### Section B ADDITIONAL PAGE 68 of 189

AME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)		<u> </u>	TYPE OF RE	PORT		
onfara for Hartford			1	April 10 fil	ing		
A. Total Contributions from Sn (See instructions for definition of Small C	nall Contributors-Receive Contributor) S	ed this P SUBTOTA	eriod ONLY L SECTION A	\$ 1513			
en eller et eller en eller en eller en eller etter etter en		<u></u>					
	B. Itemized Cor	ntributio	ns from Individ	uals			
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itler		Ted					In: O.1:
sidential Street Address		City	-			State CT	Zip Code 06078
1 Clay Creek Drive		Suffiel					100010
incipal Occupation			me of Employer	a DC			
rchitect		I	ecton Architects			1 4	ount of Contribu
contributor a lobbyist, spouse, 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 associate	OYes ONo	with said ind		750	
vent reported in Section L1?	Yes   Is contributor a principal of a No   If yes, indicate which bra of government the contra	inch or bran	ches	contractor?	O		
f yes, list Event #	0.80.3		ite Received	Aggregate Co	ntributions		
Nethod of Contribution:  Oash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMone	ey Order 3	/22/2023	750			
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ast Name ill		Howa	ard				
esidential Street Address		City				State	Zip Code
287 Chapel Street		New Ha	ven			CT	06511
rincipal Occupation			ame of Employer	1.6.			
Funeral Director		1	loward K. Funera				
s contributor a lobbyist, spouse, r 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?	ie is associat	OYes O No	With said in		10	nount of Contribu
	Yes Is contributor a principal of No If yes, indicate which be of government the contributors.	ranch or bra tract is with:	Executive		tive O No		
Method of Contribution:			Date Received 3/22/2023	Aggregate C	OMUTOURORS		
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Last Name		First	drew				
Miano		City	^± ∨ !!			State	Zip Code
Residential Street Address		Rocky	Hill			CT	06067
11 Pheasant Drive			Name of Employer			_ L	
Principal Occupation			Office of the S	Secretary	of the	State	<b>:</b>
Press Secratary  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No	If contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?	100 to a cand she is associa	idate for a chief execution that the detection of the det	or with said i	a municipali nunicipality	ty, A	mount of Contrib
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of	branch or br itract is with:	Executiv	e OLegis	ative		
Method of Contribution:	_		Date Received	Aggregate 50	Contributions		
OCash OPersonal Check OCredit/Debi	t Card OPayroll Deduction OMo	oney Order	3/22/2023	30			
			L Section B — Th	19 1 age	1800		
	TOT	「AL of ad	ditional Section B	Pages	324710		
TOTALO	F ALL CONTRIBUTIONS FR (Enter total on L	OM INDI	VIDUALS (Section	s A + B)	326223		

of 189

ME OF COMMITTEE (Provide Co			ADDITIONAL ered with Filing Repository)			TYPE OF REPORT			
	mprese rume					April 10 filing			
nfara for Hartford  A. Total Contributions	from Sn	nall C	ontributors-Receiv	ed this l	Period ONLY AL SECTION A	\$ 1513			
(See instructions for definition	n of Small C	Contribut	or)						
					•	: Awals			
			B. Itemized Co	ntribut	ions from Indiv	Iquais			MI
t Name	5000 511000 511111111111111111111111111			First Fli	zabeth				
yes				City			State		Code
sidential Street Address					rsfield		CT	06	5109
19 Dix Road				1	Name of Employer				
incipal Occupation					State of CT				
ttorney			tribution is in excess of \$40	0 to a cand	lidate for a chief execu	tive officer of a municipality		mount	of Contribution
contributor a lobbyist, spouse,	Yes No	does	contributor or business nersi	e is associ	ated with have a contr	act with said municipant	1	.00	
dependent child of a lobbyist?		value	d at more than \$5,000?	a state con	tractor or prospective	state contractor?	Yes		
s this contribution associated with			Trues indicate Which U	anon or o	- ·	ve OLegislative	110		
event reported in Section L1?  If yes, list Event #	C	, ,,,,	of government the cont	ract is with	Date Received	Aggregate Contribution	ıs		
				nev Order	3/22/2023	100			
Method of Contribution:  Cash Personal Check	Credit/Debit	Card C	Payroll Deduction Oivior	Fir					MI
ast Name					aul				
Doyle				City			Stat	.	Zip Code
Residential Street Address					ersfield		CT	·	06109
38 Thornbush Road					Name of Employer				
Principal Occupation					Kennedy Doyle	e, LLC			
Attorney			ontribution is in excess of \$	400 to a ca	indidate for a chief exe	cutive officer of a munic	ipality,	Amou	nt of Contributi
Is contributor a lobbyist, spouse,	Yes No	doe	e contributor or business no	/she is asso	ociated with have a cor	No		150	
or dependent child of a lobbyist?		val	ued at more than \$5,000?  Is contributor a principal				Yes		
Is this contribution associated wi		Yes No	Trues indicate Which	I Dianon o	, U	cutive C Legislative	⊙ No		
event reported in Section L1?  If yes, list Event #		٠٠ 	of government the co	ontract is v	Date Received	Aggregate Contribut	ions	İ	
			a up-lustion O	Ionev Orde		150			
Method of Contribution: OCash OPersonal Check	Ocredit/Del	bit Card	Payron Deduction Ov		First				MI
Last Name					Paul				Trin Codo
Corey				City			1	State	Zip Code 06119
Residential Street Address				We	st Hartford			CT	100113
12 Fernwood Road					Name of Employer				
Principal Occupation					Barclay Dar	non, LLP	<del></del>		ount of Contrib
Attorney		<del>,, T</del>	f contribution is in excess o	f \$400 to a	candidate for a chief	executive officer of a mu	aicipality, ipality	, Am	սու ու շուռու
Is contributor a lobbyist, spous or dependent child of a lobbyis	se, st?	AT	loes contributor or business	HC/SHO 10 G	O Yes	● No	<b>O</b> Yes	250	)
Is this contribution associated event reported in Section L1?	with an	8 Y		ich branci	s with: OE	recutive () Legislative	<b>⊙</b> No	1	
If yes, list Event #					Date Received	Aggregate Contri	OUTIONS		
Method of Contribution:  Cash Personal Check	(Credit/	Debit Ca	rd OPayroll Deduction	<b>)</b> Money O	order 3/22/2023	200			
Cash OPersonal Check	- Create			SUBTO	OTAL Section B	— This Page 500			
			n	COTAL	of additional Sec	tion B Pages 3247	/10		

January 2015			ADDITIONAL			TYPE OF	REPORT		AND NOTES	e ej umaj ili Albik	
ME OF COMMITTEE (Provide Co	mplete Name	as Register	ed with Filing Repository)	1999		April 10	filing				
0 1					-ind ONLY						ļ
A. Total Contributions (See instructions for definitions)	from Sn	all Co	ntributors-Receive r) S	ed this P UBTOTA	L SECTION A	\$ 1513					
(See instructions for definition	i oj omen								en con tractor		
			B. Itemized Con		one from Indiv	iduals					
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t Name				Cla	re ·				<del></del>		
ade				City				State	1	ip Code 06109	
sidential Street Address				Wether	sfield			СТ			
73 Main Street					ame of Employer						
incipal Occupation				\ ;	Shriners Hospi	tals					ontributio
rincipal Gift Officer			ribution is in excess of \$400	to a candi	date for a chief execu	tive officer	of a municipal	ity, A	mour	at of Co	Milipution
contributor a lobbyist, spouse,	Yes No	does co	ontributor or business nersi	0 10 4050	Oyes ON	о		¹	1000		
dependent child of a lobbyist?		valued	at more than \$5,000?	state cont	actor or prospective	state contrac	tor? SY	es			
s this contribution associated with			Ye indicate Which Di	anon or or	anches OExecuti	ve OLeg	islative				
event reported in Section L1?  If yes, list Event #	0	1,0	of government the contr	act is with.	Date Received	Aggrega	te Contributions				
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Method of Contribution:  Cash OPersonal Check O	Credit/Debit	Card O	Payroll Deduction Olylon	Firs						1	MI
ast Name				1	leen						
Washburn				City				Sta		Zip Co	
Residential Street Address					ersfield			CT	<u> </u>	0610	<del></del>
13 Acorn Way				1,72	Name of Employer						
Principal Occupation					Town of Weth	ersfield					
Librarian			ntribution is in excess of \$2	100 to a car	didate for a chief exe	cutive offic	er of a municip	ality,	Amo	ount of	Contribut
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does	contributor or business ner	SHC 13 doso	O Yes O	No			25		
		) Yes	L	of a state c	ontractor or prospecti	ve state con	•	Yes No			
Is this contribution associated with event reported in Section L1?		3 No	If yes, indicate which of government the co			cutive 🔼 I	egislative		1		
If yes, list Event #					Date Received		egate Contribution	ms			
Method of Contribution: OCash OPersonal Check	<b>n</b> a . Ji⊭/Dal	hit Card	OPayroll Deduction OM	oney Orde	3/22/2023	25					MI
OCash OPersonal Check	Credivide	on Cara	O. 1.)-	I	irst						
Last Name					Josef			—т	State	Zip	Code
Rettman				City				i	FL	1	4786
Residential Street Address	r Road			Wir	ndermere						
5005 West Lake Butle					Name of Employer		oting				
Principal Occupation					NEI Genera	Contra	Cting	icinality	/. T A	mount	of Contril
President	е, О	Yes If	Contribution is in excess of one contributor or business	f \$400 to a	candidate for a chief	executive of contract wit	ncer of a municip	ality			
Is contributor a lobbyist, spous or dependent child of a lobbyis	e, it? <b>8</b>	NT - 1 d	oes contributor of business	HO/SHO IS W	O Yes	<b>⊙</b> №		OYes		000	
Is this contribution associated event reported in Section L1?	with an	8 Yes	Is contributor a princip  If yes, indicate whi  of government the	ich branch	with: OE:	xecutive (	Legislative ggregate Contrib	• No	4		
If yes, list Event #					Date Received	1	ggregate Contro .000				
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					of additional Sec			10			
			LL CONTRIBUTIONS		INDIVIDUALS (S , Column A of Sumn	Sections A	+ <b>B</b> ) 3262	23			

FORM 20			ADDITIONAL			TYPE OF REPOR	T		
IE OF COMMITTEE (Provide Co	mplete Name	as Registe	red with Filing Repository)	factorist for the factorism.		April 10 filing			
1					n : d ONI V				
fara for Hartford  . Total Contributions (See instructions for definition)	from Sn	nall Co	ontributors-Received or) SU	d this JBTOT	Period UNLI AL SECTION A	\$ 1513			
(See instructions for definitio	n oj binan e								
			B. Itemized Con	4	ions from Indiv	iduals			
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Name				Par	ıl		Ta	76	p Code
ınds				City			State	·   ·	6109
dential Street Address	z 305			Wethe	rsfield				
78 Silas Deane Highwa					Name of Employer				
ncipal Occupation					Self Employed	. CC of a must	nicipality.	Amount	t of Contribution
onsultant contributor a lobbyist, spouse,	Q Yes	does	tribution is in excess of \$400 ontributor or business he/she	to a can	didate for a chief execu- iated with have a contra OYes ON	five officer of a munici act with said munici		500	
dependent child of a lobbyist?	⊙ No	value	1 at more than \$5,000?  s contributor a principal of a	etate coi	otractor or prospective s	tate contractor?	O Yes		
this contribution associated with	an Q	Yes 1				ve OLegislative	O No		
vent reported in Section L1?  Fyes, list Event #	0	110	of government the contra	ct is wit	Date Received	Aggregate Contri	butions		
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ast Name				- 1	Scott				
onsoli				City			<b>,</b>		Zip Code 06073
esidential Street Address				Gla	stonbury			CT	00010
10 Tryon Farm Road					Name of Employer				
rincipal Occupation					Consoli Borto	olan Law Grou	p	T	unt of Contribut
Attorney	O Yes	Ifc	ontribution is in excess of \$40	00 to a c	andidate for a chief exe	cutive officer of a natural tract with said mun	nunicipality, icipality	Amot	int of Convision
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	doe	s contributor or business ne/s	HC 19 495	OYes O	No	OYes	1000	0
Is this contribution associated with	th an	Yes	Is contributor a principal o  If yes, indicate which	f a state	contractor or prospectives or branches	e state contractor.	<b>⊙</b> №		
event reported in Section L1?		) No	of government the cor	Ulanch '	with: Exec	utive C Legislati	ve tributions	-	
If yes, list Event #					Date Received	1000			
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Last Name					First Lynn				
Bortolan				City	L			State	Zip Code
Residential Street Address					outh Windsor			CT	06074
1411 Sunfield Dr.					Name of Employer				
Principal Occupation					Consoli Bor	tolan Law Gr	oup, LLC		
Attorney			f contribution is in excess of	\$400 to	a candidate for a chief e	xecutive officer of	a municipali	ty, An	nount of Contrib
Is contributor a lobbyist, spous or dependent child of a lobbyis	e, st? 8	NTa /	loes contributor or business in	C/ SHC 13	O Yes	<b>⊙</b> №			000
		OYe	T to a principa	l of a sta	te contractor or prospec	tive state contracto	r? Sye	0	
Is this contribution associated event reported in Section L1?	With an	Ди		n orano	is with: OE	ecutive () Legisl	ative Contributions		
If yes, list Event #					Date Received	Aggregate 1000	Controductions		
Method of Contribution:  Cash Personal Check	Credit/	Debit Ca	rd OPayroll Deduction O	Money (	Order 3/23/2023	1000			
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			T	OTAL	of additional Sec	HOILD T #5-	324710		
			LL CONTRIBUTIONS (Enter total o		TAIDIN/IDIIALS (S	ections A + B)	326223		

