor in the second contributor in the second contributor is in excess of the second contributor is in excess of the second contributor is in excess of the second contributor is in excess of the second contributor in the second contributor is in excess of the second contributor is in excess of the second contributor is in excess of the second contributor is in excess of the second contributor is in excess of the second contributor is in excess of the second contributor is in excess of the second contributor is in excess of the second contributor is in excess of the second contributor is in excess of the second contributor is in excess of the second contributor in the second contributor is in excess of the second contributor in the second contributor is in excess of the second contributor in the second contributor is in excess of the second contributor in the second contributor is in excess of the second contributor in the second contributor is in excess of the second contributor in the second contributor is in excess of the second contributor in the second contributor is in excess of the second contributor in the second contributor is in excess of the second contributor in the second contributor is in excess of the second contributor in the second contributor is in excess of the second contributor in the second contributor is in excess of the second contributor in the second contributor is in excess of the second contributor in the second contributor is in excess of the second contributor in the second contributor is in excess of the second contributor in the second contributor is in excess of the second contributor in the second contributor is in excess of the second contributor in the second contributor is in exc	or business he/			Amoun	t of Contr	ibution
	te contractor or	prospective state contractor	" Yes		\$1	,000.00
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state of the section L1?  If yes, list Event #  If yes, list Event #		utive  Legisla	ative No		•	

\$1,125.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Fravide Complete Name at Registered with Filling Repository). INTER OF REPORT							
Arunan for Hartford				7th day preceding	primary		
A. Total Contributions from Small Contributors - Received th	is Period C	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00
	Contribut	ions	rom Individuals				
Last Name		Firs	A comment of the comm				M.L
Zachs		Eri	c				м
Residential Street Address	City				State	Zip Code	
53 Norwood Rd	West H	artfo	d		СТ	06117-	2235
Principal Occupation			of Employer				
Investment		MCI	M Holdings, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution.	tor or business				Amout	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a sevent reported in Section L1?  No branches of government the		or pro		اري ΩNo			\$750.00
If yes, list Event # contract is with:	Ex	ecutiv	c Legisl	ative	]		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 08/27/2023	Aggregate contributions \$750.00			
Last Name		Firs		70 10		(276.83)	M.I.
Wishnie		Mic	hael				
Residential Street Address City State							
272 Edgehill Rd Hamden			СТ	06517-	4015		
Principal Occupation Law Professor			of Employer Law School	24.95			
1s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribut municipality valued at more	lor or husiness l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a sevent reported in Section L1?  If yes, indicate which branch		or pros	pective state contractor	res			\$250.00
If yes, list Event # No branches of government the contract is with:	Ex	ecutiv	eLegisl				
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 08/26/2023	Aggregate contributions \$250.00			440
Last Name		First					M.I.
Summers		Pat	11				W
Residential Street Address	City				State	Zip Code	
69 Rockledge Loop	Torringt				СТ	06790-3	3064
Principal Occupation Auditor			of Employer om Line Tech				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribut municipality valued at more municipality valued at more municipality.	or or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a section L1?  If yes, indicate which branch		or pros	pective state contractor	☐ 1.es			\$25.00
If yes, list Event # branches of government the contract is with:	Exe	cutive	: Legisla	√ No ative			
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction [	Money Orde	er .	Date Received 07/25/2023	Aggregate contributions \$100.00			

\$1,025.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary, Page

NAME OF COMMETEE (Provide Complete Name as Registered with Filing Repository)  17.PEC			LYPE OF REPORT	YPE OF REPORT			
Arunan for Hartford			7th day preceding	primary	/		
A. Total Confributions from Small Contributors - Received il (See instructions for definition of Small Contributor)	iisPeriőd C	ONLY Subtotal Section				\$0.00	
B, Ifemize	Contribu	ions from Lidividual	8	0			
Last Name		First				M.I.	
Nurse	-,80	Ellen	47-12		000	s	
Residential Street Address	City			State	Zip Code		
53 Congress St, Apt A	Hartfor			СТ	06114-	4067	
Principal Occupation Retired		Name of Employer Retired					
	tor or business	ndidate committee for a chie he she is associated with hav \textsquare Yes		Amou	nt of Cont	ribution	
Is this contribution associated with an event reported in Section L.1?  If yes, list Event #  Is contributor a principal of a lifyes, indicate which branches of government the contract is with:	h <b>or</b>	or prospective state contract	✓ No			\$100.00	
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	Date Received 08/29/2023	Aggregate contributions \$300.00		50 200		
Last Name		First				M.L.	
Kurantowicz		Liz					
Residential Street Address	City			State CT	Zip Code		
21 Marne Ave	IS AVG				06825-1	1753	
Principal Occupation Principal		Name of Employer The Drury Group					
	tor or business	ndidate committee for a chie he she is associated with hav		Amour	it of Cont	ribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a silf yes, indicate which branch branches of government the contract is with:	h or	or prospective state contract	☑ 1es			\$100.00	
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	Date Received 09/03/2023	Aggregate contributions \$100.00				
Last Name		First	100,0000			M.I.	
Lacy		Scott					
Residential Street Address 3250 Fairfield Ave, Apt 208	City Bridgep	ort		State CT	Zip Code 06605-3	3270	
Principal Occupation Professor, Dean		Name of Employer Fairfield University					
	or or business i	ndidate committee for a chief ne/she is associated with have Yes		Amoun	t of Conti	ribution	
Is this contribution associated with an event reported in Section L1?  Yes  Yes  If yes, indicate which branch branches of government the	1 OF		✓N.º			\$50.00	
If yes, list Event # contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction		Date Received 07/28/2023	Aggregate contributions \$97.00	-			

\$250.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

of 103

NAME OF COMMITTEE (Exovide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Arunan for Hartford			7th day preceding	primary		
A. Total Contributions from Small Contributors - Receiv	ed this Period	ONDY				
(See instructions for definition of Small Contributor).		Subtotal Section	u A			\$0.00
B. Iten	nized Contribu	fious from Individua	Manager Con			
Last Name		First				M.L
Murray		Charles				
Residential Street Address	City			State	Zip Code	
118 Marilyn Dr	Glasto	nbury		СТ	06033~	4131
Principal Occupation		Name of Employer				
Retired		Retired		80		
	ntributor or business	andidate committee for a chi he/she is associated with ha Yes		Amour	nt of Cont	ribution
event reported in Section L1? Yes If yes, indicate which	branch or	r or prospective state contrac	[∠] No			\$50.00
ontract is with:		cecutive Legi	slative	1		
Method of contribution: Cash Personal Check Credit/Debit Card Payrol! Dedu	ection Money Or	Date Received 08/28/2023	Aggregate contribution: \$250.0			
Last Name		First				M.I.
McArdle		Chris				
Residential Street Address	City	•		State	Zip Code	
57 Charter Oak Ave, Apt 317	Hartfor			СТ	06106-2	2888
Principal Occupation LSR		Name of Employer FedEx				
	ntributor or business	ndidate committee for a chic he/she is associated with hav Yes		Amoun	it of Conti	ribution
super managed in Continue 1 12		or prospective state contract	or? Yes	1		\$25.00
If yes, list Event #	it the	ecutive Legi	slative No			
Method of contribution:	ction Money Ord	Date Received or 08/28/2023	Aggregate contributions \$25.00			
Last Name		First		1		M.I.
Phelps		Derek				
Residential Street Address	City	Bolok		State	Zip Code	
16 Fox Run Lane 16 Fox Run Ln	Killingw	orth		CT	06419	
Principal Occupation		Name of Employer				10.70
Government Relations	C18003335 91	Twelve	20 - 21 16 54 - 3 24 <u>24 27 2</u>			
	tributor or business	ndidate committee for a chie he/she is associated with hav Yes		Amoun	t of Contr	ribution
event reported in Section L1?  If yes, indicate which to branches of government branches of government.	oranch or	or prospective state contract				\$250.00
Method of contribution:		Date Received	Aggregate contributions	1		
	ction Money Ord		\$250.00			4

\$325.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL GONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Entertotal on Line 13, Column A of Summary Page

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

If yes, list Event #

Yes

✓ No

Method of contribution:
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order

SEEC FORM 20 Revised January 2015	I. MONETARY RECEIPTS (Sections A-K)					) Pa	ge 4	45 a	ıf 103
NAME OF GOMMITTHE (Pro)	ride Complete	e Name as Regustered with Fi	ling Repos	itory)		TYPE OF REPORT	61/2 HX		
Arunan for Hartford					— 100 100 100 100 100 100 100 100 100 10	7th day preceding	primar	/	
A. Total Contributions from	Small Con	ributors - Received this	Period O	NES					
(See instructions for definition of	Small Contri	butar)			Subtotal Section	A			\$0.00
Children to Carleton		B. Itemized C	ontributi	опѕ	from Individuals	No.			
Last Name				Firs	st			17 - 17 - 17	M.I.
Michel				Be	rnie				
Residential Street Address			City				State	Zip Co	
174 Sigourney St			Hartford	_			СТ	0610	5-1908
Principal Occupation Retired		E # Jakester Ar 1952 —		Ret	e of Employer lired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of s municipality does contributor of municipality valued at more th	or business f an \$5,000?	ie she	is associated with have	a contract with said No	Amou	nt of Co	atribution
Is this contribution associated with an event reported in Section L1?	☐Yes I	s contributor a principal of a state If yes, indicate which branch or branches of government the	_		440-5	☑ 1es			\$25.00
If yes, list Event #		contract is with:	Exe	ecutiv					
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debit C	ard Payroll Deduction	Money Orde	r	Date Received 08/03/2023	Aggregate contributions \$50.00			
Last Name				Firs	t				M.1.
Simpson				Ge	offrey				
Residential Street Address			City	22			State	Zip Coo	
58 Selma Ct		10.0	Weatog				СТ	06088	9-9619
Principal Occupation Campaigns Director					of Employer ice Democrats				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Ycs √No	If contribution is in excess of S municipality does contributor o municipality valued at more th	er business h	didate e/she	committee for a chiefe is associated with have Yes	executive officer of a a contract with said  No	Amou	nt of Co	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ I	s contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:				∠ No			\$250.00
Method of contribution: Cash Personal Check	Credit/Debit C	ard Payroll Deduction	Money Orde	T	Date Received 08/18/2023	Aggregate contributions \$1,250.00			
Last Name				First		VII. 8 (400 V)	240	- 23	M.I.
Lombardi				Sel	bastian				
Residential Street Address			City				State	Zip Cod	_
14 Clover Ln			Weatog				СТ	08089	9-9400
Principal Occupation Attorney					of Employer Pitney LLP	828cm			- 3 Y
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of S municipality does contributor of municipality valued at more than	r business h	didate e she	committee for a chief of a special spe	executive officer of a a contract with said	Amou	at of Co	atribution

\$475.00	SUBTOTAL Section B - Trijs Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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

Executive

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

√ Yes

No

Aggregate contributions

\$600.00

\_\_\_ Legislative

Date Received 07/17/2023 \$200.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository).			TYPE OF REPORT				
Arunan for Hartford				7th day preceding	primary		
A. Potel Contributions from Small Contributors - Received this	Period (	INLY			1.1	13.5	-3.65
(See instructions for disfinition of Small Contributor)		TO W	Subjectal Section	A.			\$0.00
B. Remized 4	Contribut	fons f	om Indlyiduals				
Last Name		First					M.I.
Jeffers Dectora						C	
Residential Street Address					State	Zip Code	S = 100
122 Warrenton Avenue 122 Warrenton Ave	Hartfor				СТ	06105	
Principal Occupation Retired		Retir	of Employer ed				
is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of municipality does contributor municipality valued at more to	or business han \$5,000?	he/she is	s associated with have Yes	a contract with said No	Атоці	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  VNo  Is contributor a principal of a statement reported in Section L1?  Is contributor a principal of a statement reported in Section L1?  If pes, indicate which branch of branches of government the	11		_	☐ res			\$50.00
If yes, list Event # contract is with:	Ex	ecutive	E Legisl	ative Aggregate contributions	ļ		
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	08/31/2023	\$50.00			
Last Name		First					M.I.
Horton		Wes	5				
Residential Street Address	City				State	Zip Code	445
220 Terry Rd	Hartford				ст	06105-1	1113
Principal Occupation Attorney			of Employer roy Deutsch				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of municipality does contributor municipality valued at more than the contributor of the contribution of the contributor of the contribution of the contributor of the contribu	or busine <mark>ss</mark> l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state event reported in Section L1?  If yes, indicate which branch or		or prosp	ective state contractor	L I es			\$500.00
If yes, list Event # No branches of government the contract is with:	Exc	ecutive	Legisla	ative No			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/06/2023	Aggregate contributions \$500.00			
Last Name	2.5	First		7 () 1 W. () THE S	V		M.L.
Desanti	NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER O	Joe					
Residential Street Address	City				State	Zip Code	
33 Brocketts Point Rd	Branford				СТ	06405-4	937
Principal Occupation Director of Project Management			f Employer es Construction	Company			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L.1?  If yes, list Event #  Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	_	or prospe	ective state contractor			55	\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received 09/01/2023	Aggregate contributions \$100.00			

\$650.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages.
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Sammely, Page

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repasitory)			TYPE OF REPORT	TYPB OF REPORT			
Arunan for Hartford			7th day preceding	primary	1		
A. Total Contributions from Small Contributors - Received this	Period C	NLY					
(See Instructions for definition of Small Contributor)		Subtotal Secti	on A			\$0.00	
B. Itemized	Contribut	ions from Individu	āls	2000	HILLIAM	(B) (V)	
Last Name	Account to the second	First				M.i.	
Johnson		Stephanie					
Residential Street Address	City		1000	State	Zip Code	3.00	
1212 Main St, Apt 313	Hartford			СТ	06103-	1266	
Principal Occupation		Name of Employer The Hartford					
Attorney		i ne nariioro					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of municipality does contributor municipality valued at more to	or business			Amou	nt of Cont	ribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state of the section L1?  If yes, list Event #  Is contributor a principal of a state of the section L1?  If yes, list Event #	70		gislative			\$50.00	
Method of contribution:	Money Ord	Date Received	Aggregate contributions \$50.00				
Last Name		First				M.I.	
Di Roberts		Janice					
Residential Street Address	City			State	Zip Code	-	
87 Meadowgate St	Wethers			СТ	06109-3	3739	
Principal Occupation Retired		Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   Yes   If contribution is in excess of municipality does contributor municipality valued at more than the second sec	or business i			Amour	it of Conti	ribution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state event reported in Section L1?  If yes, indicate which branch or		or prospective state contra	ector? Yes			\$25.00	
If yes, list Event # No branches of government the contract is with:	_	ecutive Le	gislative No				
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	Date Received 08/29/2023	Aggregate contributions \$25.00				
Last Name		First				M.I.	
Fish	1	Michael					
Residential Street Address	City			State	Zip Code		
85 Ridgebury Rd 85 Ridgebury Rd	Avon			СТ	06001		
Principal Occupation Insurance broker		Name of Employer Choice Financial					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h			Amoun	it of Contr	ibution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative					\$200.00		
Method of contribution:		Date Received	Aggregate contributions				
Cash Personal Check Concentration Payroll Deduction	Money Orde	08/29/2023	\$200.00				

\$275.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Franks Complete Name as Registered Will	Filing Repo	sl(ory)		TYPE OF RECET			
Arunan for Hartford				7th day preceding	primary	1	
A. Total Contributions from Small Contributors - Received to	his Period (	ON A			-		
(See instructions for definition of Small Contributes)			Subtotal Section	A			\$0.00
B. Itembre	d Contribu	ions	from Individuals				
Last Name		Fin	it				M.I.
Joiner		Ke	vin				
Residential Street Address	City				State	Zip Code	
75 Girard Ave	Hartford				CT	06105-	2230
Principal Occupation		1	e of Employer in Joines				
Attomey	1,599	VBA	III Joinei				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess municipality does contribution in excess municipality does contribution in excess municipality valued at more contribution.	ator or business	he/she			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a fyes, indicate which branches of government the	:h ot	or proc	_	☑No			\$250.00
Method of contribution:			Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord		08/29/2023	\$250.00			T 545
Last Name							M.I.
Gulino		Pa	olo				
Residential Street Address	City Wether	eficid			State	Zip Code 06109-2	2612
25 Farmingdale Rd Principal Occupation	AACTIC		of Employer		Q1	00103-	2012
Owner			ulino & Associate	S			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribute municipality valued at more	tor or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which branch branches of government the		or pros	pective state contractor	?'			\$500.00
If yes, list Event # contract is with:	☐ Ex	ecutiv	e Legisl	ative			1
Method of contribution:  ☐ Cash	Money Ord	er	Date Received 08/29/2023	Aggregate contributions \$500.00			
Last Name Gilmore		First					M.I.
Residential Street Address	City	rat	41		State	Zip Code	-
8 Bradley Rd	Simsbu	ry			CT	06070-2	2536
Principal Occupation Attorney			of Employer ke, Kelly & Spella	acy PC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess municipality does contribut municipality valued at more	or or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If secontributor a principal of a secont indicate which branch branches of government the	1 OF			□ 1es			\$100.00
Method of contribution:     Cash     Personal Check     Credit/Debit Card     Payroll Deduction		ecutivo er	Date Received 08/29/2023	Aggregate contributions \$100.00			

\$850.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections: A ± B)  (Enter total on Line 13, Column A of Summery Page

NAMB OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Arunan for Hartford					7th day preceding	primary		
A. Total Contributions from Small Contributors - I	Received this	Period C	NL)	Real property				
(See instructions for definition of Small Contributor)				Subtotal Section	A			\$0.00
	R. Itemized C	Contribut	ions	rom Individuals		-		
Last Name		1000	Firs					M.I.
Kennelly			Ba	rbara				
Residential Street Address		City				State	Zip Code	
95 Scarborough St		Hartford	đ			СТ	06105-	1106
Principal Occupation			Name	of Employer		-		
Retired			Reti	red				
dependent child of a lobbyist? municipality		or business		committee for a chief is associated with have Yes		Amoun	t of Cont	ribution
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e which branch o	r _	or pro	e Legisl	✓ No			\$250.00
Method of contribution:	- 75 1	Moncy Ord	cı	Date Received 08/29/2023	Aggregate contributions \$250.00		46	
Last Name			Firs	1				M.I.
Drumm Kumiega			Во	nnie				
Residential Street Address	19	City				State	Zip Code	
22 Old Farm Rd		Somers				CT	06071-1	1517
Principal Occupation Attorney				of Employer ike, Kelly & Spell	acy PC			
dependent child of a lobbyist? municipality		or business l		committee for a chief is associated with have Yes		Amoun	t of Cont	ribution
Yes	e which branch or vernment the	· _	or pros	pective state contracto	[] \\ \[ \] \\ \  \]			\$100.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payr	oll Deduction	Money Ord	сг	Date Received 08/29/2023	Aggregate contributions \$100.00			
Last Name			Firs					M.I.
Kaplan			Eliz	abeth				Louis
Residential Street Address		City		-		State	Zip Code	
59 Concord St	200	West H	artfor	đ		СТ	06119-1	306
Principal Occupation Retired			Name Reti	of Employer red	9-2			
dependent child of a lobbyist? No municipality	does contributor valued at more th	or business l an \$5,000?	he/she	committee for a chief is associated with have Yes	a contract with said  No	Amoun	t of Cont	ribution
I IYES 1	which branch or vernment the	_	or pros ecutiv	pective state contractor				\$250.00
Method of contribution:	oll Deduction	Money Ord	er	Date Received 08/29/2023	Aggregate contributions \$250.00			

\$600.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A ± B)  (Enter total on Line 13, Column A of Summary Page

