#### **SEEC FORM 20**

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

evised January 2015

Page 1 of 17

Do Not Mark in This Space For Official Use Only

#### COVER PAGE

			V IUIX	11)	<u>V</u>						
1. NAME OF COMMITTEE											
Fonfara for Hartford											
2. TREASURER NAME											
First		МІ	Las				Suffix				
Rennye		С	Le	iler							
3. TREASURER ADDRESS											
Street Address			City				State	Code			
95 Tuttle Rd			Durhai	n			CT	422			
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	te only if Ca	ndidate	Committee)				RICT NUMBER		
(mm/dd/yyyy) 11/07/2023	Mayor							(if applicab	(6)		
7. CANDIDATE NAME (Complete only if	Candidate or Explorato								T		
John		MI V	Las	F	onfara				Suffix		
8. TYPE OF REPORT (Check One Box)											
O January 10 filing	7th day preced	ding primar	y <b>(</b>	<b>)</b> 7th	day preceding referendum		Initial Contribution or Disbursem				
• April 10 filing	O30 days follow	O30 days following primary			days following referendum		Amendmer				
OJuly 10 filing	O7th day preced	ding electio	on (	Deficit				Type of Report:			
October 10 filing	O12th day prec			Termination							
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		on								
9. PERIOD COVERED											
	Beginning Da	ite			Ending Date			,			
	January 1, 2023		tl	ıru	March 31, 2023						
10. CERTIFICATION											
I hereby certify and state, under policional policion of the period of t	penalties of false eriod covered is	statement, true, accu	that all crate and	of the	information set forth on plete.	this <b>Ite</b>	mized Ca	mpaign l	Finance		
Lange 12	0.0		Rennye	C Le	iler			04/10	/2023		
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE)		PRINT N	IAME	OF SIGNER		_	DATE	(mm/dd/yyyy)		
A person who is	found to have kn	iowingly a faces a civ	nd willfi vil penal	illy vi ty or i	olated any provisions of t imprisonment or both.	he can	ipaign fìn	ance sta	tutes		

#### **SEEC FORM 20**

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

### SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
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		
2. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	326223	326223
14. Receipts from Other Committees (Sections C1 and C2)	9000	9000
15. Other Monetary Receipts (Sections D through K)	500	500
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0	\$0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	4500	4500
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	340223	340223
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	340223	340223
19. Expenses Paid by Committee (Section P)	10626.66	10626.66
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	329596.34	329596.34
21. In-Kind Donations not Considered Contributions Received (Section L4)	745	745
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	\$	\$0
25. Loan Balance	\$0	
25a. + Loans Received (Section D)	\$500	\$500
25b. + Interest and Penalties on Loan	\$0	\$0
25c Payments on Loan	\$500	\$500
25d. Total Outstanding Loan Amount	\$0	
26. Campaign Expenses Paid by Candidate (Section Q)	\$0	
27. Expenses Incurred on Committee Credit Card (Section R)	0	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	4052.31	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	4052.31	

## Section B ADDITIONAL PAGE 1 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT				
Fonfara for Hartford		April 10 filing	April 10 filing			
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)	d this Period ON BTOTAL SECTIO	NLY NA \$ 1513	\$ 1513			
B. Itemized Con		Individuals		МІ		
Last Name	First Erik			IVII		
Bartone	ity		State Z	Lip Code		
Residential Detect Fiduces	Glastonbury		1	06033		
Principal Occupation	Name of Employe	er	<u> </u>			
Manager	DBS Energy					
As contributor a lobbyist spayse Ves If contribution is in excess of \$400 to	bbyist, spouse, dof a lobbyist? Yes of No Ves does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality					
Is this contribution associated with an event reported in Section L1?  Yes No Section L1?  If yes, list Event # Yes No Section L1?	ch or branches is with:	te contractor or prospective state contractor? Yes nor branches				
Method of Contribution:	Date Received Order 1/19/23	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		1000		МІ		
Last Name	First Tina			1744		
Bartone	City		State 2	Zip Code		
Kesteentar Breet Medioss	Glastonbury		1	06033		
Principal Occupation	Name of Employ	er	<u> </u>			
Owner	Hartford Me					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she in valued at more than \$5,000?	s associated with have a	o contract with said municipality  No	1000	nt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes No	ich or branches	ective state contractor?  Executive  Legislative  Aggregate Contributions				
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		1000				
Last Name	First			MI		
Bartone	Marissa					
, and a second s	City		State	Zip Code		
173 Horizon Lane	Glastonbury		СТ	06033		
Principal Occupation	Name of Employ	yer				
Accountant	Ernst & You	ıng				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chie is associated with have Yes	of executive officer of a municipality on the No.	ty, <b>Amou</b>	nt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Section L1?  If yes, list Event # Section L1?	nch or branches et is with:	Executive Legislative				
Method of Contribution:	Date Received 1/19/23	Aggregate Contributions 1000				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 1717723	1000				
SUBT	TOTAL Section B	— This Page 3000				
TOTAL	L of additional Sec	ction B Pages 324710				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (S 13, Column A of Sumn	Sections A + B) nary Page Totals) 326223				

### Section B ADDITIONAL PAGE 2 of 189

NAME OF COMMITTEE (Provide Complete Name as		TYPE OF REPORT							
Fonfara for Hartford				April 10 filing					
A. Total Contributions from Sma (See instructions for definition of Small Con	ll Contributors-Receive tributor) S	ed this UBTO	Period ONLY FAL SECTION A	\$ 1513					
	B. Itemized Con	tribu	tions from Individ	luals					
Last Name		First					MI		
Bartone			itthew			-	Ta: O :		
Residential Street Address		City				State	Zip Code		
14 Francis Drive		Glasto				СТ	06033		
Principal Occupation		- 1	Name of Employer						
Manager		i	Hartford Metal Co.						
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 to be contributor or business he/she alued at more than \$5,000?	is associa	ated with have a contract OYes ONo	with said 1	nunicipality		Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		ich or br	anches	e contracto CLegisl	<b>⊙</b> No				
Method of Contribution:			Date Received	Aggregate	Contributions				
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Last Name		First	l .				MI		
Bartone		Ale	exandra						
Residential Street Address		City				State	Zip Code		
14 Francis Drive		Glasto	onbury			CT	06033		
Principal Occupation			Name of Employer						
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or dependent child of a lobbyist? O No dependent child of a lobbyist?	contribution is in excess of \$400 oes contributor or business he/she alued at more than \$5,000?	to a cand is associ	didate for a chief executive atted with have a contract Yes O No	e officer o	f a municipality municipality		Amount of Contribution		
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Method of Contribution:			Date Received	1	Contributions				
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Last Name		Firs					MI		
Tiberio		Pa	atricia			T-			
Residential Street Address		City				State	Zip Code		
16 Somerset Street		Weth	ersfield			CT	06109		
Principal Occupation			Name of Employer						
Retired			Retired						
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is assoc	oiated with have a contract Yes O No	t with said	municipality	100	nount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		anch or b	oranches h: O Executive	C Legi	slative ONo	3			
Method of Contribution:	_		Date Received	l .	e Contributions				
OCash OPersonal Check OCredit/Debit Car	d OPayroll Deduction OMone	y Order	1/19/23	1000					
	SUB	TOTA	L Section B — Thi	s Page	3000				
	TOTA	L of ac	dditional Section B	Pages	324710				
TOTAL OF AI	LL CONTRIBUTIONS FRO (Enter total on Line	M IND 2 13, Col	IVIDUALS (Sections umn A of Summary Page	A + B) e Totals)	326223				

# Section B ADDITIONAL PAGE 3 of 189

				TYPE OF REPORT					
Fonfara for Hartford				April 10 filing					
nall Contr	Contributors-Receive ibutor) S	ed thi	is Period ONLY OTAL SECTION A	\$ 1513					
	B. Itemized Cor	ıtribı	utions from Indivi	duals					
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		wetn				OI -	001	U7	
			1						
			1						
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	If yes, indicate which bran	ach or l	branches	_	ON O				
			Date Received	Aggregate	Contributions				
Card (	Payroll Deduction OMoney	Order	1/19/23	25					
				L				MI	
		s	haron						
		City				State	Zip C	Code	
		Port	St. Lucie			FL	349	984	
		L	Name of Employer						
			Retired						
do	es contributor or business he/she ued at more than \$5,000?	is asso	ciated with have a contract  Yes  No	t with said	municipality	_ 10	Amount of Contribution		
	If yes, indicate which bra	anch or	branches	O Legi	slative No				
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Card	OPayroll Deduction OMone	y Order	1/20/23	1000				.,	
***************************************		1	_					MI	
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			thersfield			СТ	06	109	
		1	Name of Employer			1			
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do	es contributor or business he/sh	0 to a ca e is ass	ociated with have a contrac	ct with said	of a municipality			f Contributio	
	If yes, indicate which br	anch o	r branches vith: Executive	e OLeg	islative				
		٠.		55 5	te Contributions				
Card	OPayroll Deduction OMono	ey Orde	1/23/23	100					
	SUE	тот	AL Section B — Th	is Page	1125				
	TOTA	L of	additional Section B	Pages	324710				
'AL	L CONTRIBUTIONS FRO (Enter total on Lin	OM IN e 13, C	DIVIDUALS (Sections olumn A of Summary Pag	s A + B) re Totals)	326223				
	If c doe value Yes No Card If do yal Yes No Card Card Card Card Card Card Card Card	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?  Yes Is contributor a principal of a If yes, indicate which bran of government the contract of government of governm	B. Itemized Contribution  B. Itemized Contribution  B. Itemized Contribution  B. Itemized Contribution  City  Weth  City  Weth  If contribution is in excess of \$400 to a cardoes contributor or business he/she is assorted at more than \$5,000?  Yes Is contribution is in excess of \$400 to a cardoes contributor or business he/she is assorted at more than \$5,000?  Yes Is contributor a principal of a state of the port of government the contract is with port of government the contract is with the port of gov	B. Itemized Contributions from Individual First Angela    City	B. Itemized Contributions from Individuals    First				

# Section B ADDITIONAL PAGE 4 of 189

Collins  Residential Street Address 272 Hollister Way West  CT  CT  Cally Contributor a lobbyist, spouse, or dependent child of a lobbyist?  State contributor or business he/she is associated with have a contractor?  Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  State contributor or business he/she is associated with have a contractor?  Retired  State Contributor or business he/she is associated with have a contractor?  Retired  State Contributor or prospective state contractor?  Syes now of government the contract is with:  Signature of government the contract is with:  State Contributor or prospective state contractor?  Syes now of government the contract is with:  Signature of government the contract is with:  State Child State Contributions  State Child State Contributions  Cash Opersonal Check Occadit/Debit Card Operation  Retired  State Child State Contribution of the state of	MI Zip Code 06033  ount of Contributio
Substitutions for definition of Small Contributor)   SUBTOTAL SECTION A	Zip Code 06033  ount of Contributio
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Colling   State   Colling   State   Colling	Zip Code 06033  ount of Contributio
Residential Street Address   City   Clastonbury   State	Zip Code 06033  ount of Contributio
Residential Street Address 272 Hollister Way West  273 Hollister Way West  274 Hollister Way West  275 Hollister Way West  275 Hollister Way West  276 Hollister Way West  277 Hollister Way West  277 Hollister Way West  278 Hollister Way West  278 Hollister Way West  279 Hollister Way West  279 Hollister Way West  270 Hollister Way Wash  270 Hollister Way West  270 Hollister Way Wash  270 Hollister Way Wash  270 Hollister Way Wash  270 Hollister Way Wash  270	06033
Recidential Street Address Retired    Scontributor a lobbyist, spouse, or dependent child of a lobbyist   Street Address   St	06033
Principal Occupation Retired  Is contributor a lobbyist, spouse, or dependent child of Contribution.    State   St	ount of Contributio
Retired  Ret	)
Is contributor a lobbyist; spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality of yes. So 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:    Date Received   Date Received   Legislative	)
or dependent child of a lobbyist?  No does contributor or business he/she is associated with aware a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If so contributor a principal of a state contractor or prospective state contractor?  If so contributor a principal of a state contractor or prospective of government the contract is with:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Omoney Order  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Omoney Order  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Omoney Order  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Omoney Order  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Omoney Order  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Omoney Order  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Omoney Order  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Omoney Order  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Omoney Order  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Omoney Order  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Omoney Order  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Omoney Order  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Omoney Order  OCaphilo Strategies Group  OCAPHICAL CARD OF	)
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Bart Name  Residential Street Address 3279 Southeast Pinto Street  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 branch or branches of government the contract is with:  Indicate White Date Received 1/25/23    Aggregate Contributions 250 of payroll Deduction OMoney Order	MI
Method of Contribution:  Ocash Personal Check Cedit/Debit Card Payroll Deduction Money Order  Last Name Bartone  Residential Street Address 3279 Southeast Pinto Street 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, list Event #  Method of Contribution:  Ocash Personal Check Ocredit/Debit Card Payroll Deduction Money Order  Last Name  McCabe  Residential Street Address  City Port St. Lucie  Name of Employer Retired  State FL  Name of Employer Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No Valued at more than \$5,000?  Yes O No  Legislative  Date Received Aggregate Contributions  City Port St. Lucie  Name of Employer Retired  City West Hartford  CT  Name of Employer Capitol Strategies Group	MI
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Last Name Bartone  Residential Street Address 3279 Southeast Pinto Street  Principal Occupation Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order  Retired  If contribution a susceptible of a municipality, and the section of a municipality of a state contractor or prospective state contractor?  If yes, list Event #  Method of Contribution:  Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order  Retired  Retired  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and the same of government that a contract with said municipality, and the same of government the contract 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:  Date Received  1/25/23  Date Received  Aggregate Contributions  1/25/23  1000  Last Name  McCabe  Residential Street Address  City  West Hartford  CT  Name of Employer  Capitol Strategies Group	MI
Residential Street Address 3279 Southeast Pinto Street  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, list Event #  Method of Contribution:  Cash OPersonal Check Occedit/Debit Card Orange Occupation Residential Street Address 11 Forest Road  Principal Occupation Retired    City	MI
Residential Street Address 3279 Southeast Pinto Street  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, list Event #  Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Residential Street Address 11 Forest Road  Principal Occupation Retired  State Port St. Lucie  Port St. Lucie  Name of Employer Retired  Name of Employer Retired  Agregate Contractivity and a contract with said municipality, valued at more than \$5,000?  Yes No  Is contributor a principal of a state contract or or prospective state contractor?  Pyes, list Event #  Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  City West Hartford  Name of Employer Capitol Strategies Group	
Residential Street Address  3279 Southeast Pinto Street  Principal Occupation Retired  State Port St. Lucie  Name of Employer Retired  Retired  Steined  Steined  State Port St. Lucie  Name of Employer Retired  Steined  Steet Address  Steined  Steined  Steined  Steined  Steined  Steined  Steet Address  11 Forest Road  Principal Occupation  Government Affairs  State  CTI  Name of Employer  Capitol Strategies Group	
Principal Occupation Retired    Name of Employer   Retired	Zip Code
Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Last Name  McCabe  Retired  Amoretand vith an excess of \$400 to a candidate for a chief executive officer of a municipality valued at more than \$5,000?  Yes No State  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality valued with have a contract with said municipality valued at more than \$5,000?  Yes No Yes No Yes No Yes Presonal check of government the contract or prospective state contractor? Presonal check of government the contract is with:  Date Received Aggregate Contributions 1000  Last Name  McCabe  First Patrick  Residential Street Address  11 Forest Road  Principal Occupation  Government Affairs  Name of Employer  Capitol Strategies Group	34984
Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Last Name  McCabe  Residential Street Address  11 Forest Road  Retired  Retired  Retired  Agreeque Contractor 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 contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate Contributions  1/25/23 1000  Aggregate Contributions  1/25/23 1000  State  City  West Hartford  Principal Occupation  Government Affairs  Name of Employer  Capitol Strategies Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  No  No  No  No  No  No  No  No  N	
event reported in Section L1?  If yes, list Event #  Method of Contribution:  Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  McCabe  Residential Street Address 11 Forest Road  Principal Occupation  Government Affairs  OR No  If yes, indicate which branch or branches of government the contract is with:  Date Received 1/25/23  Aggregate Contributions 1/25/23  1000  First Patrick  City West Hartford  Name of Employer Capitol Strategies Group	nount of Contribution
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Last Name McCabe Residential Street Address 11 Forest Road Principal Occupation Government Affairs  First Patrick  City West Hartford  Name of Employer Capitol Strategies Group	
McCabe  Residential Street Address 11 Forest Road  Principal Occupation Government Affairs  Patrick  City West Hartford CT  Name of Employer Capitol Strategies Group	
Residential Street Address 11 Forest Road West Hartford CT  Principal Occupation Government Affairs  Name of Employer Capitol Strategies Group	MI
Principal Occupation Government Affairs  Name of Employer Capitol Strategies Group	Zip Code
Government Affairs  Capitol Strategies Group	06119
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The state of the s	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  No  No  No  No  No  No  No  No  N	mount of Contributi 200
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, 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 O Legislative	
Method of Contribution:  Date Received Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 1/25/23 1000	
SUBTOTAL Section B — This Page 2250	
TOTAL of additional Section B Pages 324710	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  326223	

# Section B ADDITIONAL PAGE 5 of 189

NAME OF COMMITTEE (Provide Complete Name as I		TYPE OF REPORT						
Fonfara for Hartford				April 10 filing				
A. Total Contributions from Smal (See instructions for definition of Small Contr	l Contributors-Receive ributor) SI	d thi UBTO	s Period ONLY TAL SECTION A	\$ 1513				
	B. Itemized Con	tribu	itions from Individ	luals				
Last Name		Firs					MI	
McCabe			arol		G	7:- 0	lada.	
Residential Street Address		City	Hartford		State CT	Zip C 061		
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or dependent child of a lobbyist? No doe	contribution is in excess of \$400 to es contributor or business he/she i lued at more than \$5,000?	s assoc	iated with have a contract OYes No	with said municipality	7, Am 100		Contribution	
Is this contribution associated with an event reported in Section L1?  Yes No 1f yes, list Event #	Is contributor a principal of a st  If yes, indicate which bran of government the contract	ch or b	ranches	e contractor? Yes  OLegislative				
Method of Contribution:			Date Received	Aggregate Contributions				
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Last Name		Fire	st				MI	
Ginnetti		Ja	ames					
Residential Street Address		City			State	Zip (		
172 Brandywine Circle		Engle	ewood		FL	342	223	
Principal Occupation			Name of Employer					
Consultant			Self					
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 to see contributor or business he/she alued at more than \$5,000?	to a can	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipalit with said municipality		Amount of Contribution 500		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a surface of government the contract	nch or	branches	O Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	1/26/23	500				
Last Name		Fi	rst				MI	
Bramante		S	Salvatore				A	
Residential Street Address	All the second s	City	-		State	1 ^	Code	
328 Freeman Street		Hart		2000	СТ	106	5106	
Principal Occupation			Name of Employer					
Retired			N/A					
or dependent child of a lobbyist? No d	f contribution is in excess of \$400 oes contributor or business he/she alued at more than \$5,000?	to a ca	ndidate for a chief executioniated with have a contract Yes O No	ve officer of a municipality t with said municipality	ty, A1		of Contributio	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a  If yes, indicate which bra of government the contra	principal of a state contractor or prospective state contractor?  Attention of the principal of a state contractor or prospective state contractor?  Attention of the principal of a state contractor or prospective state contractor?  Attention of the principal of a state contractor or prospective state contractor?  Attention of the principal of a state contractor or prospective state contractor?  Attention of the principal of a state contractor or prospective state contractor?  Attention of the principal of a state contractor or prospective state contractor?  Attention of the principal of a state contractor or prospective state contractor?  Attention of the principal of a state contractor or prospective state contractor?  Attention of the principal of the princip						
Method of Contribution:		0 - 5	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card	d OPayroll Deduction OMone	y Order	1/31/23	100				
	SUB'	тот	AL Section B — Thi	s Page   1600				
	TOTA	L of a	additional Section B	Pages 324710				
TOTAL OF AL	L CONTRIBUTIONS FRO (Enter total on Line	M INI : 13, Ca	DIVIDUALS (Sections blumn A of Summary Pag	(A + B) e Totals) 326223				

### Section B ADDITIONAL PAGE 6 of 189

NAME OF COMMITTEE (Provide Complete Nam		TYPE OF REPORT							
Fonfara for Hartford				April 10 filing					
A. Total Contributions from Some (See instructions for definition of Small		ed thi SUBTO	s Period ONLY OTAL SECTION A	\$ 1513					
	B. Itemized Cor	ntribu	itions from Indivi	duals					
Last Name		Firs					М	I	
Cimini		Pe	eter						
Residential Street Address		City				State	Zip Code		
71 Hunters Ridge		Rocky				СТ	06067	/	
Principal Occupation			Name of Employer	o	0				
Attorney/Lobbyist			Capitol Strategies (	•					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is assoc	didate for a chief executiv iated with have a contract OYes ONo	e officer of with said n	nunicipality	Amo		ontribution	
20 11110 101111111111111111111111111111	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	nch or b	ranches	_	No				
Method of Contribution:			Date Received	Aggregate	Contributions				
Ocash OPersonal Check Ocredit/Debit C	Card OPayroll Deduction OMoney	Order	2/2/23	1000					
Last Name		Firs	st				М	II	
Cimini		Ja	cqueline						
Residential Street Address		City				State	Zip Code	e	
71 Hunters Ridge		Rocky	y Hill			CT	0606	7	
Principal Occupation			Name of Employer						
Homemaker			Homemaker						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	didate for a chief executive tated with have a contract Yes No	ve officer of with said r	`a municipality nunicipality	l	Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	inch or l	branches		<b>⊙</b> No				
Method of Contribution:	0. 60 / 0		Date Received		Contributions				
OCash OPersonal Check OCredit/Debit (	Card OPayroll Deduction OMoney	Order	2/2/23	1000					
Last Name		Fir	rst				M	⁄II	
Maroney		Ja	ames						
Residential Street Address		City				State	Zip Cod	le	
55 7th Ave		Milfo	ord			CT	0646	0	
Principal Occupation		.1	Name of Employer						
Retired Accounting Professor			Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contrace Yes No	ve officer o t with said	f a municipality municipality	7, Am		Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	pal of a state contractor or prospective state contractor?  Yes hich branch or branches							
Method of Contribution:			Date Received	Aggregate	Contributions				
OCash OPersonal Check OCredit/Debit	Card OPayroll Deduction OMone	y Order	2/3/23	100					
	SUB	TOTA	L Section B — Thi	s Page	2100				
	TOTA	L of a	dditional Section B	Pages :	324710				
TOTAL OF	ALL CONTRIBUTIONS FRO (Enter total on Line		IVIDUALS (Sections lumn A of Summary Page		326223				
The second secon									

### Section B ADDITIONAL PAGE 7 of 189

NAME OF COMMITTEE (Provide Complete Name		TYPE OF REPORT					
Fonfara for Hartford				April 10 filing			
A. Total Contributions from Sr (See instructions for definition of Small C		ed this SUBTO	s Period ONLY TAL SECTION A	\$ 1513		NACO.	
	B. Itemized Con	ntribu	tions from Individ	luals			
Last Name		First				MI	
Luna		Vi	ctor		1		
Residential Street Address		City			State	Zip Code	
17 Chapin Place		Hartf	ord		CT	06114	
Principal Occupation			Name of Employer		110		
Entertainment		l	Luna Entertainme				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	lidate for a chief executive ated with have a contract  OYes  ONo	with said municipality	100	ount of Contribution	
15 this continue and the continue of the conti	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or br	ranches	e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit C	ard OPayroll Deduction OMoney	y Order	02/05/2023	100			
Last Name		Firs	t			MI	
Luna		GI	oribel			М	
Residential Street Address		City			State	Zip Code	
17 Chapin Place		Hartf	Ford		CT	06114	
Principal Occupation		L	Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is associ	iated with have a contract  Yes  No	with said municipality	100	ount of Contribution	
	Yes Is contributor a principal of a   No If yes, indicate which broad of government the contributor.	anch or b	oranches	O Legislative			
Method of Contribution:	_		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	y Order	02/05/2023	100			
Last Name		Fire				MI	
Anwar			aud		12:	7:-0.1	
Residential Street Address		City	C 1		State	Zip Code 06074	
93 Rockledge Drive		Hart			Ct	00074	
Principal Occupation			Name of Employer				
Physician			NEPA		. 1 .		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	e is assoc	ciated with have a contrac Yes O No	t with said municipality	50	nount of Contributio ()	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No Is contributor a principal of a  If yes, indicate which br of government the contri	anch or l	branches	⊙No			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit	Card OPayroll Deduction OMono	ey Order	02/05/2023	500			
	SUE	втота	L Section B — Thi	s Page 700			
	TOTA	AL of a	dditional Section B	Pages 324710			
TOTAL OF	ALL CONTRIBUTIONS FRO	OM IND ne 13, Col	IVIDUALS (Sections umn A of Summary Page	A + B) 326223		11 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	
	1		Ī				