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E OF COMMITTEE (Provide Complete Name of	as Kegisterea	Hand A STOROGET TO THE STORY OF			April 10 filing				
fara for Hartford		n Danisa	thic P	eriod ONLY	\$ 15131475				
fara for Hartford  Total Contributions from Sm (See instructions for definition of Small Co	all Contontion	tributors-Received SUB	тота	L SECTION A	\$ 13131776		<u></u>		
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		B. Itemized Contr	ibutio	ons from Individ	iuals			MI	
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dential Street Address		Cit	y artfo:	cd		C1	t [	06112	
1 Ridgefield St.		l n		ame of Employer					
cipal Occupation				self-Employed					
bbyist		ution is in excess of \$400 to		11.6	ve officer of a mur	icipality,	Amour	nt of Co	ntribution
contributor a lobbyist, spouse, dependent child of a lobbyist?	does cont	ributor of business notate is		Oyes UNo		O Yes	500		
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this contribution associated with an vent reported in Section L1?		ontributor a principal of a example of a example of a contract of government the contract		OExecutive	e OLegislative				
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ast Name			Su	san			State	Zip Co	de
rady			City	c: 1.1		1	CT	0610	)9
esidential Street Address			Wethe	ersfield					
25 Westlook RoadRet				Name of Employer					
rincipal Occupation				Retired	utive officer of a n	unicipality	, Am	ount of	Contribut
Retired  s contributor a lobbyist, spouse,	If conti	ribution is in excess of \$400 ontributor or business he/she	to a car	didate for a chief exect ciated with have a cont	ract with said mun	icipality	50		
is contributor a lobbyist, species, or dependent child of a lobbyist?	does co	ontributor of dusiness revolu		OYes O1	No	OYes	$\dashv$ $^{\circ\circ}$		
	Yes I	it is a maingingl of	state co	ontractor or prospective branches	state contractor.	<b>⊙</b> No	1		
Is this contribution associated with event reported in Section L1?	5 No	If yes, indicate which broof government the contra	anon or	th: O Execu	Aggregate Con	ve tributions	$\dashv$		
If yes, list Event #				Date Received	50				
Method of Contribution:  OCash OPersonal Check OCredit/Det	oit Card C	Payroll Deduction OMone	ey Orde	3/23/2023	00				MI
				<sub>irst</sub> Mark					
Last Name Osak				Mark			State		Code
Residential Street Address			City	ldletown			CT	06	6457 ————
701 Middle St.			MIC	Name of Employer					
Principal Occupation				US Electrica	al Services				
Regional President		ontribution is in excess of \$2	100 to 0		white officer of	a municipa		mount	of Contrib
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	37   400	s contributor or business no	one is a	OYes C	) No		─┤ *	.00	
	O Yes	T minoinal (	of a state	contractor or prospect	ive state contracto	$\mathbf{g}_{i}$	No No		
Is this contribution associated with an event reported in Section L1?	8 No	If yes, indicate which of government the co			ecutive () Legisi	ative			
If yes, list Event #				Date Received	1	Contribution	*		
Method of Contribution:  OCash OPersonal Check OCredit/	Debit Card	OPayroll Deduction OM	oney O	der 3/23/2023	100				
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				of additional Sect		324710			
		L CONTRIBUTIONS F			stions A + R)	326223			

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eduary 2015			ADDITIONA			TYPE OF REI	PORT	gamminhitis	
ME OF COMMITTEE (Provide Co	mplete Name	as Registere	a wim Filing 1.07			April 10 fili	ng		
fara for Hartford  . Total Contributions	from Sm	iall Cor	itributors-Receiv	ed this P	eriod ONLY	\$ 1513			
(See instructions for definition	n of Small C	ontributor,		SUBTOTA		1			
			B. Itemized Co	ntributio	ns from Indiv	iduals			MI
				First					
Name Amalis				Step	nen		S	State	Zip Code
dential Street Address				City Glaston	hurv		10	CT	06033
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ncipal Occupation				1	elf				
PA					11.0	ive officer of a	municipality,	Amou	ınt of Contributio
antributor a lobbyist, spouse,	Q Yes	If contri	bution is in excess of \$40 atributor or business he/sl	00 to a candid he is associat		act with said mu	nicipality	1000	)
dependent child of a lobbyist?	O No	does cor valued a	t more than \$5,000?		OYes ON	o tate contractor?	O Yes	1 1000	•
this contribution associated with	an O	Yes Is	t more than \$5,000?  contributor a principal of  If yes, indicate which b	a state contr	actor or prospective s nches	O- 11	<b>O</b> No		
vent reported in Section L1?	Ö	No	of government the conf	tract is with.		ve OLegislat	ntributions	-	
fyes, list Event#				1	Date Received	1000	onti loutions		
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				First					
ast Name				St	even			State	Zip Code
nglese				City				CT	06793
esidential Street Address 59 Horse Heaven Rd.				Washi	ngton			<u> </u>	
Principal Occupation					Name of Employer	NID.			
Real Estate					New Haven Gro	officer of	a municipalit	y, An	ount of Contribut
(s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does	tribution is in excess of \$ contributor or business he d at more than \$5,000?	2/8116 15 45566	OYes O	No		$ ^{10}$	00
Is this contribution associated wit	h an	) Yes	Is contributor a principal	II DI anon or		ve state contract	or? OYe		
event reported in Section L1?  If yes, list Event #			of government the c	contract is wi	Date Received	Aggregate	Contributions		
			n	Money Order	3/23/2023	1000			
Method of Contribution: OCash OPersonal Check	Credit/Deb	it Card	Payron Deduction C	F	rst				MI
Last Name					Chris				Zip Code
Barrepski				City				State	1
Residential Street Address				E11	ington				00025
8 Gabriel Drive					Name of Employer				
Principal Occupation					Farenheight	Mechancia	1 Service	)S	Amount of Contrib
HVAC Contractor		T T T T T T T T T T T T T T T T T T T	ontribution is in excess of	of \$400 to a o	andidate for a chief e	xecutive officer	of a municipalit		Amount of Contri-
Is contributor a lobbyist, spous or dependent child of a lobbyis	e, <b>O</b> 1	dos	es contributor or business	7	O Yes	•) No		Yes	500
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				Money Or	i	500			
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walnet at more than \$5,000?  Pyes, indicate which branch or branches  OExecutive OLegislative  OExecutive OExec				ADDITIONAL PAC			TYPE OF I		gerten distribution	participation (1986)		
Total Contributions from Small Cointributors-Received this Period Ortical See submiction for deplination of Small Cointributory SURPOTAL SECTION 3   \$1513		mpiete ivame	as Register				April 10	filing				
See instructions for department of animal contributions from Individuals   First   F	fara for Hartford			n costwood this	s Pe	riod ONLY	o 1E12					
B. Hemized Contributions from Individuals    First   Michelle	. Total Contributions (See instructions for definition	from Sn of Small C	nall Co contributo	ntributors-Received this y SUBTO	TAI	SECTION A	\$ 1010					
First   Michael   Percentage							an and a second article transport of the Second					
Name    First   Michelle				B. Itemized Contribu	ıtioı	ıs from Individ	luals				Тмі	
Contribution associated with an experimental form of the contribution is in excess of \$400 to a candidate for a chief exceeding of the contribution as to contributor or business between the contract or with said municipality, but the contribution as contributor or business between the contract or with said municipality, but the contribution associated with an experiment of the contribution a				Firs	st							
Security   Terrace   Security   Terrace   Security				Mi	iche	TTe			State	Zi	ip Code	
Season   Name of Employer   Rocky   Hill   Surgery   Center				1 *	11.	11			CT	C	6067	
Sign Stered Nurse Contributor a lobbyist, spouse, dependent child of a lobbyist?  No  No  No  No  No  No  No  No  No  N				Rocky							<u></u>	
Amount of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000?  **Total Contribution associated with an expert of the contribution of business he/she is associated with have experted in Section L1?*  **Total Contribution associated with an expert and \$1,000 the properties of the contribution of properties of government the contract is with:  **Total Contribution**  **Press   Total Contribution   Personal Check   O'Credit/Debit Card   O'Payroll Deduction   O'Money Order   3/23/2023   125  **Total Contribution   Personal Check   O'Credit/Debit Card   O'Payroll Deduction   O'Money Order   O'S   Real this/Actual   Personal Check   O'Credit/Debit Card   O'Payroll Deduction   O'Money Order   O'S   Real this/Actual   O'Contribution   O'Contributi							erv Cen	ter				
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### Section B ADDITIONAL PAGE 75 of 189

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)			TYPE OF REPORT		
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event reported in Section L1?	Ди	of government the contra	ct is w	Date Received	Aggregate	Contributions	S		
If yes, list Event #			O-4-		1000				
Method of Contribution:  OCash OPersonal Check OCred	it/Debit Ca	rd OPayroll Deduction OMone	y Orae		1	175			
Ocash Orenoza		SUB	TOT	AL Section B —	- This Page	.119			
		TOTA	L of	additional Secti	on B Pages	324710			
				(DIVIDUALS (Sec Column A of Summa	ctions A + B)	326223			

ME OF COMMITTEE (Provide Complete Name as Registere	d with Filing Repository)		TYPE OF REPORT			
a C Hartford		· ·	April 10 filing			
Total Contributions from Small Con	ntributors-Received this SUBTOT	Period ONLY AL SECTION A	\$ 1513			
(See instructions for definition of Small Contributor,						
		· - Grom Individ	duals			
	B. Itemized Contribut	ions from marve			MI	
t Name	Don	nald				
ookman	City			State	Zip Code 06109	
sidential Street Address	Wether	rsfield		CT	00103	
Glenwood Dr.		Name of Employer				
ncipal Occupation		Retired		174 1 4-	nount of Co	ntribution
etired	oution is in excess of \$400 to a cand	idate for a chief executi	ve officer of a municipal t with said municipality			mti ibutio
contributor a toboyist, speaker,  No does con	tributor or business ne/sne is associ	OYes ONo		$$ $^{25}$		
	tibuter a principal of a state con	tractor or prospective sta	ate contractor?			
s this contribution associated was No No No	If yes, indicate which branch or be of government the contract is with		: OLegislative			
fyes, list Event #		Date Received	Aggregate Contributions	'		
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	1					
ast Name (ushner	Jı	ulie		State	Zip Coo	de
Residential Street Address	City			CT	0681	.0
75 Old Ridgebury Road	Danb	•				
Principal Occupation		Name of Employer				
State Senator	ribution is in excess of \$400 to a ca	1 i f avrage	tive officer of a municip	pality, A	Amount of	Contributi
To contributor a lopoyist, spouse,	ribution is in excess of \$400 to a car ontributor or business he/she is asso		act with said municipali	ty ,	250	
or dependent child of a loop for	Latanoro than \$5 DUD/			Yes	300	
le this contribution associated with	Is contributor a principal of a state of a state of the s	Oranonos	ive O Legislative	) No		
event reported in Section L1?  If yes, list Event #	of government the contract is w	Date Received	Aggregate Contribution	ons		
	Money Orde	l .	250			
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Last Name		Zvi				
Horowitz	City			Sta		Code 952
Residential Street Address	Mor	nsey		N'	1 10	
20 Sands Point Road 3		Name of Employer				
Principal Occupation		Northpoint M		<del></del> T		of Contribu
Management  Versettibutor a lobbyist, spouse, Yes If co	ontribution is in excess of \$400 to a	candidate for a chief exc	ecutive officer of a muni	cipality, ality		n Continu
Is contributor a loodylat, spouse,	s contributor or business ne/sne is as	O Yes O	No	OYes	1000	
Is this contribution associated with an Yes No	Is contributor a principal of a state  If yes, indicate which branch	Of Olanoixes	T agislative	<b>O</b> No		
event reported in Section L1?  If yes, list Event #	of government the contract is	with: O Exec	Aggregate Contribu	utions		
	O- WD Jartin OMoney Or	I -	1000			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction Civionicy Co.	TAL Section B —	This Page 1275			
		of additional Section		10		