Arunan for Hartford  Ar Total Cognitivities from Small Contributions - Accessed this Period ONLY Generalization of Oscillation	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposition).			TREE OF REPORT					
Section   Sect	Arunan for Hartford			7th day preceding	primary				
Last Name   First   Stephen   State	A. Total Contributions from Small C	outributors - Received this	Period (	NID			_		
Last Name   First   Stophen   State   Civ   Code   CT   CT   CT   CT   CT   CT   CT   C	(See instructions for definition of Small Contributor). Subtatal Section			A			\$0.00		
Near   Stephen   State   Address   Cir   Gof790-4378   Cir   Gof	Residence and the second second second	B. Itemized (	Contribut	ions	irom Individuals				
Residential Street Address 4.17 Weststide Ln  Tromington  Name of Employer Metric Financial Advisor  Is contribution associated with an	Last Name			Fire	st				M.L.
ATT   Westaide Ln	Ivain			Ste	ephen				
Name of Employer   Metric Financial Advisor	Residential Street Address		8.00		20.00			1	
Financial Advisor		210 0010000014	Torring			10000000 DV	CI	06/90-	1378
dependent child of a lobbyist?   No   municipality does contribute or business he/the is associated with have a contract with said municipality of the contribution associated with an event reported in Section 1.1?   No   If contribute a principal of a state contractor or prospective state contractor?   Yes   No   No   No   No   No   No   No   N						sor			
Executive   Legislative   Le	demandant skild of a labbudate	municipality does contributor	r or business	he/she	is associated with have	a contract with sald	Amoui	at of Cont	ribution
Method of contribution:   Cast   Personal Cheek   Credit/Debit Card   Fayroll Deduction   Money Order   Date Received   OB/25/2023   Aggregate contributions   SSL0.00	event reported in Section L1?	If yes, indicate which branch of branches of government the	or	·	_	⊠No □ 1es			\$50.00
Residential Street Address 7 Ferry Ln Residential Street Address 7 Ferry Ln Residential Street Address 8 City Simsbury Residential Street Address Residential Street Address 1			Money Ord	er			1	50	
Residential Street Address 7 Ferry Ln  Principal Occupation Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which beanch or branches of government the contract is with:    City   Simsbury   None   Name of Employer   Retired	Last Name		9.77-00.195	Firs		10			M.I.
Terry Ln	Hsieh			An	-Ping				
Principal Occupation Retired    Name of Employer Retired   Name of Employer Retired	Residential Street Address		1					4	
Retified    Retified   Retified   Retified	and the same of th		Simsbu	<u> </u>			СТ	06070-1	802
State   City   South Glastonbury   State   City   South Glastonbury   South Glastonb		200-100-10							
First   M.f.	demandant abild of a labbuiles?	municipality does contributor	or business		is associated with have	a contract with said	Amoun	it of Conti	ribution
Method of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Moncy Order   O8/28/2023   \$1,000.00	event reported in Section L!?	If yes, indicate which branch o	T	-	_	∑.;o		\$	00.000,1
Cash	If yes, list Event #		Ex	ecutiv		ative			
Residential Street Address  Residential Street Address  Residential Street Address  Residential Street Address  Residential Street Address  Residential Street Address  Residential Street Address  Residential Street Address  Residential Street Address  Residential Street Address  Residential Street Address  Residential Street Address  Residential Street Address  State Zip Code O6073-2300  Principal Occupation  Name of Employer  Updike, Kelly & Spellacy  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No  Is this contribution associated with an event reported in Section 1.1? Yes, indicate which branch or branches of government the contract or prospective state contractor? Yes  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions		it Card Payroll Deduction	Money Ord	CI .				5,244 BC - C	
Residential Street Address  84 Drumlin Rd  South Glastonbury  Principal Occupation Attorney  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$55,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Date Received  Aggregate contributions  State Zip Code CT 06073-2300  Amount of Contribution of the contribution of the contractor of a municipality valued at more than \$55,000?  Yes Voo  \$100.00	Last Name			First					M.E.
84 Drumlin Rd  South Glastonbury  CT 06073-2300  Principal Occupation Attorney  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 the she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section 1.1?  If yes, inst Event #  South Glastonbury  CT 06073-2300  Amount of Contribution  For incipality valued at more than \$5,000?  Yes  If contribution a state contractor?  Yes  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate contributions	DeCrescenzo			Rol	pert				
Principal Occupation Attorney    Name of Employer   Updike, Kelly & Spellacy	7			lacto	nhun/				300
Attorney  Updike, Kelly & Spellacy  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section 1.1?  If yes, itst Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, itst Event #  Method of contribution:  Date Received  Aggregate contributions	A CONTRACTOR OF THE CONTRACTOR		South				CI	00073-2	300
dependent child of a lobbyist?  No municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Particular of Contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions						асу			
event reported in Section L1?  If yes, list Event #	denondrat skild of a labbuist?	dent child of a lobbyist? municipality does contributor or business be/she is associated with have a contract with said				ibution			
Method of contribution:    Date Received   Aggregate contributions   Date Received   Aggregate contributions   Date Received   Aggregate Contributions   Date Received   Date	event reported in Section L1?	If yes, indicate which branch or		or pros	pective state contractor				\$100.00
	IJ yes, list Event =		Exc	cutive		ulive			
		it Card Payroll Deduction	Money Orde	r	: 4				

\$1,150.00	SUBTOTAL Section B - This Page	
\$73,611.00	TOTAL of Section B Pages.	
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 43, Column A of Summary Page	

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A. Total Coparity utions from Small Contributors - Receive of this Period ONLY  (See functions for definitions of Small Contributor)    B. Hemited Contributions in the state of the state	NAME OF COMMUTTEE (Fronte C	omplete Name as Registeres	Luith Filling Rep.	ository)		TYPE OF REPORT	1200		080,33
South   Sout	Arunan for Hartford					7th day preceding	7th day preceding primary		
South   Sout	A. Total Contributions from Small	l Contributors - Receiv	ed this Period	ONLY	A Section Section		-7/		
Lan Name   First   Diane   D						A			\$0.00
Cliv	Professional Service (September 1997)	B. Iten	alzed Contribu	tions i	from Individuals		100000		A 100
Residential Street Address   City	Last Name			Firs	1				M.J.
Principal Decupation   Principal Decupation	Goldberg-Honig			Dia	ine				1
Principal Occupation Filtness Trainer Filtness Fil	Residential Street Address							Zip Code	•
Is contributor a lobbyist, spouse, or   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business behalf is associated with have a contract with said municipality valued at more than \$5,000?   Yes   No	71 Town Line Rd		Harwi	nton		0.00	СТ	06791-	1517
Is contributor a lobbysix, spouse, or dependent child of a lobbysit?   Yes   Mo   Is this contribution associated with an   Yes   Is contribution   Is contribution   Yes   Is contri									
dependent child of a lobbyist?	Fitness Trainer			Diar	ne Honig Fitness				
### State outsituation associated with an event reported in Section L17  ### State State    Frest   State   St	Annual and a Child and a Laboratory	municipality does co	ntributor or busines	s he/she	is associated with have	a contract with said	Amou	nt of Cont	ribution
Method of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Date Received   08/25/2023   \$1,000.00	event reported in Section L1?	fyes, indicate which branches of governmen	branch or		_	∐ res		\$	1,000.00
Residential Street Address  43 Breguet Rd  Reflected  R	Method of contribution:			-2-00	Date Received	Aggregate contributions			
Residential Street Address 43 Breguet Rd  City Goshen  Name of Employer Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Retired  Riscontributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  Marjorie  Retired  Is contributor a principal of a state contractor or prospective state contractor?  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  No  State Contributions  S20.00  Marjorie  Name of Employer Retired  Name of Employer retired  Retired  Name of Employer retired  State Zip Code CT 06759-3313  M.I.  Marjorie  State Zip Code CT 06759-3313  M.I.  Marjorie  State Zip Code CT 06759-3313  M.I.  Marjorie  Is contributor a lobbyist, spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  No  Is this contribution associated with an event manicipality valued at more than \$5,000?  Yes No  Is this contribution associated with an event manicipality valued at more than \$5,000?  Yes No  Is this contribution associated with an event manicipality valued at more than \$5,000?  Yes No  State Zip Code CT 06759-3313  Amount of Contribution  Name of Employer retired  Name of Employer retired  Name of Employer retired  Name of Employer retired  Name of Employer retired  Name of Employer retired  Name of Employer retired  Name of Employer retired  Name of Employer retired  Name of Employer retired  Name of Employer retired  Name of Employer retired  Name of Employer retired  Name of Employer retired  Name of Employer retired  Name of Employer retired  Name of Employer retired  Name of Employer Retired  Amount of Contribution  Name of Employer Retired  Name of Employe	Last Name			First					M.i.
### Amount of Contribution ### ### Amount of Contribution ### ### ### ### ### ### ### ### ### ##	Horvay			Her	nrietta				
Principal Occupation Relired    Scontributor a lobbyist, apouse, or dependent child of a lobbyist?   No   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with an a contract with said municipality valued at more than \$5,000?   Yes   No	Residential Street Address		100				1		
Retired    Retired   Retired   Retired			Goshe				СТ	06756-1	1420
Statis   Contribution associated with an   Yes   State   City   State   City					* '				
Yes	dissandant shilld of a tabbuter?	municipality does con	tributor or business	he/she i	s associated with have	a contract with said	Amour	it of Conti	ribution
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 08/25/2023 \$20.00  Last Name Hubbard First Hubbard Marjorie  Residential Street Address 6 Emerson Ct Principal Occupation Retired Name of Employer retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Myes, hist Event #  Method of contribution:  Cary Date Received Aggregate contributions  Name of Employer retired  Amount of Contribution  Is contribution associated with an event reported in Section L1?  Myes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions  Date Received Aggregate contributions  Date Received Aggregate contributions	event reported in Section L1?	If yes, indicate which b		r or pros	pective state contracto	1 cs			\$20.00
Cash Personal Check Credit/Debit Card Payrol! Deduction Money Order 08/25/2023 \$20.00  Last Name First Marjorie  Residential Street Address City Marjorie  Residential Street Address City Litchfield State Zip Code CT 06759-3313  Principal Occupation Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No  Is this contribution associated with an Yes Is contribution a principal of a state contractor or prospective state contractor? Yes No  If yes, indicate which branch or branches of government the contract is with.  Date Received Aggregate contributions	If yes, list Event #		t the	xecutive	eLegisl	ative No			
Residential Street Address 6 Emerson Ct Principal Occupation Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution associated with an which are event reported in Section L1?  If contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Marjorie  State Zip Code CT 06759-3313  Name of Employer retired  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes Vo  Stone CT 06759-3313  Amount of Contribution  Executive Legislative  Stone CT 06759-3313  Amount of Contribution		Debit Card Payroll Deduc	ction Money Or	der					
Residential Street Address 6 Emerson Ct Litchfield  Name of Employer retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an yes event reported in Section L1?  Yes  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate contributions	Last Name			First	1000			22.50	M.L.
Secontribution associated with an event reported in Section L1?   Yes   Is contribution:   Litchfield   Litchfield   Litchfield   CT   O6759-3313	Hubbard			Mar	rjorie				
Principal Occupation Retired    Name of Employer retired	Residential Street Address	24.972.854	100	0.77		7.8.8.0			
Retired    Testined   Testined	6 Emerson Ct		Litchfie				CL	06759-3	313
dependent child of a lobbyist?    V No					-				
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:    Solution   Date Received   Aggregate contributions   Solution	denendant child of a lobbuser?	municipality does con	tributor or business	he/she is	associated with have	a contract with said	Amoun	t of Contr	ibution
Method of contribution:  Date Received Aggregate contributions	event reported in Section L1?	If yes, indicate which because of government	eranch or	- 100		√ No			\$50.00
		contract is with:		recutive					
		Debit Card Payroll Deduc	tion Money Or	der					

\$1,070.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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A. Total Contributions from Small Contributors - Received this Period ONLY	NAME OF COMMITTEE (Provide Complete Name as Registered	ATTURE (Provide Complete Name as Registered with Filling Repository). TYPE CIF REP			igo.		
Last Name   Supering	Arunan for Hartford			7th day preceding primary			
Last Name   First   State   Color   The Contribution is in excess of \$400 to a condition or in the contribution associated with an a contract with said   Contribution   State   Cont	A. Potal Contributions from Small Contributors - Receiv	ed this Period C	DNILY				
Last Name   First   Maruge-sapillar   Maruge-s	(See instructions for definition of Small Contributor)		Subfield Section.	6			\$0.00
Same san   Murugesapilial	B, The	uked Contribu	lious from Individuals				
Redidential Street Address 343 Padova Way    North Vertices	Last Name		First				M.I.
343 Padova Way	Ganesan		Murugesapillai				
Principal Contributor a lobbyis: spouse, or dependent child of a lobbyis: "			de abou				2744
Retired    Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business be/this is associated with have a contract with said municipality valued at more than \$5,000?   Yes   No		North V			FL	342/5-	5/13
Amount of Contribution   Section L17   No   Manuscipality valued at more than \$5.000?   Yes   No   Mills contribution associated with an experiment the connect is with:   Section L17   Yes, itsit Event #   No   Manuscipality valued at more than \$5.000?   Yes   No   Manuscipality valued at more than \$5.000?   Yes   No   No   Manuscipality valued at more than \$5.000?   Yes   No   No   No   No   No   No   No   N			1,000				
## State Event # ## State   ## St	dependent child of a lobbyist? municipality does co	ntributor or business	he/she is associated with have	a contract with said	Amour	it of Cont	ribution
Method of contribution:   Cash   Personal Check   CredivDebit Card   Payroll Deduction   Money Order   Date Received   08/24/2023   \$200.00     State Name   First   Anne     Residential Street Address   City   TorrIngton   Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contribution associated with an event reported in Section L1?   No   If contribution   Noney Order   Date Received   O8/25/2023   S250.00     Aggregate contributions   State   Zip Code   CT   O6790-4341     If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contribution   Yes   Tyes, institute   No   No   State   Contribution   Yes   Tyes, institute   No   Sate   Contribution   Noney Order   Date Received   O8/25/2023   S250.00     Aggregate contributions   Aggregate contributions   Amount of Contribution   Noney Order   No   State   Contribution   Yes   Tyes, institute   No   Noney Order   O8/25/2023   S250.00     Aggregate contributions   Noney Order   O8/25/2023   S250.00   event reported in Section L17	branch or	_	1es  ✓]No			\$200.00	
Cash	Connect is wint						
Principal Occupation   Principal Occupation		setion Money Ore					
Residential Street Address 1750 Weed Rd 1750	Last Name		First			- 4.10.11	M.I.
Torrington    Name of Employer   MunroDraginis LLC	Draginis		Anne	200		a	
Principal Occupation Attorney    Name of Employer MunroDraginis LLC	Residential Street Address	1					0.44
Attorney    MunroDraginis LLC		Torring			ÇI	06/90-4	341
Is this contribution associated with an each state contractor or prospective state contractor?   Yes	•						
Secontribution   Section L1?   Tes   System   Section	dependent child of a lobbyist? municipality does co	ntributor or business	he/she is associated with have	a contract with said	Amoun	t of Conti	ribution
If yes, list Event #		of a state contractor	or prospective state contractor	? Yes			\$250 OF
Method of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Date Received   Aggregate contributions   \$250.00	l/yes, indicate which	or the		✓ No			<b>\$250.00</b>
Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   08/25/2023   \$250.00	if yes, list event # contract is with:	Ex		alive			
Last Name    First   M.I.		ction Money Ord					
Residential Street Address Residential Street Address 1235 N Humbolt Rd Denver City Denver State Zip Code CO 80205  Principal Occupation Tax Consultant  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Barbara  City Denver  Name of Employer Barbara Elliott  Name of Employer Barbara Elliott  Amount of Contribution  Amount of Contribution  State CO 80205  Amount of Contribution  Special Contribution  Amount of Contribution  Special Contribution  Amount of Contribution  Special Contribution  Date Received  Aggregate contributions			OSIZOZO	Ψ200.00		_	M.I.
Residential Street Address  1235 N Humbolt Rd  Principal Occupation Tax Consultant  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an yes event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions			6				100
1235 N Humbolt Rd  Denver  CO 80205  Principal Occupation Tax Consultant  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L.1?  If yes, list Event #  Method of contribution:  Date Received  Aggregate contributions		City	Daibara		State	Zip Code	
Tax Consultant  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Barbara Elliott  Amount of Contribution  Amount of Contribution  For a chief executive difference of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  If yes, indicate which branch or branches of government the contract or prospective state contractor?  Yes  Yes  You  Legislative  Date Received  Aggregate contributions					co	80205	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes	Principal Occupation	•				b =	
dependent child of a lobbyist?    No	Tax Consultant		Barbara Elliott				3
event reported in Section L1?  If pes, indicate which branch or branches of government the contract is with:    Solution   Section   Sec	dependent child of a lobbyist? municipality does con	stributor or business	ne/she is associated with have	a contract with said	Amoun	t of Contr	ibution
Method of contribution:    Date Received   Aggregate contributions	event reported in Section L1?  If pes, indicate which I branches of government of the period of the	branch or		[7]%			\$50.00
	contract is with						
		ction Money Orde	, ,	** *			

\$500.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OP ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enfer total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Brazide Complete Name as Registered with Kiling Repository)			TYPH OF REPORT	-		- CO.	
Arunan for Hartford		189	1 22	7th day preceding primary			
A. Total Contributions from Small Contributors - Received this	Period C	NEY		1			
(See instructions for definition of Small Contributor) Subtotal Section &							\$0.00
B. I (emized C	Zoptribut	ions from Indiv	iduals			SEAL RES	
Last Name		First					M.I.
Heston		Lynne					К
Residential Street Address	City				State	Zip Code	2504
119 Butler Dr	Glaston				СТ	06033-3	3034
Principal Occupation Retired		Name of Employer Retired			0.00		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of municipality does contributor municipality valued at more to	or business l han \$5,000?	he/she is associated w	vith have : S	a contract with said No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a sta  If yes, indicate which branch of branches of government the contract is with:	or	_	ontractor				\$500.00
Method of contribution:	Money Ord	Date Receiver 08/23/20:		Aggregate contributions \$500.00			
Last Name		First		.00/99/00 x		343.	M.I.
Dighello		Richard	Total Control	90 13 Jan 19 19 19 19 19 19 19 19 19 19 19 19 19	nastate parag		
Residential Street Address	City	· · · · ·			State	Zip Code 06052	
70 Ten Acre 70 Rd	New Bri	Name of Employer			CI	00002	
Principal Occupation Attorney	1	Updike, Kelly \$	Spella	су			÷2.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of municipality does contributor municipality valued at more than the specific property of t	or business h		rith have a		Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state of the section L1?  No branches of government the		or prospective state e	ontractor!	Yes  No			\$100.00
If yes, list Event # contract is with:	☐ Exe	ecutive	Legisla	tive			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	Date Receive 08/23/202		Aggregate contributions \$100.00		0	
Last Name	P	First					M.I.
Guerrera		Joseph					Α
Residential Street Address	City	-C-14			State	Zip Code 06109-1	057
130 Hartford Ave	Wethers				CI	00109-1	057
Principal Occupation Self employed - Construction		Name of Employer T&T Concrete a	and Lar	ndscapes, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more than the specific property of th	or business b		ith have a		Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which branch of branches of government the	r			□ No			\$200.00
If yes, list Event # contract is with:	☐ Exc		Legislat	live			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	Date Receive 08/23/202		Aggregate contributions \$200.00			
28777575 893C 1753C 58 - 71375							

\$800.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A +B)  (Enter total on Line 13, Column A of Summary Page