### Section B ADDITIONAL PAGE 8 of 189

NAME OF COMMITTEE (Provide Complete Name a.		TYPE OF REPORT						
Fonfara for Hartford				April 10 filing				
A. Total Contributions from Sma (See instructions for definition of Small Con	all Contributors-Receive atributor) S	ed this UBTO	Period ONLY TAL SECTION A	\$ 1513				
	B. Itemized Con	ıtribu	tions from Individ	luals				
Last Name		First					MI	
Osten		Ca	therine					
Residential Street Address		City			State	Zip Co		
187 Scotland Road		Sprag	ue		CT	0633	30	
Principal Occupation			Name of Employer					
State Sentor			State of Connect					
or dependent child of a lobbyist? No d	f contribution is in excess of \$400 to loes contributor or business he/she valued at more than \$5,000?	is associ	ated with have a contract  OYes  ONo	with said municipality	250		Contributior	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	1	ich or bi	ranches	e contractor? Yes  OLegislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Care	d OPayroll Deduction OMoney	Order	02/05/2023	250				
Last Name		Firs	t				MI	
Frantz		Sc	ott					
Residential Street Address		City			State	Zip Co	ode	
123 Meadow Rd.		Hartí	ford		CT	068	78	
Principal Occupation			Name of Employer					
Banker			Haebler Company					
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	iated with have a contract  Yes  No	with said municipality	10	Amount of Contributio		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		inch or l	oranches	C Legislative				
Method of Contribution:	_		Date Received	Aggregate Contributions				
Ocash OPersonal Check Ocredit/Debit Car	d OPayroll Deduction OMoney	y Order	2/07/2023	1000		******	,	
Last Name		Fir	st				MI	
Needleman		N	orman					
Residential Street Address		City			State	Zip C		
PO BOX 306		Esse	X		CT	064	109	
Principal Occupation			Name of Employer					
Executive			Tower Labs LTD					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is asso	ciated with have a contrac O Yes O No	et with said municipality	10	mount of	f Contributio	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a  If yes, indicate which bra  of government the contra	anch or	branches th: Executive	e O Legislative	es lo			
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMone	y Order	02/09/2023	1000				
			AL Section B — Thi					
			dditional Section B					
TOTAL OF A	LL CONTRIBUTIONS FRO (Enter total on Line	M IND e 13, Co	DIVIDUALS (Sections lumn A of Summary Pag	(A + B) 326223				

### Section B ADDITIONAL PAGE 9 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Fonfara for Hartford				April 10 filing					
A. Total Contributions from Sn (See instructions for definition of Small Co			s Period ONLY OTAL SECTION A	\$ 151	3				
	B. Itemized Cor	atribu	ıtions from Individ	duals					
Last Name		Firs	st					MI	
Camilliere		Ar	nthony						
Residential Street Address		City				State	Zip C		
60 Old Common		Wethe	ersfield			CT	061	.09	
Principal Occupation			Name of Employer						
Lobbyist			CCK						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	oiated with have a contract OYes ONo	with said	municipality		Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a s  No If yes, indicate which bran  of government the contract	nch or b	oranches	_	<b>⊙</b> No				
Method of Contribution:			Date Received	Aggregate	Contributions				
Ocash OPersonal Check Ocredit/Debit Ca	ard OPayroll Deduction OMoney	Order	02/10/2023	1000					
Last Name		Fire	st	<u> </u>				MI	
Polo		M:	ichael						
Residential Street Address	A 100	City		ww		State	Zip (	Code	
75 Church Street		Weth	ersfield			CT	063	109	
Principal Occupation		l	Name of Employer						
Business Owner			ACMT						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	ndidate for a chief executive ciated with have a contract  O Yes  O No	e officer of with said	of a municipality municipality	, <b>Amo</b>		f Contribution	
×	Yes Is contributor a principal of a  If yes, indicate which bra  of government the contra	nch or	branches		<b>⊙</b> No				
Method of Contribution:			Date Received	Aggregat	e Contributions	1			
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	y Order	02/13/2023	100					
Last Name		Fi	rst					MI	
Winch		R	losezina						
Residential Street Address		City				State	1 -	Code	
359 Sigourney St. 2F1		Hart	ford			CT	06	112	
Principal Occupation			Name of Employer						
Arts & Crafts			Self Employed						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	) to a car e is asso	ndidate for a chief executiviciated with have a contract Yes No	ve officer t with said	of a municipalit I municipality	y, <b>A</b> m 50	ount o	f Contribution	
	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	anch or	branches th: O Executive	OLeg	islative • No				
Method of Contribution:			Date Received		te Contributions				
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	y Order	02/13/2023	50					
	SUB	TOTA	AL Section B — This	s Page	1150				
	ТОТА	L of a	dditional Section B	Pages	324710				
TOTAL OF A	ALL CONTRIBUTIONS FRO (Enter total on Line	M IND	DIVIDUALS (Sections lumn A of Summary Page	A + B) Totals)	326223	<del>                                      </del>			
				material production (Filter)					

### Section B ADDITIONAL PAGE $\underline{^{10}}$

of 189

Last Name Needleman Residential Street Address	this Period ONLY TOTAL SECTION A  butions from Individ	April 10 filing \$ 1513			
(See instructions for definition of Small Contributor)  B. Itemized Contri  Last Name Needleman  Residential Street Address	TOTAL SECTION A butions from Individ	\$ 1513			
Last Name Needleman Residential Street Address City	500 10 10 10 10 10 10 10 10 10 10 10 10 1				
Last Name Needleman Residential Street Address City	500 10 10 10 10 10 10 10 10 10 10 10 10 1				
Needleman  Residential Street Address  City	First	luals			
Residential Street Address City				MI	
Residential Butter Fluidiess	Matt				
PO BOX 306 Cer			State	Zip Code	
10 2011 000	nterbrook		CT	06409	
Principal Occupation	Name of Employer				
Executive	Tower Labs				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to a contributor or business he/she is assigned at more than \$5,000?	sociated with have a contract OYes ONo	with said municipality	, <b>Amo</b>	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No Yes No If yes, indicate which branch of government the contract is well.	or branches with: OExecutive	OLegislative No			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Ord	ler 02/13/2023	50			
Last Name	First			MI	
Silvers	Brett				
Residential Street Address City			State	Zip Code	
61 Ledyard Road Wes	st Hartford		CT	06117	
Principal Occupation	Name of Employer				
Commercial Finance	WorldBusiness Ca	apital, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to a does contributor or business he/she is as valued at more than \$5,000?	ssociated with have a contract O Yes  O No	with said municipality	500	Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes No  Is contributor a principal of a state If yes, indicate which branch of government the contract is	or branches	O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Ord	der 02/14/2023	500			
Last Name	First			MI	
Fitzpatrick	Sean				
Residential Street Address City	7	1000	State	Zip Code	
7620 Beachview Dr. No.	orth Bay Village		FL	33141	
Principal Occupation	Name of Employer				
Professor	Trinity College				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?	associated with have a contract Yes O No	t with said municipality	100	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Is contributor a principal of a state of government the contract is	or branches Executive	• O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Or	rder 02/16/2023	100			
SUBTO	TAL Section B — Thi	s Page 650			
TOTAL o	f additional Section B	Pages 324710			
TOTAL OF ALL CONTRIBUTIONS FROM I	NDIVIDUALS (Sections Column A of Summary Page	A + B) 326223			

### Section B ADDITIONAL PAGE 11 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Ro	lepository)		TYPE OF REPORT		
Fonfara for Hartford			April 10 filing		
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	s-Received t SUB	chis Period ONLY FOTAL SECTION A	\$ 1513		
B. Item	ized Contri	butions from Indivi	duals		
Last Name		First			MI
Morgan	lav	Curtis		State	Zip Code
Residential Street Address 13210 Providence Rd.	City	oharetta		GA	30009
Principal Occupation	1111	Name of Employer			
Retired		Retired			
	ess of \$400 to a c	candidate for a chief executive	ve officer of a municipality	y, Amo	ount of Contribution
or dependent child of a lobbyist?  One does contributor or busing valued at more than \$5,000 that the contributor of the contri	ness he/she is ass	sociated with have a contrac OYes ONo	t with said municipality	100	0
Is this contribution associated with an Yes   Is contributor a prin	incipal of a state	contractor or prospective sta	te contractor? Yes		•
	which branch of t the contract is v		OLegislative No		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	n OMoney Orde	er 02/16/2023	1000		
Last Name		First			MI
Adil		Andrew			
Residential Street Address	City			State	Zip Code
53 Desmond Drive	Wet	thersfield		СТ	06109
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in exceed does contributor or busing valued at more than \$5,000.	iness he/she is as	candidate for a chief executi sociated with have a contrac Yes • No	ve officer of a municipality t with said municipality	y, <b>Am</b> o	ount of Contribution
event reported in Section L1?	rincipal of a state e which branch at the contract is	contractor or prospective st or branches with:	ate contractor? Yes No Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	n <b>O</b> Money Ord	ler 02/18/2023	250		
Last Name		First			MI
Feltman	· · · · · · · · · · · · · · · · · · ·	Art		·	
Residential Street Address	City	-+ H+-C1		State CT	Zip Code 06107
50 Beechtree Ln.	we	st Hartford	Andrews .	101	00107
Principal Occupation		Name of Employer International I	Jart ford		
Executive Director	C\$400 to -	candidate for a chief execut			ount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes ONO  Yes does contribution is in except the contribution of the contribution of the contribution of the contribution is in except the contribution of th	siness he/she is as	ssociated with have a contract O Yes O No	ct with said municipality	100	
event reported in Section L1? O No If yes, indicate	rincipal of a state te which branch nt the contract is		<b>⊙</b> No		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on OMoney Ord	der 02/18/2023	1000		
	SUBTO	ГАL Section В — Th	is Page 2250		
	TOTAL of	f additional Section B	Pages 324710		
TOTAL OF ALL CONTRIBUTIO	ONS FROM II otal on Line 13,	NDIVIDUALS (Sections Column A of Summary Pag	(A + B) 326223		
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### Section B ADDITIONAL PAGE 12 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing R	Repository)		TYPE OF REPORT				
Fonfara for Hartford			April 10 filing				
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	s-Received tl SUBT	his Period ONLY OTAL SECTION A	\$ 1513				
B. Item	and the state of t	outions from Indivi	duals			MI	
Last Name	-	<sup>First</sup> Paul			1	IVII	
Montinieri		rauı		State	Zip Co	de	
Residential Street Address	City	field		CT	0607		
5 Elaine Dr.	301	Name of Employer			1		
Principal Occupation		Self					
Owner	00400		a officer of a municipality	, Am	ount of (	Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,	iness he/she is ass	andidate for a chief executiv ociated with have a contract OYes ONo	with said municipality	100		Contribution	
event reported in Section L1? No If yes, indicate	rincipal of a state of e which branch of it the contract is w	contractor or prospective stater branches of the Contractor or prospective stater branches of the contractor or prospective stater branches of the contractor or prospective stater branches or prospective stater branch	No No				
If yes, list is vent in	it the contract is w	Date Received	Aggregate Contributions	-			
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction	n <b>O</b> Monev Orde	1	100				
		First			T	MI	
Last Name Halpin		Susan					
Residential Street Address	City			State	Zip Co	ode	
249 Forest Ln.	1 -	ıstonbury		CT	060	33	
Principal Occupation		Name of Employer		Ц			
Lobbyist		CT Government R	elations Group of	Robi	nson &	Cole LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No Valued at more than \$5	siness he/she is ass 5,000?	sociated with have a contrac O Yes O No	ive officer of a municipality, and the control of Contr				
event reported in Section L1? No If yes, indica	orincipal of a state te which branch on the contract is	contractor or prospective states branches with: Executive	Legislative No				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on OMoney Ord	er 02/21/2023	1000				
Last Name		First				MI	
Salina		Adam		Ta	7: C	la da	
Residential Street Address	City	mlin		State CT	Zip C 060		
95 Spicewood Lane	Be	rlin		101	1000	,01	
Principal Occupation		Name of Employer	IIC				
Government Relations		Kozak & Salina,					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in ex does contributor or bu valued at more than \$:	isiness he/she is as	candidate for a chief executi ssociated with have a contract Yes O No	et with said municipality	50		Contributio	
event reported in Section L1?	principal of a state ate which branch ent the contract is		e CLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deducti	ion <b>O</b> Money Ord	der 02/21/2023	500				
	SUBTO	TAL Section B — Th	is Page 1600			O	
	TOTAL of	f additional Section B	Pages   324710				
TOTAL OF ALL CONTRIBUTI	IONS FROM II total on Line 13.	NDIVIDUALS (Sections Column A of Summary Pag	3A+B) 326223				
(Zine)		•					

## Section B ADDITIONAL PAGE 13 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	pository)			TYPE OF REPORT			
Fonfara for Hartford				April 10 filing			
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)	Received SUI	this BTO	Period ONLY TAL SECTION A	\$ 1513			
B. Itemiz	zed Contr		ions from Individ	luals			MI
Last Name		First Day	ri d				7411
Kozak	le:		/1u		State	Zip C	ode
Residential Street Address	City		Hill		CT	060	
31 Hunters Ridge	1100		Name of Employer		L	1	
Principal Occupation		- 1	Kozak & Salina,	LLC			
Government Relations  Is contributor a lobbyist, spouse.  O Yes If contribution is in exces	C#400 +	- 1			v Am	nunt of	Contribution
or dependent child of a lobbyist?  No does contributor or busing valued at more than \$5,00	ness he/she is a 00?	associa	ated with have a contract OYes ONo	with said municipality	500		Contribution
event reported in Section L1? No If yes, indicate w	which branch	ı or br	ractor or prospective state anches ©Executive	e contractor? Yes No Legislative			
If yes, not byont ii	inc contract is		Date Received	Aggregate Contributions			
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney Or	rder	02/22/2023	500			
	<u> </u>	First					MI
Last Name McCluskey			vid				
Residential Street Address	Cit	 ty			State	Zip (	Code
251 Westpoint Terrace	] w	est	Hartford		CT	06	107
Principal Occupation			Name of Employer				
Legislative Liaison			State of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in exceed does contributor or busin valued at more than \$5,0	ness he/she is	a cand	lidate for a chief executiv ated with have a contract O Yes O No	e officer of a municipali with said municipality	10		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No Is contributor a print If yes, indicate of government	e which branc	ch or b	ntractor or prospective sta oranches n: Executive	O Legislative	s o		
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money C	Order	02/23/2023	100			
Last Name		Fire					MI
Williams		Se	ean				
Residential Street Address		ity			State	1 -	Code
107 Eastfield Road		Wate:	rbury		CT	106	5708
Principal Occupation			Name of Employer				
Government Affairs			Airlines of Ame				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in exceed does contributor or busing valued at more than \$5,	iness he/she is	a can s assoc	didate for a chief executi ciated with have a contrac Yes O No	ve officer of a municipal t with said municipality	ity, Ar 50		of Contributio
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes No Is contributor a principle of government of government of government of government of government of the section of government o	e which bran	ch or l	h: Executive	<b>⊙</b> N			
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction	on OMoney	Order	Date Received 02/23/2023	500			
			L Section B — Thi	s Page 1100			
	TOTAL	of a	dditional Section B	Pages 324710			
TOTAL OF ALL CONTRIBUTION (Enter to	ONS FROM otal on Line 1	l IND 3, Col	IVIDUALS (Sections umn A of Summary Pag	A+B) e Totals) 326223			

### Section B ADDITIONAL PAGE 14 of 189

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford				April 10 filing			
A. Total Contributions from Sm (See instructions for definition of Small Co			s Period ONLY TAL SECTION A	\$ 1513			
	B. Itemized Con	ntribu	tions from Individ	luals			
Last Name		First	t			MI	
Reiner		Mi	ke		<del></del>		
Residential Street Address		City			State	Zip Code	
29 Metacomet Rd, 11 Talcott Note	h Rd, 2nd Floor	Farmi		- 11111	CT	06032	
Principal Occupation			Name of Employer				
Attorney			Greene Law, PC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associ	ated with have a contract OYes ONo	with said municipality	7, Amo	unt of Contribution	
1 20 2220 2 2200 2 2200 2 20000 2 2000 2 2000 2 2000 2 2000 2 2000 2 2000 2 2000 2 2000 2 2000	Yes Is contributor a principal of a  If yes, indicate which bra:  of government the contract	nch or br	ranches	e contractor? Yes  OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	02/24/2023	1000			
Last Name		Firs	t			MI	
Reiner		Sh	eila				
Residential Street Address		City			State	Zip Code	
29 Metacomet Rd, 11 Talcott Notc	h Rd, 2nd Floor	Farmi	ngton		СТ	06032	
Principal Occupation			Name of Employer				
Real Estate			Sarjac Partners,	LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	didate for a chief executive inted with have a contract  Yes  No	with said municipality	100	unt of Contribution	
	Yes Is contributor a principal of a  If yes, indicate which bra  of government the contra	anch or b	ranches	te contractor? Yes O Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	y Order	02/24/2023	1000			
Last Name		Firs				MI	
Fox		Bı	rian				
Residential Street Address		City			State	Zip Code	
14 Rice Mill Lane		Hilto	on Head Island	· · · · · · · · · · · · · · · · · · ·	SC	29928	
Principal Occupation			Name of Employer				
Sales			Lighting Affilia				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can e is assoc	didate for a chief executive stated with have a contract Yes O No	with said municipality	100	ount of Contribution	
~	Yes Is contributor a principal of a   If yes, indicate which bra  of government the contra	anch or b	oranches	te contractor?  O Legislative			
Method of Contribution:	L	-	Date Received	Aggregate Contributions			
Cash OPersonal Check OCredit/Debit Co	ard OPayroll Deduction OMone	y Order	02/24/2023	1000			
	SUB	тота	L Section B — This	Page 3000			
	ТОТА	L of ac	Iditional Section B	Pages 324710			
TOTAL OF A	ALL CONTRIBUTIONS FRO	M IND	IVIDUALS (Sections umn A of Summary Page	A + B) 326223			
	(Emer total on Line	, 13, CUI	21 ој Вишницу 1 age		***************************************		

# Section B ADDITIONAL PAGE 15 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	sitory)		TYPE OF REPORT				
Fonfara for Hartford			April 10 filing				
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)	Received th SUBT	is Period ONLY OTAL SECTION A	\$ 1513				
B. Itemize		utions from Indivi	iuals			MI	
ast Name	1	rst Robert				1411	
Bouvier		ODEI C		State	Zip Co	ode	
Residential Street Address	City	Hartford		CT	061		
29 North Main Street		Name of Employer					
Principal Occupation							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess does contributor or busines valued at more than \$5,000  Is this contribution associated with an	ss he/she is asso )? ipal of a state co	ociated with have a contract  OYes  ONo  ontractor or prospective stat	with said municipality e contractor?  OYes	, Ame		Contribution	
event reported in Section L1? No If yes, indicate wh	hich branch or se contract is wi	branches (th: Executive	O No Legislative				
If yes, not is tone is		Date Received	Aggregate Contributions				
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction (	Money Order	02/26/2023	1000				
Last Name		irst				MI	
Taylor		Rohan					
Residential Street Address	City			State	Zip C	ode	
195 Locust St. Unit C	Har	tford		CT	061	14	
Principal Occupation		Name of Employer					
Electrical		Taylor Electric	, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess does contributor or business valued at more than \$5,000	ess he/she is ass	andidate for a chief executive ociated with have a contract Yes O No	ve officer of a municipality	7, Am		Contributio	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate woof government to	which branch o	contractor or prospective star branches with:	Legislative No				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney Orde	or 02/27/2023	1000			L) a	
Last Name		First				MI	
Costantiello		Victor		Tau	7:	Code	
Residential Street Address	City	-+ a m		State MA	-	210-2498	
7 Tide St. STE 1	Bos	Ston News of Employer		l un r			
Principal Occupation		Name of Employer Reflex Lighting	r Choun				
Sales						f Contributi	
or dependent child of a lobbyist? No does contributor or busine valued at more than \$5,00	ess he/she is as 00?	candidate for a chief execution account a contract of the cont	et with said municipality	10		f Contributio	
event reported in Section L1? No If yes, indicate we fixed the section L1? If yes, list Event # of government to	which branch o		• No				
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Ord		100				
OCash OPersonal Check OCIedin Debit Card Of ayion Deduction			is Page 2100				
		FAL Section B — Th					
		additional Section B					
TOTAL OF ALL CONTRIBUTION (Enter total)	NS FROM IN al on Line 13, (	NDIVIDUALS (Sections Column A of Summary Pag	s <b>A</b> + <b>B</b> ) 326223				

# Section B ADDITIONAL PAGE 16 of 189

ne as Registered with Filing Repository)		TYPE OF REPORT			
		April 10 filing			
mall Contributors-Receive Contributor) S	ed this Period ONLY SUBTOTAL SECTION A	\$ 1513			
B. Itemized Cor	ntributions from Indivi	duals	127		
	First		MI		
	Matt		72 - C-1-		
	·		tate Zip Code CT 06107		
			00107		
	•				
			I		
does contributor or business he/she valued at more than \$5,000?	is associated with have a contrac OYes ONo	t with said municipality	Amount of Contribution		
No If yes, indicate which bran	nch or branches	No No			
	Date Received	Aggregate Contributions			
Card OPayroll Deduction OMoney	Order 02/27/2023	100			
	First		MI		
	Mike				
	City		State Zip Code		
	Lakewood		NJ 08701		
	Name of Employer				
	Stratus Equitie	es			
does contributor or business he/she valued at more than \$5,000?	e is associated with have a contrac O Yes O No	et with said municipality	Amount of Contribution		
No If yes, indicate which bra	anch or branches	e O Legislative			
_	Date Received				
Card OPayroll Deduction OMoney	y Order   02/27/2023	1000			
			MI		
	City		State Zip Code		
	Glastonbury		CT 06033		
- Indiana Control Control	Name of Employer		L		
	CT Government	Relations Group of	Robison + Cole		
If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	e is associated with have a contra	ect with said municipality	Amount of Contribution		
No If yes, indicate which br	eanch or branches cact is with:  C Executive	ve O Legislative			
		1 00 0			
Card OPayroll Deduction OMono	ey Order   03/01/2023	1000			
SUE	BTOTAL Section B — Th				
ATOT.	AL of additional Section I	324710 324710			
	B. Itemized Condition  Substitute Condition  B. Itemized Condition  Substitute Condition  If contribution is in excess of \$400 does contribution or business he/she valued at more than \$5,000?  Yes Is contributor a principal of a If yes, indicate which broof government the control of government the contro	B. Itemized Contributions from Indivisions from Indivisions in excess of \$400 to a candidate for a chief executive does contribution is in excess of \$400 to a candidate for a chief executive of government the contract is with:    City	Mail Contributors-Received this Period ONLY Contributors  B. Itemized Contributions from Individuals  First Matt    City		