# Section B ADDITIONAL PAGE 79 of 189

ME OF COMMITTEE (Provide Complete Name as R	egistered with Filing Repository)			TYPE OF REP			
				April 10 filir	ng		
nfara for Hartford  A. Total Contributions from Smal	l Contributors-Receive	d this	Period ONLY	\$ 1513			
A. Total Contributions from Small Contribution of Small Contribution of Small Contribution of Small Contribution of Small Contributions for definition of Small Contributions (See instructions for definition of Small Cont	ributor) SU	<b>ЈВТО</b> Т.	AL SECTION A	Ψισιο			
	B. Itemized Con	tributi	ions from Indivi	iduals			МІ
Name		First					IVII
lvers		Bre	tt			ate 2	Zip Code
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Ledyard Road			lartford				
ncipal Occupation			Name of Employer WorldBusiness (	`anital In	c		
1 1 D:						Amou	nt of Contributio
Mo do	contribution is in excess of \$400 to be contributor or business he/she alued at more than \$5,000?	is associa	OYes ONO	)		500	
this contribution associated with an vent reported in Section L1?	Is contributor a principal of a s	ich of di	anches	_	Yes No		
yes, list Event #	of government are comme		Date Received	Aggregate Con	tributions		
tethod of Contribution: Cash Personal Check Credit/Debit Card	OPayroll Deduction OMoney	Order	3/26/2023	500			
	<u> </u>	First	ı				MI
ist Name		Yi	sacher				(m: 0.1)
eldberg		City				State	Zip Code 11234
esidential Street Address 517 East 37th Street		Brook	clyn			NY	1170,4
		1	Name of Employer		7.7.0		
rincipal Occupation Real Estate			Shelbourne Glo				unt of Contribut
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 does contributor or business he/shovalued at more than \$5,000?	e is assoc	OYes ON	√o		100	
s this contribution associated with an event reported in Section L1?  If yes, list Event #		anchor	th: Execut	tive C Legisla	O No tive	_	
			Date Received 3/26/2023	1000	01111011111		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Ca	rd OPayroll Deduction OMone	ey Order		1000			MI
Last Name		111	irst Michael				
Klett			WI OHOOT			State	Zip Code
Residential Street Address		City 01d	Saybrook			CT	06475
78 N Cove Rd.			Name of Employer				
			D'Esopo Fune	ral Chapel			
Principal Occupation					a municipalit	ty, An	nount of Contrib
Funeral Director  Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$4 does contributor or business he/s	00 to a ca			nunicipality	50	0
Funeral Director  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an	does contributor or business he/s valued at more than \$5,000?	f a state of	Octated with have a contractor or prospective r branches	No ve state contracto	or? Sye	50 s	0
Funeral Director  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 #	does contributor or business he/s valued at more than \$5,000?  Yes No Is contributor a principal o  If yes, indicate which of government the con-	f a state of branch of tract is w	Contractor or prospective r branches vith:  Date Received	No ve state contracto utive O Legis Aggregate	or? Sye	50 s	0
Funeral Director  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?	does contributor or business he/s valued at more than \$5,000?  Yes Is contributor a principal o  If yes, indicate which of government the con  Card OPayroll Deduction OMC	f a state of branch of a tract is wooney Ordo	Contractor or prospective r branches with:  Date Received 3/26/2023	No ye state contracto utive O Legis Aggregate 500	or? Ye.	50 s	0
Funeral Director  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 #	does contributor or business he/s valued at more than \$5,000?  Yes Is contributor a principal o  If yes, indicate which of government the con-	f a state of branch of tract is wooney Ordo	Contractor or prospective representation of the prospective representation representati	No ye state contractor utive O Legis Aggregate 500  This Page	or? One Note that the Contributions	50 s	0
Funeral Director  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 C	does contributor or business he/s valued at more than \$5,000?  Yes Is contributor a principal o  If yes, indicate which of government the con-	f a state of branch on tract is woney Ordo  JBTOT	Contractor or prospective repranches with:  Date Received 3/26/2023  CAL Section B—  Cadditional Section	No ye state contractor utive OLegis Aggregate 500  This Page n B Pages	or? Ye.	50 s	0

# Section B ADDITIONAL PAGE 80 of 189

ME OF COMMITTEE (Provide Complete Name as Registered with Filing Reg	posno <i>ry)</i>			April 10 filing			
S for Hartford							
Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	Received SUI	this P	eriod UNLY L SECTION A	\$ 1513			
B. Itemi	zed Conti		ns from Indivi	iuals			MI
Name		First Tane	<del>t</del>				
ett	Jav				Stat	te Z	Zip Code
idential Street Address	Cit	y 1d Say	brook		CT	`	06475
N Cove Rd.			me of Employer				
ncipal Occupation		D	Esopo Funeral	Home			
egistered Nurse  Yes If contribution is in exc	ogs of \$400 to	a candid	ate for a chief executiv	ve officer of a municip	ality,	Amou	nt of Contribution
does contributor or bus	iness ne/site is	associat	OYes ONo		Yes	500	
this contribution associated with the second indicate	e which branc	ու օւ օւ ա	ctor or prospective stanches	OLegislative	No		
vent reported in Section L1?  fyes, list Event #  ONO  fyes, indicate of government	nt the contract	is with:	Pate Received	Aggregate Contributio	ns		
	<u> </u>		3/26/2023	500		í	
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ast Name		1 1131	hard				
ichman		City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		s	tate	Zip Code
esidential Street Address	į.	Farmi	ngton		(	CT	06032
38 Prattling Pond Rd.			Name of Employer				
Principal Occupation			Self SightMD				
Physician  O Yes If contribution is in experience to the state of the	voses of \$400	to a cand	idate for a chief execu	tive officer of a munic	ipality,	Amo	ount of Contributi
or dependent child of a lobbyist?  No does contributor or by the serviced at more than \$\frac{1}{2}\$	usiness ne/sne	18 888001	OYes ON	0	Yes	500	)
Is this contribution associated with the second of sovernment reported in Section L1?	principal of a cate which bra nent the contra	nen or t	i: Dixeeur	ive O Legislative  Aggregate Contribu	<b>⊙</b> No	-	
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Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	tion OMone	y Order	3/26/2023	300			MI
Last Name		1."					
Butler			odney			State	Zip Code
Residential Street Address		City	h Stonington			CT	06359
5 Farm Pond Rd.		INOI	Name of Employer				
Principal Occupation				Pequot Tribal	Natio	n	
Chairman	of \$40	10 to a ca	11 C - Nieforo	outive officer of a mu	nicipalit	y, A	mount of Contrib
or dependent child of a lobbyist?  No does contributor or dependent child of a lobbyist?	: business ne/si n \$5 000?	1e is asso	O Yes O	No	Yes	$\dashv$ 10	000
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OCash OPersonal Check OCredit/Debit Card Or aylon Dear	SU	втот	AL Section B —	This Page 2000			
	TOT	AL of	additional Sectio	n B Pages 3247	'10		
TOTAL OF ALL CONTRIB			DIVIDITAT C (Coc	tions A + B)	223		

FORM 20 Section Section	n B A	DDITIONAL PA			TYPE OF REPOR	Γ			
ME OF COMMITTEE (Provide Complete Name	as Registered	with Filing Repository)			April 10 filing				
					April 10 ming				
nfara for Hartford  A. Total Contributions from Sn	nall Con	tributors-Received thi	is Perio	d ONLY ECTION A	\$ 1513				
(See instructions for definition of Small C	Contributor)	Sobio							
				From Individ	luals				
		B. Itemized Contrib	irst	11.000 200				MI	
it Name		1	Linda				1 0	ip Code	
mkin		City				State CT	- 1	)6013	
sidential Street Address		1 -	lington	ı					
3 Partridge Lane				f Employer					
incipal Occupation	_		Self					+ of Cor	ıtribution
Founder The LULUFACE CO.		oution is in excess of \$400 to a c	andidate f	or a chief executi	ve officer of a mur		Amour	)( 01 C01	III I DUI I O
Yes	Joon cor	tubillor of onsinoss were		r Krac Lujino			1000		
s contributor a lobbyist, speaks, speaks, r dependent child of a lobbyist?	valued a	t more than \$5,000.	contractor	or prospective st	ate contractor?	Yes No			
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event reported in Section L1?	) No	of government the contract is	AA Terri	Received	Aggregate Contri	butions			
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			Bruce						
Last Name Deitch		Cit	<u> </u>			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	tate	Zip Cod	
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2072 Quail Roost Dr.	_		-	ne of Employer					
Principal Occupation			no	itch Energ	LLC				a talbuti
VP Sales		tribution is in excess of \$400 to			ecor of a r	nunicipality,	Am	ount of (	Contributi
Yes	es If cor	tribution is in excess of \$400 to contributor or business he/she is	associated	with have a conf	tract with said mui	ncipanty	100	00	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	o does	d at more than \$5,000?		-ter or prospectiv	re state contractor?	QYes			
Is this contribution associated with an	O Yes	d at more than \$5,000?  Is contributor a principal of a st  If yes, indicate which bran		iches	utive O Legislat	ive No	1		
levent reported in Section 13.	Q No	of government the contract	L 10 11 X-12.	ate Received	Aggregate Co	ontributions	7		
If yes, list Event #			1	3/26/2023	1000				
Method of Contribution:  OCash OPersonal Check OCredit/D	ebit Card	Payroll Deduction Money	First	0/ 20/ 2021					MI
			Jam	ies		_			<u></u>
Last Name							State		Code 5416
Cassidy Residential Street Address			City Cromwe	e11			CT	0	
630 Main Street, Suite #1A			<del>Ι</del>	Name of Employer					
Principal Occupation				Hallisev, P	earson & Cas	ssidy 			
Project Engineer		contribution is in excess of \$400	1		CE cor O	e a municipali	ity, 1	Amount	of Contrib
Control of the state of the sta	Yes If	contribution is in excess of \$400 pes contributor or business he/sh	e is associ	ated with have a	contract with said in No.	mumcipanty	:	500	
or dependent child of a lobbyist?	No de	alued at more than \$5,000?		O Yes	etive state contract	or? <b>Q</b> Y	es		
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in the aggregated with an	O No	of government the cont	ract is with		xecutive O Legis	e Contributions			
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event reported in Section L1?  If yes, list Event #					1				
event reported in Section L1?  If yes, list Event #	it/Debit Car	d OPayroll Deduction OMor	ney Order			0500			
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# Section B ADDITIONAL PAGE 82 of 189