A Total Gapitribution includes   Small 66 attributors   Received in the Partial ONIX   Spifetal Section A	NAMBOR COMMITTEE (Braville)	Complete N	the as Registered With L	Ting Repo	stitory)		DYRE OF REPORT			
Solution   State   S	Arunan for Hartford					3.4787	7th day preceding primary			
Solution   State   S	A. Total Contributions from Smi	dl Contrit	utors - Received this	s Period (	NID.					
Last Name							N			\$0.00
Residential Street Address   Civ		46 D 46 D 16	B. Itemized	Contribut	lons	rom Individuals		a haya	FOR SE	
Residential Street Address    State   CT   Office	Last Name				Firs	t				M.I.
155 Beacon Street 155 Beacon St	Harding				Joi	nathan				D08-
Principal Occupation Attornay	Residential Street Address	- 7	1.36.X.Y.	City						
Attorney   CT Office of the Governor   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?	155 Beacon Street 155 Beacon S	St		Hartfor	d			СТ	06105	
Is contributor a lobbyist, spouse, or dependent child of a lobbyst?    If contribution is in excess of \$400 to a candidate committee for a chief executive afficer of a dependent child of a lobbyst?   No	I									
Amount of Contribution   Legislative   Leg	Attorney				CT	Office of the Gov	emor			
State   Contribution   Section L1?   Yes   No   Presonal Check   Credit/Debit Card   Payroll Deduction   Money Order   Date Received   State   Aggregate contributions   State   Aggregate contributions   State   S	demandant abild a Callabbadas	alara In	unicipality does contributo	r or business	be/sbe	is associated with have	a contract with said	Amour	nt of Cont	ribution
		162			or pros	pective state contracto	t? ∏Yes	]		\$100.00
Method of contribution:    Cash   Personal Check   CredivDebit Card   Payroll Deduction   Money Order   Date Received   OB/20/2023   Aggregate contributions   State   Card		No l/)				<u> </u>	<b>✓</b> №	1		Ψ100.0 <u>0</u>
Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   08/20/2023   \$100.00	If yes, list Event *			Ex	ecutiv		ative	]		
Last Name Gale  Residential Street Address  Carol    City		it/Debit Card	Payroll Deduction	Tatoney Ord	er			1		
Residential Street Address 165 Girard Ave 165 Girar		- CHIL		] (((((((((((((((((((((((((((((((((((((	_		\$100.00			MI
Residential Street Address  165 Girard Ave  Principal Occupation  Education  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    No					1					IVI.I.
Hartford		9.49	444	Cin	Cal	-		Centa	Zin Code	
Principal Occupation Education    Name of Employer   Hartford Board of Education					1					232
Education  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No    If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?    Is this contribution associated with an event reported in Section L1?   No   It is this contributor a principal of a state contractor or prospective state contractor?   Yes   Y						of Employer				-
Is this contribution associated with an executive   State	Education				Harti	ford Board of Edu	ucation			
State   Stat	demandant obild of a labbuild?	ING III	unicipality does contributor	or business !		s associated with have	a contract with said	Атоцп	t of Contr	ibution
Myse, list Event #		Yes Is con	ntributor a principal of a sta	ic contractor	or pros	pective state contractor	? ☐ Yes	1	•	000.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroli Deduction Money Order 08/21/2023 \$1,000.00  Last Name  Guarnieri  Residential Street Address 39 Quarry Brook Dr  Principal Occupation Dance Instructor  Scontributor 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 valued at more than \$5.000?  Is this contribution associated with an Yes event reported in Section L1?  Method of contribution:  Cash Personal Check Credit/Debit Card Payroli Deduction Money Order 08/21/2023 \$1,000.00  M.I.  M.I.  State Zip Code CT 06074-3592  Name of Employer Charter Oak Cultural Center  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5.000?  Yes No  Is contribution associated with an Yes event reported in Section L1?  Method of contribution:  Date Received Aggregate contributions  Date Received Aggregate contributions							[Z] No	ļ.	4	,000.00
Cash Personal Check Credit/Debit Card Payroll Deduction Moncy Order 08/21/2023 \$1,000.00  Last Name Guarnieri  Residential Street Address 39 Quarry Brook Dr  Principal Occupation Dance Instructor  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5.000?  Is this contribution associated with anYes	If yes, list Event #			Ex	ecutive	: Legisla	ative			
Cast Name   First   Julianne		t/Debit Card	Payroll Deduction	Money Ord	er e					
Residential Street Address  39 Quarry Brook Dr  Principal Occupation Dance Instructor  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions  State Zip Code O6074-3592  Amount of Contribution associated with an event with said municipality valued at more than \$5,000?  Yes  South Windsor  CT  O6074-3592  Amount of Contribution o	Last Name				First		* ******			M.I.
Residential Street Address  39 Quarry Brook Dr  Principal Occupation Dance Instructor  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions  State Zip Code O6074-3592  Amount of Contribution associated with an event with said municipality valued at more than \$5,000?  Yes  South Windsor  CT  O6074-3592  Amount of Contribution o	Guarnieri				Julia	anne				
Principal Occupation Dance Instructor  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5.000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Name of Employer Charter Oak Cultural Center  Amount of Contribution  Amount of Contribution  S250.00  Legislative  Date Received Aggregate contributions	Residential Street Address			City	-			State	Zip Code	-
Dance Instructor    Charter Oak Cultural Center	39 Quarry Brook Dr			South V	/inds	or			06074-3	592
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes		394.036								
dependent child of a lobbyist?    No	Dance Instructor				Char	ter Oak Cultural	Center			
event reported in Section L1?  If yes, list Event #  Method of contribution:  Yes  If yes, indicate which branch or branches of government the contract is with:  Executive  Date Received  Aggregate contributions	demandant child of a lobbusia?	No m	micipality does contributor	or business h		associated with have	e contract with said	Amoun	t of Contr	ibution
// yes, list Event #	Is this contribution associated with an	( C\$			or prost	ective state contractor	? Yes			מה מפכז
Method of contribution:    Contract is with:   Executive   Legislative	event reported in Section L17	.   <i>If</i> ye		_		-			•	<i>52.50.00</i>
	If yes, list Event #			∐ Exe	cutive		tive			
	Method of contribution: Cash Personal Check Credit	/Debit Card	Payroll Deduction	Money Orde	1			ķ.		

\$1,350.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A. ≠ B)  ⟨Enter total on Line 13, Column A of Summary Page

EC FORM 20 ised January 2015	I. MONETARY RECEIPTS (Sections A-K)	Page 35	of l	103
ME OF COMMITTEE (Provide Complete Nam	it as Registered with Filing Repository)	TYPE OF REPORT		
unan for Hartford		7th day preceding primary		
Total Contributions from Small Contribu				•••
e instructions for definition of Small Contributor			-	\$0.0
	B. Remized Contributions from Individuals		State Cont	
st Name	First		М	L.

See instructions for definition of	Small Cont	ributor)	1		Subtotal Section	di.	14 E 14 E 14 E 14 E 14 E 14 E 14 E 14 E		\$0.0	
		B. Itemized (	Contribu	tions	from Individuals		44501			
Last Name	19 153			Fin	st				M.L.	
Jacobowitz				Av	i					
Residential Street Address			City				State	Zip Code		
1987 New York Ave			Brooki	yn			NY	11210-	4823	
Principal Occupation					e of Employer					
Director of Accounting				She	iboume Global S	Solutions				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributed municipality valued at more t	or business	he/she			Amount of Contribution			
Is this contribution associated with an	Yes	Is contributor a principal of a sta	te contracto	r or pro	spective state contracto	υτ? ✓ Yes				
If yes, list Event #	✓No	If yes, indicate which branch of branches of government the contract is with:		xecutiv	e Legis	lative No				
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Or	der	Date Received 07/28/2023	Aggregate contributions \$500.00		3		
Last Name				Firs	t				M.I.	
Frieder				Ric	chard			401-y-		
Residential Street Address			City				State	Zip Code		
335 Cotton Hill Rd			New H	artfor	d 		CT 06057-3418			
Principal Occupation					of Employer	Ph. 74 1				
community engagement				Con	nmunity Capacity	Builders	767	33		
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business	he/she			Amount of Contribution \$50.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch o branches of government the contract is with:	· _	or pros	_	∐ 165 ☑ №				
Method of contribution:		Contract is with.			Date Received	Aggregate contributions				
Cash Personal Check	CredivDebit	Card Payroll Deduction	Money Ord	leт	08/08/2023	\$50.00	1		200	
Last Name Ganesan		-		Firs Na	i ndakumar				M.I.	
Residential Street Address			City				State	Zip Code	1772	
1717 San Pasqual St			Pasade	ena			CA	91106-3	3549	
Principal Occupation Professor					of Employer fornia State Unive	ersity, Los Angeles		56		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more than	or business	he/she	committee for a chief is associated with have	executive officer of a a contract with said	Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐Yes ☑No	Is contributor a principal of a stat  If yes, indicate which branch or branches of government the contract is with:	r _	or pros	-			\$100.00		
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debit		Money Ord	ker	Date Received 08/15/2023	Aggregate contributions \$100.00				

\$650.00	SUBTOTAL Section BThis Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter-total on Line 13, Column A of Summary Page

I. MONETARY RECEIPTS (Sections A-I	I.	MONETARY	RECEIPTS	(Sections	A-K
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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repos	(lory)		TYPE OF REPORT			No. of Control
Arunan for Hartford				7th day preceding	primary		200000
A. Total Contributions from Small Contributors - Received th	is Period C	Nify					
(See Instructions for definition of Small Contributor)			Subtotal Sections				\$0.00
	Contribut	lons :	rom Individuals		200000		85 D.
Last Name		Fin	NAME OF TAXABLE PARTY OF TAXABLE PARTY.				M.I.
Fay		Da	vid				R
Residential Street Address	City	-	- 437 - 70		State	Zip Code	-
149 Speno Rdg	Rocky	Hill			CT	06067-	2835
Principal Occupation	-		of Employer				
Arts Management		Bus	hnell Memorial H	all Corp			
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?  Yes  Am					Amour	Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a section L1?  If yes, list Event #	n or	or pro		✓ No			\$250.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received 08/08/2023	Aggregate contributions \$250.00	5		
Last Name		Firs	3X 33 33 33 33 33 33 33 33 33 33 33 33 3			7.00	M.I.
Gaffney		Be	merd				
Residential Street Address	City				State	Zip Code	
22 Winterset Ln	Simsbu	ry	0.00		СТ	06070-	1739
Principal Occupation Attorney			of Employer vn Paindiris & Sc	ott		- Total - 1985	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribut municipality valued at more municipality valued at more	or or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  No  If yes, list Event #  Is contributor a principal of a s  If yes, indicate which branch branches of government the	101	or pros					\$500.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	_ = = = = = = = = = = = = = = = = = = =		Date Received 07/25/2023	Aggregate contributions \$500.00		-11.0001	
Last Name		First					M.I.
Hoeksema		Col	leen				
Residential Street Address	City	577			State	Zip Code	
257 Oxford St	Hartford				СТ	06105-2	2249
Principal Occupation Marketing			of Employer wledge Architectu	re	20. 21. 11		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business b				Amoun	t of Cout	ribution
Is this contributor a speciated with an event reported in Section L1?  Yes  No  Yes, indicate which branch branches of government the	or		_	☐ 16s			\$25.00
If yes, list Event # contract is with:	Exi	ecutiv		itive			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 07/17/2023	Aggregate contributions \$25.00			

\$775.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A+B) (Enter total on Une 13, Column A of Summary Page

NAMB OF COMMITTEE (Provide Complete Name as Registered with F	Hing Repor	ttory)		TYPE OF REPORT	A LOSS		menasy.
Arunan for Hartford				7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this	Period C	(JIX	t				
(See instructions for definition of Small Contributor)			Subtotal Section	<b>K</b>			\$0.00
B, Hemized C	Contribut	io)15 1	from Individuals				
Last Name		Firs	rt .				M.I.
Gnanakone		Ch	ristopher				Į v
Residential Street Address	City				State	Zip Code	
11746 Monte Leon Way	Porter l				CA	91326-	1514
Principal Occupation Retired		Reti	e of Employer				
		· ·					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state event reported in Section L1?  If yes, indicate which branch of		or pro	spective state contracto	L_I i es			\$50.00
If yes, list Event #   No    Yes, inducate whiten branch or branches of government the contract is with:   Executive   Legislative							
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ст	Date Received 08/21/2023	Aggregate contributions \$150.00			
Last Name		First					M.I.
Desai		Ga	urang				1
Residential Street Address	City	_			State	Zip Code	
111 Mountain Spring Rd	Farming				СТ	06032-1	1614
Principal Occupation Self employed	A		of Employer s Hospitality				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contributor municipality valued at more if	or business t				Amour	it of Conti	ribution
Is this contribution associated with an Yes Is contributor a principal of a stat	c contractor	or pros	pective state contractor	? Yes			\$500.00
event reported in Section L1?  If yes, indicate which branch of branches of government the	_		_	. ✓No			<b>\$300.00</b>
If yes, list Event # contract is with:	Exe	ecutiv		ative			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	ет	Date Received 08/01/2023	Aggregate contributions \$500.00			
Last Name		First					M.I.
Frey		Dar	1				
Residential Street Address	City South G	lasta	mh. m.		State CT	Zip Code 06073-2	224
70 Southpond Rd	Sount		of Employer		CI	00073-2	324
Principal Occupation Chief Financial Officer		Trav					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes municipality does contributor municipality valued at more the municipality valued at more the municipality valued at more than the municipality of the municipality of the municipality of the municipality of the municipality of the municipality of the municipality of the municipality of the municipality of the municipality of the municipality	or business h				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a state of the section L1?  If yes, indicate which branch or		or pros	pective state contractor	<u> </u>		\$1	,000.00
If yes, list Event # branches of government the contract is with:	☐ Exe	cutive	E Legisla	alive No			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	r	Date Received 08/14/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$1,550.00
TOTAL of Section B Pages	\$73,811.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$73,611.00

Page 32 of 103

NAME OF GOMMITTEE (Provide Complete Name on Regulered wi	th Filling Repo	(Litory)		TWPE OF REPORT				
Arunan for Hartford				7th day preceding	primary		Stranie - S	
A. Total Contributions from Small Contributors - Received	flifs Period C	NLA						
(See instructions for definition of Small Contributor)			Subtotal Section	A.			\$0.00	
B. Teamber	ed Contribut	lons i	com Individuals		VETTON		6200	
Last Name		Firs	l				M.I.	
Hammond		Ca	rrie		1925			
Residential Street Address	City				State	Zip Code	1404	
14 Pembroke HI	Farmin	_			СТ	06032-	1461	
Principal Occupation Retired		Name	of Employer					
Ketiled		Neu						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes Volume						Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lifyes, indicate which bran branches of government the	ich or	or pros	pective state contracto	r? ☐Yes ✓No			\$25.00	
If yes, list Event #	e 🗀 Ex	ecutiv	e 🔲 Legisl	lative	l			
Method of contribution:  Cash Personal Check CC Credit/Debit Card Payroll Deduction	n Money Ord	er	Date Received 08/15/2023	Aggregate contributions \$275.00				
Last Name	10 200	First				Allah sa	M.I.	
Johnson		Jan	nes			.,		
Residential Street Address	City				State	Zip Code		
78 Bowdoin St Springfield				MA 01109-4033		1033		
Principal Occupation Avionics	- 22		of Employer an DOD					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes	utor or business l				Amoun	t of Conti	lbution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lifyes, indicate which branches of government the	ch or	or pros	pective state contractor	? ☐ Yes ☑ No			\$100.00	
If yes, list Event # contract is with:	Ex	ecutiv	: Legisl	ative	d d		- 1	
Method of contribution:  Cash Personal Check Credit/Debit Card Payrol! Deduction	1 Mozey Orde	er e	Date Received 08/17/2023	Aggregate contributions \$200.00				
Lasi Name		First					M.I.	
Gregory		Dou	ıg				1	
Residential Street Address	City				State	Zip Code		
25 Industry Dr	West Ha				СТ	06516-1	443	
Principal Occupation Sales		Name Seci	of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate committee for a chief 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?					Amoun	t of Contr	ibution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a event reported in Section L1?		or prosp	ective state contractor			;	\$500.00	
If yes, list Event # PNo branches of government the contract is with:		cutive	Legisla	ative No	Į.			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Mioney Orde	r	Date Received 08/29/2023	Aggregate contributions \$800.00				

\$625.00	SURTOTAL Section BThis Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC FORM 20 Revised January 2015	I. MONETARY	Y RECE	IPT	S (Sections A-K	() Pa	ge	31	of	103
NAME OF COMMITTEE (Provide Comp	lete Name as Registered with F	ling Repos	ltory)		TYPE OF REPORT	Bigge		JESCA .	E STATE OF
Arunan for Hartford				404077024004	7th day preceding	primar	у		
A. Total Contributions from Small Co	intributors - Received this	Period C	NIO						
(See instructions for definition of Small Con	itributor)			Subtotal Section	A.				\$0.0
	B. Itemized C	Contribut	ions	from Individuals	A STATE OF THE PARTY OF THE PAR				
Last Name			Fir	The second secon					M.I.
ilangovan			so	ma					
Residential Street Address		City	1			State	Z	p Code	
215 Lone Star Way		Cary				NC	2	7519-8	3776
Principal Occupation Retired			Nam Reti	e of Employer ired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business l nan \$5,000?	be/she	is associated with have	a contract with said No	Amou	int o	Conti	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch of branches of government the		or pro	spective state contracto	t? ☐Yes ✓No	•			
If yes, list Event #	contract is with:	☐ Ex	ecutiv	c Legisl	ative				
Method of contribution:  Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 07/13/2023	Aggregate contributions \$300.00				
Last Name			Firs	1	AK 28				M.I.
Howard			Wil	lliam				-	E
Residential Street Address		City				State		p Code	
59 Concord St		West Ha				СТ	0	3119-1	306
Principal Occupation Retired			Name	e of Employer red					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of s municipality does contributor municipality valued at more th	or business b				Amou	nt of	Contr	ribution
Is this contribution associated with an event reported in Section L1?  **Myes, list Event #*  Yes  V No	Is contributor a principal of a state  If yes, indicate which branch or  branches of government the  contract is with:	_	or pros	_	✓ No	\$250.			
Method of contribution:  Cash ✓ Personal Check Credit/Debi	t Card Payroll Deduction	Money Orde	iT.	Date Received 08/29/2023	Aggregate contributions \$1,250.00				7 10
Last Name			First						M.I.
Johnson			Lyr	าก					
Residential Street Address		City				State	Zi	Code	
31 Woodland St, Apt 10B		Hartford		7377		CT	06	3105-4	303
Principal Occupation	- 1000			of Employer	- 1733 h				
Retired		1	Reti	red					
Is contributor a lobbyist, spouse. or dependent child of a lobbyist?	If contribution is in excess of S municipality does contributor o municipality valued at more th	or business h				Amou	nt of	Contr	ibution

\$375.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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