#### Section B ADDITIONAL PAGE 17 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Fonfara for Hartford					April 10 filing				
A. Total Contributions from S (See instructions for definition of Small				is Period ONLY OTAL SECTION A	\$ 151	3			
		B. Itemized Con	ıtrib	utions from Indivi	duals				
Last Name			Fir	rst					MI
Filardi			E	ric					
Residential Street Address		[6	City				State		Code
12 Club House Point Rd.			Grot	on			CT	06	340
Principal Occupation				Name of Employer					
Beer Distributor				F&F Distributors	3				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ntribution is in excess of \$400 t contributor or business he/she ed at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract  OYes  ONo	e officer of with said	f a municipality municipality	, <b>Am</b>		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	ich or l	branches	_	<b>⊙</b> No			
Method of Contribution:		· · · · · · · · · · · · · · · · · · ·		Date Received	Aggregate	Contributions			
OCash OPersonal Check OCredit/Debit C	Card (	Payroll Deduction OMoney	Order	03/01/2023	1000				
Last Name	***************************************		Fi	rst	•				МІ
Kohen			S	usan					
Residential Street Address			City				State	1 ^	Code
1411 East 22nd Street			Broo	oklyn			NY	11	210
Principal Occupation				Name of Employer	***************************************				
Homemaker				Homemaker					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 to contributor or business he/she ed at more than \$5,000?	to a car is asso	ndidate for a chief executiv ciated with have a contract Yes • No	e officer of with said	of a municipality municipality	7, <b>Am</b>		f Contribution
	Yes No	Is contributor a principal of a surface of government the contract	nch or	branches		<b>⊙</b> No			
Method of Contribution:				Date Received	Aggregate	Contributions			
OCash OPersonal Check OCredit/Debit O	Card (	Payroll Deduction OMoney	Order	03/01/2023	1000				
Last Name			Fi	irst				-	MI
Tabak			M	Moishe					
Residential Street Address			City				State	Zip	Code
5 Renee Court			Lake	ewood			NJ	08	3701
Principal Occupation				Name of Employer					
CEO				Self Home Choic	e LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?	to a ca	ndidate for a chief executive ciated with have a contract Yes O No	ve officer t with said	of a municipality municipality	y, <b>A</b> m		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 If yes, indicate which brand of government the contract	nch or	branches	_	<b>⊙</b> No			
Method of Contribution:				Date Received	"" "	e Contributions			
OCash OPersonal Check OCredit/Debit	Card (	Payroll Deduction OMoney	Order	03/02/2023	1000				
		SUBT	rot <i>i</i>	AL Section B — This	s Page	3000			
		TOTAL	Lofa	dditional Section B	Pages	324710			
TOTAL OF	ALL	CONTRIBUTIONS FROM (Enter total on Line	M INI 13, Co	DIVIDUALS (Sections blumn A of Summary Page	A + B) Totals)	326223			
				· ·					

### Section B ADDITIONAL PAGE 18 of 189

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford				April 10 filing			
A. Total Contributions from Str (See instructions for definition of Small C		ed thi	is Period ONLY OTAL SECTION A	\$ 1513			
	B. Itemized Cor		utions from Indivi	duals			
Last Name		Fir				MI	
Anderson			erence			In O I	
Residential Street Address		City Berl	±		State CT	Zip Code 06037	
26 Red Barn Court		peri			01	00031	
Principal Occupation			Name of Employer	ytog.			
Sales			Lighting Affilia		т.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is assoc	ndidate for a chief executive ciated with have a contract OYes ONo	e officer of a municipality with said municipality	/, Amo	unt of Contribution )	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which brain of government the contract	nch or l	branches	e contractor? Yes No Legislative			
Method of Contribution:	1 00		Date Received	Aggregate Contributions			
Cash Personal Check Ocredit/Debit C	ard OPayroll Deduction OMoney	Order	03/02/2023	1000			
Last Name			rst			MI	
Wilson		J	effrey				
Residential Street Address		City			State	Zip Code	
70 Glen Arden Drive		Fair	rfield		CT	06824	
Principal Occupation		1	Name of Employer				
Package Store Owner			Self - Wines & N	More			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract Yes No	ve officer of a municipalit with said municipality	y, <b>Amo</b>	unt of Contribution	
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	anch or	branches	tte contractor? Yes No Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	03/02/2023	100			
Last Name			irst			MI	
Leon		I	David ————————————————————————————————————				
Residential Street Address		City	c: 11		State	Zip Code	
29 Wintonbury Avenue		Bloc	omfield		CT	06002	
Principal Occupation			Name of Employer				
Retail Liquor			Bloomfield Disc		<del>-  </del>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executioniated with have a contract Yes No	ve officer of a municipali et with said municipality	50 Amo	ount of Contribution	
	Yes Is contributor a principal of a  No If yes, indicate which bra of government the contra	anch or	branches	• O Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	y Orde	r 03/02/2023	50			
	SUB	тот	AL Section B — Thi	s Page 1150			
	TOTA	L of a	additional Section B	Pages   324710			
TOTAL OF	ALL CONTRIBUTIONS FRO (Enter total on Line	M INI e 13, Ca	DIVIDUALS (Sections olumn A of Summary Page	A + B) 326223			
		ras negativa Arabi					

### Section B ADDITIONAL PAGE 19 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved thi SUBTO	is Period ONLY OTAL SECTION A	\$ 1513			
B. Itemized Co		utions from Individ	luals		МІ	
Last Name	Firs	st argaux			144	
Gingras	City	at gaux		State	Zip Code	
Residential Street Address	1 1	ingford		CT	06492	
154 Cheshire Rd	111111	Name of Employer		L		
Principal Occupation Beverage Distributor		G&G Beverage				
00.406	0 to a can		e officer of a municipality	, Ame	ount of Con	ıtributior
or dependent child of a lobbyist?  Ono does contributor or business he/she valued at more than \$5,000?	e is assoc	oiated with have a contract OYes ONo	with said municipality	100		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lf yes, indicate which bra	a state cor	ntractor or prospective state	e contractor? Yes			
event reported in Section L1? No If yes, indicate which brain the contract of government the government the government the government of government of government the government of g	act is with	h: OExecutive	OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	03/02/2023	1000			
Last Name	Fir	rst			MI	
Stack	J:	ames				
Residential Street Address	City			State	Zip Code	
65 Robbinswood Drive	Weth	ersfield		CT	06109	
Principal Occupation		Name of Employer				
Executive		Hartford Distrib				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a can ne is assoc	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipalit with said municipality	y, Am 100	ount of Con	atributio
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  If yes, indicate which by of government the contributor a principal of If yes, indicate which by of government the contributor.	ranch or	branches	te contractor?  Yes  No  Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order	03/04/2023	1000			
Last Name		irst	d		MI	
Abrahamson	N	Maureen				
Residential Street Address	City			State	Zip Code	
953 Post Road	Fair	rfield		CT	06824	:
Principal Occupation	1	Name of Employer				
Retail		Abrahamson, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$40 does contributor or business he/si valued at more than \$5,000?	00 to a ca she is asso	andidate for a chief executive contract of the	ve officer of a municipali t with said municipality	ty, An	nount of Co 0	ntributio
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which borf government the contributor a principal of If yes, indicate which borf government the contributor as principal of If yes, indicate which borf government the contributor as principal of If yes, indicate which borf government the contributor as principal of If yes, indicate which borf government the contributor as principal of If yes, indicate which borf government the contributor as principal of If yes, indicate which borf government the contributor as principal of If yes, indicate which borf government the contributor as principal of If yes, indicate which borf government the contributor as principal of If yes, indicate which borf government the contributor as principal of If yes, indicate which borf government the contributor as principal of If yes, indicate which borf government the contributor as principal of If yes, indicate which borf government the contributor as principal of If yes, indicate which borf government the contributor as principal of If yes, indicate which borf government the contributor as principal of If yes, indicate which borf government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which is the indic	oranch or	branches	O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order	r 03/04/2023	100			
		ATO # D TTL	S Page 2100			
SU	BTOTA	AL Section B — Thi	3 T 460			
		AL Section B — 1 In	2.467			

### Section B ADDITIONAL PAGE 20 of 189

A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  B. Itemized Contributions from Individuals    First	NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYPE OF REPORT			
Substitution for definition of Simulat Contributors   Substitutions from Individuals	Fonfara for Hartford				April 10 filing			
East Name   First   Andrew   First   Andrew   State   Cay   State   Ca	A. Total Contributions from Sr (See instructions for definition of Small C	nall Contributors-Receive Contributor) S	ed thi	is Period ONLY OTAL SECTION A	\$ 1513			
East Name   First   Andrew   First   Andrew   State   Cay   State   Ca								
Last Name		B. Itemized Cor			luals		N/I	
Residential Street Address    City   Brooklyn   Name of Employer   Self Employed	Last Name		1				IVII	
Readential Steed Address 187 Porest Drive 187 Porest Drive 187 Porest Drive 188 Electric 188 Ele	Kohen			narew		Ctata	Zin Code	
Name of Employer   Self Employed			•	klyn			1 -	
Real Estate  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contributor a sociated with an event reported in Section L1?  If yes, indicate which branch or branches of spouse as contractive with said summicipality of government the contract is with:    Date Received   Dat			D1 00					
Is contribution associated with an excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution of a lobbysist, spouse, or dependent child of a lobbysist. Some state contract or prospective state contractor of the spouse of government the contract is with:    Some state								
State   Stat					المناهانية		and of Contribution	
sevent reported in Section L1?    Myes, indicate which branch or branches of government the contract is with:   Ocash   Operation   Ocash   Operat		does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract OYes ONo	with said municipality			
Method of Contributions  Ocash OPersonal Check Occedit/Debit Card OPayroll Deduction OMoney Order  McCusker    State   City   New Ington   State   Contribution   State   City   New Ington	event reported in Section L1?	No If yes, indicate which bran	nch or l	branches	_ No			
Cash   OPersonal Check   OCredit/Debit Card   OPayroll Deduction   OMoney Order   O3/05/2023   1000		0.80.000			Aggregate Contributions			
Residential Street Address 187 Forest Drive    City   NewIngton   Name of Employer   On Interior and Debyist, spouse, or dependent child of a lobbyist, spouse, of Executive contribution associated with an event reported in Section L1?   Page   State   Page   Pa		ard OPayroll Deduction OMoney	y Order	03/05/2023	1000			
Residential Street Address 187 Forest Drive Residential Street Address 187 Forest Drive Residential Street Address 188 Forest Drive Residential Street Address 188 Forest Drive Residential Street Address 189 Forest Drive Residential Street Address 180 Forest Drive Residential Street Address 180 Forest Drive Residential Street Address 180 Forest Drive Residential Street Address Residential Street A							MI	
Residential Street Address  187 Forest Drive    Name of Employer			J	Terry				
Newington CT 06111  Principal Occupation Outside Sales  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No last is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  Method of Contribution:  Cash OPersonal Check Oredit/Debit Card OPayroll Deduction Omoney Order  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No last is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  Method of Contribution:  Cash OPersonal Check Oredit/Debit Card OPayroll Deduction Omoney Order  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No last Name  President  State City Newington  Name of Employer  Pace Construction Corp.  Is this contribution associated with an event reported in Section L1?  If contributor a principal of a state contractor or prospective state contractor?  No last Received O3/05/2023  No last Received O3/05/2023  No last Received O3/05/2023  No last Received O6111  Name of Employer  Pace Construction Corp.  Is this contribution associated with an event reported in Section L1?  If contributor a principal of a state contractor or prospective state contractor?  No last Received O4/05/05/05/05/05/05/05/05/05/05/05/05/05/			City			State	Zip Code	
Name of Employer   All Phase Electric			Newi	ington		CT	06111	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contributor associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution  President  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution or business he/she is associated with have a contract with said municipality, about a to 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:  Cash OPersonal Check Occatit/Debit Card OPayroll Deduction Omoney Order  City  Newington  Name of Employer  Pace Construction Corp.  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and the contract or or prospective state contractor?  Yes  Concezio  City  Name of Employer  Pace Construction Corp.  Is this contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Ocash OPersonal Check Occatit/Debit Card OPayroll Deduction Omoney Order  Date Received  O3/06/2023  Amount of Contribution  Date Received  O3/06/2023  Amount of Contribution  Date Received  O3/06/2023  Date Received  O3/06/2023  Amount of Contribution  Date Received  O3/06/2023  Date Received  O3/06/2023  Date Received  Aggregate Contributions  O3/06/2023  Date Received  O3/06/2023  Date Received  O3/06/2023  Date Received  O3/06/2023  Amount of Contributions  O3/06/2023			1	Name of Employer				
Is contributor a loobyist, spouse, or dependent child of a lobbyist?  No  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  Residential Street Address  83 Kimberley Rd.  Principal Occupation  President  Is contributor a loobyist, spouse, or dependent child of a lobbyist?  Is contribution is a state contractor or prospective state contractor?  No  No  No  No  No  No  No  No  No  N	Outside Sales			All Phase Electi	ric			
event reported in Section L1?  If yes, list Event #  Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Residential Street Address  Rimber ley Rd.  Principal Occupation  President  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  State Corp.  Ves or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Ocash Personal Check Credit/Debit Card Payroll Deduction Money Order  No  Is contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Ocash Personal Check Credit/Debit Card Payroll Deduction Money Order  No  Is contribution associated With an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Ocash Personal Check Credit/Debit Card Payroll Deduction Money Order  No  Is a Received Aggregate Contributions  No  Ocash Opersonal Check Credit/Debit Card Opersonal Check Ocasin/Debit Card Opersonal Check Ocasin		does contributor or business he/she	to a car	ciated with have a contract	e officer of a municipalit with said municipality			
Method of Contribution: Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order    Date Received	event reported in Section L1?	No If yes, indicate which bra	anch or	branches	C Legislative	S		
Last Name Pace    First   Concezio	Method of Contribution:							
Last Name Pace    Concezio	OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	y Order	03/05/2023	500			
Residential Street Address  83 Kimberley Rd.  Principal Occupation  President  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  OCash OPersonal Check Occupation  Residential Street Address  City  Newington  Name of Employer  Pace Construction Corp.  If contribution is in excess of \$400 to a candidate 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 contributor a principal of a state contractor or prospective state contractor?  OBAGE Received  Aggregate Contributions  OBAGE Received  O3/06/2023  1000	Last Name		l				MI	
Residential Street Address  83 Kimberley Rd.  Principal Occupation President  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist?  No  Is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Name of Employer Pace Construction Corp.  Amount of Contributor 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 ONO  Is contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received O3/06/2023  1000  Aggregate Contributions O3/06/2023  1000	Pace			Concezio				
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President  Pace Construction Corp.  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  Pace Construction Corp.  Amount of Contributo a candidate 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 O No  1000  1000  Pace Construction Corp.  Amount of Contributor or prospective state contract with said municipality valued at more than \$5,000?  Yes O No  1000  Aggregate Contributions  O3/06/2023  1000	83 Kimberley Rd.		New		Aller Aller	CI	00111	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Ves or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate 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:  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Ocash Opersonal Check Occasion Card Opayroll Deduction Omoney Order  Ocash Opersonal Check Occasion Card Opayroll Deduction Omoney Order  Ocash Opart Opa	Principal Occupation	****		* *	0			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  No  No  No  No  No  No  No  No  N	President							
event reported in Section L1?  If yes, list Event #  Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  ONO  If yes, indicate which branch or branches of government the contract is with:  Date Received OBagregate Contributions  103/06/2023  1000	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or business he/sh	0 to a ca e is ass	ociated with have a contrac	ve officer of a municipality with said municipality			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 03/06/2023 1000	event reported in Section L1?  If yes, list Event #	No If yes, indicate which br	anch o	r branches Executive	Legislative	es O		
		Card OPayroll Deduction OMono	ey Orde		1			
	-				s Page 2500			
TOTAL of additional Section B Pages 324710		TOTA	AL of	additional Section B	Pages 324710			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  326223	TOTAL OF	ALL CONTRIBUTIONS FRO	OM IN ne 13. C	DIVIDUALS (Sections	A + B) 326223			

### Section B ADDITIONAL PAGE 21 of 189

NAME OF COMMITTEE (Provide Complete Name as Re	egistered with Filing Repository)			TYPE OF REPORT				
Fonfara for Hartford				April 10 filing				
A. Total Contributions from Small (See instructions for definition of Small Contri	Contributors-Receive	d this JBTO	s Period ONLY TAL SECTION A	\$ 1513				
	B. Itemized Con		tions from Individ	luals			МІ	
Last Name		First	t 1ando				MII	
Thompson			Tando		State	Zip (	Code	
Residential Street Address		lity East	Hartford		CT	1 -	118	
454 Main Street		1	Name of Employer		<u> </u>			
Principal Occupation Investment Group			Self-Employed					
	ontribution is in excess of \$400 to	) a cand	-	e officer of a municipalit	y, Ar	nount o	f Contribution	
or dependent child of a lobbyist?  No does	s contributor or business he/she is ted at more than \$5,000?	s associ	ated with have a contract OYes ONo	with said municipality	10	000		
Is this contribution associated with an event reported in Section L1?  Yes No	Is contributor a principal of a st  If yes, indicate which brand of government the contract	ch or bi	ranches	e contractor? Yes  No  Legislative				
If yes, list Event #	or government the contract	15 71100	Date Received	Aggregate Contributions				
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card (	Payroll Deduction OMoney	Order	03/07/2023	1000				
Last Name	<u> </u>	Firs		L			MI	
Fowler		Re	ex					
Residential Street Address	C	L City			State	Zip	Code	
35 Vineland Terrace		Hartf	ford		CT	06	112	
Principal Occupation			Name of Employer		·			
Nonprofit CEO			Hartford Communi	ty Loan Fund				
or dependent child of a lobbyist? • No doe	ontribution is in excess of \$400 to s contributor or business he/she i led at more than \$5,000?	o a cano	didate for a chief executiviated with have a contract Yes No	act with said municipality				
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	ich or b	oranches	te contractor? SYe				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	03/07/2023	100				
Last Name		Fir					MI	
Querker		$\int J$	ohn					
Residential Street Address		City			State	l -	6477	
469 Taulman Rd		0ran						
Principal Occupation			Name of Employer					
Sales			Firetech	c			60	
or dependent child of a lobbyist? No doe	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?	to a car is asso	ididate for a chief executive ciated with have a contract Yes No	t with said municipality		50	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a surface of government the contract	nch or l	branches	• O Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	03/07/2023	250				
	SUBT	ГОТА	AL Section B — Thi	s Page 1350				
	TOTAI	Lofa	dditional Section B	Pages 324710				
TOTAL OF ALL	CONTRIBUTIONS FROM	M IND	OIVIDUALS (Sections lumn A of Summary Page	A + B) 326223				
	(Emer total on Title	,,						

### Section B ADDITIONAL PAGE 22 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Fonfara for Hartford			April 10 filing				
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)	ed this UBTO	s Period ONLY TAL SECTION A	\$ 1513				
B. Itemized Con		tions from Individ	luals				
Last Name	First				MI		
Violette	Kei	Π		State	Zip Code		
Residential provincial	City South	Windsor		CT	06074		
31 DatSaill Fit Road		Name of Employer					
Principal Occupation Weathersfield		Apex Lighting So	lutions				
				. Amo	ount of Contribution		
or dependent child of a lobbyist?  No does contributor or business he/she is valued at more than \$5,000?	is associa	ated with have a contract OYes ONo	with said municipality	100			
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a st  Ryes, indicate which brane	tate cont	tractor or prospective stater ranches	e contractor? Yes				
event reported in Section L1? No If yes, indicate which brane of government the contract			OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	03/07/2023	1000				
Last Name	First				MI		
McBride	To	ommy		State	Zip Code		
Acondonal Bureau (1992)	City						
27 Red Rock Circle	Newin			CT	06111		
Principal Occupation		Name of Employer					
Retired		Retired		т.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	to a cand is associ	iated with have a contract  Yes  No	with said municipality	7, Amo	ount of Contribution )		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which brar of government the contract	nch or b	oranches	te contractor?  Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	03/07/2023	100				
Last Name	Firs	st			MI		
Bird, Jr.	Ri	ichard					
Residential Street Address	City			State	Zip Code		
11 Gasek Farms Road	Elli	ngton		CT	06029		
Principal Occupation		Name of Employer					
Electrician		Shea's Electric					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	ididate for a chief executive interest with have a contract Yes O No	ve officer of a municipali t with said municipality	y, Am 100	ount of Contribution		
event reported in Section L1? O No If yes, indicate which bran							
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	03/07/2023	100				
SUBT	тота	L Section B — Thi	s Page 1200				
TOTAL	L of ac	dditional Section B	Pages   324710				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M IND 13, Col	IVIDUALS (Sections umn A of Summary Page	A + B) 326223				

#### Section B ADDITIONAL PAGE 23 of 189

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford				April 10 filing			
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$ 1513			
	R Itemized Co.	ntrih	outions from Indivi	duals			
Last Name	<b>D.</b> 1000		irst			A STATE OF THE STA	MI
Vallieres		I	arry				
Residential Street Address		City			State	Zip	Code
504 Maple Ave		01d	Saybrook		СТ	06	6475
Principal Occupation			Name of Employer		1	I	
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, A		of Contribution
	Yes Is contributor a principal of a s No If yes, indicate which bran			e contractor? Yes			
event reported in Section L1?  If yes, list Event #	No If yes, indicate which bran			OLegislative (1)			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	3/7/2023	100			
Last Name		Fi	irst	<u> </u>			MI
Vargas		P	Amado				
Residential Street Address		City	MM CONTRACTOR CONTRACT		State	Zip	Code
26 Paley Farms Road		Port	tland		CT	06	5480
Principal Occupation			Name of Employer				
Attorney			VCW Law Firm				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribution 100	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	3/7/2023	100			
Last Name		F	irst	· · · · · · · · · · · · · · · · · · ·			MI
D'Eramo		1	Nicholas				
Residential Street Address		City			State	Zip	Code
43 Bobwhite HL		Wet	hersfield		CT	0	6109
Principal Occupation			Name of Employer				
Self-Employed, Promotions			Triple Stitch B	rand Promotions			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			-		mount	of Contribution
	Yes No Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or	branches	_ ONo			
Method of Contribution:	Name and the state of the state		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit O	Card OPayroll Deduction OMoney	y Ordei	r 3/7/2023	500			
	SUB	гота	AL Section B — This	Page 700		7	
	TOTA	Lofa	additional Section B	Pages 324710	•		
TOTAL OF	ALL CONTRIBUTIONS FROM			A L B)			
TO AND OF			olumn A of Summary Page			***************************************	

### Section B ADDITIONAL PAGE 24 of 189

NAME OF COMMITTEE (Provide Complete Name	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Fonfara for Hartford				April 10 filing					
A. Total Contributions from St (See instructions for definition of Small C			s Period ONLY TAL SECTION A	\$ 1513					
	B. Itemized Con		tions from Individ	duals					
Last Name		Firs				MI			
Zachs			ic		Gr	Trin Code			
Residential Street Address		City	Hartford		State CT	Zip Code 06117			
53 Norwood Road		mest			'	1 00111			
Principal Occupation			Name of Employer  MCM Holdings, LL	C					
Investment			0 ,			and of Cantallands			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief exert does contributor or business he/she is associated with have a convalued at more than \$5,000?  Yes O				with said municipality	7, Amo	ount of Contribution			
event reported in Section L1?	Yes Is contributor a principal of a significant of government the contract of government the government of government of government the government of gover	nch or b	ranches	e contractor? Yes OLegislative					
If yes, list Event #  Method of Contribution:	or government the contract		Date Received	Aggregate Contributions	1				
Cash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	3/7/2023	1000					
Last Name	<u> </u>	Firs	Lt	<u> </u>		MI			
Flores		l l	amon						
Residential Street Address		City			State	Zip Code			
704 Park Street		Harti	ford		CT	06106			
Principal Occupation		l	Name of Employer		L				
Owner			Ramon Flores						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	iated with have a contract Yes O No	with said municipality	y, <b>Am</b>	ount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  No If yes, indicate which bre of government the contra	anch or b	oranches	te contractor?  Yes  No  Legislative					
Method of Contribution:	<u> </u>		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	3/8/2023	1000					
Last Name		Fir	st			MI			
Marshall		K	enny						
Residential Street Address		City	•		State	Zip Code			
264 Child Rd.		Wood	stock		CT	06281			
Principal Occupation			Name of Employer	~					
Fire Alarm Sales			Siemens Industr						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car e is assoc	adidate for a chief executive ciated with have a contract Yes No	ve officer of a municipality twith said municipality	ty, <b>A</b> m 250	ount of Contribution			
	Yes Is contributor a principal of a  No If yes, indicate which bra of government the contra	anch or l	branches	te contractor?  OLegislative					
Method of Contribution:	_		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	y Order	3/8/2023	250					
	SUB	ТОТА	L Section B — This	s Page 2250					
	TOTA	L of a	dditional Section B	Pages 324710		<u></u> _			
TOTAL OF	ALL CONTRIBUTIONS FRO (Enter total on Line	M IND e 13, Col	IVIDUALS (Sections Jumn A of Summary Page	A + B) 326223		de la contraction de la contra			