			DDITIONAL			TYPE OF RE	EPORT			
ME OF COMMITTEE (Provide Complete	te Name as 1	Registered	with Filing Repository)			April 10 fil	ing			
fara for Hartford  Total Contributions from	m Smal	ll Cont	ributors-Receive	d this I	Period ONLY AL SECTION A	\$ 1513				
(See instructions for definition of S	Small Cont	tributor)	<b>.</b>	OBTOI	N. SECTION					
					c Tudisi	duals				
			B. Itemized Con	tributi First	ons from thatvi	uuais			М	íI .
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00 Perkins Street				N	ame of Employer					
ncipal Occupation					Barnes					
nair of Board			tion is in excess of \$400	to a candi	late for a chief executi	ve officer of a	municipality,	Amo	unt of C	Contributio
	No d	oes contr	butor or business ne/sne	18 8880014	Oyes ONo			250		
ii vi an aiotod with an	O Ye	174.000	tributor a principal of a	state contr	actor or prospective st	ate contractor	Yes No			
this contribution associated with an vent reported in Section L1?	8 N	. I I	<i>yes</i> , indicate which bra of government the contra	Hell of Dre	OExecutive	e OLegisla	tive	1		
yes, list Event #			of government the contra		Date Received	Aggregate C	ontributions			
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st Name				Br	uce		_			
imons				City				State	Zip Co	
esidential Street Address				West	Hartford			CT	061	07
Squirrel Hill Road				1	Name of Employer					
rincipal Occupation					Real Estate					
Real Estate		70	oution is in excess of \$40	0 to a can	lidate for a chief execu	itive officer of	a municipality	, An	ount of	Contribu
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	does con	tributor or business he/sr more than \$5,000?	ie is assoc	OYes ON	ło		_ 10	00	
s this contribution associated with an event reported in Section L1?	8 4	es Is o	contributor a principal of If yes, indicate which b of government the cont	ranch or	h: Execut	tive 🔿 Legis	<b>⊙</b> №			
If yes, list Event #  Method of Contribution:					Date Received	Aggregate 1000	Controducions			
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Last Name				Fi						
Simons				I F	arris			State	Zip	Code
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63 Ninigret Avenue				Chai	lestown				L	
Principal Occupation					Name of Employer	ا ممانيس	Tno			
Real Estate					Figure 8 Pro			ity T A	mount	of Contrib
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	8 Yes No	does co	ribution is in excess of \$6 ontributor or business he, at more than \$5,000?	sne is ass	O Yes O	No			.000	01 002
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If yes, list Event #			of government the co	miliaul 18 W	Date Received	Aggrega	te Contributions			
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ANSARY 2015			ADDITIONAL  d with Filing Repository)			TYPE OF REPO				
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fara for Hartford			Libratows Docaived	l this I	Period ONLY	\$ 1513				ļ
fara for Hartford  Total Contributions (See instructions for definition	from Sm	all Cor	su	втот	AL SECTION A	ψίσιο				
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			B. Itemized Cont	tributi	ons from Indivi	duals			MI	
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Name idenfeld				Mic	hael		S	tate	Zip Code	
Idential Street Address			3	city Lakewo	ood		N	IJ	08701	
82 Laura Court					Name of Employer					
ncipal Occupation				1	Shelbourne					
00			oution is in excess of \$400 to		1: Camponti	ve officer of a n	nunicipality,	Amo	unt of Cor	ıtribution
contributor a lobbyist, spouse,	Q Yes	If contri	oution is in excess of \$400 that tributor or business he/she	is associa	ated with have a contract	t with said mun	icipality	1000	O	
dependent child of a lobbyist?	<b>⊙</b> No	valued a	t more than \$5,000?	state conf	OYes ONo	ate contractor?				
this contribution associated with	an Q	Yes Is	TC indicate Which Utal	HOLL OF C.		e OLegislati	o No ve			
vent reported in Section L1?  fyes, list Event #	_ 0	No	of government the contrac	et is with	Date Received	Aggregate Con		7		
			Money	v Order	3/27/2023	1000				
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ast Name				l	ohn				In: Code	
Lubretsky				City				State	Zip Code	
tesidential Street Address				Weth	ersfield				0010	
501 Highland Street					Name of Employer	_				
Principal Occupation					Ther Zubretsk	y Group	: -:114	Av	nount of C	ontributi
Real Estate Broker	O Yes	If con	tribution is in excess of \$40 contributor or business he/sl	0 to a ca	ndidate for a chief exec	utive officer of a ract with said m	a municipant nunicipality			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	O No	does	contributor or business no si	10 10 40	OYes O	No		— \ \`	00	
		Yes Yalue	u	f a state o	contractor or prospective	e state contracto	r? <b>Q</b> Ye	o		
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	)Crouse = 1									
Last Name				]	Patrick			State	Zip C	Code
Kenny Residential Street Address				City	thersfield			CT	06	109
35 Reed Drive					Name of Employer					
Principal Occupation					Lexington P	roperty Ma	nagement	_		
Real Estate Analyst			contribution is in excess of S	7.400 to a		officer	of a municip		Amount o	f Contrib
Is contributor a lobbyist, spous or dependent child of a lobbyis	e, 8	NT- do	es contributor or business in	C/ dito io	O Yes	No			1000	
		O Yes	L	of a stat	e contractor or prospect	tive state contrac	ctor!	Yes No		
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			TO	OTAL	of additional Sect	ion B Pages	324710			
			L CONTRIBUTIONS			ections A + B	326223			

IE OF COMMITTEE (Provide Co	mplete Name	as Registe	red with Filing Repository)				F REPORT			
- a Ht-ford						April	0 filing			
fara for Hartford  . Total Contributions	from Sn	vall Co	ontributors-Received	this	Period ONLY	\$ 151	3			
(See instructions for definition	n of Small C	ontribut	or) SU	втот	AL SECTION A					
(See than nemonal)	professional and a second							an and the second second second		
			B. Itemized Cont	ribut	ions from Indiv	iduals				МІ
			D. Remizea Coxe	First						IVII
Name				Ber	njamin			State	T <sub>Zi</sub>	ip Code
nlossberg			Ci	-				NJ		)8527
<sub>idential</sub> Street Address 8 Jackson Pines Rd.			J		on Township				l_	
ocipal Occupation					Name of Employer Shelbourne Glol	hal Sol	utions			
rincipal					Shelbourne Gio	tive officer	r of a municip	ality, A	moun	t of Contribution
contributor a lobbyist, spouse,	O Yes	If cont	ribution is in excess of \$400 to	a cand s associ	lidate for a chief execut ated with have a contra	act with sa	id municipalit	y   1	1000	
dependent child of a lobbyist?	O No	does c	at more than \$5,000?		OYes ON	otate contra	actor? O		.000	
this contribution associated with		_ 1	at more than \$5,000?  s contributor a principal of a st  If yes, indicate which bran	ate con	tractor or prospective s	State Contro	a inlativa	No		
ent reported in Section L1?	O	No	of government the contract	is with	i: Obkeen		gate Contribution	ns		
fyes, list Event #					Date Received 3/27/2023	100				
Method of Contribution:  Oash OPersonal Check OC	redit/Debit	Card C	Payroll Deduction OMoney	Order						MI
ast Name				[^"	oseph					
eudoin				City	OBOPII			Sta	te	Zip Code
esidential Street Address				Mons	on			M/	1	01057
53 Wilbraham Rd.					Name of Employer					
rincipal Occupation					Lexington Par	rtners				
Real Estate		70	ntribution is in excess of \$400	to a ca	ndidate for a chief exec	cutive offic	cer of a munic	ipality,	Amou	unt of Contribut
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does	contributor or business ne/site	e is asso	ociated with have a con Yes	No	said muno-pa	,	1000	0
			ed at more than \$5,000?  Is contributor a principal of a	a state o	contractor or prospectiv	e state cor	atractor?	Yes No		
Is this contribution associated with event reported in Section L1?	han <b>E</b>	Yes No	If yes, indicate which br of government the contr	anch o	1 UI allollos	utive 🔿	Legislative	_		
If yes, list Event #			of government the contr	400 10 11	Date Received	Agg	regate Contribu	tions		
Method of Contribution:  OCash OPersonal Check	Yradit/Deh	it Card	Payroll Deduction OMono	ey Orde	er 3/27/2023	10	000			MI
	Cledible									
Last Name					Stanley				State	Zip Code
Gutt Residential Street Address				City	. C . 1				CT	06106
140 Main Street				Ha	rtford Name of Employer					
Principal Occupation					Retired					
Retired			contribution is in excess of \$4	00.4- 0	11.6	xecutive o	fficer of a mu	nicipality	, An	nount of Contrib
Is contributor a lobbyist, spouse or dependent child of a lobbyist	8 P	ام ا م	oes contributor or business nev	SHE IS a	O Yes	<b>9</b> No		OYes	<del>-</del> 10	000
Is this contribution associated v	vith an	O Ye	Is contributor a principal of	f a state	e contractor or prospect	tive state o	contractor?	No		
event reported in Section L1?		O No	of government the con	Dianon	with: O Exe	ecutive (	Legislative ggregate Contri	butions	4	
If yes, list Event #  Method of Contribution:				_	Date Received 3/27/2023	1	1000			
Method of Contribution:  OCash OPersonal Check	<b>⊙</b> Credit/D	ebit Car	i OPayroll Deduction OM	oney O	OTAL Section B –					
					of additional Sect			10		
			L CONTRIBUTIONS F.					223		

FORM 20	Section	n B	ADDITIONAL PAC	JE		f 189			
TE OF COMMITTEE (Provide (						YPE OF REPORT		en janga di selisti kana	
	complete Number				P	April 10 filing			
fara for Hartford			-tributors-Received this	Period	ONLY	<b>\$ 1513</b>			
. Total Contribution (See instructions for definite	s from Sn	nall Col Contributor	ntributors-Received this SUBTOI	TAL SEC	TION A				
(See instructions for definit	on of small								
			B. Itemized Contribut	tions fr	om Individ	uals	Was said		Тмі
			B. Itemized Contribu-						IMI
Name			Is	aac			Stat	e Zit	Code
iss			City				NJ		8701
idential Street Address			Lakew						
Irene Court				Name of					
ncipal Occupation				Emek	Hatora	a officer of a munici	pality,	Amount	t of Contribution
eacher	O Yes	If contri	bution is in excess of \$400 to a can ntributor or business he/she is assoc	didate for	a chief executive have a contract	with said municipal	ty	1000	
contributor a lobbyist, spouse, dependent child of a lobbyist?	Ø No	does co	ntributor or business no bit	r	Yes (•JNo		Yes	1000	
this contribution associated wi	th an C	Yes Is	at more than \$5,000?  contributor a principal of a state co  If yes, indicate which branch or	ntractor of branches	prospective state	Ox anialative	No l		
vent reported in Section L1?			of government the contract is with			Aggregate Contributi	ons		
fyes, list Event #				Date Re		1000		İ	
Method of Contribution:	Credit/Debit	Card O	Payroll Deduction OMoney Order	3/21	/2023	1000			MI
ast Name `ress				Shlomo			T S	State	Zip Code
Residential Street Address			City	ewood			1	NJ	08701
6 Gefen			Lan		of Employer				
Principal Occupation				CS					
Real Estate			atribution is in excess of \$400 to a c	candidate	or a chief execu	tive officer of a mun	icipality,	Amou	unt of Contributi
Is contributor a lobbyist, spouse	, <b>Q</b> Ye	does	contributor or ousiness nersite is an	sociated v	oith have a contra	act with said municip	anty	1000	J
or dependent child of a lobbyist	., 0	value	ed at more than \$5,000?  Is contributor a principal of a state				OYes No		
Is this contribution associated v	, 2000	Yes No	trans indicate which blanch	OI OI	es 🕜 Execut	ive O Legislative	G Mo		
event reported in Section L1?  If yes, list Event #			of government the contract is	wim.	Received	Aggregate Contrib	utions		
Method of Contribution:			Money Oro	der 3/	27/2023	1000			МІ
OCash OPersonal Check	OCredit/De	bit Card	Payroll Deduction Money Ord	First					1411
Last Name				Mirth	ia			State	Zip Code
Aldave			Cit					CT	06107
Residential Street Address			W	est Ha				10,	
330 Mountain Road					me of Employer	lia Sahaals			
Principal Occupation				Ha	rtford Pub	lic Schools	unicipal	ity, Ar	nount of Contrib
Teacher	use O	Yes If	contribution is in excess of \$400 to	a candida	te for a chief exe d with have a co	ntract with said mun	icipality	10	000
Is contributor a lobbyist, spo or dependent child of a lobby		3.T- 1 de	nes contributor or business no sne		OYes 🕑	No	OY	— 1°	
		O Yes	" to a principal of a st	ate contra	ctor or prospective	ve state contractor?	$\mathbf{O}_{N}$	lo	
Is this contribution associated event reported in Section L.	1?	O No		is with:	O Exec	Aggregate Cor	ributions		
If yes, list Event #				D	ate Received 3/27/2023	1000			
Method of Contribution:	ck <b>()</b> Credit/	Debit Card	Payroll Deduction OMoney						
OCash Oreisonal Oze			SUBT	OTAL	Section B —	. This Page 300	00		
				400000000000000000000000000000000000000			4710		
			TOTAI	J of add	itional Section	W 2			
1			LL CONTRIBUTIONS FROM (Enter total on Line	A TAIDIN	TDUALS (Sec	tions A + D)   27	6223		