Executive

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

✓ No

Aggregate contributions \$150.00

Legislative

Date Received 07/25/2023 \$25.00

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

If yes, list Event #

Yes

**₩**No

Method of contribution:
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order

dependent child of a lobbylst?  No municipali municipali	ation is in excess of ity does contribute ity valued at more a principal of a state which branch a government the	City Avon  F \$400 to a car or or business than \$5,000?	First Jer Name Updi ndidate	Subjoral Section from Individuals	eliacy executive officer of a a contract with said	State CT	Zip Code 06001-	
Last Name FUSCO Residential Street Address 47 Northgate Principal Occupation Attorney Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No municipali municipali	ation is in excess of ity does contribute ity valued at more a principal of a state which branch a government the	City Avon  F \$400 to a car or or business than \$5,000?	First Jer Name Updi ndidate	Subjectal Section from Individuals t mnifer  of Employer ike, Kelly and Sp committee for a chief is associated with have	eliacy executive officer of a a contract with said	СТ		M.I. G
Last Name FUSCO Residential Street Address 47 Northgate Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No municipali municipali	ation is in excess of ity does contribute ity valued at more a principal of a sta cate which branch of government the	City AVOn  F \$400 to a car or or business than \$5,000?	First Jer Name Updi adidate he/she i	tom Individuals in initer  of Employer ike, Kelly and Sp committee for a chief is associated with have	eliacy executive officer of a a contract with said	СТ		M.I. G
Fusco  Residential Street Address  47 Northgate  Principal Occupation  Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Vino municipali municipali	ation is in excess of ity does contribute ity valued at more a principal of a sta cate which branch of government the	City AVOn  F \$400 to a car or or business than \$5,000?	First Jer Name Updi adidate he/she i	nnifer of Employer ike, Kelly and Sp committee for a chief is associated with bave	executive officer of a a contract with said	СТ		G
Fusco  Residential Street Address  47 Northgate  Principal Occupation  Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Vino municipali municipali	ity does contribute ity valued at more a principal of a sta cate which branch of government the	F \$400 to a ca or or business than \$5,000?	Name Updi adidate he/she i	of Employer ike, Kelly and Sp committee for a chief is associated with have	executive officer of a a contract with said	СТ		G
Residential Street Address 47 Northgate  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Vino municipalist m	ity does contribute ity valued at more a principal of a sta cate which branch of government the	F \$400 to a ca or or business than \$5,000?	Name Updi udidate hc/she i	of Employer ike, Kelly and Sp committee for a chief is associated with bave	executive officer of a a contract with said	СТ		
47 Northgate  Principal Occupation  Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  In this contribution associated with the lobbyist of the l	ity does contribute ity valued at more a principal of a sta cate which branch of government the	F \$400 to a ca or or business than \$5,000?	Updi ndidate hc/she i	ike, Kelly and Sp committee for a chief is associated with have	executive officer of a a contract with said	СТ		
Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Ves   If contributor municipal municipali	ity does contribute ity valued at more a principal of a sta cate which branch of government the	f \$400 to a ca or or business than \$5,000?	Updi ndidate hc/she i	ike, Kelly and Sp committee for a chief is associated with have	executive officer of a a contract with said		06001-	4077
Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No Who municipali municipali	ity does contribute ity valued at more a principal of a sta cate which branch of government the	r or business than \$5,000? Ite contractor	Updi ndidate hc/she i	ike, Kelly and Sp committee for a chief is associated with have	executive officer of a a contract with said	Amore		
Is contributor a lobbyist, spouse, or	ity does contribute ity valued at more a principal of a sta cate which branch of government the	r or business than \$5,000? Ite contractor	ndidate he/she i	committee for a chief is associated with have	executive officer of a a contract with said	Amon		
dependent child of a lobbylst?  No municipali municipali	ity does contribute ity valued at more a principal of a sta cate which branch of government the	r or business than \$5,000? Ite contractor	hc/she i	is associated with have	a contract with said	Amos		
Is this contribution associated with an Is contributor	cate which branch o		or pros		✓No	Amour	t of Cont	ribution
event reported in Section L1?    Yes     Yes       Yes								\$100.00
If yes, list Event # contract is w		Ex	ecutive		ative	ĺ		
Method of contribution:  Cash Personal Check Credit/Debit Card Pa	ayroll Deduction	Money Ord	er	Date Received 08/23/2023	Aggragate contributions \$600.00			19
Last Name	29,777		First				1000	M.I.
Hooker			Jon	athan				В
Residential Street Address		City				State	Zip Code	-
40 N Beacon St		Hartford				СТ	06105-2	<u>2510</u>
Principal Occupation Attorney				of Employer				
Attorney			Jona	ithan Hooker			et 10000	w
dependent child of a lobbyist?		or business l		committee for a chief of a sassociated with have Yes		Ameun	t of Cont	ribution
	a principal of a stat	te contractor	or prosp	pective state contractor	? TYes			605.00
When his Event # VNo branches of g	ate which branch o government the	_	ecutive	: Logisla	[Z] No.			\$25.00
Method of contribution:	run:		T	Date Received	Aggregate contributions			
	yroll Deduction	Money Orde	er	08/29/2023	\$75.00			
Last Name			First					M.I.
Frisbie			Mich	hael				- 1
Residential Street Address		City		-3A:-		State	Zip Code	
204 Root Rd		Somers		40000	100	СТ	06071-1	230
Principal Occupation Owner				of Employer e Gas Inc				
dependent child of a lobbyist?   municipality		or business h		committee for a chief es associated with have a		Amoun	of Contr	ibution
avent reported in Section 1 12			r prosp	ective state contractor?	Yes			\$250.00
event reported in Section Lt.   If yes, indica	ite which branch or government the ith:	r Exe	cutive	Legisla			•	∌ <b>∠</b> 3V.UU
Method of contribution:	yroll Deduction	Money Order	,	Date Received 08/29/2023	Aggregate contributions \$550.00			

\$375.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A # B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Fraylde Comple	te Name as Registered with F	lling Repo	sitory)		DYPROF REPORT		V	9,00
Arunan for Hartford			and the second		7th day preceding	primar	y	-
A. Total Contributions from Small Con	tributors - Received this	Period (	ONUN	3		100		-102
(See instructions for definition of Small Contr	(butor)			Subtotal Section	A			\$0.0
	B. Itemized (	Contribu	tions	from Individuals	A STATE OF THE STATE OF			
Last Name			Firs	THE RESERVE OF STREET				M.I.
Horton			Ch	loe				L
Residential Street Address		City				State	Zip Code	
220 Terry Rd		Hartfor	ď			CT	06105-	1113
Principal Occupation				of Employer				
Retired			Reti	red				
Is contributor a fobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business han \$5,000?	he/she	is associated with have	e a contract with said	Amou	nt of Cont	tribution
sthis contribution associated with an vent reported in Section L1?    Yes   Is contributor a principal of a state contractor or prospective state contractor?   Yes   If yes, indicate which branch or branches of government the contract is with:    Executive   Legislative   Legislati							\$500.00	
Method of contribution: Cash Personal Check Credit/Debit C		Money Ord	ler	Date Received 08/06/2023	Aggregate contributions \$1,500.00			
Last Name			First					M,f.
Goldstein			Eva	an				s
Residential Street Address	199	City				State	Zip Code	
44 High St	Farmington			CT	06032-	2315		
Principal Occupation				of Employer				
Attorney			Upai	ke, Kelly & Spell	acy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more than the contributor municipality valued at more than the contributors are the contributors are contributors.	or business i				Amour	at of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  You	Is contributor a principal of a state  If yes, indicate which branch or  branches of government the	r	or pros	202	[Z] No □ 16			\$100.00
Method of contribution:	contract is with:		CCUMT	Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit C	Card Payroll Deduction	Money Ord	er	08/28/2023	\$500.00			
Last Name			First					M.I.
Czapiga			Jan	nes				
Residential Street Address		City				State	Zip Code	69
68 Knollwood Drive 68 Knollwood Dr		Hebron				СТ	06248	
Principal Occupation		8		of Employer				
President & CEO		3	CAT	IC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of s municipality does contributor municipality valued at more th	or business t				Amoun	it of Conti	ribution
	s contributor a principal of a state		or prosi	pective state contractor	? Yes			\$200.00
event reported in Section L1?  If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:		ecutive	: Legist	✓No			₩200.00
Method of contribution: Cash Personal Check CCredit/Debit C	ard Payroll Deduction	Money Orde	er	Date Received 08/21/2023	Aggregate contributions \$700.00			

\$800.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
<b>\$73,</b> 611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enfer total on Line 13, Column A of Summary Page

of 103

NAME OF COMMUTEE (Broyde Complete Name as Registered)	oth Filing Repo	orling)		DYPE OF REPORT	1000		
Arunan for Hartford				7th day preceding	primary	1	
A. Total Contributions from Small Contributors - Received	His Period	ONDY			SQ-500		-1000
(See instructions for definition of Small Contributor)		Subtitut	Section A				\$0.0
B. Denil	zed Contribu	tions from Indi	doubly	SELECTION OF THE SELECT	NV (Call Co		
Last Name		First					M.I.
Garrett		Lauren					
Residential Street Address	City				State	Zip Code	
47 Andover Rd	Hamd	en			СТ	06518-	1701
Principal Occupation		Name of Employer					
Mayor		Town of Hame	den			200	1
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Is contribution associated with an event reported in Section L1?  Yes Is contributor a principal of the section L1?	ributor or busines more than \$5,000 If a state contracto	s he/she is associated?	with have a	a contract with said  No  Yes	Amoui	nt of Cont	ribution \$50.00
If yes, list Event # No branches of government contract is with:	the	xecutive [	Legisla	itive No			
Method of contribution:  ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Deduction:	ion Money Or	Date Recei dcr 07/24/20		Aggregate contributions \$50.00			
Last Name		First		***	1		M.L
D'Italia		Catherine					
Residential Street Address	City	•			State	Zip Code	
31 Woodland St, Apt 12E	Hartfor				СТ	06105-4	1339
Principal Occupation Retired		Name of Employer Retired	•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes [If contribution is in exemunicipality does contribution in exemunicipality does contribution in exemunicipality does contribution in exemunicipality does contribution in exemunicipality does contribution in exemunicipality does contribution in exemunicipality does contribution in exemunicipality does contribution in exemunicipality does contribution in exemunicipality does contribution in exemunicipality does contribution in exemunicipality does contribution in exemunicipality does contribution in exemunicipality does contribution in exemunicipality does contribution in exemunicipality does contribution in exemunicipality does contribution in	ibutor or business	he/she is associated t	with have a		Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of If yes, indicate which but branches of government to contract is with:	inch or	_	contractor?	□ Yes			\$100.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	on Money Or	Date Receiver 08/15/20		Aggregate contributions \$700.00			
Last Name		First					M.L
Houlihan		Charles					D
Residential Street Address	City				State	Zip Code	
2 Somerset Ln	Simsbu	ıry			CT	06070-1	716
Principal Occupation lawyer		Name of Employer Houlihan Law					
is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in exceed municipality does contribution is in exceed municipality does contribution.	butor or business	he/she is associated v	with have a		Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of If yes, indicate which branches of government the contract is with:	nch or	_	contractor?	[☑ 165 [☑ 170			\$25.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	on Money Ord	Date Receiv 07/12/20		Aggregate contributions \$125.00			

SUBTOTAL Section B - This Page \$175.00	
TOTAL deSection B Pages \$73,611.00	
FALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 18, Column A of Summary Page \$73,611.00	

Page 27 of 103

NAME OF COMMITTEE Provide Complete Name as Rep	stered with Filing Reposit	any).	TYPE OF REPORT		TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWN	NY 2/5
Arunan for Hartford			7th day preceding	primary		
A. Total Contributions from Small Contributors - I	eceived this Period ON	TCY				
(See Instructions for definition of Small Contributor)		Subtotal Section	A.			\$0.00
	, (femigeli Confributio	The second second second	100	COLCUL.		
Last Name		First		-		M.1.
	1	Mohan				
Kasaraneni	City	MOUSELL		State	Zip Code	_
Residential Street Address	Glastonb	urv		CT	06033-3	3948
75 Colton Rd Principal Occupation		Same of Employer			1	
Retired	F	Retired				
dependent child of a lobbyist? municipality	n is in excess of \$400 to a cand does contributor or business be valued at more than \$5,000?			Amour	it of Cont	ribution
event reported in Section L1?  If yes, indicate branches of go		_	✓ No			\$200.00
Method of contribution:	oll Deduction Money Order	Date Received 08/28/2023	Aggregate contributions \$200.00			
Last Name		First				M.I.
Friedrich		Allen				
Residential Street Address	City	W		State	Zip Code	
47 Prospect St, Apt D	Glastonb	ury	15 The BEST OF	CT	06033-1	188
Principal Occupation Retired		tame of Employer Retired				
dependent child of a lobbyist? municipality	n is in excess of \$400 to a candi does contributor or business be/ valued at more than \$5,000?	idate committee for a chief she is associated with have Yes	executive officer of a a contract with said No	Amour	t of Conti	ribution
event reported in Section L1?	rincipal of a state contractor or which branch or	prospective state contracto	r? ☐Yes ☑No			\$50.00
If yes, list Event # VNo branches of go contract is with		utive 🔲 Legisl	ative			
Method of contribution: Cash Personal Check Crediv Debit Card Payro	Il Deduction Money Order	Date Received 07/25/2023	Aggregate contributions \$50.00	45. 		200
Last Name		First				M.I.
Kalamarides		John				J
Residential Street Address	City			State	Zip Code	
180 Westport Rd	Wilton			CT	06897-4	637
Principal Occupation Financial Advisor		ame of Employer GES Financial Serv	ices Ltd			- 200
dependent child of a lobbyist? municipality	is in excess of \$400 to a candi loes contributor or business he valued at more than \$5,000?	date committee for a chief she is associated with have Yes	executive officer of a a contract with said No	Amoun	t of Conti	ribution
Yes		-	☑ Yes			\$100.00
Method of contribution:		Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payro	Il Deduction Money Order		\$100.00			

\$350.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Poss	26	of	103
Page	20	OI	103

NAME OF COMMITTEE PROVIDE	Complete	e Name as Registered with h	Thing Repo	stitory)		TYPE OF REPORT	(TAME		
Arunan for Hartford						7th day preceding	primary		
A. Total Contributions from Sin	nell Cont	ributors - Received this	Period C	NIE	2				
(See instructions for definition of Sen	ull Contri	bjetor)			Subtom Section	A			\$0.0
Parameter and the second of th	1000	B, Themized (	Contribut	Bons:	from Individuals			1000	20,730,0
Last Name				Fire	pt .				M.L
Doucette				Ja	son				
Residential Street Address	N		City				State	Zip Code	-
85 Stephanies Way		10	Manch	ester			СТ	06040-	4570
Principal Occupation					of Employer	1.0			
Atty				Gag	liardi Doucette L	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business	he/she			Amoui	nt of Cont	ribution
event reported in Section L1?	]Yes <sup>I</sup>	is contributor a principal of a state  If yes, indicate which branch o  branches of government the	r		_	∐ 1es			\$100.00
If yes, list Event #	~	contract is with:	Ex	ecutiv		lative	1		
Method of contribution:  Cash Personal Check Cree	dit/Debit C	ard Payroll Deduction	Money Ord	ler	Date Received 08/29/2023	Aggregate contributions \$200.00		1041500 V	
Last Name				Firs					M.I.
Jordan				Lac	ıra			2-02	J
Residential Street Address	- 0		City				State	Zip Code	
43 Girard Ave			Hartford				СТ	06105-2	2230
Principal Occupation Government Affairs					of Employer nford Health				
denendant child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amoun	it of Cont	ribution
event reported in Section C1?	I res	s contributor a principal of a stat If yes, indicate which branch or		or pros	pective state contractor	☐ 1 cs			\$100.00
If yes, list Event #		branches of government the contract is with:	Ex	ecutiv	e Legisl	ative No			
Method of contribution:  Cash Personal Check Cred	div/Debit Ca	ard Payrell Deduction	Money Orde	er	Date Received 08/29/2023	Aggregate contributions \$300.00			
Last Name				First					M.L
Jeyalingam				Nag	galingam				
Residential Street Address			City				State	Zip Code	
46 Susan Dr			Newbur	<u> </u>			NY	12550-1	409
Principal Occupation Retired				Name Retir	of Employer ed				
الماميطية والماما والمام والتام ومراهوا	Yes No	If contribution is in excess of a municipality does contributor of municipality valued at more th	or business h				Amoun	t of Conti	ribution
event reported in Section L1:	1 es	contributor a principal of a state		ot pros	nective state contractor	∐ 1 cs			\$100.00
1) yes, ust Event #	No I	branches of government the contract is with:	_	cutive					
Method of contribution: Cash Personal Check Cred	lit/Debit Ca	ard Payrol! Deduction	Maney Orde	er	Date Received 08/20/2023	Aggregate contributions \$100.00			

\$300.00	SUBTOTAL Section B This Page
\$73,611.00	TOTAL of Section B.Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTIES (Provide Complete Name as Re	egistered with FI	ling Repos	t(ory)		TYPE OF REPORT	PS		
Arunan for Hartford		1/4			7th day preceding	primary		
A. Total Contributions from Small Contributors -	Received this	Period C	NLY	THE TOWN THE WAY				
(See instructions for definition of Small Contributor)				Subtotal Section	A			\$0.00
And the state of the particular and the state of the state of	B. Itemized C	ontribut	ioned	ram İndividesis		NO MILES	Windstell .	
Lust Name		- Barrellon Str.	Firs					M.I.
Goodsite			Fra	ınces				R
Residential Street Address		City				State	Zip Code	
13440 Fairfield Ln, Apt 58F		Seal Be				CA	90740-	3717
Principal Occupation				of Employer				
Retired			Reti	red				
dependent child of a lobbyist?		or business l		committee for a chief is associated with have Yes	executive officer of a a contract with said No	Amour	at of Cont	ribution
event reported in Section L1?    Yes	te which branch or overnment the		or pros	pective state contracto	∐ ies [Z]No			\$25.00
Method of contribution:	roll Deduction		V3178—	Date Received 08/28/2023	Aggregate contributions \$50.00			
Last Name			First					M.I.
Dubow			Ber	njamin				D
Residential Street Address		City	-75	100 - 100 - 100		State	Zip Code	
18 Elm St		Hartford		-033,1339	32	СТ	06106-1	1769
Principal Occupation Executive Director				of Employer e City Works				
dependent child of a lobbyist? municipality		or business h		committee for a chief s associated with have Yes		Amoun	t of Cont	ribution
event reported in Section L1?  Yes  If yes, indicate branches of go	e which branch or everament the		or pros	pective state contracto	□ No			\$100.00
Method of contribution:		Money Orde		Date Received 08/28/2023	Aggregate contributions \$800.00			
Last Name			First					M.I.
Farina			Mic	hael		1000		SG
Residential Street Address 54 Robert Rd		City Manche	ster			State CT	Zip Code 06040-4	520
Principal Occupation Professor				of Employer University				
dependent child of a lobbyist? municipality		t business h		committee for a chief s associated with have Yes		Amoun	t of Conti	ribution
event reported in Section L1?	e which branch or	contractor o	r prosi	ective state contractor	□ 1.69		\$	1,000.00
If yes, list Event # No branches of go contract is with		Exe	cutive	: Legisl	ative No			
Method of contribution: Cash Personal Check Chedit/Debit Card Psyn	oll Deduction [ ]	Money Orde	r	Date Received 07/18/2023	Aggregate contributions \$1,000.00	- 53005		

\$1,125.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Entertotal on Line 13, Column A of Summary Page

NAME OF COMMITTIES Provide Complete Name as Registered with	Filing Repor	s(fory)		TYPE OF REPORT			5000
Arunan for Hartford				7th day preceding	primary		
A. Total Contributions from Small Contributors - Received th	ls Period C	NIEY					
(See instructions for definition of Small Contributor)			Subtotal Section.	A			\$0.00
B. Hamitzel	Contribut	ions fr	om Individuals		1	Wigosymin	1407
Last Name		First					M.I.
DiBella		Mar	c				A
Residential Street Address	City	78-39	10-50 1200 A - 54		State	Zip Code	
1 Gold St, Apt 27J	Hartfor				СТ	06103-2	2932
Principal Occupation Lobbyist		1	of Employer onsulting, LLC				
-							-
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of municipality does contribute municipality valued at more	or or business	he/she is			Amour	t of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a st	late contractor	or prosp	ective state contracto	t? ☐Yes	1	e.	4 000 00
If yes, indicate which branch				[Z] No.	1	\$	1,000.00
If yes, list Event A contract is with:	Ex	tecutive	Legisl	ative —	]		
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 08/16/2023	Aggregate contributions \$1,000.00			
Last Name		First		3.749			M.L.
Karnes		Nath	nan				
Residential Street Address	City	1			State	Zip Code	
4 Juniper Rd	Windso	r			CT	06095-1	853
Principal Occupation			of Employer		îel -	(C) (C)	
Financial Project Manager		CLD	ept of Housing		200		death a
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business l				Amoun	t of Contr	ribution
Is this contribution associated with an Yes Is contributor a principal of a st event reported in Section L1?		or prospe	ective state contractor	? Yes			\$25.00
No branches of agreemment the				✓ No			<b>\$20.00</b>
If yes, list Event # contract is with:	Ex∈	ecutive	Legisla	ative	S.		
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received 07/24/2023	Aggregate contributions \$125.00	-		
Last Name		First					M.I.
Das		Riju				- 1	1
Residential Street Address	City			- 10	State	Zip Code	
4 Talcott Gin, Unit B	Farming	ton			СТ	06032-3	523
Principal Occupation Attorney			f Employer of Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of municipality does contribute municipality valued at more.	r or business b				Amoun	t of Contr	ibution
Is this contribution associated with an Yes Is contributor a principal of a sta		or prospe	etive state contractor	? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			\$25.00
If yes, indicate which branch of			_	<b>⊘</b> N₀			<b>320.00</b>
1) yes, list Event # contract is with:	Exe	ecutive	Legisla	itive			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received 08/28/2023	Aggregate contributions \$50.00			
						-	