## Section B ADDITIONAL PAGE 25 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing I	Repository)			TYPE OF REPORT				
Fonfara for Hartford				April 10 filing				
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)	s-Received ( SUB	this Period O TOTAL SECTI	NLY ON A	\$ 1513				
B. Item	nized Contri	butions from	Individ	luals				
Last Name		First				MI		
O'Leary		Cornelius			La	Tai Out		
Residential Street Address	City				State CT	Zip Code 06096		
12 Townline Rd.	W11	ndsor Locks			01	00030		
Principal Occupation		Name of Emplo	yer					
Retired		Retired						
or dependent child of a lobbyist?  No does contributor or bus valued at more than \$5	siness he/she is as 5,000?	ssociated with have OYes	a contract  ONo		100	ount of Contrib		
event reported in Section L1? No If yes, indicat								
If yes, list Event # of government of Government of Contribution:		Date Received		Aggregate Contributions				
Cash Personal Check Credit/Debit Card Payroll Deduction	on OMoney Oro	ler 3/8/2023		100				
Last Name		First				MI		
Lopez		Carlos						
Residential Street Address	City	<u> </u>			State	Zip Code		
3 Muls Hill Drive	Farmington					06032		
Principal Occupation		Name of Emplo	yer					
Retired		Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in ex does contributor or bu valued at more than \$5	isiness he/she is a	candidate for a chi ssociated with have	ef executive a contract  No	e officer of a municipality with said municipality	ty, <b>A</b> m	ount of Contrib		
event reported in Section L1? No If yes, indica	principal of a stat ate which branch ent the contract is	e contractor or pro- or branches with:		O Legislative	es O			
Method of Contribution:		Date Received		Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on <b>O</b> Money Or	der 3/8/2023	3	500				
Last Name		First				MI		
Vaughan		Michael			, was			
Residential Street Address	Cit	•			State	Zip Code		
14 Meredith St.	W	est Roxbury			MA	02132		
Principal Occupation	•	Name of Emp	loyer					
Consultant		Nauset						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes Ves does contributor or by valued at more than \$\frac{1}{2}\$	usiness he/she is	a candidate for a classociated with have Yes	re a contrac	ve officer of a municipal t with said municipality	ļ	nount of Contri 100		
event reported in Section L1?	No If yes, indicate which branch or branches of government the contract is with:    Executive   Legislative							
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduct	tion OMoney O	Date Received 3/8/2023		Aggregate Contributions 1000				
	SUBTO	TAL Section	B — Thi	s Page 1600				
	TOTAL	of additional S	ection B	Pages 324710				
TOTAL OF ALL CONTRIBUT. (Enter	TONS FROM total on Line 13	INDIVIDUALS , Column A of Sur	(Sections	A + B) e Totals) 326223				

#### Section B ADDITIONAL PAGE 26 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Fonfara for Hartford			January 10 filing						
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$ 1513						
B. Itemized	Contrib	utions from Indivi	duals						
Last Name	Fi	irst			MI				
Giantonio	G	Guy							
Residential Street Address	City			State	Zip Code				
6 Tyler Farms Road	Plai	inville		CT	06062				
Principal Occupation		Name of Employer			4				
Accountant		Gitlin & Company	, LLC						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of the contribution is in excess of \$400 to a candidate for a chief executive officer of a modes contributor or business he/she is associated with have a contract with said municipal valued at more than \$5,000?				7, Amo	unt of Contribution				
event reported in Section L1? No If yes, indicate which	h branch or	ontractor or prospective state branches	e contractor? Yes OLegislative						
3,700,100.2.17211		Date Received	Aggregate Contributions	$\dashv$					
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Order		250						
Last Name		irst	I		MI				
Martinez	F	Rene							
Residential Street Address	City			State	Zip Code				
493 Buckland Dr.	'	shire		CT	06410				
Principal Occupation		Name of Employer		L	1				
Engineer		DME Design, LLC							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?					Amount of Contribution				
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principa  If yes, indicate which of government the configuration of government the configuration.	ch branch or	contractor or prospective stars branches ith:	te contractor? Yes No Legislative						
Method of Contribution:		Date Received	Aggregate Contributions	1					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Order	3/8/2023	1000						
Last Name		<u> </u>			MI				
Murillo	1	Mike							
Residential Street Address	City	ADVISOR OF THE PROPERTY OF THE		State	Zip Code				
82 The Helm	Eas	t Islip		NY	11730				
Principal Occupation	1	Name of Employer		1					
Fleet		Haugland Group,	LLC						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of does contributor or business have valued at more than \$5,000?				y, <b>Am</b> o	ount of Contribution				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes No Is contributor a principa If yes, indicate which of government the contributor as principal in the section L1?	ch branch or		<b>⊙</b> No						
Method of Contribution:		Date Received	Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Orde	r 3/8/2023	1000						
S	SUBTOT.	AL Section B — This	Page 2250						
TO	OTAL of a	additional Section B	Pages 324710						
TOTAL OF ALL CONTRIBUTIONS F	FROM IN	DIVIDUALS (Sections	A + B)   22/222						
(Enter total on	Line 13, Co	olumn A of Summary Page	Totals)   320223						

### Section B ADDITIONAL PAGE 27 of 189

A. Total Contributions from Small Contributors SUBTOTAL SECTION A    Substitutions   Substitut	NAME OF COMMITTEE (Provide Complete Name as I	Registered with Filing Repository)			TYPE OF REPORT				
B. Hemized Contributions from Individuals  B. Same Standard Record	Fonfara for Hartford				April 10 filing				
Institute   State   St	A. Total Contributions from Smal (See instructions for definition of Small Contr	l Contributors-Receive ributor) SI	d thi UBTC	is Period ONLY OTAL SECTION A	\$ 1513				
Institute   State   St			Section (Section				500,000		
Same of Experimental Records and Several Address		B. Itemized Con			luals			Тмт	
Secretarial Secret Address   Clay   Clast confiburation   Clay   Clast confiburation   Clast confidence   Clast confidenc	Last Name		1					IVII	
CT   06033   107   Riverver's word   CT   06033   107   Riverver's word   CT   06033   107   Riverver's word   CT   06033   1000   107   River ver's word   CT   06033   1000				aymond		State	Zin (	Code	
Name of Employer   Bassett & George, PC			•	tonbury			1 ^		
Attorney  Ke contributor a lobbyist, spouse, or dependent child of a lobbyist?  Ke contributor a lobbyist, spouse, or dependent child of a lobbyist?  Ke contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  State contributor or business he/she is associated with an event reported in Section L1?  No  State contributor or business he/she is associated with an event reported in Section L1?  No  State contributor or prospective state contractor?  No  State contributor or prospective state contractor?  No  State Plays, indicate which branch or branches of government the contract is with the water of government the contract or prospective state contractor?  No  State Plays and the state of Employer  Retired  Name of Employer  Name of Employer  Retired  Name of Employer  Nam									
as contributor a lobbysist, spouse, or dependent child of a lobbysist? No	-				, PC				
odes contributor or business he/she is associated with have a contract with associated with any a contributor or pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of pusiness he/she is associated with any account of the contributor of properties associated with any account of the contributor of properties associated with any account of the contributor of properties associated with any account of the contributor of properties associated with any account of the contributor of properties associated with any account of the contributor of properties associated with any account of the contributor of properties associated with any account of the contributor of properties associated with any account of the contributor		contribution is in excess of \$400 to	o a can			y, An	ount o	f Contribution	
event reported in Section L12   No   Department the contract is with: Office of a municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L12   Department the contract is with: Office of a municipality valued at more than \$5,000?  Is this contribution: Office of the Section L12   Department the contract is with: Office of a municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L12   Department the contract is with: Office of a municipality valued at more than \$5,000?  Is this contribution: Office of the section L12   Department the contract of the section L12   Department L12   De	or dependent child of a lobbyist? No doe	es contributor or business he/she i lued at more than \$5,000?	is assoc	ciated with have a contract OYes ONo	with said municipality	10	0		
Milestod of Contribution:   Cash   Personal Check   Credit/Debit Card   Psyroll Deduction   Money Order   Magneyate Contributions   Milestod of Contribution   Money Order   Milestod of Contribution   Money Order   Milestod of Contribution   Milestod   Milestod of Contribution   Milestod of Contribution   Milestod   Milestod of Contribution   Milestod	event reported in Section L1?	t reported in Section L1? No If yes, indicate which branch or branches							
Clash   Personal Check   OctodivDebit Card   Payroll Deduction   Money Order   3/8/2023   100		of government the continue				_			
First   Emit		OPayroll Deduction OMoney	Order	3/8/2023	100				
Residential Street Address 1620 22nd Street North    Residential Street Address   State   20008				rst				MI	
Residential Street Address 1620 22nd Street North    Name of Employer   Retired			E	mil					
Principal Occupation 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 OPersonal Check Occedit/Debit Card  Principal Occupation  Claims Officer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or depende	Residential Street Address	j	City			State	Zip	Code	
Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes of dependent child of a lobbyist?  Is this contribution associated with an event reported in Section LI?  Hyes, indicate which barvanch or branches for government the contractor or prospective state contractor?  No  Yes of government the contractor or prospective state contractor?  Yes of government the contract with and municipality of government the contractor or prospective state contractor?  Yes of No  No  Yes of government the contract with and municipality of government with and government with and government with and municipality of government with and government with and municipality of government with and government with and municipality of government with and government with a	1620 22nd Street North	Washington					20	8000	
Amount of Contribution associated with an event reported in Section L1?    Is contribution associated with an event reported in Section L1?   State	Principal Occupation			Name of Employer					
or dependent child of a lobbyist? No lodes contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?    Yes   Is contributor a principal of a state contractor or prospective state contractor?   Yes   If yes, indicate which branch or branches   Executive   Legislative   Legislat	Retired			Retired				-	
State   City   Wethersfield   State   City   Wethersfield   City   Cit	or dependent child of a lobbyist? • No do	es contributor or business he/she	to a car is asso	ciated with have a contract	e officer of a municipalit with said municipality	-			
Method of Contribution:  Cash OPersonal Check Ocredit/Debit Card Payroll Deduction Omoney Order  Clash Name Fernandez  Residential Street Address 17 Hayrake Dr.  Principal Occupation Claims Officer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order  SUBTOTAL Section B — This Page  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  Date Received 3/8/2023  Aggregate Contributions 250  Aggregate Contributions 250  MI  MI  First Is abe1  MI  Payroll Deduction Omoney Order  First Is abe1  State City Wethersfield  Travelers  State City Wethersfield  Travelers  State Cottributions State Cottribution of Contributions Amount of Contributions Aggregate Contributions 1000  Aggregate Contributions 250  Aggregate Contributions 250  Aggregate Contributions 1000  Aggregate Contributions 1000  TOTAL of additional Section B Pages 1350  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) 20/4323	event reported in Section L1?	If yes, indicate which bran	nch or	branches	<b>⊙</b> No				
Cash OPersonal Check Oredit/Debit Card OPayroll Deduction Omoney Order   3/8/2023   250    Last Name   First   Isabel		or go (vining)			<del>, T</del>				
Residential Street Address 17 Hayrake Dr.    City   Wethersfield   Wethersfield		OPayroll Deduction OMoney	Order	3/8/2023	250				
Residential Street Address 17 Hayrake Dr.  Principal Occupation Claims Officer  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 branch or branches of government the contract is with:  Date Received  Aggregate Contributions  State City Wethersfield  Name of Employer Travelers  Amount of Contributor of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No Is contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate Contributions  OCash OPersonal Check Occedit/Debit Card OPayroll Deduction OMoney Order  TOTAL of additional Section B Pages  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  232423			Fi	irst				MI	
Residential Street Address 17 Hayrake Dr.  Wethersfield  CT 06109  Principal Occupation Claims Officer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor or business he/she is associated with have a contract with said municipality, valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of Contribution:  Ocash Opersonal Check Occedit/Debit Card Opayroll Deduction Omoney Order  TOTAL of additional Section B Pages  Octoor Sections A + B)  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  206109  CT 06109  Amount of Contributor of a municipality, does contribute of a candidate for a chief executive officer of a municipality, does contribute of a chief executive of a municipality, and occupantly of a state contract with said municipality of a state contractor or prospective state contractor?  Byes  If contribution a candidate for a chief executive of a municipality, does contribute of a municipality, and occupantly of a state contract with said municipality of a state contractor or prospective state contractor?  Octoor Dyes  No  Substitute Occupantly Octoor Octoor Occupantly Octoor	Fernandez			Isabel					
Principal Occupation Claims Officer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist?  No  If contribution is in excess of \$400 to a candidate 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:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  SUBTOTAL Section B — This Page  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  236232	Residential Street Address		1 -			1	-		
Claims Officer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Method of Contribution:  OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  Total OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  Tavelers  Travelers  Travel	17 Hayrake Dr.		Wet			CI		0109	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor or business he/she is associated with have a contract with said municipality, valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  Amount of Contribute Amount of Contribute of a chief executive officer of a municipality, does contribute of a chief executive officer of a municipality, does contribute of a chief executive officer of a municipality, does contribute of a chief executive officer of a municipality, does contribute of a chief executive officer of a municipality, does contribute of a chief executive officer of a municipality, does contribute of a chief executive officer of a municipality, does contribute of a chief executive officer of a municipality, does contribute of a chief executive officer of a municipality, does contribute of a chief executive officer of a municipality of a chief executive officer of a municipality of a municipality of a chief executive officer of a municipality of a chief executive officer of a municipality of a chief executive officer of a municipality of a chief executive of a chief executive of a chief executive of a municipality of a chief executive of a chief executiv	Principal Occupation			1					
or dependent child of a lobbyist?  No 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:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  SUBTOTAL Section B — This Page  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  236,232									
event reported in Section L1?  If yes, list Event #  Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  SUBTOTAL Section B — This Page  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  2324732	or dependent child of a lobbyist? No de	oes contributor or business he/she	to a ca	ociated with have a contrac	ve officer of a municipality	- 1		of Contribution	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  SUBTOTAL Section B — This Page  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	event reported in Section L1? O No	If yes, indicate which bra	nch or	r branches	<b>⊙</b> N				
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 3/8/2023 1000  SUBTOTAL Section B — This Page 1350  TOTAL of additional Section B Pages 324710  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) 234323				Date Received					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		Payroll Deduction OMone	y Orde	r 3/8/2023	1000				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		SUB'	TOT	AL Section B — Thi	s Page 1350				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Ruter total on Line 13, Column A of Summary Page Totals)  326223		TOTA	Lofa	additional Section B	Pages 324710				
	TOTAL OF AL	L CONTRIBUTIONS FROM	M IN	DIVIDUALS (Sections olumn A of Summary Pag	(A + B) 326223			4.2	

#### Section B ADDITIONAL PAGE 28 of 189

NAME OF COMMITTEE (Provide Complete Name of		TYPE OF REPORT						
Fonfara for Hartford				April 10 filing				
A. Total Contributions from Sm (See instructions for definition of Small Co		d thi UBTC	is Period ONLY OTAL SECTION A	\$ 1513				
	B. Itemized Con		utions from Indivi	luals			l va	
Last Name		Fin	st alvatore				MI	
Ganci	10	City	arvatore		State	Zip (	Code	
Residential Street Address 116 Vanderbilt Ave		•	Hartford		CT	061		
Principal Occupation			Name of Employer			<u> </u>		
President			1	Contractors, Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of S400 to a candidate 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 ONo						Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		ch or b	branches	e contractor? Yes OLegislative				
Method of Contribution:			Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order	3/8/2023	500				
Last Name		Fir	rst				MI	
Tierney		М	ichael					
Residential Street Address	City					1 -	Code	
23 Wagon Road		Glas	tonbury		СТ	06	033	
Principal Occupation			Name of Employer					
National Sales Manager			Graybar					
or dependent child of a lobbyist? • No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract O Yes O No	e officer of a municipalit with said municipality		Amount of Contribut		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		nch or	branches	te contractor? Yes  No  Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Cas	rd OPayroll Deduction OMoney	Order	3/9/2023	250				
Last Name			irst				MI	
Perez			Jeffrey			T		
Residential Street Address		City	11 1.		State	"	Code 6447	
24 Lewis Road		mar.	lborough			100		
Principal Occupation			Name of Employer	Corp				
Secretary			1250 Park Food		I A		of Contributio	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	ociated with have a contrac Yes No	t with said municipality	10		or Contributio	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a  If yes, indicate which bra  of government the contra	nch or	branches	ate contractor?  ONG  Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
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	SUB	гот	AL Section B — Thi	s Page 1750				
	TOTA	Lofa	additional Section B	Pages   324710				
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line	M INI 13, Ca	DIVIDUALS (Sections olumn A of Summary Pag	A + B) e Totals) 326223				

# Section B ADDITIONAL PAGE 29 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)		TYPE OF REPORT				
Fonfara for Hartford			April 10 filing				
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	-Received t SUBT	his Period ONLY FOTAL SECTION A	\$ 1513				
B. Itemi		butions from Indiv	iduals			MI	
ast Name		<sup>First</sup> Lourdes				1411	
Derez	City	Lour des		State	Zip C	ode	
Residential Street Address	1 -	lborough		CT	064	47	
24 Lewis Road		Name of Employer		l			
Principal Occupation Supervisor Registered Nurse		Trinity Health	Care				
	ess of \$400 to a c	candidate for a chief executi		y, Am	ount of	Contribution	
or dependent child of a lobbyist?  One does contributor or busing valued at more than \$5,000.	ness he/she is ass 000?	sociated with have a contrac Oyes ONo	et with said municipality	100	00		
15 this contribution associated with the	ncipal of a state which branch o	contractor or prospective stor branches	ate contractor? Yes				
	t the contract is v	with: OExecutive	e OLegislative	_			
Method of Contribution:	_	Date Received	Aggregate Contributions				
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Last Name		First				МІ	
Hutchins		Ryan		Te.	77. 6	lada.	
Residential Street Address	City	4.5 -1-		State MA	Zip C		
8 Jennison Circle	Na.	tick		INTA	101		
Principal Occupation		Name of Employer					
President		Gilbane		<del></del>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Ves does contributor or busivalued at more than \$5,	iness he/she is as	candidate for a chief execut ssociated with have a contra Yes ONO	ct with said municipality	y, Am 10		f Contributio	
event reported in Section L1? No If yes, indicat	rincipal of a state te which branch nt the contract is	e contractor or prospective s or branches with:	tate contractor?  Ye  No  Legislative				
If yes, list Event # or government  Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	n OMoney Ord	der 3/9/2023	1000				
Last Name		First			./24/	MI	
Hutchison		Paul					
Residential Street Address	City			State		Code	
15 Revolution Way	N€	ew Bedford		MA	02	021	
Principal Occupation		Name of Employer					
Manager		Yale Electric					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in exdustream does contributor or but valued at more than \$5	siness he/she is a	a candidate for a chief execu associated with have a contr O Yes O N	act with said municipality		nount o	of Contribution	
event reported in Section L1?	orincipal of a stat te which branch ent the contract is	te contractor or prospective n or branches s with: Executi	state contractor? OYO ve O Legislative	es o			
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on OMoney Or	rder 3/9/2023	1000			ALTO - 11 - 11 - 11 - 11 - 11 - 11 - 11 -	
	SUBTO	TAL Section B — T	his Page 3000				
	TOTAL o	of additional Section	B Pages 324710				
TOTAL OF ALL CONTRIBUTI	ONS FROM I	INDIVIDUALS (Section Column A of Summary Po	ns A + B) 326223				
(Biller)		<b>.</b>					

### Section B ADDITIONAL PAGE 30 of 189

NAME OF COMMITTEE (Provide Complete Name		TYPE OF REPORT						
Fonfara for Hartford				April 10 filing				
A. Total Contributions from Sm (See instructions for definition of Small Co		ed thi	is Period ONLY OTAL SECTION A	\$ 1513				
	B. Itemized Cor		utions from Individ	luals			МІ	
Last Name		Fir	st lejandro				1411	
Polanco		L	16 Janut 0		State	Zin	Code	
Residential Street Address		City Fast	Hartford		CT	l -	118	
210 Bradley St.		Dast	Name of Employer					
Principal Occupation			3/9/2023					
GM General Manager	YC	to a com		officer of a municipalit	v Am	ount o	f Contribution	
is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No				with said municipality	100		Commonwa	
C. 122. 11 F 121. 1	Yes Is contributor a principal of a solution of government the contract	ach or l	branches	e contractor? Yes  No  Legislative				
If yes, list Event #	of government the contrac		Date Received	Aggregate Contributions				
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order	3/9/2023	1000				
Last Name	<u> </u>	Fir					MI	
Salinas		L	ilian					
Residential Street Address		City			State	Zip	Code	
210 Bradley St.	East Hartford					06	118	
Principal Occupation			Name of Employer					
Bookeeper			La Plaza Del Mer	rcado				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipali with said municipality		Amount of Contributio		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		inch or	branches	te contractor?  O Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	y Order	3/9/2023	1000				
Last Name		1	irst				MI	
Santos		I	Leandro					
Residential Street Address		City			State	1	Code	
41 Byrd Rd.		Wet	hersfield		CT		5109	
Principal Occupation			Name of Employer					
General Manager			Lo Sano Restaur					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract of Yes O No	ve officer of a municipal t with said municipality	-	nount 000	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	anch or	branches	<b>⊙</b> N				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMone	y Orde	r 3/9/2023	1000				
	SUB	тот	AL Section B — This	s Page 3000				
	TOTA	L of a	additional Section B	Pages 324710				
TOTAL OF A	ALL CONTRIBUTIONS FRO (Enter total on Line	M INI e 13, Ca	DIVIDUALS (Sections olumn A of Summary Page	A + B) 326223				
				Note: Account to produce the	· · · · · · · · · · · · · · · · · · ·			

### Section B ADDITIONAL PAGE 31 of 189

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Fonfara for Hartford			April 10 filing					
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ 151	3		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
B. Itemized Cor	ntrib	utions from Indivi	duals					
Last Name		rst			100000 es esc	5,5 c	MI	
Santos	F	elipe						
Residential Street Address	City				State	Zip	Code	
700 Maple Ave.	Hart	ford			CT	06	6114	
Principal Occupation		Name of Employer			L			
General Manager		Bravo Supermarke	et					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract  Yes  No	ve officer of a municipality, et with said municipality			mount	of Contribution	
event reported in Section L1? No If yes, indicate which bran	X av 1 ve v v v v v v v v v v v v v v v v v							
If yes, list Event # of government the contract  Method of Contribution:	71 13 WI	Date Received		Contributions	$\dashv$			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	3/9/2023	1000					
Last Name		irst					MI	
Rocamora	J	Toanne						
	City				State	Zip	Code	
86 Fox Hill Drive	Rock	cy Hill			CT	0	6067	
Principal Occupation		Name of Employer			<u> </u>			
General Contractor		Self						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?						mount	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a If yes, indicate which brate of government the contraction.	nch or	branches	_	<b>⊙</b> No				
Method of Contribution:		Date Received	Aggregat	e Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	3/10/2023	1000					
Last Name	F	irst	L				MI	
Levesque		Roger						
Residential Street Address	City				State	1 '	p Code	
153 Carriage Hill Drive	New	ington			СТ	0	6111	
Principal Occupation		Name of Employer						
Project Manager		T & T Electric						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						Amount 1000	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which bra of government the contra	nch or	branches	_	<b>⊙</b> No				
Method of Contribution:		Date Received		e Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Orde	r 3/10/2023	1000					
SUB	гот	AL Section B — This	a Page	3000				
TOTA	Lofa	additional Section B	Pages	324710		_		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INI 13, Ca	DIVIDUALS (Sections blumn A of Summary Page	A + B) Totals)	326223				