# Section B ADDITIONAL PAGE 86 of 189

ME OF COMMITTEE (Provide Complete Name as R	Registered with Filing Repository)			TYPE OF RE	PORT		
nfara for Hartford				April 10 fil	ing		
A. Total Contributions from Small (See instructions for definition of Small Contr	l Contributors-Receive	d this JBTOT	Period ONLY al section a	\$ 1513			
	B. Itemized Con	tribut	ions from Indivi	duals			MI
st Name		First					WII
tiz		Cha	rlie		C	tate	Zip Code
sidential Street Address		City	1		1	CT	06103
Gold Street 24E		Hartfo					
incipal Occupation			Name of Employer				
eal Estate Investor			Retired	officer of a	municipality	Amoi	unt of Contribut
continuator a roboylas, aparticipal No. 1 do	contribution is in excess of \$400 to see contributor or business he/she shed at more than \$5,000?	is associa	OYes ONo			1000	
s this contribution associated with an vent reported in Section L1?	Is contributor a principal of a s	ich or br	anches	te contractor?			
fyes, list Event #	or Rovermient me contrac		Date Received	Aggregate Co	ontributions		
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	3/27/2023	1000			
Cash OPersonal Check OCTembrideon Card	, <u>Gray</u>	First	t .				MI
ast Name		De	nnis				
Curran		City			ļ	State	Zip Code
Residential Street Address		New Y	ork/			NY	10014
77 Carlton Street		L	Name of Employer				
Principal Occupation  Executive			Acerage Holdin				ount of Contribu
or dependent child of a lobbyist?	f contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?  Is contributor a principal of a	e is assoc	O Yes O No	0	or? OYes	250	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		anch or	branches	ve 🔿 Legisl			
		0.4	1	250			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMone	ey Order		200			MI
Last Name		Fi	rst Iarry				
Im			TOT T A			State	Zip Code
Residential Street Address		City	stonbury			CT	06033
61 Deerfield Dr.		Julas	Name of Employer			1	
Principal Occupation			Raytheon Tech	nologies	Corp.		
Attorney	If contribution is in excess of \$40	00.4	undidate for a chief exec	ntive officer of	of a municipali	ty, Aı	mount of Contril
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or business he/s	he is asso	O Yes O	No		10	
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 to f government the con	oranch of	rith: O Execu	tive <b>O</b> Legi		0	
	<u> </u>		Date Received 3/28/2023	100			
Method of Contribution:  OCash OPersonal Check OCredit/Debit C			AL Section B —		1350		
			additional Section		324710		
					00414000		
TOTAL OF	ALL CONTRIBUTIONS FR (Enter total on L	ine 13, C	Column A of Summary	Page Totals)	324\6223		
	1	engapagagagaga					

of 189

Inuary 2015			ADDITIONAL			TYPE OF REPO				
ME OF COMMITTEE (Provide Co	mplete Name	as Register	eu www.			April 10 filing	]			
fara for Hartford  Total Contributions	from Sn	all Co	ntributors-Receiv	ed this P	eriod ONLY L SECTION A	\$ 1513				
(See instructions for definition	n of Small C	ontributo	<i>r</i> )							
					•	. 1 - 1-				
			B. Itemized Co	ntributio	ns from Indiv	Iduais		1500.0000	MI	
N				First Tame	e					
Name ith				City			State		Cip Code	
idential Street Address				Middle	oury		CT		06762	
O Tranquility Road				1	ame of Employer					
ncipal Occupation					CSmith Adviso	rs			. C.C	ntribution
EO/Owner			ribution is in excess of \$40	00 to a candi	late for a chief execu	tive officer of a m		Amou	nt of Col	Himmin
contributor a lobbyist, spouse,	Yes No	I does co	ontributor of business not	110 11-	Yes ON	0		500		
dependent child of a lobbyist?		valued	at more than \$3,000:	a state conti	actor or prospective	state contractor?	Yes No			
s this contribution associated with	an 8				nches OExecuti	ve OLegislativ	re			
vent reported in Section L1?  f yes, list Event #			of government the con	tract is with	Date Received	Aggregate Con	tributions			
			Deduction OMC	ney Order	3/28/2023	500			М	ıT
Method of Contribution:  OCash OPersonal Check O	Credit/Debit	Card C	Payroll Deduction Care	Firs					101	1
ast Name					onard			tate	Zip Cod	
asano				City			1	Т	0647	
Residential Street Address				New I						
7 Sycamore Lane					Name of Employer	ii. Taa on	d Florent	ine		
Principal Occupation					Fasano, Ippo	11to, Lee an	municinality.	Am	ount of C	Contribut
Attorney	QYe	s Ifco	ontribution is in excess of s s contributor or business h	\$400 to a car	didate for a chief exe	cutive officer of a antract with said mu	unicipality			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		doe	contributor or business in	O/ DELC TO	OYes 🙂	No		10	00	
		Yes	Tinging	l of a state c	ontractor or prospecti	ve state contractor	r? <b>Q</b> Yes			
Is this contribution associated will event reported in Section L1?		S No	If yes, indicate which of government the		th: OExe	cutive ( ) Legisia	alive	$\dashv$		
If yes, list Event #					Date Received	Aggregate C	COULTOURIOUS			
Method of Contribution: OCash OPersonal Check	<b>O</b> radit/De	hit Card	OPayroll Deduction O	Money Orde	3/28/2023	1000				MI
Ocash OPersonal Check	Cleditable	ON C.								
Last Name					Peter ————————			State	Zip (	Code
Stevens				City	, Cd			CT	06	106
Residential Street Address 100 Huyshope Avenue				Ha	rtford Name of Employer					
Principal Occupation					JCJ Archit					
Architecture						time officer (	of a municipali	ty,	Amount (	of Contrib
Is contributor a lobbyist, spou	se, O		f contribution is in excess loes contributor or busines	of \$400 to a s he/she is a	candidate for a cincressociated with have a	contract with said	, municipality		1000	
or dependent child of a lobbyi		No C	loes contributor of busined valued at more than \$5,000	)?	Yes	No No	etor? OYe	es		
Is this contribution associated		O Ye		inal of a state	contractor or prosper	ctive state contact	ON:	0		
levent reported in Section L1	,	Ои	o If yes, indicate w of government th		with: OE	xecutive ( ) Leg	te Contributions	$\dashv$		
If yes, list Event #					Date Received	1				
Method of Contribution:  OCash OPersonal Check	<b>⊘</b> Credit	/Debit Ca	rd OPayroll Deduction	OMoney O						
Ocash Or Glashar S211				SUBTO	TAL Section B	— This Page	2500			
					of additional Sec	ction B Pages	324710			
			LL CONTRIBUTION							

### Section B ADDITIONAL PAGE 88 of 189

AME OF COMMITTEE (Provide Complete Name as Re	egistered with Filing Repository)			TYPE OF REPORT		
onfara for Hartford				April 10 filing		
A. Total Contributions from Small (See instructions for definition of Small Contri	Contributors-Receive	d this UBTOT	Period ONLY AL SECTION A	\$ 1513		
		_				
	B. Itemized Con	tribut	ions from Individ	luals		MI
st Name		First	1			MI
ambardella			eph		State	Zip Code
sidential Street Address	1	<sup>City</sup> Wallir	aford		CT	06492
0 Old Woods Road			Name of Employer			<u> </u>
incipal Occupation		1	DHI Enterprise,	LLC		
roperty Manager	24.00		_		v. An	nount of Contributio
dependent child of a lobbyist? • No doe	ontribution is in excess of \$400 to secontributor or business he/she ued at more than \$5,000?	is associa	OYes ONo	with said municipality	10	
is this contribution associated with an event reported in Section L1? Yes No	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	ach or br	anches	e contractor? Yes  OLegislative		
If yes, list Event #	0.80.		Date Received	Aggregate Contributions		
Method of Contribution:    Ocash   OPersonal Check   OCredit/Debit Card	OPayroll Deduction OMoney	Order	3/28/2023	1000		
ast Name		First				MI
ast Name Mullins		Су	ril			
Lesidential Street Address		City			State	Zip Code
399 White Plains Road		Trumb	ull		CT	06611
rincipal Occupation			Name of Employer	- 7 77	<b>-</b>	
Funeral Director				s Funeral Home,		
as dominated a lobbyist? No do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?	to a cano	lidate for a chief executivated with have a contractory Yes O No	ve officer of a municipal t with said municipality	ity, A	mount of Contributi O
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a  If yes, indicate which be of government the contri	anch or b	ranches	ate contractor?  O  N  Legislative		
If yes, list Event #	of government are cons		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMone	y Order	3/28/2023	50		
Last Name		Fir	st			MI
Markese		L	eonard			
Residential Street Address		City	***13		State CT	Zip Code 06067
4 Autumn Circle		Rock	y Hill			
Principal Occupation			Name of Employer Leonard Markes	o Construction		
Demolition Contractor					lity	Amount of Contribut
Is contributed a toboyisty - Provided No. 10	f contribution is in excess of \$40 loes contributor or business he/si valued at more than \$5,000?	ne is asso	O Yes O No	o	1	LOOO
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		ranch or	branches	ve OLegislative	No	
Method of Contribution:			Date Received	Aggregate Contribution	S	
OCash OPersonal Check OCredit/Debit Care	d OPayroll Deduction OMor	ney Order	3/28/2023	1000		
	SU	BTOTA	AL Section B — Th			
	тот.	AL of a	dditional Section I	B Pages   324710		
MOTAL OF AL	L CONTRIBUTIONS FRO	OM INI	DIVIDUALS (Section	1s A + B) 326223		
TOTAL OF AL	(Enter total on Li	ne 13, Ca	lumn A of Summary Pa	ige Totals)		
, v i i i i i i i i i i i i i i i i i i	(Enter total on Li	ne 13, Ca	lumn A of Summary Pa	ige Totals)		

January 2015			ADDITIONAL ed with Filing Repository)			TYPE OF REPOI	_			
ME OF COMMITTEE (Provide Co.	тріеге ічате	as regions.				April 10 filing				
nfara for Hartford			. 1 Acres Docaive	ed this P	eriod ONLY	\$ 1513				
A. Total Contributions (See instructions for definition	from Sn 1 of Small C	1all Co Contributor	ntributors-Received	UBTOTA	L SECTION A	\$ 1010				
(See instructions 20, 449										
			B. Itemized Cor	ntributio	ons from Indivi	iduals			МІ	
			B. Itemizea Co.	First						
Name				Davi	d		Sta	te T	Zip Code	
ipley				City			NO		28449	
idential Street Address				Kure B						
26 Water Oak Ct.				N	ame of Employer	u 141-rama T	nitiativ	es		
ncipal Occupation					Collaborative I	dealthcare 1	inimality T	Amou	nt of Co	ntributio
ealthcare Consulting	O.V.	If contr	ibution is in excess of \$400	0 to a candi	late for a chief execut	tive officer of a mu	ipality		Kt ox ox	
contributor a lobbyist, spouse, dependent child of a lobbyist?	Yes No	does co	ntributor or business nersi		Oyes ON	0		500		
			at more than \$5,000?	a state contr	actor or prospective s	tate contractor?	Yes No	į		
s this contribution associated with	an C		If yes, indicate which br of government the contr	anon or or	nches OExecutiv	ve OLegislative	;	į		
event reported in Section L1?  If yes, list Event #			of government the contr	Tact is want	Date Received	Aggregate Contr	ibutions			
		. ^	Deduction OMON	ney Order	3/28/2023	500				<u> </u>
Method of Contribution:  Cash OPersonal Check OC	Credit/Debit	Card O	Payroll Deduction Character	First					10	MI
ast Name					an				Trin Co	da
)'Brien				City			1	State CT	Zip Co	
Residential Street Address				Wethe	ersfield			<u></u>	10010	
43 Westway					Name of Employer					
Principal Occupation					Cushman & Wak	cefield				Contribu
Real Estate		1 -0	ntribution is in excess of \$4	400 to a can	didate for a chief exe	cutive officer of a	municipality nicipality	, Am	ount or	Colling
Is contributor a lobbyist, spouse,	8 Ye	does	contributor or business no	/she is asso	ciated with have a con Yes	No		100	00	
or dependent child of a lobbyist?		valu	ed at more than \$5,000?  Is contributor a principal	of a state co	ontractor or prospectiv	ve state contractor?	Yes No			
Is this contribution associated with		3 Yes No	1 rc indicate Which	1 Dranch Or	OI WILLIAM -	cutive 🍘 Legislat	tive			
event reported in Section L1?  If yes, list Event #			of government the co	ontract is w	Date Received	Aggregate Co	ntributions			
Method of Contribution:			a unaduation M	foney Order	1	1000				130
Method of Contribution: OCash OPersonal Check	Credit/De	bit Card	Payron Deduction Ch	Į.	irst					MI
Last Name				i .	Corey				- Zin	Code
Sheahan				City				State	1 1	6870
Residential Street Address				010	l Greenwich					
7 Pleasant View Pl.					Name of Employer					
Principal Occupation					Acerage Hol	ldings				of Contri
Attorney		1 70	contribution is in excess o	f \$400 to a	candidate for a chief	executive officer of	ì a municipal municipality			Of Course
Is contributor a lobbyist, spous or dependent child of a lobbyis	e, st?	37. A	oes contributor or business	10/3110 10 11	O Yes	⊙ No		—   "	250	
		O Yes	ii i a aningin	al of a state	contractor or prospec	ctive state contract	<b>1</b>	10		
Is this contribution associated event reported in Section L1?	WILL ALL	Q No		ich branch	OI OIGHTON	xecutive () Legis	slative Contributions			
If yes, list Event #					Date Received	Aggregate 250	; Controducions			
Method of Contribution:  OCash OPersonal Check	<b>○</b> Credit/	Debit Car	d OPayroll Deduction	Money Or	der 3/28/2023	Z00				
OCash OPersonal Check	OCTOBRE			SUBTO	TAL Section B -	— This Page	1750			
			7	готац	of additional Sec	tion B Pages	324710			
			LL CONTRIBUTION			(	326223			