\$1,050.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B. Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter lotal on Line 13, Column A of Summary Page

NAME OF COMMITTIES (Provide Comp	lese Name as Registered with F	Iling Repor	(fory)		TYPE OF REPORT			Facility
Arunan for Hartford					7th day preceding	primary		
A. Total Contributions from Small Co	ontributors - Received this	Period C	)NLY					
(See instructions for definition of Small Con	rfributor).			Sphtotal Section	4			\$0.00
philips have been an interest and	B. Itemized (	Contribut	ionsi	from Individuals			CONTRACTOR OF	
Last Name			Firs	t				M.L.
Collins			Do	nna				
Residential Street Address	147	City				State	Zip Code	
2 Basswood Ct 2 Basswood Ct		Rocky				СТ	06067	
Principal Occupation			Name	of Employer				
Retired			Kett	160				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business	he/she			Amour	t of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a sta	te contractor	or pros	spective state contracto	r?	1		\$100.00
event reported in Section L1?	If yes, indicate which branch of branches of government the				✓ No			\$100.00
If yes, list Event #	contract is with:	Ex	ecutiv	e Legisl	lative —	]		
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	] Money Ord	ier	Date Received 08/30/2023	Aggregate contributions \$100.00			
Last Name			First					M.I.
Cortese			Ma	rgaret				
Residential Street Address		City				State	Zip Code	
87 Buttemut Ln		Danbur				СТ	06811-3	3348
Principal Occupation Clerk typist				of Employer bury Library				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat		or pros	pective state contractor	r? Yes			\$500.00
event reported in Section L1?	If yes, indicate which branch of branches of government the	_	100		. 🗸 No			0000.00
If yes, list Event #	contract is with:	Ех	ecutive					
Method of contribution:  Cash Personal Check Credit/Debi	it Card Payroll Deduction	Money Orde	ет	Date Received 09/02/2023	Aggregate contributions \$500.00			
Last Name			First					M.I.
Hyde			The	omas				
Residential Street Address		City				State	Zip Code	
140 South Rd		Farming	_			СТ	06032-2	552
Principal Occupation CEO			Name NVR	of Employer DC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business b				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch or		or pros	pective state contractor	? ☐Yes ☑No			\$200.00
If yes, list Event #	branches of government the contract is with:	☐ Exe	ecutive	e 🔲 Legisla	ative			
Method of contribution:  ☐ Cash ☐ Personal Check ☑ Credit Debi	t Card Payroll Deduction	Money Orde	er	Date Received 08/24/2023	Aggregate contributions \$300.00			

\$800.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comp	lete Name as Begistered with k	Ting Repor	rilary)		TYPE OF REPORT		50.0	
Arunan for Hartford					7th day preceding	primary		
A. Total Contributions from Small Co	ntributors - Received this	Period C	)NIEV	CONTRACTOR S				
(See instructions for definition of Small Con	telbutor)			Subjected Section.	4			\$0.00
	B. Itemized (	Contribut	lous	from Individuals			y a company	
Last Name			Firs	1		•		M.f.
Chase			Αn	nold				
Residential Street Address		City		_ ==		State	Zip Code	
3115 Albany Ave		West H	_			СТ	06117-	1858
Principal Occupation Investments			( ) ·	e of Employer INBCticut	32 H: 3-4: 1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business				Amour	at of Cont	ribution
Is this contribution associated with an event reported in Section L.1?  Yes  Yes  Yes  You	Is contributor a principal of a state  If yes, indicate which branch of branches of government the contract is with:	or	or pros	-	☑ Yes		\$	1,000.00
Method of contribution: Cash Personal Check Credit/Debi			-	Date Received 08/29/2023	Aggregate contributions \$1,000.00			
Last Name		-	Firs		Notice in			M.L
Chase			Sai	ndra				М
Residential Street Address		City	•			State	Zip Code	
3115 Albany Ave		West H				СТ	06117-1	1858
Principal Occupation Retired			Name Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes, list Event #	Is contributor a principal of a state  If yes, indicate which branch of  branches of government the		or pros	_	res ✓ No		\$	1,000.00
Method of contribution: Cash Personal Check Credit/Debi	contract is with:			Date Received 08/29/2023	Aggregate contributions \$1,000.00			
Last Name			First					M.I.
BROWN			ER	IC				
Residential Street Address 76 Kirkwood Rd		City West Ha	artfor	d		State CT	Zip Code 06117-2	831
Principal Occupation BUS OWNER - DISTRIBUTOR				of Employer ST HARTFORD L	OCK CO., LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business b				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch or		or pros	pective state contractor	□16			\$250.00
If pes, list Event #	branches of government the contract is with:	Exe	cutive					ž.
Method of contribution:  Cash Personal Check CredivDebit	Card Payroll Deduction	Money Orde	:r	Date Received 08/30/2023	Aggregate contributions \$250.00			

\$2,250.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS EROM INDIVIDUALS (Sections A + E)  (Enter total on line 13, Column A of Summary Page)

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NAMB OF COMMITTEE (Provide Com	Hete Name as Registered with I	The Repo	strory)		TYPE OF REPORT	APPROX.		
Arunan for Hartford	•				7th day preceding	primary	/	
A. Total Contributions from Small C	ontributors - Received this	Period (	INIG	1		0.5		
(See instructions for definition of Small Co.	ntr(butor)			Subtotal Section	8			\$0.00
	B. Tiemized	Contribut	lons	from Individuals				
Last Name			Fire	A CONTRACTOR OF THE PARTY OF TH				M.I.
Carvalho			Led	ward				1
Residential Street Address		City	1-			State	Zip Code	1
41 Pinemeadow Dr		Glasto	nbury			CT	06033-	
Principal Occupation				e of Employer				
Executive			M.J	. Daly LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributed municipality valued at more t	or business	he/she			Amou	nt of Con	tribution
is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a sta  If yes, indicate which branch o branches of government the contract is with:	or _	or pro		∐ 1es ☑No		\$	31,000.00
Method of contribution.  Cash Personal Check Credit/Deb	·	Money Ord	ler	Date Received 08/29/2023	Aggregate contributions \$1,000.00	1		
Last Name			Fire					M.I.
Calafiore			Jos	seph				
Residential Street Address		City	_			State	Zip Code	
82 Sycamore Rd		West H	artfor	d		СТ	06117-	2846
Principal Occupation Executive				of Employer Construction				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes	Is contributor a principal of a stat  If yes, indicate which branch o  branches of government the	r _	- 63		⊠% □ 1e			\$500.00
If yes, list Event #  Method of contribution:	contract is with:	Ex	ecutiv	e Legisl Date Received	Aggregate contributions			
Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Ord	ег	08/29/2023	\$500.00			0.100 v.512AL
Last Name			First					M.L.
Correia	39	o. 1337 N	Mai	nuel				
Residential Street Address		City				State	Zip Code	
43 French Rd		Bolton		=yk= 78975		СТ	06043-7	7705
Principal Occupation Owner				of Employer eia Mech. Servic	es			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of a municipality does contributor municipality valued at more th	or business b				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes	Is contributor a principal of a state  If yes, indicate which branch or		or pros	pective state contractor	? ☐Yes ☑No		\$	1,000.00
If yes, list Event #	branches of government the contract is with:	Exe	cutive		ative			
Method of contribution: Cash Personal Check Credit/Debi	t Card Payroll Deduction	Money Orde	r	Date Received 08/29/2023	Aggregate contributions \$1,000.00			

\$2,500.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A+B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Broylde Complete Name to Registered with I	Filling Repor	ritary)		TYPEOFRHPORT			i energy
Arunan for Hartford				7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this	Period C	NIEV	S. Printer and the				
(See instructions for definition of Small Contributor)			Salifotal Section	A			\$0.00
B. (frontcod)	Contribut	form f	rom Individuals			-	
Last Name		Fors	ı				M.I.
Clare-Kearney		Dr.	Diane				D
Residential Street Address	City				State	Zip Code	
16 Briarwood Dr	Manche	ester	11,41		СТ	06040-	6924
Principal Occupation School administrators			of Employer chester Public S	chools			
Is contributor a lobbyist, apouse, or dependent child of a lobbyist?    Yes   If contribution is in excess or municipality does contribute municipality valued at more	r or business	he/she i			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a star for the section L1?  If yes, list Event #  Is contributor a principal of a star for the section L1?  If yes, indicate which branch to branches of government the contract is with:	or	er pros	_	[]\n\c			\$50.00
Method of contribution:  ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ler	Date Received 08/26/2023	Aggregate contributions \$50.00			
Last Name		First		2.17			M.I.
Consoli		Sco	ott	DESIGN SOCIETY			
Residential Street Address	City				State	Zip Code	
10 Tryon Farm Rd	South G				CT	06073-2	2121
Principal Occupation attorney			of Employer soli Bortolan Law	Group, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contributor municipality valued at more to the specific process of municipality valued at more to the specific process.	or business ?				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state of the section L1?  If yes, indicate which branch of the section L1?		or prosp	sective state contractor				\$500.00
If yes, list Event # PNo branches of government the contract is with:	<u> </u>	ecutive	: Legisl	ative No	ļ		
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/28/2023	Aggregate contributions \$500.00			
Last Name	100	First				120	M.t.
Clavette		Kev	in				
Residential Street Address 53 Scarboro Rd	City Hebron				State CT	Zip Code 06248-1	339
Principal Occupation		Name o	of Employer			02 19 III	17.00 00.00
Auto Body Repair		Ace A	Auto Body Inc.			e.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor numicipality valued at more than the contribution of the contribution of the contribution of the contribution of the contribution of the contribution is in excess of municipality valued at more than the contribution of the contrib	or business h				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state of the section L1?  If yes, indicate which branch or		or prosp	ective state contractor	☐ 1 cs		;	\$200.00
If pes, list Event # No branches of government the contract is with:	_	cutive	Legisla	ative No			
Method of contribution: Cash Personal Check Credit Debit Card Payroll Deduction	Money Orde	r	Date Received 08/29/2023	Aggregate contributions \$200.00			

\$750.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL-of-Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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Arunan for Hartford			sitory)	to real parameters of the part	TYPE OF REPORT		Sant Survey of the last	
					7th day preceding	primary		
A. Total Contributions from Sm	all Contributors - Received this	Period C	MLY					
(See instructions for definition of Sma	ill Contributor)			Subtotal Section.	Á			\$0.00
	B. Itemized C	ontribut	tions fr	om Individuals			100000	7 - 30
Last Name			First					M.I.
Brown			Stad	cey				
Residential Street Address		City				State	Zip Code	
PO Box 60		Colches	ster		na diamentari	СТ	06415-0	0060
Principal Occupation President				of Employer Tech Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business!	he/she is			Amour	nt of Cont	ribution
event reported in Section L1?	Yes Is contributor a principal of a state  If yes, indicate which branch or branches of government the contract is with:	· _	or prosp	_	∐ Yes			\$250.00
Method of contribution: Cash Personal Check Cred		Money Orde	ler	Date Received 08/26/2023	Aggregate contributions \$250.00			
Last Name		-3	First			***		M.I.
Condon			Jane	•				
Residential Street Address		City				State	Zip Code	
38 Close Rd		Greenw				СТ	06831-2	722
Principal Occupation comedian			Name o	f Employer				
dependent shild of a labbuist?	Yes   If contribution is in excess of S   municipality does contributor of municipality valued at more the	or business b				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		_		ective state contractor	∐ Yes			\$100.00
	contract is with:	<u> </u>	ecutive					
Method of contribution: Cash Personal Check CCred	it/Debit Card Payroll Deduction	Money Orde	100	Date Received 08/26/2023	Aggregate contributions \$100.00			
Last Name			First				- 5	M.I.
Brown			Ellen	11-21/23				
Residential Street Address 777 Prospect Ave. Apt 6		City West Ha	artford			State CT	Zip Code 06105-4	243
Principal Occupation				(Employer			30.00 4	
Retired		- 5	Retire					
damendana ahilid ada lahihudas?	Yes If contribution is in excess of S municipality does contributor of municipality valued at more than	or business h				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		_	or prospe	ctive state contractor	∐ Yes		;	\$250.00
Method of contribution:	contract is with:		_	Date Received	Aggregate contributions			1
Cash Personal Check Credi	t/Debit Card Payroll Deduction	Money Order		08/26/2023	\$250.00			

\$600.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMETTEE (Provide Complete Name	as Registered with Etting Ri	postlor	((2)		TYPE OF REPORT	To the same		102 To
Arunan for Hartford					7th day preceding	primary		
A. Total Contributions from Small Contribute	ors - Received this Perio	d DNI	EW .	all the land				
See tristructions for definition of Small Contributor).				al Section &				\$0.00
	B. Hemizel Contri	button	s from In	dividuals				
Last Name		F	First	-				M.I.
Bronin		A	Andrew					
Residential Street Address	City					State	Zip Code	
21 Little Point St	Ess	ex				СТ	06426-	1076
Principal Occupation			ane of Emplo	Yer				
Physician		Se	еп			A 000.40		
dependent child of a lobbyist?	ntribution is in excess of \$400 to cipality does contributor or busic cipality valued at more than \$5,0	ess he/sh	he is associat			Amour	ıt of Cont	ribution
event reported in Section L1?	butor a principal of a state contra indicate which branch or es of government the		·	_	[√]%o		\$	1,000.00
	et is with:	Execut		Legisla				l,
Method of contribution:  Cash Personal Check Credit/Debit Card	Payroll Deduction Money	Order	Date Re 08/24/		Aggregate contributions \$1,000.00			
Last Name		Fi	îrst					M.I.
Bronin		E	taine					
Residential Street Address	City			100		State	Zip Code	
21 Little Point St	Esse	×				CT	06426-1	076
Principal Occupation Retired		100.00	me of Employ etired	yer				
dependent child of a lobbyist?	tribution is in excess of \$400 to a cipality does contributor or busin- cipality valued at more than \$5,00	ess he/sh	ne is associate			Amoun	t of Conti	ribution
event reported in Section L1?	outor a principal of a state contract indicate which branch or its of government the	tor or po	rospective sta	te contractor?	☐ Yes ☑ No		\$1	,000.00
	t is with:	Executi	live	Legisla	live U			- 1
Method of contribution:  ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐	Payroll Deduction Money	Order	Date Rec 08/24/		Aggregate contributions \$1,000.00			
Last Name		Fir	rst					M.I.
Clouther		Di	arlene					
Residential Street Address 1104 Bantam Rd	City Banta	am				State CT	Zip Code 06750-1	408
Principal Occupation	Danie		ne of Employ	· pr			00100-1	100
Insurance			other Ager					
dependent child of a lobbyist?	tribution is in excess of \$400 to a ipality does contributor or busine ipality valued at more than \$5,00	ss he/sho		d with have a		Amoun	t of Contr	ibution
event concreted in Castian F 12	utor a principal of a state contract	tor or pro	ospective stat	e contractor?	☐ 1 tcs			\$25.00
· [7]v. [7]··	s of government the	Executi	ive	Legislat	ive No			
Method of contribution:  Cash Personal Check Credit/Debit Card	Payroll Deduction Money (	Order	Date Rec 08/25/2		Aggregate contributions \$25.00			

\$2,025.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE Provide Complete Name as Registered with	h Filing Repo	sitory)	TYPE OF REPORT	LYRB OF REPORT		
Arunan for Hartford			7th day preceding	primary		All 333
A. Total Contributions from Small Contributors - Received t	his Perjod (	ONDY				
(See instructions for definition of Small Contributor)	N FIRST	Subtotal Section	<b>4</b>			\$0.00
B. Cemiro	d Contribut	dons from Individuals		THE REAL PROPERTY.		
Last Name		First		M.J.		M.J.
Ciraldo		Alfred				
Residential Street Address	City			State	Zip Code	
50 N Benham Rd	Seymo			СТ	06483-2	2247
Principal Occupation Restaurant/Bar manager		Name of Employer service road corp				
	nor or business	indidate committee for a chief he/she is associated with have Yes		Amour	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lf yes, indicate which brane branches of government the	th or		□ 1es		\$1	00.000,1
If yes, list Event # contract is with:	Ex	ecutive Legisl	ative	1		
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	Date Received 1er 07/11/2023	Aggregate contributions \$1,000.00			
Last Name		First				M.I
buvanendaran		kumar				
Residential Street Address	City			State	Zip Code	400
5380 Grove Mill Loop	Braden			FL	34211-1	133
Principal Occupation Engineer		Name of Employer PRIME AE Group, Inc	<b>c.</b>			
	itor or business l	ndidate committee for a chief- he/she is associated with have Yes		Атоил	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a section L1?		or prospective state contractor	? Yes		;	\$500.00
If yes, list Event # No Pranches of government the contract is with:	_	ecutive Legisl	ative No			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	Date Received 08/20/2023	Aggregate contributions \$500.00			
Last Name		First	55			M.I.
Clancy		Levi Meir				
Residential Street Address	City			State	Zip Code	
2814 Sylhowe Rd	Oakland			CA	94602-3	566
Principal Occupation Photographer		Name of Employer By Levi Meir				
	tor or business h	ndidate committee for a chief of the chief o		Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which branch branches of government the	h or	or prospective state contractor	[√] No			\$50.00
Method of contribution:		Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		\$50.00			