### Section B ADDITIONAL PAGE 32 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Fonfara for Hartford			April 10 filing						
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ 1513						
B. Itemized Con	1 1000	utions from Individ	luals						
Last Name	Fire					MI			
Urena		ilvin			Gr. de	Ti- Code			
Residential Street Address	City	y Hill			State CT	Zip Code 06067			
153 Parsonage Street	NOCK.	Name of Employer				100001			
Principal Occupation Manager		JH Food Corp.							
	to a can		e officer of a	municipality	. Amo	unt of Contri	bution		
or dependent child of a lobbyist? ONO does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract OYes ONo	with said mu	nicipality	100				
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a If yes, indicate which bra: of government the contraction of government the contraction.	nch or b	oranches	e contractor?  OLegislati	Yes No ive					
If yes, list Event # of government the contract  Method of Contribution:		Date Received	Aggregate Co		_				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	3/10/2023	1000						
Last Name	Fir	st	L			MI			
Urena	W	ilson							
Residential Street Address	City				State	Zip Code			
49 Highview Drive	Rock	y Hill			CT	06067			
Principal Occupation		Name of Employer							
President		1250 Park Food (	Corp.						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	ndidate for a chief executive ciated with have a contract Yes No	e officer of a with said mu	municipality inicipality		Amount of Contributi			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which bra of government the contra	anch or	branches	_	<b>⊙</b> No					
Method of Contribution:		Date Received	Aggregate Co	ontributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	3/10/2023	1000						
Last Name	Fi	rst				MI			
Steindl	\ W	Villiam							
Residential Street Address	City				State	Zip Code			
140 Bridle Path Drive	Sout	thington			CT	06489			
Principal Occupation		Name of Employer							
Logistics		Connecticut Dis							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	0 to a ca e is asso	ndidate for a chief executivociated with have a contractory Yes O No	ve officer of a t with said m	a municipality unicipality	y, <b>Am</b> 250	ount of Contr )	ibution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which broof government the contributor a principal of a section L1?	anch or	branches	_	<b>⊙</b> No					
Method of Contribution:		Date Received	Aggregate C	ontributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	3/10/2023	250						
SUB	втот А	AL Section B — This	s Page 22	250					
TOTA	L of a	additional Section B	Pages 32	24710					
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INI e 13, Co	OIVIDUALS (Sections lumn A of Summary Page	<b>A</b> + <b>B</b> ) 32	26223					

### Section B ADDITIONAL PAGE 33

of 189

NAME OF COMMITTEE (Provide Complete Name	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Fonfara for Hartford				April 10 filing					
A. Total Contributions from Sm (See instructions for definition of Small C		ed thi	is Period ONLY OTAL SECTION A	\$ 1513					
		-							
	B. Itemized Con	ntribı	itions from Individ	luals					
Last Name		Fir					MI		
Sapiain		Ed	ddie						
Residential Street Address		City			State	1 -	Code		
49 Gifford Road		West	Hartford		CT	06	119		
Principal Occupation			Name of Employer						
General Manager			C Town Supermark						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract OYes ONo	with said municipality		mount o	of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		nch or t	oranches	e contractor? Yes					
Method of Contribution:			Date Received	Aggregate Contributions	$\neg$				
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	y Order	3/10/2023	1000					
Last Name		Fir	st				MI		
Sapiain		E	milio		_		<u></u>		
Residential Street Address		City West	Hartford		State CT	i i	Code 3119		
Principal Occupation		L	Name of Employer						
Manager			C Town Supermark	ket					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract  Yes  No	with said municipality	1	Amount of Contribution			
	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or	branches th: Executive	O Legislative					
Method of Contribution:			Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Co	ard OPayroll Deduction OMone			1000			-122		
Last Name		- 1	rst				MI		
Luna		, <u>l</u>	Welson		T ::-	T	- Co-3-		
Residential Street Address		City			State	1 -	6109		
119 Colonel Chester Drive	AND	weth	nersfield				0103		
Principal Occupation			Name of Employer	ood D1					
General Manager		-	East Hartford F				- 6.00		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	e is asso	Oriated with have a contract Yes No	t with said municipality		Amount 1000	of Contribution		
in this continuation deposition	Yes Is contributor a principal of a   No If yes, indicate which brof government the contributor.	anch or	branches	OLegislative ON	lo				
Method of Contribution:			Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	ey Order	3/10/2023	1000		-			
	SUB	втот	AL Section B — This	s Page 3000					
	TOTA	L of a	additional Section B	Pages 324710					
TOTAL OF A	ALL CONTRIBUTIONS FRO (Enter total on Lin	M INI e 13, Co	DIVIDUALS (Sections olumn A of Summary Page	A + B) 326223					
	1		, , ,	for the second second	OWN				

### Section B ADDITIONAL PAGE 34 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 1513			
B. Itemized Contributions from Individuals						
Last Name	Fir	st		31,000,000,000,000,000,000		МІ
Diaz	Ne	elson				
Residential Street Address			Sta		Zip C	Code
119 Colonel Chester Drive		ersfield		СТ	061	109
Principal Occupation		Name of Employer		L		
Self-Employed East Hartford Food Plaza						
	lent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality					
event reported in Section L1? No If yes, indicate which bra	34   war to the state of the first terms   (3) at					
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	3/10/2023	1000			
Last Name	Fir	st				MI
Heller	Da	avid				
dential Street Address City				State	Zip C	Code
3 Elliott Drive	Sims	bury		CT	060	070
Principal Occupation Name of Employer						
President Allan S. Goodman, Inc.						
	If contribution is in excess of \$400 to a candidate 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  250					
event reported in Section L1? No If yes, indicate which bra						
If yes, list Event #     of government the contract is with:     Executive     Legislative       Method of Contribution:     Date Received     Aggregate Contributions				$\dashv$		
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 3/10/2023 250						
Last Name First MI						MI
Gray						
Residential Street Address	City	***************************************		State	Zip (	Code
16 Anis Rd.		ont		MA	024	478
Principal Occupation Name of Employer			marker -	1	_1	
President Gray Media						
	bes contributor or business he/she is associated with have a contract with said municipality					f Contribution
event reported in Section L1? O No If yes, indicate which bra						
Method of Contribution:  Date Received			Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/10/2023 1000						
SUBTOTAL Section B — This Page 2250						
TOTAL of additional Section B Pages 324710						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  326223						
(Since wine or Line La) Commentally Luge Louis)						

# Section B ADDITIONAL PAGE 35 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Fonfara for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)  St	ed this P UBTOTA	Period ONLY L SECTION A	\$ 1513			
B. Itemized Con		ons from Individ	luals		М	
Last Name	First Kare	n			1411	
Gray	City	11		State	Zip Code	
Residential Bucct Address	eny Belmont			MA	02478	
10 AIIIS Kodu		me of Employer			1	
Principal Occupation Homemaker		omemaker				
C0400			officer of a municipality	, Amo	ount of Contribution	
or dependent child of a lobbyist? On does contributor or business he/she i valued at more than \$5,000?	is associate	sociated with have a contract with said municipality  OYes  No			1000	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a st If yes, indicate which bran	state contrac	ctor or prospective state iches	e contractor? Yes			
event reported in Section L1?  If yes, list Event #  ONO  If yes, indicate which bran of government the contract	t is with:	<b>O</b> Executive	OLegislative			
Method of Contribution:		ate Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3	3/10/2023	1000			
Last Name	First				MI	
Urena, Jr.	Wins	ston				
Residential Street Madress	City			State	Zip Code	
49 Highview Drive	Rocky I	fill		CT		
Principal Occupation	ı	ame of Employer				
General Manager	i	250 Park Food (				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	he/she is associated with have a contract with said municipality				ount of Contributio )()	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  If yes, indicate which brain of government the contract	ınch or bra	nches	O Legislative			
Method of Contribution:		ate Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	3/10/2023	1000			
Last Name	First				MI	
Eder	And	rew				
Residential Street Address	City	1		State	Zip Code 06437	
167 Uncas Point Rd.	Guilfo			CT	00491	
Principal Occupation		Name of Employer				
Executive		Eder Bros, Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candid e is associa	date for a chief executive ted with have a contrace Yes O No	ve officer of a municipality	ty, An 20	nount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which bra of government the contra	anch or bra act is with:	nnches Executive	O Legislative			
Method of Contribution:	1	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	3/11/2023	200			
SUB	TOTAL	Section B — Thi	s Page 2200			
TOTA	L of add	litional Section B	Pages 324710			
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIV e 13, Colun	/IDUALS (Sections nn A of Summary Page	A + B) 2 Totals) 326223			

### Section B ADDITIONAL PAGE 36 of 189

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT							
Fonfara for Hartford					April	April 10 filing				
A. Total Contributions from Some (See instructions for definition of Small)			ived th	nis Period ONLY OTAL SECTION A	\$ 15	13				
		B. Itemized C	Contrib	outions from Indi	viduals				_	
Last Name			"	irst					MI	
Maroney				James	ww			1	<u> </u>	
Residential Street Address			City	C J			State CT	1 1	Code 461	
22 Saranac Road			M113	ford			O I	100	401	
Principal Occupation				Name of Employer						
Legislator				State of CT						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ibution is in excess of \$4 ntributor or business he/s at more than \$5,000?	00 to a ca she is asso	ociated with have a conti	executive officer of a municipality, contract with said municipality  No			Amount of Contr		
event reported in Section L1?	Yes Is No	contributor a principal of If yes, indicate which to of government the con	oranch or	branches	state contractive OLeg	<b>⊙</b> No				
If yes, list Event #  Method of Contribution:		or government the con		Date Received		te Contributions	-			
OCash OPersonal Check OCredit/Debit C	Card OP	avroll Deduction OMo	ney Orde	r 3/11/2023	100					
Last Name	Ox			First					MI	
Osak				Mark						
Residential Street Address			City				State	Zip	Code	
15 Autumn Circle			1 -	ky Hill			CT	06	067	
Principal Occupation				Name of Employer		<u></u>	I			
Sales Manager				Electrical Wh	olesaler	s, Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ibution is in excess of \$4 entributor or business he/ at more than \$5,000?	100 to a ca	ociated with have a cont	ive a contract with said municipality				nount of Contribution	
C   Calle Top Called Int D Colored Int	Yes Is No	contributor a principal of <i>If yes</i> , indicate which of government the cor	branch o	r branches	state contra	<b>⊙</b> No				
If yes, list Event #  Method of Contribution:		of government the cor	III III III II	Date Received		te Contributions	_			
OCash OPersonal Check OCredit/Debit C	Card OP	ayroll Deduction OMo	ney Orde	r 3/11/2023	100					
Last Name				First					MI	
Fennelly				Susan						
Residential Street Address			City				State	Zip	Code	
57 Country Club Road			Wet	chersfield			CT	06	6109	
Principal Occupation				Name of Employer						
Teacher				Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ribution is in excess of \$- ontributor or business he, at more than \$5,000?	400 to a c	candidate for a chief exects sociated with have a control Yes	ract with sa	r of a municipalit id municipality	y, Am 25	iount	of Contributior	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is No	s contributor a principal of <i>If yes</i> , indicate which of government the co	branch o	or branches	state contra	<b>⊙</b> No				
Method of Contribution:				Date Received	Aggreg	ate Contributions				
OCash OPersonal Check OCredit/Debit	Card OI	Payroll Deduction OM	oney Orde	er 3/12/2023	25					
		SU	Ј <b>ВТОТ</b>	'AL Section B — T	his Page	225				
		TO	ΓAL of	additional Section	B Pages	324710				
TOTAL OF	ALL CO	ONTRIBUTIONS FI	ROM IN ine 13, C	DIVIDUALS (Section	ns A + B) Page Totals)	326223				
				Ť.						

# Section B ADDITIONAL PAGE 37 of 189

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
		April 10 filing				
ed this SUBTO	s Period ONLY TAL SECTION A	\$ 1513				
		luals			Da	
					MI	
	ger		State	Zin (	Code .	
•	Hartford		į	06		
Dabe						
		ric				
to a cand	I didate for a chief executive iated with have a contract OYes ONo	e officer of a municipality with said municipality			f Contribution	
nch or b	ranches	OLegislative No				
	Date Received	Aggregate Contributions				
		500			Tva	
					MI	
	osepn		State	Zin	Code	
	Hartford		CT	1 -	107	
11000						
		M. Senate Democra	ats			
to a can	didate for a chief executiv	e officer of a municipalit		ount o	f Contribution	
13 43500	OYes O No		100	0		
ınch or l	branches	• No				
	Date Received	Aggregate Contributions				
		100			13.0	
ı					MI	
	arter		State	Zin	Code	
1 '	Cord		CT	1	6437	
	Name of Employer					
	Eder Bros, Inc.					
) to a car e is asso	ndidate for a chief executive ciated with have a contract Yes No	ve officer of a municipality twith said municipality			of Contributio	
anch or	branches th:	Legislative				
		1 00 0				
ey Order	3/13/2023	200				
TOTA	AL Section B — Thi	s Page 800				
L of a	dditional Section B	Pages 324710				
M IND e 13, Co	DIVIDUALS (Sections lumn A of Summary Page	A + B) e Totals) 326223				
ti some y	ritribu Firs Ro City East Order Firs Jo City West Torder Firs Giff Giff City West Torder Firs Corder Firs Jo Corder Firs Corde	First Roger  City East Hartford  Name of Employer Bloomfield Elect To a candidate for a chief executive Is associated with have a contract Order  Date Received 3/12/2023  First Joseph  City West Hartford  Name of Employer State of CT, OLM To a candidate for a chief executive Is associated with have a contract Order  State of CT, OLM To a candidate for a chief executive Is associated with have a contract Order  State contractor or prospective stanch or branches It is with:  Date Received 3/13/2023  First Cutter  City Gilford  Name of Employer Eder Bros, Inc. To a candidate for a chief executive To a candidate for a chief executive To a candidate for a chief executive To bate Received To a candidate for a chief executive To a candidate for a c	April 10 filling  attributions from Individuals  First Roger  City East Hartford  Name of Employer Bloomfield Electric  To a candidate for a chief executive officer of a municipality is associated with have a contract with said municipality  The state contractor or prospective state contractor?  Order  Aggregate Contributions  To a candidate for a chief executive officer of a municipality  West Hartford  Name of Employer State of CT, OLM, Senate Democration activity of the contractor or prospective state contractor?  State of CT, OLM, Senate Democration activity of the contractor or prospective state contractor?  Order  Aggregate Contributions  To a candidate for a chief executive officer of a municipality is associated with have a contract with said municipality.  Order  Aggregate Contributions  Aggregate Contributions  Order  Aggregate Contributions  Order  All 3/2023  To a candidate for a chief executive officer of a municipality of the contractor or prospective state contractor?  Aggregate Contributions  Aggregate Contributions	April 10 filling  ad this Period ONLY UBTOTAL SECTION A  April 10 filling  State UBTOTAL SECTION A  April 10 filling  State UBTOTAL SECTION A  State  First Roger  City East Hartford  Name of Employer Bloomfield Electric  To a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality  To bate Received  To a Candidate for a chief executive officer of a municipality, is associated with have a contract or?  West Hartford  City West Hartford  City  Name of Employer State of CT, OLM, Senate Democrats  To a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality  Yes  No  State contractor or prospective state contractor?  Name of Employer State of CT, OLM, Senate Democrats  To a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality  Yes  No  State contractor or prospective state contractor?  No  State contractor or prospective state contractor?  To a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality or is associated with have a contract with said municipality or is associated with have a contract with said municipality or is associated with have a contract with said municipality or is associated with have a contract with said municipality or is associated with have a contract with said municipality or is associated with have a contract with said municipality or is associated with have a contract with said municipality or is associated with have a contract with said municipality or is associated with have a contract with said municipality or is associated with have a contract with said municipality or is associated with have a contract with said municipality or is associated with have a contract with said municipality or is associated with have a contract with said municipality or is associated with have a contract with said municipality or is associated with said municipal	April 10 filing  add this Period ONLY UBTOTAL SECTION A  \$ 1513    State   Zip of CT   O6   Name of Employer   Bloom field Electric	

### Section B ADDITIONAL PAGE 38 of 189

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)		TYPE OF REPORT	TYPE OF REPORT			
Fonfara for Hartford			April 10 filing	April 10 filing			
A. Total Contributions from St (See instructions for definition of Small (	mall Contributors-Receive Contributor) S	ed this Period ONL UBTOTAL SECTION	\$ 1513				
	B. Itemized Con	tributions from Inc	lividuals		MI		
Last Name		First Philip			1411		
Stephenson	I.			State	Zip Code		
Residential Street Address		City McLean		VA	22102		
1005 Founders Ridge Lane		Name of Employer		L'''			
Principal Occupation		Freedom Capi	tal Partners				
Investor	0.000			v l Am	ount of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is associated with have a cor OYes	undidate for a chief executive officer of a municipality, ociated with have a contract with said municipality  Oyes  No				
event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ich or branches	● No				
If yes, list Event #	of government the contrac	Date Received	Aggregate Contributions	_			
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit C	ard OPayroll Deduction OMoney	Order 3/13/2023	1000				
	Orașion Douadion Gindady	First			MI		
Last Name Anderson		Arthur					
Residential Street Address		City		State	Zip Code		
221 Trumbull St., Apartment 270		Hartford		CT	06103		
Principal Occupation		Name of Employer					
Executive		Imagineers,	LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a co	ecutive officer of a municipalit ntract with said municipality No	İ	Amount of Contribution 500		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		nch or branches	ve state contractor? Ye outive O Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit C	Card Payroll Deduction OMoney	Order 3/13/2023	500				
Last Name		First			MI		
Allegretti		Daniel					
Residential Street Address		City		State	Zip Code		
25 Toad Hill Road		Franconia		NH	03580		
Principal Occupation		Name of Employer	D				
VP Regulatory Affairs		Hull Street					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sho valued at more than \$5,000?	e is associated with have a co	ecutive officer of a municipal ontract with said municipality  No	ity, An 50	nount of Contributio		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  If yes, indicate which bra  of government the contra	anch or branches	cutive O Legislative	o o			
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit	Card OPayroll Deduction OMone	ey Order 3/13/2023	50		www.		
	SUB	TOTAL Section B —	This Page 1550				
	тота	L of additional Section	on B Pages 324710				
TOTAL OF	ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sec 213, Column A of Summar	tions A + B) y Page Totals) 326223				

# Section B ADDITIONAL PAGE 39 of 189

IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)  SU	ed this UBTO	Period ONLY FAL SECTION A	\$ 1513			
B. Itemized Cont			luals		Мі	
Last Name	First	riam			IMI	
Kleiner		I Talli		State	Zip Code	
Nesidoniai Baeei Madaee	City Brook	1 vn		CT	11210	
1011 Dabi 2150 Doloco		Name of Employer		L		
Principal Occupation		The Business Edi	t.			
Consultant  Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to				V Ame	ount of Contribution	
or dependent child of a lobbyist? No does contributor or business he/she is valued at more than \$5,000?	is associa	ated with have a contract OYes ONo	with said municipality	100		
Is this contribution associated with an event reported in Section L1?  Yes No If yes, indicate which brancof government the contract	ch or br	anches	e contractor? Yes  OLegislative			
1) yes, hat Event #		Date Received	Aggregate Contributions			
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Contribution	Order	3/13/2023	1000			
Last Name	First				MI	
Tress	Ga	ry				
	l City	-		State	Zip Code	
Residential Street Address	•	on Township		NJ	08527	
Principal Occupation		Name of Employer		J	.1	
Commercial Real Estate		Glen Park Capita	al			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	to a cand is associ	lidate for a chief executive ated with have a contract Yes O No		Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  If yes, indicate which bran of government the contract	nch or b	ranches	te contractor?  O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	3/13/2023	1000			
Last Name	Firs	st			MI	
Morales	Ar	ngel				
Residential Street Factors	City	WANT ARTHUR		State	Zip Code	
P. O. Box 261132	Harti	ford		CT	06126	
Principal Occupation		Name of Employer				
Outreach Liaison		MDC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	to a can is assoc	didate for a chief executive idea with have a contract Yes O No	ve officer of a municipalit with said municipality	ty, <b>A</b> m 50	ount of Contributio	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or b	oranches _	O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	3/13/2023	50			
SUBT	гота	L Section B — This	s Page 2050			
TOTAL	L of ac	lditional Section B	Pages 324710	-		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	M IND 13, Coli	IVIDUALS (Sections umn A of Summary Page	A + B) Totals) 326223			

#### Section B ADDITIONAL PAGE 40 of 189

NAME OF COMMITTEE (Provide Complete Name of	IE OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford				April 10 filing			
A. Total Contributions from Sm (See instructions for definition of Small Co	all Contributors-Receive ontributor) S	ed this SUBTOT	Period ONLY AL SECTION A	\$ 1513			
	B. Itemized Con	ntribut	ions from Individ	luals			
Last Name	Acres	First				MI	
Kenny		Mar	tin				
Residential Street Address		City			State	Zip Code	
8 Belhaven		Cromwe	11		CT	06416	
Principal Occupation	1	1	Name of Employer				
Real Estate		1	Lexington Partne				
or dependent child of a lobbyist? • No	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candi	date for a chief executive ted with have a contract  Oyes  ONo	e officer of a municipality with said municipality	7, Ame	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a s  If yes, indicate which bran  of government the contract	nch or bra	inches	e contractor? Yes OLegislative			
Method of Contribution:		1	Date Received	Aggregate Contributions			
Ocash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	y Order	3/13/2023	1000			
Last Name		First				MI	
Mandel1		Bru	ice				
Residential Street Address		City			State	Zip Code	
240 Hartford Avenue		Newing	gton		CT	06111	
Principal Occupation		1	Name of Employer				
Owner			Data-Mail, Inc.				
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associa	ted with have a contract OYes ONo	with said municipality	100	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		anch or br	anches	te contractor?  O Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Cas	rd OPayroll Deduction OMoney	y Order	3/15/2023	1000			
Last Name		First				MI	
Homicki		An	thony				
Residential Street Address		City	C: 11		State	Zip Code	
223 Garden Street		<u> </u>	rsfield		CT	06109	
Principal Occupation			Name of Employer				
Assessor			Town of Darien				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is associ	ated with have a contrac  Yes  No	t with said municipality	10	nount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a  If yes, indicate which bra  of government the contra	anch or b	ranches : O Executive	Legislative • No			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMone	ey Order	3/15/2023	100			
	SUB	BTOTA	L Section B — Thi	s Page 2100			
	TOTA	L of ad	ditional Section B	Pages   324710			
TOTAL OF A	ALL CONTRIBUTIONS FRO	M INDI e 13, Colu	VIDUALS (Sections mn A of Summary Page	A + B) 326223			
	(Zinoi somi en Zin		, , ,	<u> </u>			

### Section B ADDITIONAL PAGE 41 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Fonfara for Hartford			April 10 filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		eriod ONLY L SECTION A	\$ 1513		
		·			
B. Itemized Co.	ntributio	ns from Individ	luals		
Last Name	First				MI
Silverberg	Rober	·t			
Residential Street Address	City			State	Zip Code
274 East Opal Drive	Glastonb	oury	·	CT	06033
Principal Occupation	Nan	ne of Employer			
Lobbyist	Мо	rris London			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes No If yes, indicate which brain of government the contract of government the contract of the section L1?	nch or branc	e contractor or prospective state contractor? Yes or branches No			
Method of Contribution;	Date	Received	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3/	15/2023	250		
Last Name	First	<u>.</u>			MI
Gemski	Eliza	ıbeth			
Residential Street Address	City			State	Zip Code
35 Garden Street	Garden Street Farmington C				
Principal Occupation	Nam	ne of Employer			
Lobbyist	Ko	zak & Salina			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, <b>Amo</b> ı	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branc	hes	C Legislative		
Method of Contribution:			Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3/	15/2023	250		
Last Name	First				MI
Cafero	Lawer	rence			
Residential Street Address	City			State	Zip Code
119 Gregory Blvd.	Norwalk			CT	06855
Principal Occupation	Nan	ne of Employer			
Attorney	Ca	fero Law and S	trategies		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				250	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes No  If yes, indicate which bra of government the contraction of government the contraction.	nch or branc	hes	Contractor? Yes No Legislative		
Method of Contribution:			Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3/	16/2023	250		
SUBT	TOTAL S	ection B — This	Page 750		
ТОТА	L of additi	onal Section B P	ages 324710		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		OUALS (Sections A A of Summary Page T			