		ADDITIONAL PA			TYPE OF REPORT	and the second s			
ME OF COMMITTEE (Provide Complete Nam	e as Kegister	su min's			April 10 filing				
nfara for Hartford		n to Boodived t	his Po	eriod ONLY	<b>\$</b> 1513				
nfara for Hartford  A. Total Contributions from Signal Contribution of Small	nall Co	ntributors-Received a SUBT	OTA	L SECTION A	\$ 1010				
(See instructions for definition of Small	Contribution	/							
		B. Itemized Contri		ns from Indivi	duals				
		B. Itemized Contri	Duuo First	IIS II OIII AASSA				MI	
at Name			Davi	d			T 76	p Code	
nipley		City				State NC	- 1	8449	
sidential Street Address		Ku	re Be			INC.	ــــــــــــــــــــــــــــــــــــــ		
26 Water Oak Ct.			Na	ame of Employer	. 14haana Ini	itiatives			
incipal Occupation			C	ollaborative b	lear theare in	cinality AI	noun	t of Co	ntribution
ealthcare Consulting  O Yes	If contr	ibution is in excess of \$400 to a ntributor or business he/she is a	candid	ate for a chief execut	ive officer of a municipate of the state of				
contributor a lobbyist, spouse, r dependent child of a lobbyist?	does co	ntributor or business nersite is		Oyes ONG		OYes 50	)()		
	Yes Is	in a minorinal of a state	e contra	actor or prospective s names	tato constant	O No			
	3 No	If yes, indicate which branch of government the contract is		OExecutiv	e OLegislative	utions			
If yes, list Event #			I	Date Received	Aggregate Contrib	ations			
Method of Contribution:  Cash Personal Check Credit/Deb	it Card 🔘	Payroll Deduction OMoney O	rder	3/28/2023	500			M	ΛĬ
OCash OPersonal Check Octobbes			1						
Last Name			Eva	an		State	,	Zip Coo	de
O' Brien Residential Street Address			ity Watho	rsfield		CT		0610	19
Residential Street Address 43 Westway		1	wethe	Name of Employer					
Principal Occupation				Cushman & Wak	efield				
Real Estate		ntribution is in excess of \$400 to			tion officer of a mi	unicipality,	Amo	unt of	Contributi
Vs. contributor a lobbyist, spouse, Q Y		ntribution is in excess of \$400 to contributor or business he/she i	o a cam is assoc	iated with have a con	tract with said munic	cipality	100	0	
or dependent child of a lobbyist?	valu	ed at more than \$5,000?		treater or prospective	re state contractor?	Yes			
Is this contribution associated with an	Q Yes	Is contributor a principal of a s  If yes, indicate which brai	HOIL OF	·	utive O Legislativ	/e No			
event reported in Section L1	O No	of government the contract	ct is wi	Date Received	Aggregate Cont	ributions			
If yes, list Event #  Method of Contribution:		Money	, Order	1	1000				To ex
Method of Contribution: OCash OPersonal Check OCredit/D	ebit Card	Payroll Deduction Cyloney	F	irst					MI
Last Name			1	Corey				Zin	Code
Sheahan			City			•	state CT	1	6870
Residential Street Address			01d	Greenwich		L`			
7 Pleasant View Pl.				Name of Employer					
Principal Occupation				Acerage Hol	dings	unicinality	TAI	mount	of Contrib
Attorney	Yes If	contribution is in excess of \$40 cost contributor or business he/sl	00 to a 0	candidate for a chief e	executive officer of a contract with said mu	unicipality	1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	N . T . 1 . 4	oes contributor or dusiness here		O Yes	9 No		-   Zi	50	
	O Ye	Iinginglef	a state	contractor or prospec	tive state contractor	$\odot$ No			
Is this contribution associated with an event reported in Section L1?	Q M			with: OEx	ecutive () Legisia	tive Contributions	$\dashv$		
If yes, list Event #				Date Received	250				
Method of Contribution:  OCash OPersonal Check OCredi	t/Debit Car	d OPayroll Deduction OMo	ney Or			750			
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## Section B ADDITIONAL PAGE 90 of 189

			ADDITION			TYPE OF RI	EPORT		
ME OF COMMITTEE (Provide Com	plete Name a	s Register	ed with Filing Repository)			April 10 fi			
nfara for Hartford					a . A ONE W	, quantities	<u> </u>		
A. Total Contributions f (See instructions for definition	rom Sm: of Small Co	all Co	ntributors-Receive ) SI	d this JBTOT	AL SECTION A	\$ 1513			
			B. Itemized Con	tributi	ons from Indiv	iduals			
			B. Remizeu Con	First					MI
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ndell idential Street Address				City				tate CT	Zip Code 06117
Mountain Farms Road				West H	lartford			,,	00111
ncipal Occupation				1	Name of Employer				
rect Mail Production					Data-Mail, Inc.		1:4-	T 1	nt of Contributio
contributor a lobbyist, spouse,	M No	does cor	bution is in excess of \$400 thributor or business he/she	to a candi is associa	date for a chief execut ted with have a contra OYes			1000	III of Courtingers
			t more than \$5,000?	state cont	ractor or prospective s	tate contractor	? Yes No		
this contribution associated with an yent reported in Section L1?	, 8;	No No	If yes, indicate which bran of government the contract	CU OL OL	antines				
yes, list Event #			or Roseimment me counter		Date Received	Aggregate C	Contributions		
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st Name				Pe	ter				
oisman				City				State	Zip Code
esidential Street Address 35 Ave Munoz Rivera, Apt	1903			San J	<b>l</b> uan			PR	00901
	. 1000			<u> </u>	Name of Employer				
rincipal Occupation Real Estate Services and	d Develo	oment	& Healthcare		Self Employed				
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	Yes No	If cont	ribution is in excess of \$400 ontributor or business he/sh	e is assoc	OYes O	No		100	ount of Contributi
s this contribution associated with a event reported in Section L1?  If yes, list Event #	n 8	Yes I No	is contributor a principal of <i>If yes</i> , indicate which be of government the cont	ranch or	th: Execu	tive 🔿 Legis	<b>⊙</b> №		
The second secon				0.1	Date Received	1000			
Method of Contribution: OCash OPersonal Check OC	redit/Debit (	Card O	Payroll Deduction Mon	ey Order	3/20/2020	1000			MI
Last Name					rst Arnold				
Battista				City	iriora			State	Zip Code
Residential Street Address				Durl	nam			CT	06422
212 Maple Ave.					Name of Employer				
Principal Occupation					A&S Electric	al Servic	es		
Electrician			ntribution is in excess of \$4	00 to a c	11.1-1- for a chief ex	ecutive officer	of a municipal	ity, Ar	nount of Contrib
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does	contributor or business hered at more than \$5,000?	sne is ass	Octated Will have C	No		- $10$	000
Is this contribution associated with event reported in Section L1?  If yes, list Event #	1 an <b>E</b>	Yes No	Is contributor a principal of If yes, indicate which of government the con	branch o	I DIAMONOS	utive OLeg	gislative	0	
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ME OF COMMITTEE (Provide Co			ADDITIONAL PA			TYPE OF REPO				
	mprote Liame					April 10 filing	]			
fara for Hartford  . Total Contributions		n Ga	stributors-Received t	his P	eriod ONLY	\$ 1513				
Total Contributions (See instructions for definition	from Sn	1au Co Iontributor	) SUBT	ATO:	L SECTION A	Ψ				
(See instructions for definition	10,000									
			B. Itemized Contri	hweid	ons from Individ	luals				
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ctinez			City					tate   CT	06410	
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3 Buckland Drive					ame of Employer					
ncipal Occupation				D	ME Design, LLC	67 - F - max	micinality	Amo	ount of Co	atributior
ngineer	O Yes	If contri	bution is in excess of \$400 to a ntributor or business he/she is a	candid	late for a chief executive	e officer of a mu t with said munic	cipality			
contributor a lobbyist, spouse, dependent child of a lobbyist?	O No	does co	ntributor or business nersite is a	0001	Oyes ONo		Yes	500		
	an O	Yes Is	. Il star a principal of a state	contr	actor or prospective sta	te contractor?	No			
this contribution associated with vent reported in Section L1?	** 8		If yes, indicate which branch of government the contract is	01 01 -	OExecutive	Legislative		4		
fyes, list Event#				]	Date Received	Aggregate Cont	ributions			
Nethod of Contribution:  OCash OPersonal Check OC	redit/Debit	Card O	Payroll Deduction OMoney Or	rder	3/28/2023	500			М	I
	71001112									
ast Name				Je	ffrey —————————		Т	State	Zip Cod	e
y jeski esidential Street Address			Ci	•	u fond		Ì	CT	0611	7
1176 N. Main Street			, W	est	Hartford Name of Employer			i		
Principal Occupation					Gaffney, Benne	tt & Assoc	iates			
Lobbyist			tribution is in excess of \$400 to		11.6	tive officer of a	municipalit	y, Aı	mount of C	Contributi
s contributor a lobbyist, spouse,	Q Yes	If cor	tribution is in excess of \$400 to	a cano s assoc		act with said mu	nicipality	1 10	00	
or dependent child of a lobbyist?	O No							s	00	
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event reported in Section L17	C	) No	of government the contrac	t is wi	h: Execut	Aggregate Co	ontributions	$\dashv$		
If yes, list Event #			<u> </u>	Ol-m	3/28/2023	100				
Method of Contribution:  OCash OPersonal Check	Credit/Deb	it Card 🕻	Payroll Deduction Money	Order	rst					MI
Last Name				- 1	Bryan					L
Donovan				City	)			State	1	
Residential Street Address					nington			CT	063	<del></del>
13 Heritage Dr.				L	Name of Employer					
Principal Occupation					DME Design					
Mechanical Engineer		<del>- 1 - 2</del>	contribution is in excess of \$400	) to a c	andidate for a chief exe	ecutive officer of	f a municipa	lity,	Amount o	f Contrib
Is contributor a lobbyist, spouse or dependent child of a lobbyist	; <b>8</b> 1	ιτ.   dο	es contributor or business ne/su	C 19 dar	O Yes C	No			500	
Is this contribution associated	with an	O Yes	Is contributor a principal of a  If yes, indicate which br	a state	contractor or prospecti or branches	ve state contracti		No		
event reported in Section L1?		O No	of government the contra	anou	with: O Exec	cutive () Legis	lative Contribution	ıs		
If yes, list Event #					Date Received	500				
Method of Contribution:  Cash Personal Check	OCredit/I	Debit Card	OPayroll Deduction OMon	ey Ord			1100			
			SUI	вто′	TAL Section B —	· I IIIs I age				
					f additional Section	OH D x **B-T	324710			
			L CONTRIBUTIONS FR				326223			

IE OF COMMITTEE (Provide Con	nplete Name	as Registe	red with Filing Repository)			TYPE OF REPORT			
						April 10 filing			
fara for Hartford  . Total Contributions 1	from Sm	all Co	ontributors-Received	this l	Period ONLY	\$ 1513			
(See instructions for definition	of Small C	ontribute	or) SU	0101					
			B. Itemized Cont	ributi	ons from Individ	luals			MI
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Name Naoli				Mar	K		State	e Zip	Code
dential Street Address			Ci	•	wort		MA	01	1950
75th St.			IN IN		yport Name of Employer			L	
cipal Occupation					Lexington Prope	rty Managemer	nt		
ccountant			ribution is in excess of \$400 to		1: F coutin	e officer of a muni	icipality,	Amount	of Contribution
contributor a lobbyist, spouse,	Q Yes	If cont	ribution is in excess of \$400 to ontributor or business he/she is	s associa		t with said municip	ality	1000	
dependent child of a lobbyist?	<b>⊙</b> No	valued	at more than \$5,000?		OYes ONo	ite contractor?	Yes		
this contribution associated with a			at more than \$5,000?  s contributor a principal of a st  If yes, indicate which bran	CII OI DI		: OLegislative	O No		
vent reported in Section L1?	O	No	of government the contract	t is with	Date Received	Aggregate Contrib	utions		
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ast Name					en				
oodward				City			1		Zip Code
esidential Street Address				Port	land		(	CT	06480
PO Box 544				<u> </u>	Name of Employer				
Principal Occupation					Construction C	Cost Solution	ıs, LLC		
Construction Cost Esti		76-	ontribution is in excess of \$400	) to a car	ndidate for a chief execu	tive officer of a mi	unicipality, cipality	Amou	nt of Contributi
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does	contributor or business ne/suc	e is asso	ciated with have a control  Yes  N	lo		500	
			led at more than \$5,000?  Is contributor a principal of a	a state c	ontractor or prospective	state contractor?	OYes No		
Is this contribution associated with event reported in Section L1?	ı an	Yes No	If yes, indicate which brof government the contri	anch of	Olumono.	ive 🕜 Legislativ	е	_	
If yes, list Event #			of government the contr	Lact 15 T.	Date Received	Aggregate Cont	ributions		
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Last Name					Judy			State	Zip Code
Lea				City				CT	06238
Residential Street Address 373 High Street				Co	ventry			<u> </u>	
Principal Occupation					Name of Employer Homemaker				
Homemaker						acutive officer of a	municipali	ty, Am	ount of Contrib
Le contributor a lobbyist, spouse	, Q'		Contribution is in excess of \$4	400 to a /she is a	candidate for a chief ext ssociated with have a co	ntract with said mu	micipality	100	00
or dependent child of a lobbyist	ý <b>Ö</b> 1	No d							
Is this contribution associated v	vith an	Q Ye		of a state	e contractor or prospecti or branches	ve state contractor:	ON O	<b>3</b>	
event reported in Section L1?		O No	of government the co	ntract is	With.	Cutive O Legislar  Aggregate C	ontributions	$\dashv$	
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# Section B ADDITIONAL PAGE 93 of 189