\$1,550.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS: (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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Last Name   First   Vincent	SAME OB COMMITTER (Provide Complete Hamp as Registered with FI	iling Repos	itory)	TYPE OF REPORT		MARK.	
Subject   Subj	Arunan for Hartford			7th day preceding	7th day preceding primary		
Last Name Carbone    First   Vincent   State   Zip Code   Carbone   City   Wethersfield   Cardinoper   Carbone   Carbone   City   Wethersfield   Cardinoper   Carbone   Carbone   Carbone   Principal Occupation   Contribution a lobbyist, apouse, or dependent child of a lobbyist?   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a musicipality dated a more than \$5,000?   Yes	i. Total Contributions from Small Contributors - Received this	Period C	NGY		- **		
Last Name Carbone    First   Vincent   First   Vincent   Mame of Employer   Carbone   Months of Employer   Carbone   Months of Employer   Carbone   Months of Employer   Carbone   Months of Employer   Carbone   Months of Employer   Carbone   Months of Employer   Carbone   Months of Employer   Carbone   Months of Employer   Carbone   Months of Employer   Months of E	See but trucklops for definition of Small Contributor)		Subjeta Section	4	\$0.		
Carbone    Ciry   Wethersfield   Ciry   State   Ciry   Carbone   Ciry   Carbone   Carb	B. Ifemized C	ontribut	ions from Individual			<b>3</b> 70 500 50	
Residential Street Address 25 Garden St    Civ   Wethersfield   State   CT   Zin Code   O6109-3118	Last Name		First				M.I.
25 Garden St Principal Occupation OWNIGHT  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor and principal of a state contractor or prospective state contributor or business he/she is associated with have a contract with said municipality valued at more than 53,000?  Is this contributor associated with an event reported in Section L1?  If yes, list Event #  Crossette-Tharmblah  Residential Street Address  Estate Contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a plothyist, spouse, or dependent child of a lobbyist?  Is contributor a plothyist, spouse, or dependent child of a lobbyist?  Is contributor a plothyist, spouse, or dependent child of a lobbyist?  Is contributor a plothyist, spouse, or dependent child of a lobbyist?  Is contributor a plothyist, spouse, or dependent child of a lobbyist?  Is contributor a plothyist, spouse, or dependent child of a lobbyist?  Is contributor a plothyist, spouse, or dependent child of a lobbyist?  Is contributor a plothyist, spouse, or dependent child of a lobbyist?  Is contributor a plothyist, spouse, or dependent child of a lobbyist?  Is contributor a plothyist, spouse, or dependent child of a lobbyist?  Is contributor a plothyist, spouse, or dependent child of a lobbyist.  Is contributor a plothyist, spouse, or dependent child of a lobbyist.  Is contributor a plothyist, spouse, or dependent child of a lobbyist.  Is contributor a plothyist, spouse, or dependent child of a lobbyist.  Is contributor a plothyist card make the ploth of the	Carbone		Vincent				J
Principal Occupation Owner    Secontributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   City	Residential Street Address		-			200	_
Carbone Hospitality		Wether			СТ	06109-	3118
Is contribution a lobbyist, spouse, or dependent child of a lobbyist?    It his contribution associated with an event reported in Section L1?   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$3,000?   Yes		70.00					
In this contribution associated with and event reported in Section L1?   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive of a posterior contribution associated with and event reported in Section L1?   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive of projection is associated with and event reported in Section L1?   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive of a posterior or prospective state contractor?   Yes   Ye							
event reported in Section L1?	dependent child of a lobbyist? municipality does contributor	or business l	he/she is associated with hav	e a contract with said	Amout	nt of Cont	ribution
First   State   City   Similar Event #   State   City   Similar Event #   State   Contribution	annet annetal in Cardon T 12		or prospective state contracto	x? Yes	]		\$250.00
Method of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Date Received 08/29/2023   \$1,550.00	No branches of government the		ecutive Legis	lative No			Ψ200.00
Residential Street Address  Residential Street Address  City Sirni Valley  City Sirni Valley  Sixit Zip Code 93063-0455  Principal Occupation Educator  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a dependent child of a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an dependent of the secution	Method of contribution:	Money Orde					
Residential Street Address  2559 Canterbury Ln  State Zip Code 2559 Canterbury Ln  Name of Employer Professor  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No  Is this contribution associated with an event reported in Section L1? No branches of government the contract is with:    Yes	Last Name		First	-			M.I.
2559 Canterbury Ln  Simi Valley  CA  93063-0455  Principal Occupation Educator  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Chase  City  Residential Street Address  Rame  City  Residential Street Address  Simi Valley  CA  93063-0455  Amount of Contributor  Amount of Contributor  Contributor of a chief executive officer o	Crossette-Thambiah		Grace				
Principal Occupation Educator    Name of Employer   Professor	Residential Street Address		30 - 2 25				
Educator  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Chase  Cheryl  M.I. Chase  City  West Hartford  Amount of Contributo Contributor of a chief executive officer of a chief executive officer of a chief executive officer of a chief executive shift is associated with have a contract with said municipality valued at more than \$5,000?  Yes No  State Zip Code CT 06117-1813				Lawrence to	CA	93063-0	1455
municipality valued at more than \$5,000? Yes No  Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Chase  Chase  Residential Street Address  Municipality valued at more than \$5,000? Yes No  Is contributor a principal of a state contractor or prospective state contractor?  Yes  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative  No  O8/15/2023 \$100.00  Last Name  Chase  City  West Hartford  City  West Hartford  CT 06117-1813							
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 08/15/2023  Last Name  Chase  Chase  City  West Hartford  Yes  \$100  Agaregate contributions  M.I.  Cheryl  State Zip Code  CT 06117-1813	dependent child of a lobbyist?  municipality does contributor o	or business h	e/she is associated with have	a contract with said	Amoun	t of Conti	ribution
If yes, indicate which branch or branches of government the contract is with:    Method of contribution:		contractor o	or prospective state contracto	i? ☐Yes			#100 00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 08/15/2023 \$100.00  Last Name  Chase  Cheryl  Residential Street Address  Residential Street Address  West Hartford  Date Received 08/15/2023 \$100.00  Money Order  Cheryl  Charge  Cheryl  City  State Zip Code  CT 06117-1813	If yes, indicate which branch or branches of government the	_	cutive     \text{Legisl}	☑ ☑No			\$100.00
Last Name First M.I.  Chase Cheryl  Residential Street Address City State Zip Code 84 High Ridge Rd West Hartford CT 06117-1813	Method of contribution:				8		
Chase Cheryl  Residential Street Address City State Zip Code 84 High Ridge Rd West Hartford CT 06117-1813	Cash Personal Check Credit/Debit Card Payroll Deduction	Money Order	08/15/2023	\$100.00	8		
Residential Street Address City State Zip Code 84 High Ridge Rd West Hartford CT 06117-1813	ast Name		First				M.I.
84 High Ridge Rd West Hartford CT 06117-1813	Chase		Cheryl				TO SEPTEMBER
771131111030110							
rincipal Occupation Name of Employer					ÇT.	06117-1	813
Attorney Chase Enterprises							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contribute or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  Amount of Contribution	ependent child of a lobbyist? municipality does contributor or	r business ho	e/she is associated with have	a contract with said	Amoun	t of Contr	ibution
V No branches of covernment the	vent reported in Section L1?    It's   If yes, indicate which branch or	contractor o	r prospective state contractor	☐ 1ez		\$1	,000.00
Tyes, list Event # Contract is with: Executive Legislative		Exec	cutive Legisla	ative			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date Received 08/09/2023 \$1,000.00		Money Order					

\$1,350.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter fotal on Line 13, Column A of Symmany Page

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Lat Name	NAME OF COMMITTEE (Fronde Complete Name as Registered w	with Filing Repor	sitory)	at also	TYPE OF REPORT	40000		
See Entertructions for idefinition of Small Contribution:   Carter	Arunan for Hartford				7th day preceding	7th day preceding primary		
See Entertructions for idefinition of Small Contribution:   Carter	A. Total Contributions from Small Contributors - Received	this Period C	INTEX	the state of				
Last Name Carter    First   Anthony   Meriden				al Section	A			\$0.00
Last Name Carter    City   Contribution   Contract is with:   City   City   Contribution associated with an exercise of Substance of Employer   City   City   Contribution   City   City   Contribution   City   City   Contribution   City   City   Contribution   City   City   Contribution   City   City   Contribution   City		zed Contribut	ions from In	dividuals	The second second second	NAME OF TAXABLE PARTY.		NO SAGE
Residential Street Address 65 Mayflower Ln    Name of Employer Friedrical Occupation Trainer   Name of Employer Friedrical Occupation Trainer   Name of Employer Friedrical Occupation Trainer   Name of Employer Friedrical Occupation Trainer   Name of Employer Friedrical Occupation Trainer   Name of Employer Friedrical Occupation And Indicated In						-		M.I.
Residential Street Address 65 Mayflower Ln    Name of Employer Friedrical Occupation Trainer   Name of Employer Friedrical Occupation Trainer   Name of Employer Friedrical Occupation Trainer   Name of Employer Friedrical Occupation Trainer   Name of Employer Friedrical Occupation Trainer   Name of Employer Friedrical Occupation And Indicated In	Carter		Anthony					l w
Principal Occupation Trainer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist.  Is this contribution associated with an excess of S400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?  Is this contribution associated with an excess of S400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?  Is this contribution associated with an excess of S400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?  Is contribution associated with an excess of S400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?  Is contribution associated with an excess of S400 to a candidate committee for a chief executive officer of a municipality of a contribution of branch or branches of government the contract is with:    City		City				State	Zip Code	
Trainer	65 Mayflower Ln	Meride	n			СТ	06450-	3520
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Sometible of the contribution is in excess of \$400 to a candidate committee for a chief executive officer of a musicipality does contribution or business he/she is associated with have a contract with said musicipality valued at more than \$5,000? Yes   No	• 11			yer				
State   Contribution   Street Address   City   Glastonbury   State   Contribution   Street Address   State   Contribution   State   Contribution   State   Contribution   State   Contribution   State   Contribution   State   Contribution   State   Contribution   State   Contribution   State   Contribution   Contribution   Contribution   Contribution   Contribution   Contribution   Contribution   Contribution   Contribution   Contribution   Contribution   City	Trainer		FRED					
State   Stat	dependent child of a lobbyist? municipality does contri	ibutor or business	he/she is associat	ed with have	a contract with said	Amour	nt of Cont	ribution
Method of contribution:    Cash	event reported in Section L1?  If yes, indicate which branches of government to	anch or		_	∐ Yes ✓ No			\$100.00
Residential Street Address 470 Welr Street 470 Weir St  City Glastonbury  Name of Employer Updlike, Kelly & Spellacy, P.C.  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor as lobbyist?  No  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Residential Street Address  Residential Street Address  City Glastonbury  State City Glastonbury  State City Glastonbury  State City Glastonbury  State City Glastonbury  State City Glastonbury  State City City Glastonbury  State City City Glastonbury  State City City Glastonbury  State City City City City City City City City	Method of contribution:		Date Re	ceived	Aggregate contributions			
Residential Street Address 470 Welr Street 470 Weir Street 470 Weir Street 470	Last Name		First		1/4			M,I.
Attorney    Sastonbury   CT   06033	Connor		James					
Principal Occupation Attorney    Name of Employer   Updike, Kelly & Spellacy, P.C.	Residential Street Address	100					10	
Attorney  Updike, Kelly & Spellacy, P.C.  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event of contribution a principal of a state contractor or prospective state contractor?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Botelho  Residential Street Address  To Payroll Deduction Money Order  City  Glastonbury  Updike, Kelly & Spellacy, P.C.  Amount of Contribution  Amount of Contribution  Payroll Deduction purples associated with have a contract with said municipality valued at more than \$5,000?  Personal Check Credit/Debit Card Payroll Deduction Money Order  Date Received O8/28/2023  \$1,250.00  Michael  City  Glastonbury  State  Zip Code  CT 06033-3316	470 Weir Street 470 Weir St	Glaston				СТ	06033	100
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes					and D.C.			
dependent child of a lobbyist?    No								
Section L1?   Section L1?	dependent child of a lobbyist? municipality does contri	ibutor or business l	he/she is associate	d with have	a contract with said	Amoun	it of Conti	ribution
If yes, list Event #	1 Yes		or prospective sta	le contractor	? Yes			\$260.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 08/28/2023 \$1,250.00  Last Name Botelho City State Cip Code State Cip Code State Cip Code State Cip Code State Cip Code CT 06033-3316	No branches of government the	he —	ecutive	Legisla	ative No			Ψ200.00
Cash	Contract is with.							
Botelho Michael  Residential Street Address City State Zip Code 15 Pilgard Ln Glastonbury CT 06033-3316		on Money Ord	1.5					
Residential Street Address City State Zip Code 15 Pilgard Ln Glastonbury CT 06033-3316	Last Name		First					M.1.
15 Pilgard Ln Glastonbury CT 06033-3316	Botelho		Michael					
15 Frigato Lit	Residential Street Address	City				State	Zip Code	
Principal Occupation Name of Employer	15 Pilgard Ln	Glaston	bury			СТ	06033-3	316
Attorney Updike, Kelly & Spellacy, P.C.	Principal Occupation Attorney				acy, P.C.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No	dependent child of a lobbyist? municipality does contri	butor or business h	ne/she is associate	d with have	a contract with said	Amoun	t of Conti	ribution
1/ No hypeches of any semment the	event reported in Section L1?  If yes, indicate which brain branches of government the	nch or			□ res			\$250.00
If yes, list Event # contract is with: Executive Legislative	If yes, list Event # contract is with:	∐ Exc	_		itive			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date Received 08/25/2023  Aggregate contributions 91,250,00		on Money Orde						

\$600.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A ₹ B)  (Enter total on Line 13, Column A of Summary Page

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A TREAT Contributions from Small Contributors - Received (this Period ONLY)  (Rec instructions for defaulton of Small Contributor)    Extractions   First   Courtney	NAME OF COMMITTEE (Frovide Complete Name as Registered with	Filling Rapo	strary)		TYPE OF REPORT			
Last Name   First   Courtney   State Contribution	Arunan for Hartford	-			7th day preceding	7th day preceding primary		
Last Name   First   Countributed   State   Countributed   Countr	A. Total Contributions from Small Contributors - Received th	is Period (	INL					
Last Name   First   Courtney	(See instructions for definition of Small Contributor)			Subtotal Section.	Δ.	\$0		
Residential Street Address   Cart   Viest Hartford   Cart   Cart   Code	B. Itemizei	Contribut	lons d	rom Individuals			NEW YEAR	
Real-dential Street Address  24 Sacdide Ridge Dr    Some   State   CT   Contribution   CT   CT   CT   CT   CT   CT   CT   C	Last Name	THE RESERVE OF THE PERSON NAMED IN COLUMN 1	Firs	1				M.I.
24 Saddle Ridge Dr Principal Occupation retitived    It contribution is in secress of \$500 to a candidate committee for a chief executive officer of adequation with an event reported in Section L17   Yes	Bourns		Co	urtney				
Name of Employer   Retired	Residential Street Address	City				State	Zip Code	-
It contributor a lobbyist, apouse, or dependent child of a lobbyist?   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?   Yes   No	24 Saddle Ridge Dr	West F	lartfo	ď		СТ	06117-	2330
If contribution a lobbyist, spouse, or dependent child of a lobbyist?   Ves   No   municipality where contribution or business herhie is associated with have a contract with said municipality where at more than \$5,000?   Ves								
dependent child of a lobbyist?    No	retired		Keti	red				- 1
### State Event ### State Even	dependent child of a lobbyist? municipality does contribut	tor or business	he/she	is associated with have	a contract with said	Amour	t of Cont	ribution
Method of countribution:   Legislative   L	event reported in Section L1? If yes, indicate which branch		or pros	pective state contracto	1 cs			\$10.00
Cath		Ex	ecutiv	e Legisl	ative			
Cardillo  Residential Street Address 51 Surrey Dr 51 Surrey Dr  Principal Occupation Teacher  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  State CT 08451  Name of Employer Meriden Board of Education  Is contribution associated with an cycles of dependent child of a lobbyist, spouse, or dependent child of a lobbyist.  Is contribution associated with an cycles of several property water and several property water and several property water and several property water and several property water and several property water and several proportion in Section L1?  If contribution associated with an cycles of several property water and several property of the several property		Money Ord	ler		1			
Residential Street Address 51 Surrey Dr 51 Surrey Dr Principal Occupation Teacher    Name of Employer   Meriden Board of Education	Last Name	0 0	First					M.I.
Source   Dr 51 Surrey Dr 51 S	Cardillo		Cha	ad				
Principal Occupation Teacher    Name of Employer   Meriden Board of Education	Residential Street Address				114000			_
Teacher    Meriden Board of Education		Meride				СТ	06451	
State   Carroll   Contribution   State   Carroll   Contribution					ucation			
Secontribution associated with an contract is with:   Secontribution:   Secontribution associated with an contract is with:   Secontribution:   Secontribu	dependent child of a lobbyist? municipality does contribut	or or business l		s associated with have	a contract with said	Amoun	t of Cont	ribution
If yes, list Event #	award removed in Castina 1 12		or pros	pective state contractor	? Yes			\$25.00
Method of contribution:    Cash	No branches of government the	_	ecutive	Legisla	ative No			\$20.00
Residential Street Address 17 Green Briar 17  City Glastonbury  Name of Employer River Bend Bookshop  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Method of contribution:  Date Received  Aggregate contributions  State Zip Code CT 06033  Amount of Contribution  State City Glastonbury  Name of Employer River Bend Bookshop  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  Yes  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate contributions	Method of contribution.	Money Ord	cr cr					
Residential Street Address  17 Green Briar 17  City Glastonbury  Name of Employer River Bend Bookshop  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with anYes	Last Name		First					M.I.
17 Green Briar 17  Principal Occupation Book seller  Some of Employer River Bend Bookshop  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of committee for a chief executive officer of a municipality valued at more than \$5,000?  Yes  If contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate contributions	Carroll		Det	)			73	
Principal Occupation Book seller    Name of Employer   River Bend Bookshop	Residential Street Address	City				State	Zip Code	$\neg$
Book seller    River Bend Bookshop	17 Green Briar 17	Glaston	bury		100	CT	06033	
dependent child of a lobbyist?    V   No	Principal Occupation Book seller							
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:    Signature   Si	dependent child of a lobbyist? municipality does contribute	or or business b		associated with have	s contract with said	Amoun	t of Conti	ibution
Method of contribution:    Contract is with:   Executive   Legislative	event reported in Section L1?  If yes, indicate which branch branches of soverment the	or	- ,	_				\$100.00
	If yes, fist Event # contract is with:	∐£xe	culive		itive			
		Money Orde	er					

\$135.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter fola) on Une 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comp	lete Name as Registered with F	iling Repo	sitory)	A CONTRACTOR	TYPE OF REPORT	ATTENDED	MESSAGE	
Arunan for Hartford					7th day preceding	7th day preceding primary		
A. Total Contributions from Small Co	ontributors - Received this	Period (	DNILY					
(See instructions for definition of Small Con	THE RESERVE OF THE PARTY OF THE			Subtotal Section	A			\$0.0
		Contribut	lonk	from Individuals		A TOTAL	COLUMN TO	18390 O
Last Name			Firs	CONTRACTOR OF THE PARTY.				M.I.
Coleman			Cla	aire				
Residential Street Address	- 12-13(NS)	City				State	Zip Code	
28 Grove Hill Rd		Woodb	ridge			CT	06525-	1446
Principal Occupation				of Employer				
Consumer Counsel			Stat	e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributer municipality valued at more to	or business	he/she			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch o  branches of government the	or _	•	_	☑ ies			\$50.00
If yes, list Event #	contract is with:	Ex	ecutiv	<u></u>		1		
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 09/01/2023	Aggregate contributions \$50.00	1		
Last Name			First					M.I.
Brazaitis			Pet	er				J
Residential Street Address		City				State	Zip Code	
155 Woodchuck Ln		Harwint	on			СТ	06791-1	1512
Principal Occupation Engineer			-	of Employer e of Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch of branches of government the		or pros	pective state contractor	? ☐ Yes ☑ No			\$50.00
If yes, list Event #	contract is with:	☐ Ex	ecutiv	e Legisl	ative			
Method of contribution:  Cash Personal Check Credit/Debit	Card Payroll Deduction	Money Ord	r	Date Received 08/25/2023	Aggregate contributions \$50.00			
Last Name			First					M.L.
Craig			Ged	orge				a -
Residential Street Address	107.0-1	City		tean suesti	11.35	State CT	Zip Code 06790-3	242
120 Hoerle Blvd	- is	Torringt	-	of Employer		CI	06/90-3	243
Principal Occupation retired			retire					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of 5 municipality does contributor municipality valued at more th	or business h				Amour	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch or		or pros	pective state contractor	□ 165			\$25.00
If yes, list Event #	branches of government the contract is with:	_	cutive	Legisla				
Method of contribution: Cash Personal Check Credit Debit	Card Payroll Deduction	Money Orde	7	Date Received 08/25/2023	Aggregate contributions \$25.00			