### Section B ADDITIONAL PAGE 42 of 189

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Fonfara for Hartford				April 10 filing			
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)			S Period ONLY TAL SECTION A	\$ 1513			
B. Itemize	ed Contr	ribu	tions from Indivi	duals			
Last Name		First				MI	
Przbysz		Kei	nneth				
Residential Street Address	City	y			State	Zip Code	
50 Goodwin Circle	На	artf	ord		CT	06105	
Principal Occupation	l		Name of Employer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
Consultant			Self-Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  Yes  does contributor or business valued at more than \$5,000'	s he/she is a				y, <b>A</b> m	ount of Contribution	
event reported in Section L1? No If yes, indicate wh	ich branch	ı or br			200		
If yes, list Event # of government the Method of Contribution:	c contract is		Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	) Money Or		3/16/2023	200			
Last Name	-	First	:			MI	
Healy		Ch	ris				
Residential Street Address	Cit	 ty			State	Zip Code	
27 Dorchester Road	We	ethe	rsfield		CT	06109	
Principal Occupation		T	Name of Employer		1	L	
Executive			CT Catholic Conf	Gerence			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business valued at more than \$5,000	s he/she is a				y, <b>Am</b>	ount of Contribution	
	ipal of a sta hich brancl	h or b		te contractor? Yes No		O	
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Or	rder	3/16/2023	500			
Last Name		Firs	t	E		MI	
Malitsky		Wi	lliam				
Residential Street Address	Cit	ty			State	Zip Code	
98 Coleman Rd.	G	Slast	onbury		CT	06033	
Principal Occupation			Name of Employer		***************************************		
Lobbyist			Focus Governmen	t Affairs			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or busines valued at more than \$5,000	ss he/she is				y, Am	nount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes No Is contributor a principal section L1?  If yes, indicate when the section L1?	hich brancl	h or b		te contractor?  OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money O	order	3/16/2023	1000			
	SUBTO	TAI	L Section B — This	Page 1700			
Т	TOTAL o	of ad	ditional Section B l	Pages 324710			
TOTAL OF ALL CONTRIBUTIONS (Enter total of			VIDUALS (Sections . mn A of Summary Page				

## Section B ADDITIONAL PAGE 43 of 189

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)		7	TYPE OF REPORT				
Fonfara for Hartford				April 10 filing				
A. Total Contributions from Sr (See instructions for definition of Small C	nall Contributors-Receive Contributor) S	ed thi SUBTO	s Period ONLY OTAL SECTION A	\$ 1513				
	B. Itemized Con	ntribu	itions from Individ	luals			To a	
Last Name		Fire	-				MI	
Herb			nristian		I a	[a:	0-1-	
Residential Street Address		City	. 4		State CT	1 ^	Code 770	
149 Evelyn Drive		Nauga	atuck				110	
Principal Occupation			Name of Employer  CT Energy Market	oma Aggodiation				
President					т.		CC / 7 / //	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract OYes ONo	with said municipality	10	Amount of Control		
CYCLE Toportou in Section 21.	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	nch or b	oranches _	e contractor? Yes OLegislative				
If yes, list Event #	0.50		Date Received	Aggregate Contributions	7			
Cash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	3/16/2023	1000				
Last Name	-	Fir	st	1			MI	
Izard		P	aula					
Residential Street Address		City			State	Zip	Code	
92 Cider Brook Dr.		Weth	ersfield		CT	06	3109	
Principal Occupation		L	Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality  Yes  No				Amount of Contribution 75	
15 this continuation accounts	Yes Is contributor a principal of a No If yes, indicate which broof government the contributors.	anch or	branches	te contractor?  O Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
Ocash OPersonal Check Ocredit/Debit C	Card OPayroll Deduction OMone	y Order	3/16/2023	75			154	
Last Name			irst			· · · · · · · · · · · · · · · · · · ·	MI	
Kozak		I	David					
Residential Street Address		City			State	1 ^	Code	
31 Hunters Village		Rocl	ky Hill		CT	0	6067	
Principal Occupation			Name of Employer					
Government Relations			Kozak & Salina,					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	e is asso	ociated with have a contract Yes O No	t with said municipality	2!	mount 50	of Contributio	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of If yes, indicate which brof government the contributor aprincipal of If yes, indicate which brof government the contributor aprincipal of Islands and Islands aprincipal of Islands and Islands aprincipal of Is	anch or	th: Executive	Legislative ON	o es			
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit	Card OPayroll Deduction OMon	ey Orde	r 3/16/2023	250				
	SUE	зтот.	AL Section B — Thi					
	TOTA	AL of a	additional Section B	Pages 324710				
TOTAL OF	ALL CONTRIBUTIONS FRO	)M IN ie 13, Ca	DIVIDUALS (Sections olumn A of Summary Pag	(A + B) e Totals) 326223				
	,							

#### Section B ADDITIONAL PAGE 44 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford				April 10 filing		
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$ 1513		,
	B. Itemized Co	ntribi	utions from Indivi	duals		
Last Name		Fir	st			MI
Brennan		R	yan			
Residential Street Address		City			State	Zip Code
1194 Olive Hill		Napa			CA	94558
Principal Occupation			Name of Employer			
Investor			Advantage Capita	al		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or t	oranches	● No		
Method of Contribution:			Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	3/16/2023	1000		
Last Name		Fir	st			MI
Salina		A	dam			
Residential Street Address		City			State	Zip Code
95 Spicewood Lane		Berl	in		CT	06037
Principal Occupation		1	Name of Employer		<u> </u>	.1
Government Relations			Kozak & Salina,	LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, <b>Am</b> o	ount of Contribution
	Yes Is contributor a principal of a  If yes, indicate which bra  of government the contra	nch or	branches	te contractor? Yes No Legislative		
Method of Contribution:			Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	3/16/2023	250		
Last Name		Fi	rst			MI
Sweeney		L	iam			
Residential Street Address	A CONTRACTOR OF THE CONTRACTOR	City			State	Zip Code
29 Penn Drive		West	Hartford		CT	06119
Principal Occupation			Name of Employer			
Lobbyist			Penn Lincoln St	rategies		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract Yes O No	ve officer of a municipalit t with said municipality	y, <b>Am</b>	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	ınch or	branches	_ <b>⊙</b> N₀		
Method of Contribution:	-		Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMone	y Order	3/16/2023	100		
	SUB	TOTA	AL Section B — This	Page 1350		
	TOTA	L of a	dditional Section B	Pages   324710		
TOTAL OF	ALL CONTRIBUTIONS FRO (Enter total on Line		OIVIDUALS (Sections lumn A of Summary Page			
				out on the state of the state of the		

#### Section B ADDITIONAL PAGE 45 of 187

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Fonfara for Hartford				April 10 filing			
A. Total Contributions from So (See instructions for definition of Small)			is Period ONLY OTAL SECTION A	\$ 1513			
	B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name		Fi	rst				MI
Hughes		J	osh				
Residential Street Address		City			State	Zip	Code
34 Lexington Rd.		West	Hartford		CT	06	6119
Principal Occupation		L	Name of Employer				
Lobbyist			Capitol Consulti	ing			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, <b>An</b>		of Contribution
	Yes Is contributor a principal of a No If yes, indicate which bra: of government the contract	nch or	branches	No No			
Method of Contribution:	0.80		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	3/16/2023	250			
Last Name			rst				MI
VanDeHoef		- 1	hris				
Residential Street Address		City			State	Zip	Code
17 Lincoln Avenue	W				CT	06	6117
Principal Occupation		l	Name of Employer		<u> </u>		
Lobbyist			Penn Lincoln Sta	rategies, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, <b>An</b>		of Contribution
	Yes Is contributor a principal of a  **Modesial Representation of the contract of the contract is a second of the contract of the contract of the contract is a second of the contract of the	anch or	branches	te contractor? Yes No Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
Ocash OPersonal Check Ocredit/Debit C	Card OPayroll Deduction OMoney	y Order	3/16/2023	100			
Last Name		F	irst	<u> </u>			MI
Bingham		F	Ryan				
Residential Street Address		City			State	Zip	Code
20 Spencer Brook Road		New	Hartford		CT	0	6057
Principal Occupation	Add bearing and the second sec		Name of Employer				
Lobbyist			Sullivan & LeSh	ane, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ty, A1		of Contribution
<b>75</b>	Yes No Is contributor a principal of a  If yes, indicate which bra of government the contra	anch or	branches	_ ONo	3		
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	y Order	3/16/2023	100			
	SUB	тота	AL Section B — This	Page 450	<u> </u>		
	TOTA	L of a	dditional Section B	Pages 324710			
TOTAL OF	ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections lumn A of Summary Page				
The contraction of the contracti							

### Section B ADDITIONAL PAGE 46 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Fonfara for Hartford				April 10 filing					
A. Total Contributions from Sn (See instructions for definition of Small C			s Period ONLY OTAL SECTION A	\$ 1513					
	B. Itemized Co	atribu	ıtions from Individ	luals					
Last Name		Firs					]	MI	
Fecke		Li	isa						
Residential Street Address		City				State	Zip Co		
186 Opening Hill Rd.		Madis	son			CT	0644	13	
Principal Occupation			Name of Employer						
Lobbyist			Gaffney Bennett						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract OYes ONo	with said 1	50	Amount of Contri			
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or b	oranches	e contracto  Clegis	No				
Method of Contribution:			Date Received	Aggregate	Contributions	1			
Ocash OPersonal Check Ocredit/Debit Ca	ard OPayroll Deduction OMoney	y Order	3/16/2023	50					
Last Name		Fir	st	I			T	MI	
Flaherty		Me	elanie						
Residential Street Address		City				State	Zip Co	ode	
21 Niell Drive		Wate:	rtown			CT	0679	95	
Principal Occupation		<u> </u>	Name of Employer						
Lobbyist			CGRG of Robinsor	ı & Col	е				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	adidate for a chief executive ciated with have a contract Yes No	e officer o with said	f a municipality municipality		Amount of Contribution		
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	anch or	branches		<b>⊙</b> No				
Method of Contribution:			Date Received	,	Contributions				
Ocash OPersonal Check Ocredit/Debit C	ard OPayroll Deduction OMone	y Order	3/16/2023	100					
Last Name		Fi	rst					MI	
Griffin		N	Vicole						
Residential Street Address		City				State	Zip C		
325 Tucker Hill Road		Midd	llebury			CT	067	<sup>'</sup> 62	
Principal Occupation	1900 Maria (1900 M		Name of Employer		***************************************				
Lobbyist			Powers, Griffin	& Hill	, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	to a car e is asso	ndidate for a chief executive ciated with have a contractory Yes O No	ve officer of t with said	of a municipalit municipality	y, <b>A</b> m		Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  If yes, indicate which be of government the contri	anch or	branches	_	<b>⊙</b> No				
Method of Contribution:			Date Received		Contributions				
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	ey Order	3/16/2023	250					
	SUB	STOTA	AL Section B — This	s Page	400				
	TOTA	L of a	dditional Section B	Pages	324710				
TOTAL OF	ALL CONTRIBUTIONS FRO (Enter total on Line	M INI e 13, Co	DIVIDUALS (Sections lumn A of Summary Page	A + B)  Totals)	326223				
		andagy Higgs (A		A-100 SAN - 0 11 - 02 - 02 - 02 - 02 - 02 - 02 -					

#### Section B ADDITIONAL PAGE 47 of 189

NAME OF COMMITTEE (Provide Complete Nam		TYPE OF REPORT				
Fonfara for Hartford				April 10 filing		
A. Total Contributions from Son (See instructions for definition of Small		ed this	S Period ONLY TAL SECTION A	\$ 1513		
	B. Itemized Co	ntribu	tions from Individ	luals		
Last Name		First				MI
George		Er	ic			
Residential Street Address		City			State	Zip Code
52 Gregory Hill Dr.		Glast	onbury	•	CT	06033
Principal Occupation			Name of Employer			
President			IA Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand	lidate for a chief executive ated with have a contract  OYes  ONo	e officer of a municipality with said municipality	250	unt 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 If yes, indicate which bra of government the contra	e contractor? Yes OLegislative				
Method of Contribution:	1 80	1	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	3/16/2023	250		
Last Name		Firs	t			MI
Cummings		Jo	ody			
Residential Street Address		City			State	Zip Code
144 Warren Avenue		Mysti	.c		CT	06355
Principal Occupation		<u></u>	Name of Employer		L	
Attorney			Mashantucket Pec	uot Tribal Natio	n	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is associ	iated with have a contract  Yes  No	with said municipality	500	unt of Contribution
	Yes Is contributor a principal of a  If yes, indicate which bro of government the contra	anch or b	ranches	te contractor?  O Legislative		
Method of Contribution:			Date Received	Aggregate Contributions		
Ocash OPersonal Check Ocredit/Debit C	Card OPayroll Deduction OMone	y Order	3/16/2023	500		
Last Name		Fir	st			MI
Dugan		M:	ichael			
Residential Street Address	Address Addres	City		Account to the second	State	Zip Code
23 Viola Drive		East	Hampton		CT	06424
Principal Occupation			Name of Employer			
President			Capitol Consult	ing, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a can le is assoc	didate for a chief executivitated with have a contract Yes O No	ve officer of a municipalit t with said municipality	y, <b>A</b> mo	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a  If yes, indicate which brof government the contributor.	anch or b	oranches	O Legislative		
Method of Contribution:	_		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit	Card OPayroll Deduction OMono	ey Order	3/16/2023	1000		
	SUB	втота	L Section B — This	s Page 1750		
	TOTA	L of a	dditional Section B	Pages   324710		
TOTAL OF	ALL CONTRIBUTIONS FRO		IVIDUALS (Sections umn A of Summary Page			attend 311
		ourpainmille (ill)				

### Section B ADDITIONAL PAGE 48 of 189

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYPE OF REPORT					
Fonfara for Hartford				April 10 filing					
A. Total Contributions from Sn (See instructions for definition of Small C		ed thi SUBTO	s Period ONLY OTAL SECTION A	\$ 1513					
							TO SECURE OF SECURITION SEC		
	B. Itemized Cor		itions from Individ	luals				I	
Last Name		Firs	<sub>st</sub> Lizabeth					MI	
Y						State	Zip C	`oda	
Residential Street Address		City West	Hartford		- 1	CT	061		
100 Quaker Lane South, Unit 1		11030	Name of Employer						
Principal Occupation  Lobbyist			Capitol Consulti	ng, LLC					
	If contribution is in excess of \$400	to a can			pality.	Amo	unt of	Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is assoc	ssociated with have a contract with said municipality  OYes  ONo				100		
event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which brain of government the contract	nch or b	oranches	CLegislative	Yes No				
If yes, list Event #  Method of Contribution:	of government the contract		Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	3/16/2023	100					
Last Name		Fire	<u>l</u>			1		MI	
Spinella		Ke	evin						
Residential Street Address		City			T	State	Zip (	Code	
70 Pioneer Dr.		West	est Hartford				063	117	
Principal Occupation			Name of Employer				-		
Lobbyist			Gaffney BEnnett	& Associates					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	0 to a candidate for a chief executive officer of a municipality, ne is associated with have a contract with said municipality  Yes  No					Amount of Contribution 100		
	Is contributor a principal of a  If yes, indicate which bra of government the contra	anch or	branches	te contractor?  Legislative	Yes No	is o			
Method of Contribution:			Date Received	Aggregate Contribution	ons	1			
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	y Order	3/16/2023	100					
Last Name			rst					MI	
Clarke		P	Paula						
Residential Street Address		City				State CT	1 -	Code 107	
14 Lemay Street		west	Hartford			<u> </u>	100	1701	
Principal Occupation			Name of Employer Gaffney Bennett	& Accordates					
Lobbyist	C0106				inality	T 4		of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is asso	ciated with have a contrac Yes • No	t with said municipal	lity	100		и Сопитыціон	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  No If yes, indicate which broad of government the control	anch or	branches		Yes No				
Method of Contribution:	Date Received	Aggregate Contributi	ons						
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	ey Order	3/16/2023	100					
	SUB	TOTA	AL Section B — Thi	s Page 300					
	ТОТА	L of a	dditional Section B	Pages 324710					
TOTAL OF	ALL CONTRIBUTIONS FRO (Enter total on Line	M IND e 13, Co	DIVIDUALS (Sections lumn A of Summary Page	A + B) 326223					
		240100000000000000000000000000000000000		a construction of the same					

## Section B ADDITIONAL PAGE 49 of 189

NAME OF COMMITTEE (Provide Complete Nam	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Fonfara for Hartford				April 10	iling				
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$ 1513					
		er angres a region a seco						A1117-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	B. Itemized Co.	100000000000000000000000000000000000000	utions from Indivi	duals					
Last Name			rst					MI	
Dodge			lodge						
Residential Street Address		City				State	Zip Co		
188 Westmont Street		West	Hartford			CT	0611	17	
Principal Occupation			Name of Employer						
Consultant			Roy & Leroy						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					y, Amo		Contribution	
event reported in Section L1?	No If yes, indicate which branch or branches				No				
If yes, list Event #	of government the contrac	ot is wit	th: OExecutive  Date Received	Aggregate Co					
Method of Contribution:  OCash OPersonal Check OCredit/Debit C	Pard OPayroll Deduction OMoney	Order		1000	in iounous				
	- Cald Of aylon Deduction Owloney			1000				MI	
Last Name Felton-Reid		" "	rst Iilary					MI	
Residential Street Address		City				State	Zip Co	ode	
24 Center Street		Weth	nersfield			CT	0610	09	
Principal Occupation			Name of Employer						
Lobbyist			GRG or Robinson	& Cole					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					y, <b>Am</b> o		Contribution	
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	_	<b>⊙</b> №				
Method of Contribution:	or government the contra	00 10 111	Date Received	Aggregate Co		_			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	3/16/2023	250					
Last Name			irst					MI	
Avallone		J	Гоу						
Residential Street Address		City	4.5.0000000000			State	Zip Co	ode	
45 Country Club Road		Bolt	ton			CT	060	43	
Principal Occupation		1	Name of Employer			ı			
Lobbyist			Roy & Leroy Gov	ernemnt 1	Relations	s, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					y, <b>A</b> m		Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	nch or	branches	_	ŌNo				
Method of Contribution:	1		Date Received	Aggregate C					
Cash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	3/16/2023	250					
	SUB'	ГОТА	AL Section B — This	Page 15	00				
	TOTA	L of a	dditional Section B	Pages 32	4710				
TOTAL OF A	ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections lumn A of Summary Page		.6223				
	James with on Diffe			7		345380			

### Section B ADDITIONAL PAGE 50 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Fonfara for Hartford			April 10 filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)  St	ed this UBTO	S Period ONLY TAL SECTION A	\$ 1513				
B. Itemized Con	200 1 10 00 50 50	tions from Individ	duals				
Last Name	First				MI		
Paolino		mes			Tail		
	City			State	Zip Code		
29 South Colman Road	Wolco			СТ	06716		
Principal Occupation	1	Name of Employer					
Lobbyist		Focus Gov Affair					
or dependent child of a lobbyist? No does contributor or business he/she is valued at more than \$5,000?	dent child of a lobbyist? O No does contributor or business he/she is associated with have a contract with said municipali						
event reported in Section L1? No If yes, indicate which brane	X and XC : Market with the transfer of the boundary						
Method of Contribution:	Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	3/16/2023					
Last Name	First	t			MI		
Biggs	Me	lissa					
	City			State	Zip Code		
562 Litchfield Ave.	Dayville						
Principal Occupation		Name of Employer			*		
Governement Relations		DePino, Nunez &	Biggs				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	to a cand is associ	lidate for a chief executive attending the lides at the l	e officer of a municipality with said municipality	y, <b>Am</b> o	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  Yes No  If yes, indicate which brar of government the contract	nch or b	ranches	te contractor? Yes O Legislative				
Method of Contribution:	l	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	3/16/2023	1000				
Last Name	Firs				MI		
Sobin	Li	inda			A		
Residential Street Address	City			State	Zip Code		
16 Straddle Hill	Wethe	ersfield		CT	06109		
Principal Occupation		Name of Employer	-				
Lobbyist		Linda Aloe Sobi	n Government Rela	ations			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	didate for a chief executive interest with have a contract Yes O No	ve officer of a municipalit t with said municipality	y, <b>Am</b> 200	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which brain of government the contract	nch or b	oranches h: O Executive	O Legislative O No				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	3/16/2023	200		- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
SUBT	тота	L Section B — This	s Page 1700				
TOTAL	L of ac	iditional Section B	Pages 324710				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M IND	IVIDUALS (Sections umn A of Summary Page	A + B) 326223		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

#### Section B ADDITIONAL PAGE 51 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Fonfara for Hartford				April 10 filing			
A. Total Contributions from Small Contributors-l (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$ 1513			
B. Itemiz	zed Contr	ribu	tions from Individ	duals			
Last Name		Firs				get agent and a first	MI
Saccente		Ke	nneth				
Residential Street Address	City	y	***************************************		Sta	ite :	Zip Code
524 Ridgeview Road	01	rang	ge		CT	·	06477
Principal Occupation			Name of Employer		•	•	
Legislative Staff			State of CT				
or dependent child of a lobbyist? • No does contributor or busine	If contribution is in excess of \$400 to a candidate 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?  One of the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does not contribute on the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does not contribute on the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does not contribute on the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does not contribute on the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of the contribution of the contrib					Amou	nt of Contribution
event reported in Section L1? No If yes, indicate w	vhich branch	or b		No No			
If yes, list Event # of government to Method of Contribution:	no contract to	, ,,,,,,,	Date Received	Aggregate Contributions	$\dashv$		
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction	OMoney Or	rder	1 1 1				
Last Name		Firs	t	L			MI
Moore		Da	ın				
Residential Street Address	City	 y	- 20000000		Sta	ite	Zip Code
57 Hebron Road	Marlborough					r	06447
Principal Occupation			Name of Employer			l	
Lobbyist			Eversource				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess does contributor or busine valued at more than \$5,00	ess he/she is a	a cano	didate for a chief executive iated with have a contract Yes No	e officer of a municipalit with said municipality	y,	<b>Amou</b> 250	nt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate woof government to	which brancl	h or t		te contractor? Yes	s o		
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Or	rder	3/16/2023	250			
Last Name		Fir	st		·		MI
Sack		S	tephen				
Residential Street Address	Cit	ty			1	ate	Zip Code
48 Westwood Road	W	lest	Hartford		C	T	06117
Principal Occupation			Name of Employer				
Wholesale Energy			Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess does contributor or busing valued at more than \$5,00	ess he/she is	a can	didate for a chief executive ciated with have a contract Yes O No	ve officer of a municipality with said municipality	ty,	Amou	int of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Is contributor a print of government to the section L1?	which brancl	h or l		O Legislative			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney O	Order	Date Received 3/16/2023	Aggregate Contributions			
	SUBTO	)TA	L Section B — This	s Page 400			
	TOTAL	of a	dditional Section B	Pages 324710			
TOTAL OF ALL CONTRIBUTION (Enter total)	NS FROM . al on Line 13	IND , Col	IVIDUALS (Sections umn A of Summary Page	A + B) 326223			

### Section B ADDITIONAL PAGE 52 of 189

NAME OF COMMITTEE (Provide Complete Nam	e as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford				April 10 filing			
A. Total Contributions from St (See instructions for definition of Small Contributions)		ed thi SUBTO	s Period ONLY OTAL SECTION A	\$ 1513			
	B. Itemized Con	ntribu	itions from Individ	luals			
Last Name		Firs				MI	
Pavel		Ro	obert				
Residential Street Address		City			State	Zip Code	
50 Mervyn Lane		Windl	nam		CT	06280	
Principal Occupation			Name of Employer				
Electrician			T&T Electrical				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	didate for a chief executive intended with have a contract  OYes  ONo	e officer of a municipality with said municipality	y, <b>Am</b>	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a serior No If yes, indicate which brain of government the contract	nch or b	oranches	e contractor? Yes  OLegislative			
Method of Contribution:		- JUIL	Date Received	Aggregate Contributions			
Ocash OPersonal Check Ocredit/Debit C	ard OPayroll Deduction OMoney	Order	3/17/2023	1000			
Last Name		Fire	st			МІ	
Fazzina		Ca	arianne				
Residential Street Address		City			State	Zip Code	
50 Mervyn Lane	Windle and C						
Principal Occupation		l	Name of Employer				
Self-Employed			Self-Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract Yes O No	with said municipality	100	ount of Contributio	
	Yes Is contributor a principal of a  No  If yes, indicate which bra  of government the contra	nch or	branches	Legislative No			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	3/17/2023	1000			
Last Name		Fi	rst			MI	
Mccooe		M	latt				
Residential Street Address		City	NA MANAGEMENT CONTRACTOR OF THE PARTY OF THE		State	Zip Code	
9 Richmond Dr.		01d	Greenwich		CT	06870	
Principal Occupation			Name of Employer				
Fondation			Wolverine Found	ation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	to a car e is asso	ndidate for a chief executive ciated with have a contract Yes No	ve officer of a municipali t with said municipality	ty, <b>An</b>	nount of Contributio	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No Is contributor a principal of a  If yes, indicate which bro of government the control	anch or	branches	O Legislative	s		
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit	Card OPayroll Deduction OMone	ey Order	3/17/2023	950			
	SUB	TOTA	AL Section B — This	s Page 2950			
	TOTA	L of a	additional Section B	Pages 324710			
TOTAL OF	ALL CONTRIBUTIONS FRO (Enter total on Line	M INI e 13, Co	DIVIDUALS (Sections lumn A of Summary Page	A + B) 326223			