ME OF COMMITTEE (Provide Complete l	Vame as Regi	stered with Filing Kepository)	and the second		April 10	filing			
fara for Hartford					7 tprii re				
Total Contributions from (See instructions for definition of Sm	Small C	Contributors-Received ator) SU	d this P JBTOTA	L SECTION A	\$ 1513				
		B. Itemized Con	tributio	ons from Individ	luals			М	II
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gliotti			Fran	la .			State	Zip Code	е
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00 Old New England Road				ame of Employer					
cipal Occupation				elf, F. Viglio	ti Cons	struction			
ontractor				. C Lief executiv	e officer o	f a municipality,	Amo	unt of C	Contributio
contributor a lobbyist, spouse, dependent child of a lobbyist?	lo does	ntribution is in excess of \$400 to contributor or business he/she at more than \$5,000?	15 45500141	OYes ONo			1000	)	
	O Yes	I retaileutor a principal of a s	state contr	actor or prospective sta	te contracte	or? Yes			
this contribution associated with an vent reported in Section L1?	8 No	If yes, indicate which bran of government the contract	լեր ու ուս	OExecutive	OLegis	slative	_		
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st Name			Ale	ex					
igliotti			City				State	Zip Co	
esidential Street Address			Branf	ord			СТ	004	00
26 Griffing Pond Road				Name of Employer					
rincipal Occupation				Retire					
Retired s contributor a lobbyist, spouse, or dependent child of a lobbyist?	No dos	ontribution is in excess of \$400 cs contributor or business he/shued at more than \$5,000?	e is associ	OYes ON	D		10	100 mt 01	Contribut
is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	Is contributor a principal of If yes, indicate which be of government the cont	ranch of t	lanches _	ve O Le	gislative ate Contributions	0		
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Residential Street Address				: Hartford			CT	06	5107
203 Tunxis Road				Name of Employer					
Principal Occupation				Self					
Real Estate		f contribution is in excess of \$4	100 to a ca	ndidate for a chief exe	cutive offic	er of a municipa	ility, A	mount	of Contrib
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Ši No. Lα	loes contributor or business ne/	SHE IS assi	O Yes O	No		5	500	
Is this contribution associated with an event reported in Section L1?	8 Ye		branch of	rith: O Execu	itive OI	Legislative	No		
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ME OF COMMITTEE (Provide Con		_				TYPE OF R	EPORT			
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nfara for Hartford			- tributous Dogoive	d this	Period ONLY	<b>⊕1</b> E12				
. Total Contributions i	from Sn	aall C	ontridutors-Receive or) S	UBTO]	TAL SECTION A	\$ 1513				
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			B. Itemized Con			quais			M	íi I
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Henderson Drive					Name of Employer		1			
ncipal Occupation					Starling Physic	cians, PC				
nysician			ribution is in excess of \$400	to a cano	L'Asta for a chief executi	ive officer of	a municipality	, Amo	unt of C	Contributio
contributor a lobbyist, spouse,	Yes No	does c	ontributor or business he/sne	is assoc	lated with have a construction		unicipality	200		
dependent child of a lobbyist?		valued	at more than \$5,000? s contributor a principal of a		U103 U103		? OYes	7		
this contribution associated with a	n 8	Yes I No	If use indicate which bra	ncn or o	Tanenes	_				
vent reported in Section L1? Syes, list Event #	_ 0	1.0	of government the contra	ct is with	Date Received	-	Contributions	$\dashv$		
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ist Name				Fir						
adeau					eagan			State	Zip Co	ode
esidential Street Address				Cove	ntry			CT	062	38
138 Main St.				10000	Name of Employer			J		
rincipal Occupation					Consulting Car	diologis	ts			
ΤT			ntribution is in excess of \$40	0.4- 0.00	Lides for a chief evecu	tive officer o	f a municipali	ty, An	aount of	Contribu
s contributor a lobbyist, spouse,	Yes No	If co	ntribution is in excess of \$40 contributor or business he/sh	ie is asso	Clatcu With have a		municipality		000	
r dependent child of a lobbyist?	G 140	valu	ed at more than \$5,000?		0 100 0 -				,00	
s this contribution associated with a	an C		Is contributor a principal of  If yes, indicate which b	ranch of	Columence		<b>⊙</b> N			
event reported in Section L1?  If yes, list Event #	С	) No	of government the con	tract is w	ith: DExecut	ive O Legi	e Contributions			
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Last Name				1,	<sup>First</sup> Richard					
Lopes					KIUIAIU			State	Zip	Code
Residential Street Address				City	y Britain			`CT	06	6052
208 S Mountain St.				Nev	Name of Employer					······································
Principal Occupation					State of CT					
Legislator			contribution is in excess of \$	400 to a	1: Jata for a chief eye	cutive office	of a municipa		mount	of Contrib
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	O Ye	a Ido	es contributor or business he lued at more than \$5,000?	sne is as	O Yes O	No		2	250	
Is this contribution associated wit		O Yes	To contributor a principal	of a state	contractor or prospectiv					
event reported in Section L1?	(	O No	If yes, indicate which of government the co	ntract is	with: O Exec		gislative			
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			ТО	TAL o	f additional Sectio	n B Pages	324710			
			L CONTRIBUTIONS F							

### Section B ADDITIONAL PAGE 95 of 189

AME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)			TYPE OF REPORT					
onfara for Hartford				April 10 filing					
A. Total Contributions from Sma (See instructions for definition of Small Con-	ll Contributors-Receive tributor) SI	d this l UBTOT	Period ONLY AL SECTION A	\$ 1513					
	B. Itemized Con		ons from Individ	luals		МІ			
st Name		First	issa						
elin-Miles			ISSa		State	Zip Code			
esidential Street Address	l l	City Wolcot	+		CT	06716			
5 Rose St.			Name of Employer		<u> </u>	1			
incipal Occupation				neral Homes, Ind	<b>.</b>				
uneral Director	20100					ount of Contributi			
demendant shild of a lobbyist? No I d	contribution is in excess of \$400 to oes contributor or business he/she alued at more than \$5,000?	is associa	OYes ONo	with said munorparity	100	1			
s this contribution associated with an event reported in Section L1?		ich or bra	actor or prospective stat anches OExecutive	<b>2 0</b>					
If yes, list Event #			Date Received	Aggregate Contributions					
Method of Contribution:    Cash   OPersonal Check   OCredit/Debit Card	d OPayroll Deduction OMoney	Order	3/29/2023	100					
		First				MI			
ast Name Oorfman		Mic	chael						
Residential Street Address		City			State	Zip Code			
1 Pole Bridge Lane		Guilf	ord		CT	06437			
Principal Occupation			Name of Employer						
Physician		1		se Associates, L					
is contributor a lobbyist, spouse,  Yes No. 1	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoct	OYes O No	t with said munorpanty	25	ount of Contribut			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		anch or b	ranches	e O Legislative					
Method of Contribution:			Date Received	Aggregate Contributions					
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Last Name		Firs				1411			
Patel			rity		State	Zip Code			
Residential Street Address		City	sonville		FL	32224			
5325 Chandler Bend Road		Jack							
Principal Occupation			Name of Employer  PA Distributio	n LLC					
Manager					lity. A	mount of Contribu			
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?	ie is assoc	Yes O N	o	1	000			
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 be of government the cont	ranch or	branches th: Executiv	ve OLegislative	No				
Method of Contribution:		_	Date Received	Aggregate Contribution	5				
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMon	iey Order	3/29/2023	1000					
			AL Section B — Tl						
	TOTA	AL of a	dditional Section	B Pages   324710					
TOTAL OF	ALL CONTRIBUTIONS FRO	OM INI	OIVIDUALS (Section	1s A + B) 326223					
10	(Enter total on Li	ne 13, Co	lumn A of Summary Pa	ige Totals)					

C FORM 20 January 2015			ADDITIONAL			TYPE OF REPO	<u>K1</u>	espenyille	and the second	
ME OF COMMITTEE (Provide Con	nplete Name	as Registe	red with Filing Repository)			April 10 filing				
<del></del>				7 /1 : D	wied ONLY	5.4540				
m 4-1 Contributions	from Sn	all Co	ntributors-Receive S	ed this P	SECTION A	\$ 1513				
(See instructions for definition	of Small C	ontribute	or) ~							
			B. Itemized Co	ntributio	ns from Indiv	iduais			MI	
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Name bani					1.1		State	1	Zip Code	
sidential Street Address				City Jacksor	ville		FL		32224	
325 Chandler Bend Road				l -	me of Employer					
incipal Occupation				l M	egawholesale,	Inc.				
resident			ribution is in excess of \$40			· effort of a mi	unicipality,	Amou	nt of Co	ntributior
antributor a lobbyist, spouse,	QYes	If cont	ribution is in excess of \$40 ontributor or business he/sh	o to a candic ie is associat	ed with have a contr	act with said munic	Sipality	1000		
dependent child of a lobbyist?	<b>⊙</b> No	valued	at more than \$5,000? s contributor a principal of	t-to contr	ctor or prospective	state contractor?	Yes			
s this contribution associated with	an C				nches OExecut	ve OLegislative	® No			
event reported in Section L1?	Č	) No	of government the cont	ract is with.	Pate Received	Aggregate Cont				
If yes, list Event #				1	3/29/2023	1000				
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.ast Name Fitzgerald							l l	tate	Zip Cod	
Residential Street Address				City Burli	ngton		(	T	0601	3
22 Donna Drive				Durin	Name of Employer					
Principal Occupation					Bohler					
Engineer			ontribution is in excess of \$	400 to a can	lidate for a chief exe	ecutive officer of a	municipality,	Am	ount of (	Contribut
zibutor a lobbyist, spouse,	O Ye	. I doe	e contributor or ousiness no	she is assoc	ated with have a co	ntract with said mu	merpanty	50	0	
or dependent child of a lobbyist?	O M	val	ued at more than \$5,000?  Is contributor a principal		atractor or prospecti	ve state contractor	? QYes			
Is this contribution associated with		Yes No				cutive O Legisla	<b>⊙</b> No			
event reported in Section L1!	. '	O No	of government the c	ontract is wi	h: Date Received	Aggregate C	ontributions			
If yes, list Event #  Method of Contribution:				Koney Order	3/29/2023	500				
Method of Contribution: OCash OPersonal Check	Credit/De	bit Card	OPayroll Deduction O	Money Order	rst					MI
Last Name				1	Rajiv					2.1-
Ambani				City				State		Code 043
Residential Street Address					rhees			NJ	0	
75 Westminster Dr.					Name of Employe					
Principal Occupation					Tirth Capi	tal			A ownt	of Contrib
Financial Consultant			f contribution is in excess of	of \$400 to a	andidate for a chief	executive officer of	f a municipali municipality			JI COHILL
Is contributor a lobbyist, spouse or dependent child of a lobbyis		3.7	does contributor or business	9	O Yes	● No			1000	
		نـــــــــــــــــــــــــــــــــــــ	valued at more than \$5,000	nal of a state	contractor or prospe	ective state contract	tor? OYe	s o		
Is this contribution associated	with an	$8^{\frac{1}{N}}$	. I rouge indicate Wi	TICIL DIAMON	, U	xecutive () Legi	islative	_		
event reported in Section L1?  If yes, list Event #			of government th	e contract is	Date Received	Aggregat	te Contributions			
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Method of Contribution:  Cash Personal Check	<b>⊙</b> Credit	Debit Ca	III Orayion Doubles (		a figure	This Page	2500			
				SUBTO	TAL Section B					
				TOTAL	f additional Se	ction B Pages	324710			
			LL CONTRIBUTION (Enter tota			Sections A + B)	00/000			
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### Section B ADDITIONAL PAGE 97 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 States (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
DiBella		W	'illiam				
Residential Street Address		City		· · · · · · · · · · · · · · · · · · ·	State	Zip	Code
1 Gold Street 27J		Hart	ford		CT	06	5103
Principal Occupation		L	Name of Employer		<u> </u>		
Lobbyist			3D Consultants,	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 car	ndidate for a chief executive ciated with have a contract  OYes  No	e officer of a municipality with said municipality		mount o	of Contribution
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	3/29/2023	1000			
Last Name		Fi	rst	<u> </u>			MI
Goodman		В	Bill				
Residential Street Address		City			State	Zip	Code
1265 Asylum Avenue		Hart	ford		CT	06	3105
Principal Occupation		l	Name of Employer		1		
Real Estate			Hartford Gardens	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?	to a car	ndidate for a chief executiv ciated with have a contract Yes • No	e officer of a municipalit with said municipality		<b>mount</b> 6	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	3		
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	3/29/2023	1000			
Last Name		F	irst				MI
Goodman		V	Marcel				
Residential Street Address		City			State	Zir	Code
1265 Asylum Avenue		Hart	tford		CT	06	6105
Principal Occupation	Advisors - Advisors - Alexandrian - Alexandr	·	Name of Employer				
Real Estate			Hartford Garden	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?				1	mount 00	of Contribution
	Yes Is contributor a principal of a  **Model of Byes*, indicate which brace of government the contract.**	ınch or	branches	te contractor?  ONO  Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
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	SUB	TOTA	AL Section B — This	2800 2800	,		
	TOTA	L of a	additional Section B	Pages 324710			
TOTAL OF	ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections lumn A of Summary Page				