S125.00	SUBTOTAL Section B - This Page
Pages \$73,611.00	TOTAL of Section B Pages.
	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered	etth Filling Repor	flory)	TYPEOF REPORT			
Arunan for Hartford			7th day preceding	7th day preceding primary		
A. Total Contributions from Small Contributors - Received	this Period C	NEY				
(See trisquestons for definition of Small Contributor)		Subjetal Section	8			\$0.00
B; Tiemi	eed Contribut	ions from Individuals				
Last Name		First	100			M.I.
Bonanno		Salvatore				
Residential Street Address	City		•	State	Zip Code	
11 Overlook Pass	Ellingto			СТ	06029	2545
Principal Occupation		Name of Employer Law Office of Salvate	ara Bananna			
Self-employed Attorney in Hartford		Law Onice of Salvat	ore bonanno			
	ributor or business	ndidate committee for a chiel he/she is associated with have Yes		Amoui	ot of Con	tribution
anner annerted in Cautier 1 10		or prospective state contracto	or? ☐Yes			\$100.00
If yes, indicate which be	the	_	√ No			\$100.00
If yes, list Event # contract is with:	Ex	ecutive Legis	lative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduct	ion Money Ord	Date Received er 08/29/2023	Aggregate contributions \$100.00			
Last Name		First				M.I.
Bagley		VIRGINIA				
Residential Street Address	City		- 12	State	Zip Code	
931 Forbes St 931 Forbes St	East Ha	rtford		CT	06118	
Principal Occupation Retired		Name of Employer Retired				
	ibutor or business l	ndidate committee for a chief nc/she is associated with have Yes		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of If yes, indicate which brown the section L1?		or prospective state contracto	1 cs		\$	1,000.00
If yes, list Event # VNo branches of government to contract is with:	ha	ecutiveLegisl	ative No	e:		
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deducti	on Money Orde	Date Received 08/30/2023	Aggregate contributions \$1,000.00	7		
Last Name		First	10070			M.I.
Baker		Lisa				м
Residential Street Address	City			State	Zip Code	
2 Ashfields Ln	Greenw	ich		CT	06831-2	2734
Principal Occupation Director HBC Global Art Collection		Name of Employer Hudson's Bay Compa	any			
	ibutor or business h	didate committee for a chief e/she is associated with have Yes		Amoun	t of Cont	ribution
event reported in Section L1? If yes, indicate which branches of savenment if	nch or	or prospective state contractor	√N <sub>0</sub>		\$	00.00
2) yes, itsi event # contract is with:	∐ Éxe	cutive Legisl	alive			
Method of contribution:  ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Deduction	on Money Orde	Date Received 08/31/2023	Aggregate contributions \$1,000.00			

\$2,100.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B.Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Entertptill on Line 13, Column A of Summery Page

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NAME OF COMMITTIES (Provide Com	nete Name as Registered with F	Uling Repos	ttory)		TYPE OF REPORT	See Supp		
Arunan for Hartford					7th day preceding	primary		
A. Total Contributions from Small C	ontributors - Received this	Period O	NLY	S. S. Alliana			W - W - W - W - W - W - W - W - W - W -	
(See instructions for definition of Small Co.				Subtotal Section.	X.			\$0.00
		Contributi	ions fr	om Individuals			3/6/3/200	10000
Last Name	220-24		First					M.I.
Bausmith			Bob					
Residential Street Address		City				State	Zip Code	
7 Hollister Dr		West Ha	artford			СТ	06117-1	1016
Principal Occupation				of Employer	100		100	
Retired			Retire	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section 1.1?	Is contributor a principal of a state  If yes, indicate which branch of  branches of government the	ur			☑ 155 ☑ 155		\$	1,000.00
If yes, list Event #   Method of contribution:   Cash   Personal Check	contract is with:		ecutive er	Legisl Date Received 08/26/2023	Aggregate contributions \$1,000.00			
Last Name			First			-		M.I.
Bortolan			Lynn	1				0000
Residential Street Address	- 2-X82 A	City				State	Zip Code	
1411 Sunfield Drive 1411 Sunfield Dr		South W	Vindso	r		CT	06074	
Principal Occupation lawyer				f Employer oli Bortolan Law	Group, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h	ndidate co nc/shc is	ommittee for a chief of associated with have Yes	executive officer of a a contract with said	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch or		or prospe	ective state contractor	⊟ເຄ			\$500.00
If yes, list Event #	branches of government the contract is with:	Exc	cutive	Legisla				
Method of contribution:  Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Orde	- 1	Date Received 08/28/2023	Aggregate contributions \$500.00			
Last Name			First	750 2		501		M.I.
Bertoli			John	**************************************				į.
Residential Street Address		City			1	State	Zip Code	
46 Troutwood Dr		New Hai				СТ	06057-4	133
Principal Occupation Engineer				FEmployer Group Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business h				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  Your No	Is contributor a principal of a state  If yes, indicate which branch or branches of government the			ctive state contractor	☐ Tes		;	\$250.00
Method of contribution:	contract is with:			Date Received	Aggregate contributions			
Cash Personal Check Credit/Debi	t Card Payroll Deduction			Date Received				

\$1,750.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

Last Name		(NL) Sphiobil Section d lans from Individuals	7th day preceding	primary		
(See Instructions for definition of Small Contributor)  B. Remized  Last Name		Subtobal Section &		-	-	
B. I (temizati) Last Name	Contribut					
Last Name	Contribut	ions from listly duals				\$0.00
		First				M.I.
Best		Denise				<b>∐</b> Τ
Residential Street Address	City			State	Zip Code	
12 Deerfield Avenue 12 Deerfield Ave	Hartford			СТ	06112	
Principal Occupation Organizer		Name of Employer Voices of Women of C	Color		V-10-101	
	or or business	ndidate committee for a chief e he/she is associated with have a Yes		Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a st.  If yes, indicate which branch branches of government the contract is with:	or	or prospective state contractor	[Z] %o			\$100.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	Date Received 07/01/2023	Aggregate contributions \$100.00			
Last Name		First				M,L
Bajana		Gustavo			3.5	0.25
Residential Street Address	City			State	Zip Code	244
681 Bumharn St	East Ha		00000	СТ	06108-1	341
Principal Occupation PAC		Name of Employer PAC				
	r or business l	ndidate committee for a chiefe; ne/she is associated with have a Yes		Amoun	t of Conti	ribution
Is this contribution associated with an Yes Is contributor a principal of a state event reported in Section L1?		or prospective state contractor?	Yes		\$*	1,000.00
If yes, list Event # No list Event # If yes, indicate which branche of government the contract is with:	200.00	ecutive Legisla	tive No		·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	Date Received 07/27/2023	Aggregate contributions \$1,000.00			
Last Name	Person	First	71.00 0000000			M.I.
Becker		Sandra				. — ,
Residential Street Address	City	- CONTROL CONT		State	Zip Code 06759-2	406
467 Goshen Rd	Litchfield	Name of Employer		СТ	00/09-2	400
Principal Occupation Realtor		EJ Murphy Realty			535	
dependent child of a lobbyist?  No municipality does contributor municipality valued at more to	r or business h than \$5,000?	didate committee for a chief ex le/she is associated with have a Yes	contract with said	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes    Is contributor a principal of a state of the section L1?   Yes, indicate which branch of branches of government the		or prospective state contractor?	☐ Yes ✓ No			\$25.00
If yes, list Event # branches of government the contract is with:	Ехе	ecutive Legislat	ive			1
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$1,125.00
TOTAL of Section B Pages	\$73,611.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A * E)  (Enter total on Line 13, Column A of Summery Page	\$73,611.00

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Arunan for Hartford  A. Total Contributions from Small Contributors - Received this (See Instructions for definition of Small Contributor)  B. Itemized Contributed Barrett		NLY Subjects Section one from Individuals	7th day preceding	primary		
(See instructions for definition of Small Contributor)  B. Itemized Contributor		Subjetal Section	6			
(See instructions for definition of Small Contributor)  B. Itemized Contributor		Subjetal Section	4			
Last Name	ontributi	ons from Individuals				\$0.0
				10000	X.90	To lead to
Barrett		First				M.I.
		David				1
Residential Street Address	City			State	Zip Code	
1364 Asylum Ave	Hartford			СТ	06105-	2001
Principal Occupation Retired		Name of Employer Retired				
Is contribution a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an Yes Is contributor a principal of a state.	or business h an \$5,000?	e/she is associated with have	a contract with said No	Amour	it of Cont	
event reported in Section L17  If yes, list Event #  If yes, list Event #  If yes, indicate which branch or branches of government the contract is with:	_	cutive Legisla	[Z] X <sub>0</sub>			\$100.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction □ I	Money Orde	Date Received 08/15/2023	Aggregate contributions \$750.00			
Last Name		First	77			M.f.
bhaila		vanita				В
	City	_		State	Zip Code	2.4
	Woodbu		100000000000000000000000000000000000000	СТ	06798	
Principal Occupation Career Coach		Name of Employer Bhalla Talent Advisors	s			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$4 municipality does contributor of municipality valued at more than	r business he			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  [Yes] Is contributor a principal of a state of the section L1?  [Yes] Is contributor a principal of a state of the section L1?	contractor of	r prospective state contractor	res			\$200.00
If yes, list Event # branches of government the contract is with:	Exec	cutive Legisla				
	Money Order	08/24/2023	Aggregate contributions \$300.00			
Last Name		First				M.L.
Bessette	01	Andy	20			F
	City West Har	rtford		State CT	Zip Code 06117-2	838
Principal Occupation		Name of Employer		<b>J</b> .	0011172	
Executive		Fravelers Co.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	business he			Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  Yes, list Event #  If yes, list Event #  Yes  If yes, list Event #  Yes  If yes, list Event #  Yes  If yes, list Event #  Yes  If yes, indicate which branch or branches of government the contract is with:	contractor or	_	آ×io		:	\$500.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction M		Date Received	Aggregate contributions \$1,500.00			

SUBTOTAL Section B - This Page \$800.	
TOTAL of Section B Pages \$73,611.	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$73,611.0  (Enter total on Line 13, Column A of Summary Page	

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NAME OF COMMITTEE Provide Complete Name as Registered with	Mung Kepa	ritory)	TYPE OF REPORT			
Arunan for Hartford			7th day preceding	primary	1	
A. Total Contributions from Small Contributors - Received thi	is Period (	INDE				- 172
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.0
B, Temized	Contribut	ions from Individuals				
Last Name		First				M.I.
Blinder		Catherine				
Residential Street Address	City	<u>.                                      </u>	- 10000	State	Zip Code	
7 Regent St	Hartfor			СТ	06105-	3920
Principal Occupation Division Direction		Name of Employer State of CT				
dependent child of a lobbylst?  No municipality does contribute municipality valued at more	or or business than \$5,000?		e a contract with said	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  No  If yes, list Event #  Is contributor a principal of a st  If yes, indicate which branch branches of government the contract is with:	or	or prospective state contractors  ecutive Legis	∐ Yes			\$50.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction		Date Received 08/29/2023	Aggregate contributions \$250.00			
Last Name		First				M.L
Blair		John				D
Residential Street Address 109 Girard Ave	City	•		State	Zip Code 06105-6	ะกดว
Principal Occupation	Transford	Name of Employer		101	00103-0	
President		MTAC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of municipality does contributed municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality and the contribution is in excess of municipality	r or business l	ndidate committee for a chief ne/she is associated with have Yes		Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes  No  No  Is contributor a principal of a state of section L1?  No  No  No  No  No  No  No  No  No  N		or prospective state contractor	Yes ✓ No		;	\$100.00
If yes, list Event # contract is with:	☐ Exc	cutive Legisl	ative [V]:10			
Method of contribution: Cash Personal Check CCredit/Debit Card Payroll Deduction	Money Ordo	Date Received 08/23/2023	Aggregate contributions \$100.00			31
Last Name		First				M.I.
Benson		Peter				0
Residential Street Address	City			State	Zip Code	
33 Horseshoe Rd	Guilford	No CE		СТ	06437-2	961
Principal Occupation Adjunct Professor	- 1	Name of Employer Middlesex community	college			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more than the second seco	or business h			Amount	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, list Event #  If yes, list Event #  If yes, list Event #		or prospective state contractor	☐ Yes		5	00.00
Method of contribution:	Money Order	Date Received	Aggregate contributions \$1,500.00	<i>A</i> = <i>Q</i> =		

\$450.00	SUBTOTAL Section B. This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

of 103

NAME OF COMMITTEE (Provide Complete Name as Registered With F	Iling Repos	trory)	TYPE OF REPORT	Name of		
Arunan for Hartford			7th day precedin	g priman		
A. Total Contributions from Small Contributors - Received this	Period O	NOV				
(See instructions for definition of Small Contributor)		Subtotal Sec	tion A			\$0.00
B. Itemized (	Contributi	ons from Individ	uals	ALL SELLS		Metal Control
Last Name		First			M	
Auker		Jeff				
Residential Street Address	City			State	Zip Code	
411 Eastview Dr	Coventr			СТ	06238-3	3620
Principal Occupation	3	Name of Employer Infosys				
Vice President		X				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of municipality does contributor municipality valued at more to	or business h han \$5,000?	e/she is associated with	have a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state of the section L1?  If yes, indicate which branch of branches of government the contract is with:		_	ractor? Yes			\$500.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Noney Orde	Date Received	Aggregate contribution			
Last Name		First				M.I.
Arasasingham		Premilla				
Residential Street Address	City	10.1.		State	Zip Code	707
2794 Limestone Dr	Thousar			CA	91362-5	0/8/
Principal Occupation Professor		Name of Employer El Carnino Colleg	e			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h			Amou	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state of figures, indicate which branch of branches of government the		_	ractor? Yes			\$100.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Order	Date Received	Aggregate contribution			
Last Name		First	4100.0	<u> </u>		M,f.
Blondin		Audrey				
Residential Street Address	City	Addrey		State	Zip Code	
174 Sherbrook Dr	Goshen			CT	06756-1	911
Principal Occupation	1	Name of Employer		_		
Attorney		Blondin Law Offic				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   Yes   If contribution is in excess of smunicipality does contributor municipality valued at more than the state of the state	or business be			Amour	t of Contr	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  Is contributor a principal of a state of the section L1?  If yes, list Event #  Is contributor a principal of a state of the section L1?  If yes, indicate which branch of branches of government the contract is with:	r	_	ractor? Yes  Yes  Projection Yes		;	\$200.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Order	Date Received 08/25/2023	Aggregate contributions	-1		

\$800.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Rage

NAME OF COMMITTIES (Provide Cong	olete Name as Registered with I	Ming Repo	sitor <u>)</u>	1	TYPE OF REPORT	AND SHIP		
Arunan for Hartford	673.75 a. CHYP — N. CHERY				7th day preceding	primar	1	
A. Total Contributions from Small C	ontributors - Received this	Period (	0)316	7				
(See instructions for definition of Small (So.	Particular State of the Control of t			Subtotal Section	A			\$0.0
	1000	Contribu	tions	from Individual	INC.		COLUMN TO SERVICE STREET	STATE OF THE PARTY
Last Name			Fi	The second secon				M.L.
Babu			l v	adivelu J				
Residential Street Address		City				State	Zip Code	1
8844 Oakwood Dr Oakwood Dr		Hickor	y Hill:	s		IL.	60457	
Principal Occupation			Narr	e of Employer		-		
Retired			Ret	lired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess or municipality does contributo municipality valued at more	r or business	hc/she			Amou	nt of Cont	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a sta If yes, indicate which branch to branches of government the contract is with:	or	r or pro xecuti	_	∐i res ☑No			\$50.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Det	it Card Payrol! Deduction	Money On	der	Date Received 08/18/2023	Aggregate contributions \$50.00			
Lasi Name			Fire	st				M.L.
Arasasingham			Aid	dan				
Residential Street Address		City	•			State	Zip Code	
24 Fuertes		Irvine				CA	92617-	4092
Principal Occupation Student				e of Employer don School of Ec	conomics			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business	he/she			Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  You	Is contributor a principal of a state of the state of government the contract is with:	r	or pro		□ IES			\$10.00
Method of contribution:  Cash Personal Check ✓ Credit/Deb		ua —		Date Received 08/20/2023	Aggregate contributions \$10.00			
Last Name			Fits	1 10 20				M.t.
Arasasingham			Ra	mesh				
Residential Street Address		City				State	Zip Code	
24 Fuertes		Irvine				CA	92617-4	1092
Principal Occupation College Professor	37 STATE OF THE ST			of Employer Persity of Californi	ia, Irvine			2017/31/2
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business i				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If pex, list Event # No	Is contributor a principal of a stat  If yes, indicate which branch or branches of government the		or pres		∐ Yes ✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debi	contract is with:			Date Received 08/19/2023	Aggregate contributions \$100.00			

\$160.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Columb A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	Iling Repor	sitory)		TYPE OF REPORT	Two the		
Arunan for Hartford				7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this	Period C	MINC		1			
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00
B. (teniloid (	Contribut	tions f	om Individuals	THE PERSON NAMED IN COLUMN	The state of		e a più
Last Name	-	Fürst		- Indiana - Indi			M.I.
Arulanantham		Rav	riraj				
Residential Street Address	City	1000			State	Zip Code	
1548 Bedford Ave	Sunnyv				CA	94087-3	3921
Principal Occupation Engineer		SKH	of Employer MS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of municipality does contributor municipality valued at more to	or business	he/she is			Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a star flyes, indicate which branch of branches of government the contract is with:	и	or prosp	_	∐ Yes ✓No			\$100.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 08/20/2023	Aggregate contributions \$400.00		NO.	
Last Name		First					M.I.
Arconti		Dav	id				
Residential Street Address	City				State	Zip Code	044
141 Great Plain Rd	Danbur	-	CP1		СТ	06811-3	844
Principal Occupation Director, Community Engagement			of Employer Cell Energy				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contributor municipality valued at more it	or business h				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, list Event #  Is contributor a principal of a state of the section L1?  Yes Is contributor a principal of a state of the section L1?  Yes, list Event #	r _	or prosp	ective state contractor	[Z]No		:	\$200.00
Method of contribution:		ecutive	Date Received	Aggregate contributions			
Cash Personal Check C Credit/Debit Card Payroll Deduction	Money Orde	er	07/17/2023	\$200.00	20-20-20-		
Last Name		First					M,I.
Azzam		Dear	n				Н
Residential Street Address	City				State	Zip Code	
287 Laurel St	Hartford			- 50.0	CT	06105-3	429
Principal Occupation Engineer			f Employer h Engineers, Inc	<b>;</b> .			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of smunicipality does contributor of municipality valued at more the	or business h				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  If yes, list Event #  Is contributor a principal of a state of the section	_	or prospe	ective state contractor			\$	500.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction		T	Date Received 08/27/2023	Aggregate contributions \$600.00			
	100 PV. 100 P			Ψ000.00		7.7	_

\$800.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL of Section B. Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A ≠ B)  (Enter total on Line 13, Column A of Summary Page

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NAMB OF COMMITTEE (Provide Complete Name as Registered with F	iling Repor	(ltory)		TYPE OF REPORT		N. Lang	TUAN MA
Arunan for Hartford				7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this	Period C	NLY					
(See instructions for definition of Small Contributor),		St	btotal Section	6			\$0.00
B. Cemited C	Contribut	ions from	a Turdividuali		SIEDRO	2 10 100	100
Last Name		First					M.I.
Anketell		Suren					
Residential Street Address	City				State	Zip Code	
1685 Brigden Rd	Pasade				CA	91104-	3128
Principal Occupation Retired		Name of E Retired	imployer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contributor municipality valued at more than the specific property of the specific property o	or business				Amour	nt of Cont	tribution
Is this contribution associated with an Yes Is contributor a principal of a state		or prospect	ive state contracto	x? Yes	7		\$300.00
event reported in Section L1?  If yes, indicate which branch of branches of government the	r _				1		\$300.00
ay yes, first event # contract is with:	Ex	ecutive	Legis	lative	Ţ		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	- 1	te Received 3/22/2023	Aggregate contributions \$700.00			
Last Name		First		41,100			M.I.
Anketell		Jehan					
Residential Street Address	City				State	Zip Code	
1685 Brigden Rd	Pasade	-			CA	91104-3	3128
Principal Occupation Engineer		Name of E Woodan	mplover d & Curran				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state over the section L1?		or prospecti	ve state contracto	? Yes	ĺ		\$50.00
No branches of government the	_	cutive	Legisl	alium No			
Method of contribution:			te Received	Aggregate contributions	1		
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		/20/2023	\$250.00			- 1
Last Name		First					M.I.
Anketell		Dilîp					м
Residential Street Address	City				State	Zip Code	
4650 Dulin Rd, Spc 85	Fallbrook	k			CA	92028-9	358
Principal Occupation Retired	- 1	Name of Er Retired	nployer			0.0	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$\text{S}\$ municipality does contributor of municipality valued at more that	r business h				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a state of yes, indicate which branch or branches of government the contract is with:	_	r prospectiv	e state contractor	∐ Yes	9	!	\$100.00
Method of contribution: Cash Personal Check CCredit/Debit Card Payroll Deduction		Date	e Received	Aggregate contributions \$125.00			
				4:-444			