# Section B ADDITIONAL PAGE 53 of 189

NAME OF COMMITTEE (Provide Complete Name as	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Fonfara for Hartford				April 10 filing					
A. Total Contributions from Sma (See instructions for definition of Small Con			s Period ONLY OTAL SECTION A	\$ 1513					
	B. Itemized Con	ıtribu	itions from Individ	luals					
Last Name		Firs						MI	
Madore		Ma	ark						
Residential Street Address		City				State	Zip C		
85 Hutchinson Road		Andov	ver			CT	062	32	
Principal Occupation			Name of Employer		-				
Sr. Project Manager			T&T Electrical C						
or dependent child of a lobbyist? • No d	tor a lobbyist, spouse, nt child of a lobbyist?  Yes of \$400 to a candidate for a chief executive officer does contributor or business he/she is associated with have a contract with said valued at more than \$5,000?  Yes ONo					, Amo		Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		ach or b	ranches	contractor  CLegisla	No				
Method of Contribution:			Date Received	Aggregate C	Contributions				
OCash OPersonal Check OCredit/Debit Card	1 OPayroll Deduction OMoney	Order	3/17/2023	1000					
Last Name		Fire	st					MI	
Cappiello		Da	avid						
Residential Street Address	SS City State					State	Zip C	ode .	
31 Old Farm Hill Road	Newtown C					CT	064	170	
Principal Occupation			Name of Employer			· · · · · · · · · · · · · · · · · · ·			
Government Relations			Capitol Hill Gro	oup					
or dependent child of a lobbyist? No d	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No						Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		nch or	branches	_	<b>⊙</b> No				
Method of Contribution:			Date Received	Aggregate (	Contributions				
OCash OPersonal Check OCredit/Debit Card	d OPayroll Deduction OMoney	Order (	3/18/2023	1000					
Last Name		Fir	rst					MI	
Cappiello		C	hristine						
Residential Street Address	- Acceptance - Acc	City	10000000			State	1 ^	Code	
31 Old Farm Hill Road		Newt	own			CT	06	470	
Principal Occupation			Name of Employer						
Government Relations			Anthem BC/BS						
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes O No	re officer of with said r	a municipality	y, <b>A</b> m		f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		inch or	branches		<b>⊙</b> No				
Method of Contribution:	yes, not 2 to a								
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMone	y Order	3/18/2023	1000					
	SUB	TOTA	AL Section B — This	Page 3	000				
	TOTA	L of a	dditional Section B	Pages 3	324710				
TOTAL OF AI	LL CONTRIBUTIONS FRO (Enter total on Line	M IND	DIVIDUALS (Sections lumn A of Summary Page	A + B) Totals)	326223				

# Section B ADDITIONAL PAGE 54 of 189

NAME OF COMMITTEE (Provide Complete Name as		TYPE OF REPORT						
Fonfara for Hartford				April 10 filing				
A. Total Contributions from Smal (See instructions for definition of Small Cont			is Period ONLY OTAL SECTION A	\$ 1513				
	B. Itemized Con	ıtrib	utions from Indivi	duals				
Last Name		Fir	rst				MI	
Papermater		D	aniel					
Residential Street Address		City			State	Zip	Code	
59 Goodwin Circle		Hart	ford		CT	06	3105	
Principal Occupation			Name of Employer					
Attorney			Morgan Lewis					
or dependent child of a lobbyist? O No do						Amount of Contribu		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a s  If yes, indicate which bran of government the contract	ich or l	branches	e contractor?  OLegislative  Yes No				
Method of Contribution:			Date Received	Aggregate Contributions	_			
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	3/18/2023	500				
Last Name		Fir	rst				MI	
Nunez		P	aul					
Residential Street Address		City			State	Zip	Code	
70 Marvel Road		New	Haven		CT	06	3515	
Principal Occupation			Name of Employer		L			
Lobbyist			DePino Nunez & E	Briggs				
or dependent child of a lobbyist? O No doc	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?					Amount of Contribu		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a  If yes, indicate which bra  of government the contract	nch or	branches	te contractor?  Yes No Legislative				
Method of Contribution:			Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	3/18/2023	1000				
Last Name		Fi	rst			<b></b>	MI	
Rozsansky		A	vrohom					
Residential Street Address		City			State	Zip	Code	
30 Irene Court		Lake	ewood		NJ	30	8701	
Principal Occupation			Name of Employer	<del></del>				
Real Estate			Self					
or dependent child of a lobbyist? ONO do	contribution is in excess of \$400 bes contributor or business he/she blued at more than \$5,000?					mount	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a If yes, indicate which brate of government the contract	nch or	branches	<b>⊙</b> No				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	3/19/2023	1000				
	SUBT	 ГОТ <i>А</i>	AL Section B — This	Page 2500				
	TOTAL	ofa	dditional Section B I	Pages 324710				
TOTAL OF ALI	CONTRIBUTIONS FROM				**			
	(Enter total on Line	19, CO	lumn A of Summary Page	1 viais)				

### Section B ADDITIONAL PAGE 55 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Fonfara for Hartford				April 10 filing				
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)	rs-Received SUB	this TOT	Period ONLY TAL SECTION A	\$ 1513				
B. Iten	mized Contr	455.55	ions from Individ	luals			МІ	
Last Name		First	ther				MII	
Silberberg			ner		State	Zip C	'ode	
Residential Street Address	City	kewo	hod		NJ	087		
30 Irene Court			Name of Employer		1.0	1 33.		
Principal Occupation		1	Madison Exchange					
Manager	C#400.4	- 1			y Am	ount of	Contribution	
or dependent child of a lobbyist? No does contributor or bu valued at more than \$:		100		Contribution				
event reported in Section L1? No If yes, indica								
1) yes, not 17 out 11	one the contract is		Date Received	Aggregate Contributions				
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deducti	ion OMoney Or	der	3/19/2023	1000				
Last Name		First					MI	
Heslin		Jol	hn					
Residential Street Address	City	,			State	Zip (	Code	
17 Gun Mill Road	B1	Loom	field		CT	060	002	
Principal Occupation			Name of Employer					
Insurance Agent			Wentworth DeAnge	elis, Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in early does contributor or buy valued at more than \$	usiness he/she is a	cand	idate for a chief executivated with have a contract Yes No	e officer of a municipality with said municipality	y, <b>A</b> m		f Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a event reported in Section L1?  Yes No If yes, indic		ı or b		te contractor? Ye	s			
If yes, list Event # of governm  Method of Contribution:	ione the contract is	T	Date Received	Aggregate Contributions				
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deducti	ion <b>O</b> Money Or	der	3/19/2023	100				
Last Name		Firs	t	1			MI	
Owen		Br	ent					
Residential Street Address	Cit	y			State	Zip	Code	
42 Wells Farm Drive	W	ethe	ersfield		CT	06	109	
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or by valued at more than the contributor or by the contributor	ousiness he/she is	a cano	didate for a chief executivitated with have a contrac  O Yes  O No	ve officer of a municipal t with said municipality	ity, Ar		of Contribution	
event reported in Section L1?	principal of a state cate which branch nent the contract i	h or b		O Legislative				
Method of Contribution:	_		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduct	tion OMoney O	rder	3/19/2023	25				
	SUBTO	)TA	L Section B — Thi	s Page 1125				
	TOTAL	of ad	lditional Section B	Pages 324710				
TOTAL OF ALL CONTRIBUT (Enter	TIONS FROM r total on Line 13	INDI , Coli	IVIDUALS (Sections umn A of Summary Page	A + B) 2 Totals) 326223				

# Section B ADDITIONAL PAGE 56 of 189

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)			TYPE OF REPORT				
Fonfara for Hartford				April 10 filing				
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$ 1513				
	B. Itemized Con	ntribu	itions from Individ	luals				
Last Name		Firs	st	H3000		MI		
Murray		Bı	ryan					
Residential Street Address		City	•		State	Zip Code		
6896 Kingham Cove		Mempl			TN	38119		
Principal Occupation			Name of Employer					
Government Relations			Acerage Holdings					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	didate for a chief executive stated with have a contract OYes ONo	e officer of a municipality with said municipality	y, Amo 500	unt of Contrib		
Is this contribution associated with an event reported in Section L1?	No If yes, indicate which bran	(a) Na 1						
If yes, list Event #  Method of Contribution:	or government the contract	Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	3/19/2023	500				
Last Name		Fir	st			MI		
Marone		Aı	nthony					
Residential Street Address	MANAGE	City			State	Zip Code		
34 Menuketesuck Avenue		West	brook		CT	06498		
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	ndidate for a chief executive ciated with have a contract Yes O No	e officer of a municipality with said municipality	y, Amo	ount of Contrib		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	anch or	branches	te contractor? Yes				
Method of Contribution:			Date Received	Aggregate Contributions				
Ocash OPersonal Check Ocredit/Debit of	Card OPayroll Deduction OMoney	y Order	3/19/2023	150				
Last Name			rst			MI		
Cloud		A	dam					
Residential Street Address		City			State	Zip Code		
86 Bloomfield Avenue		Hart	ford		CT	06105		
Principal Occupation			Name of Employer					
Venture Capitalist			Brewer Lane Ven					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car e is asso	ndidate for a chief executive iciated with have a contract Yes O No	ve officer of a municipality	250	ount of Contrib		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  If yes, indicate which bra  of government the contra	anch or	branches	O Legislative				
Method of Contribution:		· ·	Date Received 3/19/2023	Aggregate Contributions 250				
OCash OPersonal Check OCredit/Debit	Card OPayroll Deduction OMone	ey Order	3/19/2023	200				
	SUB	TOTA	AL Section B — This	Page 900				
	TOTA	L of a	dditional Section B	Pages   324710				

### Section B ADDITIONAL PAGE 57 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Fonfara for Hartford				April 10 filing				
A. Total Contributions from Si (See instructions for definition of Small)		ed th	is Period ONLY OTAL SECTION A	\$ 1513				
	B. Itemized Con	ntrib	utions from Indivi	duals				
Last Name		Fir	st				MI	
Shea		T	imothy					
Residential Street Address		City			State	1 -	Code	
7 Hatheway Rd.		Elli	ngton		CT	06	6029	
Principal Occupation			Name of Employer					
Lobbyist			Brown Rudnick					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract OYes ONo	with said municipality	y, <b>A</b> m		of Contribution	
	Yes Is contributor a principal of a s No If yes, indicate which brai of government the contract	nch or l	branches	No No				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	3/20/2023	250				
Last Name		Fir	<u> </u>				MI	
Smith		P	ete					
Residential Street Address		City			State	Zip	Code	
65 Old Field Lane		Milf	ord		CT	06	5460	
Principal Occupation		L	Name of Employer		1		<u>,</u>	
Lobbyist			Rome Smith Lutz	& Kowalski				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract Yes O No	e officer of a municipality	y, <b>An</b> 50		of Contribution	
	Yes Is contributor a principal of a  If yes, indicate which bra  of government the contra	ınch or	branches	te contractor? Yes O Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	3/20/2023	500				
Last Name		Fi	irst				MI	
Cain		5	Spencer					
Residential Street Address		City			State		p Code	
2 Bayberry Lane		Myst	tic		CT	0	6355	
Principal Occupation			Name of Employer					
Lobbyist/Consulatant			Cain Associates					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	indidate for a chief executive ciated with have a contract Yes No	ve officer of a municipalit t with said municipality	ty, An		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  If yes, indicate which bra of government the contra	anch or	branches Executive	Legislative • No				
Method of Contribution:		· ·	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit	Card OPayroll Deduction OMone	y Order	3/20/2023	250			Marie 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	SUB	TOT	AL Section B — Thi	s Page 1000		***************************************		
	TOTA	L of a	additional Section B	Pages   324710				
TOTAL OF	ALL CONTRIBUTIONS FRO (Enter total on Line	M INI : 13, Co	DIVIDUALS (Sections lumn A of Summary Page	A + B) 326223				
		Company of the Section						

### Section B ADDITIONAL PAGE 58 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	v)		TYPE OF REPORT				
Fonfara for Hartford			April 10 filing				
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$ 1513				
B. Itemized C	Contrib	outions from Indivi	duals				
Last Name	I -	irst			MI		
Earley	F	Rob					
Residential Street Address	City	_		State CT	Zip Code 06001		
26 Manitook Mountain Road	Avor			C1	00001		
Principal Occupation		Name of Employer Comcast					
Lobby ist  Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$2.00 ft.	400 to a aa		e officer of a municipality	Amo	unt of Contribution		
or dependent child of a lobbyist? No does contributor or business he/valued at more than \$5,000?	/she is asso	ociated with have a contract OYes ONo	with said municipality	300	unt of Contribution		
event reported in Section L1? No If yes, indicate which	treported in Section I.1? No If yes, indicate which branch or branches						
3,700,1302,700	rnment the contract is with:						
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	oney Orde		300				
Last Name		Pirst	1		MI		
Neuhaus		Abraham					
Residential Street Address	City			State	Zip Code		
86 Adams Street	Lakewood						
Principal Occupation		Name of Employer					
Self		The VioletShopp	e				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business her valued at more than \$5,000?	400 to a ca /she is ass	andidate for a chief executive ociated with have a contract Yes No	re officer of a municipality with said municipality	7, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of the principal o	i branch o		tte contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oney Orde	or 3/20/2023	1000				
Last Name		First			MI		
Addy		Bryan		т			
Residential Street Address	City	1 11:11		State CT	Zip Code 06067		
18 Mountain View Drive	Koc	cky Hill		101	00007		
Principal Occupation		Name of Employer Enterprise Buil	dore Inc				
Construction Manager	24004	1		1/ A ===	ount of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$\frac{3}{2}\$ does contributor or business he valued at more than \$5,000?	\$400 to a c e/she is ass	sociated with have a contract  O Yes  O No	t with said municipality	25	ount of Contribution		
event reported in Section L1?							
Method of Contribution:	r 0 :	Date Received a 3/21/2023	Aggregate Contributions 25				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	ioney Orde	er   3/41/4043	1 20				
S	UBTOT	'AL Section B — Thi	s Page 1325				
TO	TAL of	additional Section B	Pages   324710				
TOTAL OF ALL CONTRIBUTIONS F	ROM IN Line 13, C	DIVIDUALS (Sections Column A of Summary Page	A + B) 326223				

### Section B ADDITIONAL PAGE <sup>59</sup> of <sup>189</sup>

A. Total Contributions from Small Contributors-Received this Period ONLY  (See harmedons for definition of Small Contributors-Received this Period ONLY  (See harmedons for definition of Small Contributors  B. Itemized Contributions from Individuals	NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)			TYPE OF REPORT			
Substitutions for definition of Small Contribution	Fonfara for Hartford				April 10 filing			
See					\$ 1513			
See								
Billie   B		B. Itemized Cor	ntribi	utions from Indivi	duals			
Satisfierial Street Address  260 Principal Occupation  Retired  Is contributor a lobbysist, spouse, or dependent child of a lobbysist?  Is this contributor and associated with an event reported in Section L1?  If contributor a principal occupation  Retired  Is contributor and success of \$100 to a candidate for a chief executive officer of a municipality observed reported in Section L1?  Is this contributor a lobbysist, spouse, or dependent child of a lobbysist.  Principal Occupation  Residential Street Address  Clay  Amount of Contribution  Principal Occupation  Residential Street Address  Clay  Rocky Hill  Date Received  Aggregate Contribution  Date Received  Aggregate Contribution  Amount of Contribution  Date Received  Aggregate Contribution  Mill								MI
Rocky Hill   CT   06067				ollie		Stata	Zin	Code
Name of Employer   Retired   Security   Security   Retired   Security   Sec			,	v Hill			1 1	
Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No			110011					
does contribution associated with an event reported in Section L1?   Short	•			1				
does contribution associated with an event reported in Section L1?   Short		If contribution is in excess of \$400	to a can	didate for a chief executiv	e officer of a municipality	, An	ount	of Contribution
Is this contribution associated with an event reported in Section L1? Hyes, indicate which branch or branches of government the contractor or prospective state contractor? No No Hyes, inst Event # No Hyes, instead at more than \$5,000?  Last Name  Casses 1 la  State Contributor of December 1 in Scholar Payroll Deduction Money Order  First  Method of Contributor a Debyist, spouse, or dependent child for a lobbyist, spouse, or dependent child for a lobbyist. Yes No Hyes, indicate which branch or branches or prospective state contractor? Ores No Hyes, indicate which branch or branches or prospective state contractor? Ores No Hyes, indicate which branch or branches or prospective state contractor? Ores No Hyes, indicate which branch or branches or prospective state contractor? Ores No Hyes, indicate which branch or branches or prospe		does contributor or business he/she	is assoc	ciated with have a contract	with said municipality			
Method of Contribution  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  John State Contributions  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction Omoney Order  John State City Rocky Hill Residential Street Address  Alphonse  City Rocky Hill Residential Street Address  Alphonse  Name of Employer Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No No  Is this contribution associated with an event reported in Section L1?  Jyee, list Event ##  Cassos OPersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Retired  Is contributor a principal of a state contractor or prospective state contractor?  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  No No Britain  Name of Employer Retired  Amount of Contribution  Date Received  Aggregate Contributions  Amount of Contribution  Amount of Contribution  Amount of Contribution  Date Received  Aggregate Contribution  Amount of Contribution  Amount of Contribution  Date Received  Aggregate Contributions  Date Received  Aggregate Contributions  Date Received  Aggregate Contributions  Amount of Contribution  Date Received  Aggregate Contributions  Amount of Contribution  Date Received  Aggregate Contributions  Amount of Contribution  No  Date Received  Aggregate Contributions  Amount of Contribution  Amount of Contribution  Amount of Contribution  No  Date Received  Aggregate Contributions  Amount of Contribution  No  Date Received  Aggregate Contributions  Amount of Contribution  No  Date Received  Aggregate Contributions  Amount of Contribution  No	Is this contribution associated with an	Yes Is contributor a principal of a	state co	ntractor or prospective stat				
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money Order  Alphonse    First				branches h: DExecutive				
Cash   Opersonal Check   Octedit/Debit Card   Opayroll Deduction   Omaney Order   3/21/2023   25								
Residential Street Address  22 Autumn Circle  Residential Street Address  22 Autumn Circle  Residential Street Address  23 Autumn Circle  Residential Street Address  24 Recky Hill  Residential Street Address  25 Autumn Circle  Residential Street Address  26 Aggregate Contribution associated with an event reported in Section L17  Byes, indicate which branch or branches of government the contract is with:  Cash Opersonal Check Occasion  Residential Street Address  Solo Personal Check Occasion Delaysis, spouse, or specified and municipality valued at more than \$5,000?  Nome of Employer  Retired  Residential Street Address  Solo No  State Cip Ocode  Contribution associated with an event reported in Section L17  Byes, inside the which branch or branches of government the contract is with:  Cash Opersonal Check Occasion Delaysis, spouse, or specified and municipality of government the contract is with:  No  Solid City  Retired  Retired  Retired  Retired  Retired  Retired  Retired  Retired  Amount of Contribution  1000  Solid Amount of Contribution  Date Received  Aggregate Contributions  State Zip Code  Contribution Solid Aggregate Contributions  Solf  Name of Employer  Solf  Name of Employer  Solf  Solid Contribution Solid Address  Solf  Name of Employer  Solf  Amount of Contribution  Amount of Contribution  Amount of Contribution  Cash Opersonal Check Occasion Delays and solid Aggregate Contributions  Ocash Opersonal Check Occasion Delays and solid Aggregate Contributions  Ocash Opersonal Check Occasion Delays and solid Aggregate Contributions  Date Received  Aggregate Contributions  Amount of Contribution  Date Received  Aggregate Contri	1 "	Card OPayroll Deduction OMoney	Order	3/21/2023	25			
Residential Street Address  22 Autumn Circle  Rocky Hill  Name of Employer Retired  Amount of Contribution contribution associated with an event reported in Section L1?  Residential Street Address  So 10 Acre Road  Principal Occupation  Energy Efficiency Consultant  Residential Street Address  No Mill  Residential Street Address  So 10 Acre Road  Principal Occupation  Energy Efficiency Consultant  Residential Street Address  So 10 Acre Road  Principal Occupation  Energy Efficiency Consultant  Residential Street Address  So 10 Acre Road  Principal Occupation  Energy Efficiency Consultant  Residential Street Address  So 10 Acre Road  Principal Occupation  Energy Efficiency Consultant  Residential Street Address  So 10 Acre Road  Principal Occupation  Energy Efficiency Consultant  Residential Street Address  So 10 Acre Road  Principal Occupation  Energy Efficiency Consultant  Residential Street Address  So 10 Acre Road  Principal Occupation  Energy Efficiency Consultant  Residential Street Address  So 10 Acre Road  Principal Occupation  Energy Efficiency Consultant  Residential Street Address  So 10 Acre Road  Principal Occupation  Energy Efficiency Consultant  Residential Street Address  So 10 Acre Road  Retired  Amount of Contribution  Solution  Amount of Contribution  Solution  Amount of Contribution  Retired  Amount of Contribution  Solution  Retired  Amount of Contribution  Date Received  Aggregate Contributions  Amount of Contribution  Date Received  Aggregate Contributions  Amount of Contribution  Date Received  Aggregate Contributions  Amount of Contribution  Date Received  Aggregate Contrib	Last Name		Fir	rst	I			MI
22 Autumn Circle  Principal Occupation  Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution associated with an evert reported in Section L1?  Method of Contribution:  Cash OPersonal Check Credit/Debit Card  Principal Occupation  Energy Efficiency Consultant  Is contribution associated with an evert and so, one of government the contract is with:  Is contribution of a state contractor or prospective state contractor?  Michael  State  City New Britain  Name of Employer  Retired  Amount of Contribution of a municipality, valued at more than \$5,000?  Amount of Contribution of a municipality, valued at more than \$5,000?  Is this contribution associated with an evert reported in Section L1?  Michael  Residential Street Address  So 10 Acre Road  Principal Occupation  Energy Efficiency Consultant  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an evert reported in Section L1?  More of Employer  Self  State  City New Britain  Name of Employer  Self  Aggregate Contributions  Substate  CT  06052  Amount of Contribution of Contribution of a municipality, valued at more than \$5,000?  Is this contribution associated with an evert reported in Section L1?  Method of Contribution associated with an evert reported in Section L1?  Method of Contribution:  Ocash OPersonal Check Occedit/Debit Card Opayroll Deduction Omoney Order  Is contributor a sociated with an evert reported in Section L1?  Method of Contribution:  Ocash OPersonal Check Occedit/Debit Card Opayroll Deduction Omoney Order  Aggregate Contributions  Date Received  Aggregate Contributions  Amount of Contribution of contributions  Date Received  Aggregate Contributions  Date Received  Agg	Marotta		A	1phonse				
Name of Employer   Retired   Retir	Residential Street Address		1			i	1 -	
Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a sociated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Cash OPersonal Check Ocredit/Debit Card Payroll Deduction Money Order  Self  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Cash OPersonal Check Ocredit/Debit Card Payroll Deduction Money Order  Self  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Michael  State Received  Aggregate Contributions  Amount of Contributions  All Is contributor a lobbyist, spouse, or dependent child of a lobbyi	22 Autumn Circle		Rock	y Hill		CT	06	5067
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, aluced at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Casse OPersonal Check Occadit/Debit Card Orayroll Deduction Omoney Order  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, aluced at more than \$5,000?  Yes ONO  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  State  Casse OPersonal Check Occadit/Debit Card Orayroll Deduction Omoney Order  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, aluced at more than \$5,000?  Name of Employer  Self  State  Zip Code  CT  06052  Amount of Contribution  Mil  Last Name  Casse Road  Name of Employer  Self  Self  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contributor or business he/she is associated with have a contract with said municipality, valued at more than \$5,000?  Yes  No  Occash OPersonal Check Occadit/Debit Card Operation of government the contract is with:  Occash Operation Occupation  Self  Date Received Occasive state contractor?  Occash Operation Occ	Principal Occupation			1				
or dependent child of a lobbyist? No 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?  ### Method of Contribution:    Cash	Retired							
event reported in Section L1?    Method of Contribution:	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or business he/she	to a car is asso	ciated with have a contract	e officer of a municipality with said municipality			of Contribution
Method of Contributions  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order    Date Received 3/21/2023   1000	event reported in Section L1?	No If yes, indicate which bra	nch or	branches	_ O No			
Last Name Casses lla  Residential Street Address 50 10 Acre Road  Principal Occupation Energy Efficiency Consultant  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 #  MI  State City New Britain  Name of Employer Self  Self  If contribution is in excess of \$400 to a candidate 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 #  MI  Amount of Contribution  Solf  First Michael  State CT 06052  Amount of Contribution  Solf For No  Is contributor or principal of a state contract or or prospective state contractor?  If yes, list Event #  Method of Contribution:  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Date Received 3/21/2023  Aggregate Contributions  50					Aggregate Contributions			
Residential Street Address 50 10 Acre Road  Principal Occupation Energy Efficiency Consultant  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 #  Michael  City New Britain  Name of Employer  Self  Self  If contribution is in excess of \$400 to a candidate 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  OCash OPersonal Check Occidit/Debit Card OPayroll Deduction OMoney Order  Amount of Contribution  Date Received  Aggregate Contributions  50  Amount of Contribution  Amount of Contribution  50  Amount of Contribution  50  Amount of Contribution  50  Aggregate Contributions  50  Date Received  Aggregate Contributions  50  Aggregate Contributions  50	OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	3/21/2023	1000			
Residential Street Address 50 10 Acre Road  Principal Occupation Energy Efficiency Consultant  Self  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  OCash OPersonal Check Occedit/Debit Card OPayroll Deduction OMoney Order  City New Britain  Name of Employer  Self  Self  Amount of Contribution of a candidate for a chief executive officer of a municipality, does contribution of a candidate for a chief executive officer of a municipality, does contribution of a sassociated 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  Aggregate Contributions  OCash OPersonal Check Occedit/Debit Card OPayroll Deduction OMoney Order  State  Zip Code  OCT  O6052  Amount of Contribution  Date Received  Aggregate Contractor?  OCCEDITION OF CONTRIBUTION  Aggregate Contributions  OCCEDITION OF CONTRIBUTION  Aggregate Contributions  OCCEDITION OF CONTRIBUTION  Aggregate Contributions  OCCEDITION OF CONTRIBUTION  OCCEDITION OCCUPATION OF CONTRIBUTION  OCCEDITION OCCUPATION OCCUPATION  OCCEDITION OCCUPATION OCCUPATION  OCCEDITION OCCUPATION OCCUPATION  OCCEDITION OCCUPATION OCCUPATION OCCUPATION  OCCUPATION OCC	Last Name							MI
New Britain   Solution   Self	Casseslla		N	Michael				
Principal Occupation Energy Efficiency Consultant  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist?  No  Ves  Valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  OCash OPersonal Check OCcedit/Debit Card OPayroll Deduction OMoney Order  Name of Employer  Self  Name of Employer  Self  Self  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No  Is contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate Contributions  Date Received  Aggregate Contributions  Sold  Payroll Deduction OMoney Order  Aggregate Contributions			1	D. trata		1	- 1 1	
Energy Efficiency Consultant  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  OCash OPersonal Check Occedit/Debit Card OPayroll Deduction OMoney Order  Self  Self  Amount of Contribution account of a municipality, does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and the same of contribution accounts of a municipality valued at more than \$5,000?  Yes ONO  Self  Amount of Contribution 500  The secutive officer of a municipality, does contribution a candidate for a chief executive officer of a municipality, and contribution accounts of a municipality valued at more than \$5,000?  Yes ONO  Self  Amount of Contribution 500  The secutive officer of a municipality, and contribution a candidate for a chief executive officer of a municipality, and contribution accounts of a municipality, and contribution accounts of a municipality valued at more than \$5,000?  Yes ONO  Self  The secutive officer of a municipality, accounts of a municipality valued at more than \$5,000?  Self  The secutive of a municipality of a state contractor or prospective state contractor?  ONO  Secution 1.1?  Date Received of Aggregate Contributions  Amount of Contribution accounts of a municipality valued at more than \$5,000?  The secution of a state contractor or prospective state contractor?  ONO  Secution 1.1?  Date Received of Contribution of a state contractor or prospective state contractor?  ONO  Secution 1.1?  Date Received of Contribution of a state contractor or prospective state contractor?  ONO  Secution 1.1?  Date Received of Contribution of a state contractor or prospective state contractor?  ONO  Secution 1.1.  The secution 1.1.  Secution 1.1.  The secution 1.1.  The secu		ANN AND AND AND AND AND AND AND AND AND	New			CI	10	0002
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribute of a contract with have a contract with said municipality valued at more than \$5,000?  Yes  No  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribute of a state contract with have a contract with said municipality valued at more than \$5,000?  Yes  No  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative  Aggregate Contributions  Date Received Aggregate Contributions  3/21/2023  50	· ·							
or dependent child of a lobbyist?  No loss 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:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Ocean Opersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order  Ocean Opersonal Check Ocredit/Debit Card Opersonal Check Ocean Card Opersonal Check Opersonal Check Ocean Card Opersonal Check Opersonal Chec		T x			va officer of a municipalit	., l		of Contribution
event reported in Section L1?  If yes, list Event #  Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative  Aggregate Contributions  3/21/2023  50	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or business he/she	e is asso	ociated with have a contrac	t with said municipality			of Contribution
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received 3/21/2023 Aggregate Contributions 50	event reported in Section L1?	No If yes, indicate which bra	anch or	branches	O Legislative			
Geastr Greisonal enter Gereal Services				1				
SUBTOTAL Section B — This Page 1075	OCash OPersonal Check OCredit/Debit	Card OPayroll Deduction OMone	y Order	3/21/2023	50			
		SUB	TOTA	AL Section B — Thi	s Page 1075			
TOTAL of additional Section B Pages 324710		TOTA	L of a	additional Section B	Pages 324710			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  326223	TOTAL OF	ALL CONTRIBUTIONS FRO (Enter total on Line	M INI 2 13, Co	DIVIDUALS (Sections blumn A of Summary Page	A + B) 326223			