\$450.00	SUBTOTAL Section B - This Page
\$73,611.00	TOTAL on Section B Pages
\$73,611.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enfer total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repo	ository)	Name of		TYPE OF REPORT		MANUEL STREET	
Arunan for Hartford					7th day precedin	g primar	/	
A. Tetal Contributions from Small Contributors - Received th (See instructions for digitalism of Small Contributor)	la Period	ONLY	The second second	al Section	6			\$0.0
B: Ifemized	Contribu	tions 1	rom In	dividuals				
Last Name		Firs	and the sales of the last	transport of all sides.				M.I.
Alexandre		Yve	on					
Residential Street Address	City					State	Zip Code	
230 New Cheshire Road Aca Foods 3155 Main St	Walling	gford				СТ	06492	
Principal Occupation Business Manager		1	of Emplo Foods	yer / Uptown				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Ves If contribution is in excess transicipality does contribut municipality valued at more	or or business	he/she i	is associal			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes    Yes   Is contributor a principal of a section L1?    Yes   Is contributor a principal of a section L1?    Yes   Is contributor a principal of a section L1?    Yes   Is contributor a principal of a section L1?    Yes   Is contributor a principal of a section L1?	or	r or pros		ate contracto	∐ res		\$	1,000.00
Method of contribution: Cash Personal Check CCredit/Debit Card Payroli Deduction	Money Or		Date Re 07/21		Aggregate contribution \$1,000.0			
Last Name		First						M.I.
Anderson		Arth	nur		11993		1.00	T
Residential Street Address	City			A 10 28 118		State	Zip Code	
221 Trumbull Apt 221 St, Apt 2705	Hartfor		of Emplo			СТ	06103	23.31
Principal Occupation Executive			ineers,					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business	he/she is	s associate			Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  No  Yes  If yes, list Event #  Yes  No  Is contributor a principal of a st  If yes, indicate which branch branches of government the contract is with:	or	r or prosp		Legisl	V res □No			\$500.00
Method of contribution:  Cash Personal Check Coredit/Debit Card Payroll Deduction	Money Ord	ier	Date Re 07/28/		Aggregate contribution: \$1,500.0			
Last Name	_	First			10 14		-	M.I.
Anketell		Ron	nesh					
Residential Street Address	City	1				State	Zip Code	
123 S Figueroa St, Apt 1811	Los An	geles				CA	90012-5	492
Principal Occupation Foundation Program Officer			of Employ Ralph N		s Foundation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess o municipality does contribute municipality valued at more	r or business	he/she is	associate			Amoun	it of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes Vyes, list Event #  Yes Is contributor a principal of a standard which branch branches of government the contract is with:	or	or prosp		te contractor	\[\sqrt{\sq}}}}}}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}		:	\$150.00
Method of contribution:   Cash   Personal Check   Credit/Debit Card   Payroll Deduction			Date Re	eived	Aggregate contributions	1		

SUBTOTAL Section B - This Page	\$1,650.00
TOTAL of Section B Pages	\$73,611.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$73,611.00

SEEC	FORM	20
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Revised January 2015						
NAME OF COMMITTE	EL (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPOR	eT .	
Arunan for Hartford				7th day preced	ng primary	
PROPERTY AND ADDRESS OF	P. Expens	es Paid by Commi	ttee			Sugard
Name of Pavee Zoom Video Commi	S.		1	ate of Payment 8/13/2023	Method Che	
Street Address 55 Almaden Blvd, Fl	6	City San Jose			State CA	Zip Code 95113-1608
Purpose of Expenditure (by code) MISC	Description Zoom		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure **Itemization in Addendum P Required u  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu)  Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	ndent	Л □В □С □	]0	\$17.01

SUBTOTAL Section P - This Page	\$17.01
TOTAL of Section P Pages	<b>\$</b> 271, <b>54</b> 2.55
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Symmary Page Totals)	\$271,542.55

NAME OF COMMITT	ER. (Provide Complete Name as Registered with Filips	Repositor	y)	Fig[	TYPE OF REPORT		
Arunan for Hartford					7th day preceding	primary	
<b>会外におりますが</b>	P. Expens	es Paid b	y Commi	ftee	<b>1</b> 44 44 44 44 44 44 44 44 44 44 44 44 44		
Name of Pavee Sammy Vazquez					Date of Payment 09/01/2023		of Payment ck # 1092 r Card EFT
Sirce: Address 58 Hendricksen Av	8	Cirv Hartfor	d			State	Zip Code 06106-2810
Purpose of Expenditure (by code) CNSLT	Description			Ever	18 <sup>(4)</sup>		Amount
Expenditure # (d'applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate e  Coordinated with reinsbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind con	r committee; ire)		ndent	ckeds		\$720.00
Name of Passe WarChest					Date of Payment 08/16/2023	Method of Chec	
Street Address 4200 Wisconsin Ave	e NW	City Washin	gton			State DC	Zip Code 20016-2143
Purpose of Expenditure (by code) MISC	Description Software			Even	ţ ≠		Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r commit <b>tee)</b> re)		ndent	kedi		\$225.00
Name of Pavee Wild Virie					Date of Payment 07/06/2023	Method of Cheel	
Street Address 1200 Park St		City Hartford	}			State	Zip Code 06106-2259
Purpose of Expenditure (b) code: FOOD	Description			Even	ji		Amount
Expenditure # (# applicable)	Type of Expenditure **Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continue).	re)		deni	kedi		\$36.13
Name of Pasce Zoom, Video Comms	3.				Date of Payment 07/13/2023	Method o Check	
Street Address  55 Almaden Blvd, Fl	6	City San Jos	e e			State CA	Zip Code 95113-1608
Purpose of Expenditure (by code ivisc	Description Zoom			Event			Amount
Expenditure = (if applicable)	Type of Expenditure **Itemization in Addendum P Required in  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind continuated with reimbursement sought)	committee) e)	Indepen	dent	ABCD		\$17,01

SUBTOTAL Section P - This Page	5998.14
TOTAL of Section P Pages	\$271,542.55
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$271,542.55

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placed and profile a figurery	EE (Provide Complete Name as Regulered with Piling	(Kepository)	CONTRACTOR COMPANIES AND PROPERTY AND PARTY AN	F REPORT	<b>BELLION</b>		
Arunan for Hartford				preceding	primary	125.00	
	P. Expens	es Paid by Commi	tee			greate)	
Name of Pavee Staples		Date of Payment 07/10/2023			Method of Payment Check #  ✓ Debit Card EFT		
Street Address 500 Staples Dr		City Framingham			State MA	Zip Code 01702-4478	
Purpose of Expenditure (by code) OFFICE	Description		Event #			Amount	
Expenditure # (Il applicable)	Type of Expenditure **Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continue).	r committee) Independent	ndent	_c _p		\$135.12	
Name of Pavec Target			Date of Paym 08/01/202		Chec	of Payment k # 1078 Card EFT	
Street Address 3255 Berlin Toke		City Newington			State CT	Zip Code 06111-5101	
Purpose of Expenditure (b) toda) OFFICE	Description		Event #	- :00		Amount	
Expenditure # (il applu able)	Type of Expenditure ** *Chemination in Addendum P Required a ** *\sqrt{None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind continue).	rc) Indeper	ident	_ср		\$115.66	
Name of Pavee			Date of Paym	ent		f Payment	
Tees & More LLC			07/11/202	3	Chec		
Street Address		City Hartford			State	Zip Code 06114	
Purpose of Expenditure (baseds) A-OTH	Description T-shirts		Event #			Amount	
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind continue)	r committee) Indepen	dent	_c _b		\$438.70	
				1	Method o	f Payment	
Name of Pavee Upswing Research			Date of Paym 07/25/202		Chec!		
Upswing Research Street Address		City Washington					
	Description	City			Debit State	Card EFT Zip Code	

SUBTOTAL Section P - This Page	\$21.189.48
TOTAL of Section P Pages	\$271,542.55
TOTAL OF ALE EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$271,542.55

Revised January 2015		,				
NAME OF COMMITTE	F. (Provide Complete Name as Registered with Filing	g Repositor)	Pi g	TYPE OF REPORT		
Arunan for Hartford				7th day preceding	primary	3 - 15
Barton State Control	P. Expens	ses Paid by Comm	ittee		Salt Till	A Garlana
Name of Pavee		The second of the second secon	-	Date of Payment	Method o	of Payment
Papa John's Pizza				07/27/2023	Check #	
					✓ Debit	Card EFT
Street Aduresa	of Aduress City Hartford				State	Zip Code
1180 Broad St		CT	06106-2314			
Purpose of Hapenditure						Amount
(p) (676) EOOD	(ph.cogs) E000					
Expanditure #	Type of Expenditure Atemization in Addendum P Required i	unless "None of the belov	v" is che	ecked)	1	\$40.57
(if applicable)	None of the below (does not involve another candidate of				4	
	Coordinated with reimbursement sought (joint expenditu			n. m. n. n.		
	Coordinated without reimbursement sought (in-kind con	tribution) Urgan	ikation:			
Name of Parice				Date of Payment		f Payment
Papa John's Pizza				08/14/2023	Check	
Street Address		City Hartford			State	Zip Code 06106-2314
1180 Broad St	<u> </u>	naitioid	1000		0,	00100-2314
Purpose of Expenditure	Description		Even	nt #	Amount	
(ph/coqn)EOOD	× × × × × × × × × × × × × × × × × × ×		6		adveb differen	
Expendicare #	Type of Expenditure (Itemization in Addendum P Required to		" is che	cked)		\$52.04
(Mapplicable)	None of the below (does not involve another candidate o	[ ]1.3	endent			
	Coordinated with reimbursement sought (joint expenditu	TO COURT	ization:	Па Пв Пс Пр		
	Coordinated without reimbursement sought (in-kind con	tribution)	-			
Name of Pavec Shop Rite				Date of Payment	Method of Payment	
anop rate				07/06/2023	Debit	
Street Address		City			State	Zin Code
Suedi Ageross		East Hartford			CT	06118-3209
31 Main St			TE			
Purpose of Expenditure	Description		Even	[ #	į	Amount
			1			007.00
Expenditure    (if applicable)	Type of Expenditure (tremization in Addendum P Required it		" ts chec	cked)		\$67.18
10 april anne	Coordinated with reimbursement sought (joint expenditu	1 finitena	indent			
	Coordinated without reimbursement sought (in-kind cont	Connei	ization:	□A □B □C □D		
Name of Payee	Continued without testion senior sough (in-who sough			Date of Payment	Methodio	f Payment
South Whitney Pizza				08/28/2023	Method of Payment Check #	
				00/20/2023	✓ Debit	Card EFT
Street Address		City			State	Zip Code
204 C 18/6/3 C4		Hartford			CT	06105-3068
264 S Whitney St Purpose of Expenditure	Description		Event	L É		<u> </u>
(ph. coqs) EOOD	principle 2 (1) 13/14		188		der comme	Amount
Eps a little t	Type of Expenditure (Itemization in Addendum P Required u	ulass "Name of the hote.	" ic cho	(Fod)		\$89.84
Expenditure 4 (If applicable)	None of the below (does not involve another candidate or	committee)				\$0.50A
	Coordinated with reimbursement sought (joint expenditu	Indepe	ndeat			
	Coordinated without reimbursement sought (in-kind cont	ribution) Organi	zatton.	A B C D		
	The state of the s				4	

SUBTOTAL Section P - This Page	\$249.63
TOTAL of Section P Pages	<b>\$271,5</b> 42.55
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$271,542,55

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NAME OF COMMITTE	EE (Provide Complete Name as Regis ered with Filing	Repository)		TYPE OF REPORT			
Arunan for Hartford				7th day preceding	primary		
1203	P. Expens	es Paid by Gomm	ittee				
Name of Payee New Way Strategies				Date of Payment 08/27/2023		Method of Payment Check # Debit Card EFT	
Street Address 47 Avonwood Rd		City Avon			State CT	Zip Code 06001-2048	
Purpose of Expenditure (by cude) MISC	Description	•	Event	#		Amount	
Expenditure # (if apply able)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indepe		ked)		\$375.00	
Name of Pavee NGP-VAN				Date of Payment 07/11/2023	Method o Check		
Street Address  1445 New York Ave	NW, Ste 200	City Washington			State DC	Zip Code 20005-2158	
Purpose of Expenditure (by code) MISC	Description NGP VAN		Event	μ		Amount	
Expenditure # (if applicable)	Type of fixpenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditute)  Coordinated without reimbursement sought (in-kind continue)	re) Independent	ndent	red)		\$323.20	
Name of Pavec NGP-VAN				Date of Payment 08/01/2023	Method of Check	#	
Street Address 1445 New York Ave	NW, Ste 200	City Washington			State DC	Zip Code 20005-2158	
Purpose of Expenditure (by code) MISC	Description NGP VAN		Event	#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	ed)		\$323.20	
Name of Pavee NGP-VAN		30 730		Date of Payment 08/30/2023	Method of Check	#	
Street Address		City			State	Zip Code	
1445 New York Ave	NW, Ste 200	Washington			DC	20005-2158	
Purpose of Expenditure (by code) MISC	Description NGP VAN		Event #	4		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contri	committee) Indepen	ndent	ed)		\$323.20	

SUBTOTAL Section P - This Page	\$1,344.60
TOTAL of Section P Pages	\$271,542.55
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$271,542.55

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Marriena	1.		2.4	in i

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filin	g Kepi silory jis	EMERICA 7	YPE OF REPORT	7	
Arunan for Hartford			7	th day preceding	primary	
	P.Expen	ses Paid by Comm	ittee 🧳	A. A. I.	ALC: NO.	
Name of Paves Sincere Lawson			10	of Payment 5/2023	Che	of Payment ik = 1076 it Card EFT
Strest Address 41 Dean St		Hartford		3	State	Zip Code 06114-1027
Purpose of Expenditure (by societ CNSLT	Description	*	Even #		1	Amount
Expenditure = (if applicable)	Type of Expenditure **Humication in Addendum P Required  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude)  Coordinated without reimbursement sought (in-kind continue)	or committee) Indepe	ndent	□в □с □р		\$1,500.00
Name of Payer Sincere Lawson		=		of Payment 1/2023	process .	of Payment k # 1094 Card EFT
Street Address 41 Dean St		City Hartford			State CT	Zip Code 06114-1027
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount
Expenditure = (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continue).	r committee) Indepe	ndent	В С р		\$1,500.66
Name of Payce Ramiro Marin				f Payment 7/2023		Flayment F 1087 Card EF
Street Address 63 Boardman Ter		Civ Wethersfield			State CT	Zip Code 06109-3306
Purpose of Expenditure (by code) ONSLT	Description	N	Event#			Amount
Expenditure = (if applicable)	Type of Expenditure Itemization in Addendum P Required u  None of the below (does not involve another candidate u  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ident	в С р		\$1,000,00
Name of Pavee Sarah McCoy				Payment 7/2023	Method o Check	
Street Address		Circ Hartford			State CT	Zip Code 06105-1492
47 Ashley St Purpose of Expenditure (by coder MISC	Description Photography		Event #			Amount
Expenditure = (d'applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the contro	committee) Indepen	dent	В С р		\$250.00

\$4,250.00	OTAL Section P - This Page	s	right Po	et servicines en servicines (per	
\$271,542.55	TOTAL of Section P Pages		e di editore		AUGUST 1
\$271,542.55	A of Summary Page Totals)	Line 19, Coli	(Enter tota	ES PAID BY COMMITTEE	TOTAL OF ALL EX
		Ø IIV	Ver a	es evolue	

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NAME OF COMMITTEE	111 (Provide Complète Name as Registered with Filing	Repository)		TYPE OF REPORT		PERSONAL PROPERTY.
Arunan for Hartford				7th day preceding	primary	
Service of the servic	P. Expens	es Paid by Comm	ittet	31 10 10 10		11124146
Name of Pavee Celestino Jimenez				Method of Payment  Check #  Debit Card  EFT		
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by carde) CNSLT	Description	Event #			Amount	
Expenditure # fit applicable:	Type of Expenditure (Itemization in Addendum P Required it None of the below (does not involve another candidate c Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	or committee) Indepe		A B C D		\$864.00
Name of Pavee Sincere Lawson				Date of Payment 07/01/2023	Chec	of Payment :k# 1059 t Card FFT
Street Address 41 Dean St		City Hartford			State CT	Zip Code 06114-1027
Purpose of Expenditure (by code) CNSLT	Description	iption Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure   Hiemization in Addendum P Required to   None of the below (does not involve another candidate o   Coordinated with reimbursement sought (oint expenditu   Coordinated without reimbursement sought (in-kind cont	r committee) Indepe		a B C D		\$1,500.00
Name of Pavee Sincere Lawson				Date of Payment 07/14/2023		of Payment k # 1067 Card EFT
Street Address 41 Dean St		City Hartford			State CT	Zip Code 06114-1027
Purpose of Expenditure (by code CNSLT	Description		Event	-		Amount
Expenditure > (if applicable)	Type of Expenditure **Itemization in Addendum P Required in  \[ \sqrt{None of the below (does not involve another candidate or  \] Coordinated with reimbursement sought (joint expenditur  \[ \sqrt{Coordinated without reimbursement sought (in-kind continue) } \]	re) Independent	ndent	edi		\$1,500.00
Name of Pavec Sincere Lawson				Date of Payment 08/01/2023		f Pavment  " 1070  Card EFT
Street Address 41 Dean St		City Hartford			State CT	Zip Code 06114-1027
Purpose of Expenditure (by code) CNSLT	Description		Event 4	1		Amount
Expanditure = M opplicable)	Type of Expenditure (Itemization in Addendum P Required in V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the cont	committee) Indeper	ndent _	nd)		\$1,500.00

		SUBTOTAL Section P - This Page	\$5,364.00
¥		TOTAL of Section P.Pages	\$271,542.55
TOTAL OF ALL EXPENSES	S FAID BY COMMITTEE (E	inter total on Line 19, Column A of Summary Page Totals)	\$271,542.55

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NAME OF COMPITT	EE (Provide Complete Name as Registered with Filing	R pository)	LANCE OF THE PARTY	TYPE OF REPORT		A Market Comp.	
Arunan for Hartford 7th day preceding				primary			
19	P.Expens	es Paid by Comm	ttee			Charles and the control of the contr	
Name of Pavec Home Depot	Date of 1		Date of Paymen   07/20/2023	Method of Payment  Check # 1080  Debit Card FIT			
Street Address 503 New Park Ave	121	City West Hartfrd			State	Zip Code 06110-1326	
Purpose of Expenditure (by code) OFFICE	Description	escription Even: #		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemication in Addendum P Required unless "None of the below" is (kecked)  None of the below (does not involve another candidate or committee)  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization: A B C D					\$29,55	
Name of Paves J Restaurant Bar	Bar Date of Payment 07/24/2023			Method of Payment Check #  Debit Card EFT			
Street Address 297 Washington St		City Hartford		State CT	Zip Code 06106-3324		
Purpose of Expenditure (by cinde) FOOD	Description	Event #			Amount		
Expenditure > (if applicable)	Type of Expenditure **Itemization in Addendum P Required u  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind continue)	re) Independent	ndent	ked)		\$2,499.76	
Name of Paves J Restaurant Bar	Date of Payment 08/02/2023		Method of Payment  Check # 1083  Debit Card EFT				
Street Address 297 Washington St		City Hartford	i		State	Zip Code 06106-3324	
Purpose of Expenditure (by code) FOOD	Description		Event	<b>t</b> ≒ ∞	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee)  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization:  A B C D					\$254,42	
Name of Pavec Celestino Jimenez	The state of the s		Method of Payment  Check " 1085  Debit Card EFT				
Street Address		Cirv Hartford		<i>y</i> .	State CT	Zip Code	
Purpose of Expenditure (by code) GNSLT	Description		Event	=	Amount		
Expenditure # Type of Expenditure   Itemization in Addendum P Required unless "None of the below" is checked)					\$1,080 00		

SUBTOTAL Section P - This Page	\$3,863.73
TOTAL of Section P Pages	<b>\$27</b> 1,542,55
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	