# Section B ADDITIONAL PAGE 60 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)	v)		TYPE OF REPORT			
Fonfara for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Reco		his Period ONLY COTAL SECTION A	\$ 1513			
B. Itemized C	Contril	outions from Indivi	duals			
Last Name	F	irst			MI	
Signorello	[1	Dino				
Residential Street Address	City			State	Zip Code	
280 Mile Creek Road	01d	Lyme		CT	06371	
Principal Occupation		Name of Employer				
Electrical Contractor		Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	400 to a ca /she is asso	andidate for a chief executiv ociated with have a contract Oyes ONo	e officer of a municipality with said municipality	y, <b>Amo</b>	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of If yes, indicate which of government the contributor aprincipal of government the contributor aprincipal of the section of government the section of govern	branch or		e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	oney Orde	r 3/21/2023	1000			
Last Name			L	L	MI	
Vaughan		Kim				
Residential Street Address	City			State	Zip Code	
947 East Broadway, Unit 10	Bos	ton		MA	02127	
Principal Occupation		Name of Employer			<u> </u>	
Consulting		Summit				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$2 does contributor or business he/valued at more than \$5,000?	400 to a ca /she is ass	andidate for a chief executiv ociated with have a contract O Yes O No	e officer of a municipality with said municipality	y, <b>Amo</b>	unt of Contribution	
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Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMC	oney Orde	r 3/21/2023	1000			
Last Name	]	First			MI	
Remigino		Daniel				
Residential Street Address	City			State	Zip Code	
71 Straddle Hill	Wet	chersfield		CT	06109	
Principal Occupation	1	Name of Employer		.1.		
Financial Advisor		Buell Securitie	S			
					ount of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes No  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 Is contributor a principal of a state contractor or prospective state contractor?  Or es If yes, indicate which branch or branches of government the contract is with:  Executive Or Legislative						
Method of Contribution:  Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oney Orde	er 3/21/2023	100			
SU	UBTOT	'AL Section B — This	Page 2100			
тот	FAL of	additional Section B	Pages 324710			
TOTAL OF ALL CONTRIBUTIONS FF (Enter total on L		DIVIDUALS (Sections Column A of Summary Page				

#### Section B ADDITIONAL PAGE 61 of 189

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)			TYPE OF REPORT				
Fonfara for Hartford				April 10 filing				
A. Total Contributions from Sm (See instructions for definition of Small Co		ed thi SUBTO	s Period ONLY OTAL SECTION A	\$ 1513				
	B. Itemized Cor	ntribu	itions from Individ	luals				
Last Name		Firs					MI	
Temkin		Br	ruce		·		<u> </u>	
Residential Street Address		City			State	1 -	Code	
43 Partridge Ln.		Burli	ington		CT	06	013 ————	
Principal Occupation			Name of Employer	m 11 770				
Attorney			Attorney Bruce G					
or dependent child of a lobbyist? • No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	didate for a chief executive iated with have a contract OYes ONo	e officer of a municipalit with said municipality	y, Am 100		f Contribution	
to time committee the	Yes Is contributor a principal of a s No If yes, indicate which brain of government the contract	nch or b	ranches	e contractor? Yes OLegislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	3/21/2023	1000				
Last Name		Fire	st	I			MI	
Mihai		C	risan					
Residential Street Address		City			State	Zip	Code	
60 Woodmere Road		West	Hartford		CT	06	119	
Principal Occupation		L	Name of Employer					
Electrician			MC Electrical	*				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate 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   Yes   No   500					of Contribution			
	Yes Is contributor a principal of a  If yes, indicate which bre of government the contra	anch or	branches	te contractor?  O Legislative	s D			
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	y Order	3/21/2023	500				
Last Name		Fi	rst				MI	
Iafrancesco		J	ohn			.,		
Residential Street Address		City			State		Code	
10 Hidden Valley Drive		Rock	ky Hill	Aller Wille Advance	CT	00	6067 ————	
Principal Occupation			Name of Employer					
Operations Manager			Modern Garage,					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car e is asso	ndidate for a chief executive indicated with have a contractive Yes No	ve officer of a municipal t with said municipality	ity, A1		of Contribution	
	Yes No Is contributor a principal of a If yes, indicate which broad of government the contributor.	anch or	branches	• O Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	ey Order	3/21/2023	100				
	SUB	тота	AL Section B — Thi	s Page   1600				
	TOTA	L of a	dditional Section B	Pages 324710				
TOTAL OF A	ALL CONTRIBUTIONS FRO (Enter total on Line	M INI e 13, Co	DIVIDUALS (Sections lumn A of Summary Page	A + B) 324710				
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### Section B ADDITIONAL PAGE 62 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor) S		s Period ONLY OTAL SECTION A	\$ 1513			
B. Itemized Con	atribu	itions from Individ	luals			
Last Name	Firs				MI	
Indomenico	Ge	eatiano				
	City			State	Zip Code	
38 Boulder Dr.	Rocky	Hill		CT	06067	
Principal Occupation		Name of Employer				
Contractor		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Ves Valued at more than \$5,000?	is associ	iated with have a contract OYes ONo	with said municipality	7, <b>Am</b> o	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes, list Event #  Yes Is contributor a principal of a s  If yes, indicate which bran of government the contract	ach or b	ranches	Contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	3/21/2023	500			
Last Name	Firs	st			MI	
Rondinone	Jo	ohn				
Residential Street Address	City			State	Zip Code	
455 Wethersfield Avenue	Hartf	ford		CT	06114	
Principal Occupation		Name of Employer				
Truck Center		Rondinone Truck	Center			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a cand	didate for a chief executive intended with have a contract Yes O No	e officer of a municipality with said municipality	7, <b>Am</b>	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of a section L1?  If yes, list Event #  Is contributor a principal of a section L1?  If yes, list Event #	nch or b	branches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	3/21/2023	500			
Last Name	Fir	st			MI	
Guadarrama	J.	esus				
Residential Street Address	City			State	Zip Code	
40 New Britain Avenue	Newi	ngton		CT	06111	
Principal Occupation		Name of Employer				
Correctional Warden		St. of Connection	cut - Dept. of Co	orrect	ions	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	dependent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality				ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of a section L1?  If yes, list Event #  Is contributor a principal of a section L1?  If yes, list Event #	inch or l	branches	⊙No			
Method of Contribution:	Method of Contribution:  Date Received Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	3/21/2023	1000			
SUBT	тота	L Section B — This	<b>Page</b> 2000			
TOTAL	L of a	dditional Section B l	Pages 324710			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections . umn A of Summary Page				

## Section B ADDITIONAL PAGE 63 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor) S	ed this Period UBTOTAL SE		\$ 1513			
			N. S.			
B. Itemized Con	tributions fr	om Indivi	duals			
Last Name	First				MI	
Morin	Patricia					
Residential Street Address	City			State	Zip Code	
495 Brimfield Rd.	Wethersfield	l		CT	06109	
Principal Occupation	Name of E	mployer				
Teacher	Wether	sfield Pub	olic Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	o a candidate for a is associated with l	nave a contract	e officer of a municipality with said municipality	y, <b>Am</b> o	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a s  If yes, indicate which bran of government the contract	ch or branches	_	e contractor? Yes No Legislative			
If yes, list Event # of government the contract  Method of Contribution:	Date Recei		Aggregate Contributions	_		
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	1		25			
Last Name	First				МІ	
Gonzalez	Christina	ì				
	 City			State	Zip Code	
	Long Island	City		NY	11103	
Principal Occupation	Name of E	mployer				
Training Specialist	Memori	al Sloan I	Kettering			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a is associated with l	nave a contract	e officer of a municipality with said municipality	y, <b>Am</b> o	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes No If yes, indicate which bratefyes, list Event #	nch or branches	_	te contractor? Yes			
Method of Contribution:	Date Recei	ved	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3/22/2	2023	50			
Last Name	First		A	*****	MI	
Dauphin	Christin	a				
Residential Street Address	City			State	Zip Code	
1276 Albany Avenue	Brooklyn	***************************************		NY	11203	
Principal Occupation	Name of E					
Student	Studer	ıt				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		have a contrac		y, Am	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  If yes, indicate which brai of government the contract	nch or branches	prospective sta	<b>⊙</b> No	3		
Method of Contribution:	Date Rece		Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3/22/2	2023	10			
SUBT	TOTAL Sectio	n B — This	Page 85			
TOTAL	L of additional	Section B	Pages   324710			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line						

#### Section B ADDITIONAL PAGE 64

of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		Period ONLY AL SECTION A	\$ 1513			
B. Itemized Co	ntributi	ons from Individ	luals			
Last Name	First				MI	
Wood	Adan	1				
Residential Street Address	City			State	Zip Code	
260 France Street	Rocky I	1111		CT	06067	
Principal Occupation		ame of Employer				
Public Affairs	C	ity and State,	LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate 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					unt of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes   Is contributor a principal of a lfyes, indicate which bra of government the contraction of government the contraction.	ınch or bran	iches	Contractor? Yes No Legislative			
Method of Contribution:	Da	nte Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order 3	3/22/2023	750			
Last Name	First				MI	
Gannon	Davi	d				
Residential Street Address	City			State	Zip Code	
4 Peach Hill Drive	Walling	gford	:	CT	06492	
Principal Occupation	Na Na	ame of Employer				
Real Estate	0	utfront				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				250	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Is contributor a principal of a figure which brateful of government the contral of government the government that government the government the government that government the government the government that government the governme	anch or brai	nches	e contractor? Yes No Legislative			
Method of Contribution:	Da	ate Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	3/22/2023	250			
Last Name	First				MI	
Corey	Paul	1				
Residential Street Address	City			State	Zip Code	
12 Fernwood Road	West Ha	artford		CT	06119	
Principal Occupation	N	ame of Employer				
Attorney	В	arclay Damon, L	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amor	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  One Executive OLegislative						
Method of Contribution:		ate Received	Aggregate Contributions			
Cash Personal Check OCredit/Debit Card Payroll Deduction OMone	y Order 3	3/22/2023	250			
SUB'	TOTAL	Section B — This	Page 1250	•		
TOTA	L of addi	tional Section B P	ages 324710			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DUALS (Sections A				
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## Section B ADDITIONAL PAGE 65 of 189

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)			TYPE C	F REPORT			
Fonfara for Hartford				April 10 filing				
A. Total Contributions from Si (See instructions for definition of Small)			is Period ONLY OTAL SECTION A	\$ 1513				
	B. Itemized Co	ntrib	utions from Indivi	duals				
Last Name	24 Control of the Con	Fi	rst					MI
Reilly		С	hristopher					
Residential Street Address		City				State	Zip	Code
1 Sandstone Road		Plai	nville			CT	06	5062
Principal Occupation			Name of Employer			L		
Real Estate Mgr.			Lexington Proper	ty Mar	nagement, L	LC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One will be a lobbyist of the contribution of the contri			ect with said municipality			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 solution of government the contract	nch or l	branches	_	<b>⊙</b> No			
Method of Contribution:	or government the contract		Date Received		e Contributions	$\dashv$		
Ocash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	3/22/2023	1000		ļ		
Last Name		Fi	rst	l.,				МІ
Valinho			arlos					
Residential Street Address		City				State	Zip	Code
75 Ayon Mountain Road		Avon	1			СТ	1 -	6001
Principal Occupation			Name of Employer			l		
Investments			Park Broad Inves	stments	S			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						nount (	of Contribution
	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	_	<b>⊙</b> No			
Method of Contribution:			Date Received		e Contributions			
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	3/22/2023	1000		1		
Last Name		Fi	irst	I		<u> </u>		MI
Riccio		M	Michael					
Residential Street Address	440000	City	and the state of t			State	Zip	Code
37 Hawthorne Circle		Rock	ky Hill			CT	00	6067
Principal Occupation			Name of Employer				•	
Brokerage			CBRE					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						mount	of Contribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  One of government the contract is with:  Executive O Legislative								
Method of Contribution:  Date Received Aggregate Contributions					te Contributions			
Cash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	3/22/2023	1000				
	SUB'	гота	AL Section B — This	Page	3000			
	TOTA	Lofa	dditional Section B	Pages 324710				
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections lumn A of Summary Page		326223			er e e e e e e e e e e e e e e e e e e
				,,				

# Section B ADDITIONAL PAGE 66 of 189

NAME OF COMMITTEE (Provide Complete Name as Reg	gistered with Filing Repository)		TYPE OF REPORT			
Fonfara for Hartford			April 10 filing			
A. Total Contributions from Small ( (See instructions for definition of Small Contrib.)		ed this Period ONLY UBTOTAL SECTION A	\$ 1513			
	B. Itemized Con	tributions from Indiv	iduals			
Last Name Kohen		First			MI	
		Susan				
Residential Street Address  32 Irene Court		lity		State	Zip Code	
		Lakewood		NJ	08701	
Principal Occupation		Name of Employer		<del></del>	- A.,	
Bookkeeping		Stratus				
valued	tribution is in excess of \$400 to ontributor or business he/she is at more than \$5,000?	a candidate for a chief executive associated with have a contract Yes ONo	ve officer of a municipalit t with said municipality	ty, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	s contributor a principal of a sta If yes, indicate which branc of government the contract		te contractor? Yes		O .	
Method of Contribution:		Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Card OF	Payroll Deduction OMoney C	Order 3/22/2023	1000			
Last Name		First			MI	
Hill		Kevin				
Residential Street Address	Ci	ty		State	Zip Code	
81 Broad Street	W	ethersfield		CT	06109	
Principal Occupation		Name of Employer		<u> </u>	1 00100	
Lobbyist		Powers, Griffin	& Hill			
or dependent child of a loopyist? O No   does co	ribution is in excess of \$400 to outributor or business he/she is at more than \$5,000?	a candidate for a chief executive associated with have a contract  Yes  No	e officer of a municipality with said municipality	7, Amo	unt of Contribution	
If yes, list Event #	contributor a principal of a sta  If yes, indicate which brance of government the contract i		e contractor? Yes No		U	
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPa	ayroll Deduction OMoney O	rder 3/22/2023	1000			
Last Name		First			MI	
Clancy		Cynthia			•	
Residential Street Address	Cit	у		State	Zip Code	
56 Broad Street	W.	ethersfield		CT	06109	
Principal Occupation		Name of Employer	WELL 2000 - 1400 - 1400			
Union Acress		Self				
or dependent chird of a loopyist; O 140   does con	ibution is in excess of \$400 to a ntributor or business he/she is a at more than \$5,000?	a candidate for a chief executive associated with have a contract Yes No	officer of a municipality with said municipality		unt of Contribution	
this contribution associated with an vent reported in Section L1?  Yes, list Event # Steep No						
Method of Contribution:			Aggregate Contributions	-		
Cash Personal Check Credit/Debit Card Pa	ayroll Deduction OMoney Or	der 3/22/2023	25			
	SUBTO	TAL Section B — This	Page 2025			
	TOTAL 0	f additional Section B P	ages 324710			
TOTAL OF ALL CO	NTRIBUTIONS FROM II (Enter total on Line 13,	NDIVIDUALS (Sections A Column A of Summary Page T	+ B) 326223			
			- 1 1. Taginta (1 1.			

# Section B ADDITIONAL PAGE 67 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$ 1513			
B. Itemized Co	ntrib	outions from Indivi	duals			
Last Name		irst			Acceptance of	МІ
Gallivan	j	John				
Residential Street Address	City			State	Zi	p Code
72 Westwood Drive	Weth	hersfield		CT		6109
Principal Occupation	<u> </u>	Name of Employer		<u> </u>	Т,	0100
Teacher		Wethersfield Pul	olic Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	Indidate for a chief executive	e officer of a municipalit			of Contribution
Is this contribution associated with an event reported in Section L1?  Yes No Is contributor a principal of a If yes, indicate which brait of government the contract of government the contract.	nch or	ontractor or prospective stat	e contractor? Yes OLegislative		J	
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	3/22/2023	100			
Last Name		rst	100			
Alter		eter				MI
Residential Street Address		eret				
701 Hebron Avenue, PO BOX 1530	City Glas	stonbury		State CT	1 -	Code 3033
Principal Occupation		Name of Employer				
Attorney		Alter & Pearson,	LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract OYes No	with said municipality	y, <b>Am</b>		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #   Yes   Is contributor a principal of a section L1?  If yes, list Event #   of government the contraction of government the government of government the government of government the government of gove	nch or l	branches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	3/22/2023	1000			
Last Name	Fir	rst				MI
Bello	R	ichard				
Residential Street Address	City			State	Zin	Code
311 Hartford Ave.	Weth	ersfield		CT	1 ^	109
Principal Occupation		Name of Employer				
Sales Engineer		Blackhawk Indust	rial			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  Yes No  Government to the contribution of a lobbyist?  Yes No	to a can is assoc	I ididate for a chief executive ciated with have a contract v	officer of a municipality	, Amo	ount o	f Contribution
Is this contribution associated with an event reported in Section L1?  Yes Valued at more than \$5,000?  Yes No  Is contributor a principal of a state contractor or prospective state contractor?  Yes Vindicate which branch or branches						
If yes, list Event # of government the contract  Method of Contribution:	t is with	h:	O Legislative			
Cash Personal Check OCredit/Debit Card Payroll Deduction OMoney	Order	Date Received 3/22/2023	Aggregate Contributions 50			
SUBT	OTA	L Section B — This	Page 1150			
		Iditional Section B Page	9			
TOTAL OF ALL CONTRIBUTIONS FROM	INDI	VIDUALS (Sections A	+ B)			
(Enter total on Line 1.	s, Colu	ımn A of Summary Page T	otals)   320223			