C FORM 20 Section Sect		ADDITIONAL Papasitory)			TYPE OF REPOR	1			$\neg$
ME OF COMMITTEE (Provide Complete Name	as Register	ed with Filing Repository)			April 10 filing				$\dashv$
			· . n	orted ONLY	4.4512				
2 G Aributions from St	nall Co	ntributors-Receive	d this F	L SECTION A	\$ 1513				
(See instructions for definition of Small (	Contributo	·)							
<b>V</b>									
		B. Itemized Con	tributi	ons from Indiv	iduais			MI	
			First	stopher					
t Name				Stopher		Stat		ip Code	
top			City Wood H	artford		CT	(	06107	
sidential Street Address 1 Stoner Drive			1	lame of Employer					
incipal Occupation				TT T					
Commercial Real Estate Broker		ibution is in excess of \$400			tive officer of a mu	nicipality,	Amou	nt of Contribu	ttio
contributor a lobbyist, spouse,	If contr	ribution is in excess of \$400 ontributor or business he/she	to a candi is associa	ted with have a contra	act with said munic	ipality	500		
r dependent child of a lobbyist?	valued	at more than \$5,000?		reator or prospective	state contractor?	U 103 I			
tibution associated with an		at more than \$5,000? contributor a principal of a If yes, indicate which br			ive OLegislative	<b>⊙</b> №			
Is this contribution associated when event reported in Section L1?	) № C	of government the contr	act is with	Date Received	Aggregate Contr	ibutions			
If yes, list Event #				3/29/2023	500				
Method of Contribution:  Cash Personal Check Credit/Deb	it Card 🔘	Payroll Deduction OMon	ey Order					MI	
				t cephen					
Last Name Carrabba						<b>I</b>	State	Zip Code	
Residential Street Address			City	mfield			CT	06002	
811 Blue Hills Avenue			D100	Name of Employer					
Principal Occupation				Expense Cons	ulting				41-11
President		ontribution is in excess of \$	100 to a ca			municipality	, Am	ount of Contr	1DU
z dibutor a lobbyist, spouse, QY	ممدا -	e contributor of business no	she is asso	ciated with have a co	ntract with said mu  No	meipuney	25	0	
or dependent child of a lobbyist?	vah	led at more than \$5,000?  Is contributor a principal	C +=+0.6	entractor or prospecti	ive state contractor?	OYes No			
Is this contribution associated with an	Q Yes				cutive O Legisla	tive			
event reported in Section L1:	O No	of government the co	ontract is v	Date Received	Aggregate Co	ontributions			
If yes, list Event #  Method of Contribution:			toney Ords	1	250			LM	
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Last Name				Ohad			Tarri	Zip Code	
Meishar			City				State	06105	
Residential Street Address			На	rtford					
1265 Asylum Avenue				Name of Employe					
Principal Occupation				Hartford G	Sardens, LLC	Ca municina	lity	Amount of Co	ntr
Real Estate	N. 1.	f contribution is in excess of	f \$400 to	candidate for a chief	f executive officer of contract with said	nunicipality	, , ,		
	ا د د	does contributor of business	110,5	() Yes	O No			1000	
or dependent child of a loosystem		valued at more than \$3,000	lofosta	te contractor or prosp	ective state contract	$\operatorname{cor}$ ? $\mathbf{O}^{1}$	es		
Is this contribution associated with an	$8^{\frac{9}{N}}$				Executive   Legi	Stative			
event reported in Section L1?  If yes, list Event #		of government th	Comman	Date Received	Aggregat	e Contribution	is .		
Method of Contribution:	um the C	ord OPayroll Deduction	)Money	Order 3/29/2023	3 1000				
Method of Contribution:  Cash Personal Check Cred	lit/Debit Ca	iii Orajion - 3	SUBT	OTAL Section B	— This Page	1750			
						324710			
		ALL CONTRIBUTION (Enter tota	TOTAL	of additional Se	ection B Pages	3217.15			

	PAGE		TYPE OF REPORT						
E OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			April 10 filing						
•									
The Local Contributions from Small Contributors-Receive	ed this Per UBTOTAL	iod ONLY SECTION A	\$ 1513						
(See instructions for definition of Small Contributor)			_						
B. Itemized Con		from Indivi	duals						
B. Itemized Con	First	11014			MI				
Name	Malka				Zip Code				
nreb	City			State NJ	08701				
dential Street Address	Lakewood			NJ	100101				
2 Leonard Street	Name	of Employer							
cipal Occupation	B1c	ostone Acqui	sitions, LLC	Par L Am	ount of Co	ntribution			
20 Yes If contribution is in excess of \$400	0 to a candidate	for a chief execut	ive officer of a municipali	ty Am		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
contributor a robbyist, spouds,		Wes UN	)		00				
dependent cliffed of a foodyset. Valued at more than \$5,000.	a state contract	or or prospective s	tate contractor?	Yes No					
this contribution associated with an		hes OExecutiv	re OLegislative						
vent reported in Section L1?  Tyes, list Event #  O No of government the contr	Dat	e Received	Aggregate Contribution	ons					
	ney Order 3,	/29/2023	1000		<del></del>	MI			
Method of Contribution:  Orash Personal Check Credit/Debit Card Payroll Deduction Omon	First					VII.			
ast Name	Arma	ndo		- Laure	Zip Co				
aolino	City			State	0676				
esidential Street Address	Middle	oury							
290 King Street	N	ame of Employer	Lag tur Const	ulting.	Inc.				
rincipal Occupation	P	aolino Publi	c Affairs Cons	inimality		Contribut			
Lobby ist  O Yes If contribution is in excess of \$2.50 are the property of \$2.50 are the propert	400 to a candid	ate for a chief exe	cutive officer of a municipatract with said municip	ality					
Is contributor a lobbyist, spouls, No does contributor of dustices no.	,, 52.2	O Yes 😉	No		1000				
Thutor a principal	of a state contr	actor or prospective	ve state contractor?	O No					
Is this contribution associated with an event reported in Section L1?  Yes No Is contributor a principal of government the contributor as principal of government the contributor as principal of government the contributor as principal of government the contributor as principal of government the contributor as principal of government the contributor as principal of the contributor			utive ( ) Legislative	-tions					
If yes, list Event #	1,	Jate Received	Aggregate Contrib	utions					
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Of Contribution:	Money Order	3/29/2023	1000			MI			
OCash OPersonal Check Octedivideon Card Card									
Last Name	Fi	lippo		St	ate Zip	Code			
Caldini	City			N	IC 28	8270			
Residential Street Address	Char!								
2128 Tuckerbunn Drive		Name of Employer Acerage Hol							
Principal Occupation Cannabis Business			.: -fficar of a m	unicipality,	Amount	t of Contri			
	of \$400 to a car	didate for a chief of the didated with have a	contract with said mun	icipality	250				
Is contributor a loubyist, spoules	0	Yes V	● No	OYes	1 200				
ii da a saingir	nal of a state co	ntractor or prosper	ctive state contractor?	<b>⊙</b> No					
Is this contribution associated with an event reported in Section L1?  Yes No Is contributor a principal of the section L1?  Is contributor a principal of the section L1?		th: OE	Kecutive	/e htributions	1				
If yes, list Event #		Date Received	Aggregate Con 250						
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction C	Money Order	3/29/2023							
OCash OPersonal Check October	SURTOT	AL Section B	This Page 225	50					
		additional Sec		4710					
TOTAL OF ALL CONTRIBUTION (Enter total)	* V - / " " "	XXXX 0.76	Sections A + B)	6223					

### Section B ADDITIONAL PAGE 100 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	g Repository)		TYPE OF REPORT		
Confara for Hartford			April 10 filing		
A. Total Contributions from Small Contributo (See instructions for definition of Small Contributor)	rs-Received thi SUBTO	s Period ONLY TAL SECTION A	\$ 1513		
B. Itel	mized Contribu	itions from Individ	duals		Тмі
ast Name	Firs				MI
Halloran		ırt		State	Zip Code
Residential Street Address	City	Hartford		CT	06105
791 Prospect Ave.	west	Name of Employer			
Principal Occupation		BBB Attorneys			
Attorney	24.00	_	a officer of a municipality	/. Am	ount of Contributio
or dependent child of a lobbyist?  No  does contributor or b valued at more than 5	ousiness he/she is assoc \$5,000?	didate for a chief executive stated with have a contract OYes ONo	With Said municipanty	100	
is this condition associated with No. If yes, indic	cate which branch or b	ntractor or prospective state	te contractor?  Yes  No  Legislative		
If yes, list Event # of government	nent the contract is wit	Date Received	Aggregate Contributions		
Method of Contribution:	tion OMoney Order		1000	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduct	Final Owloney Order				MI
Last Name	l ·	dward			
Spinella	City			State	Zip Code
Residential Street Address 43 Castlewood Road	1 *	Hartford		CT	06107
Principal Occupation		Name of Employer			
Attorney		Law Offices of	Edward Spinella		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than	business he/she is asso \$5,000?	ndidate for a chief execution in the contract of the contract	t with said municipanty	50	nount of Contributio
No If yes, ind	a principal of a state c licate which branch on ment the contract is w	ontractor or prospective st branches ith: Executiv	e O Legislative		
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Last Name	I	irst			MI
Berloni		Robert		Ta	Zip Code
Residential Street Address	City			State	21p Code 06457
95 Trolley Crossing Lane	Mid	dletown		01	
Principal Occupation		Name of Employer	0.000		
Manager		Manchester Tob		itu. A	mount of Contribut
or dependent child of a lobbyist? On does contributor or valued at more tha	r business he/she is ass in \$5,000?	andidate for a chief execu- sociated with have a contra Yes O No	o	1	000
west reported in Section 1.12 No If yes, inc	r a principal of a state dicate which branch o nment the contract is y	contractor or prospective sor branches with:	ve OLegislative	lo	
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		TAL Section B — Th	The state of the s		
	TOTAL of	additional Section 1	B Pages   324710	, market 1	
TOTAL OF ALL CONTRIBU	UTIONS FROM IN	DIVIDUALS (Section	1s A + B) 326223		
(Bn	nter total on Line 13, (	Column A of Summary Pa	ige Totals)	· · · · · · · · · · · · · · · · · · ·	

January 2015			ADDITIONAL PA			YPE OF REPORT	Military and and a			
ME OF COMMITTEE (Provide Co	mplete Name	as Registe	red With Filing Repository,		F	April 10 filing				
nfara for Hartford	e Su	all Ca	ontributors-Received the	nis Po	eriod ONLY	\$ 1513				
Yee instructions for definitions	n of Small C	ontributo	or) SUBT	OTA	LSECTIONA					
						•				
			B. Itemized Contril	outio	ns from Individ	uais	Service Control	1111111111111111111	MI	
				<sup>First</sup> Mich						
:Name rist				MICH	aeı		State		ip Code	
idential Street Address			City	st Ha	rtford		CT	0	)6107	
Ridgewood Rd.			li es					_	1110	_
ncipal Occupation				1.	evin & Christ G	Government Rela	tions	Cons	ultin	g 
obbyist			ribution is in excess of \$400 to a			- afficer of a municipa	ility,   A	lmoun	t of Co	ntributior
	Q Yes	done o	ontributor or ousiness north	ssociat	ed with have a contract	with said municipality		100		
dependent child of a lobbyist?	O No	value	I at more than \$5,000? s contributor a principal of a state	contr	actor or prospective sta	te contractor?	res			
s this contribution associated with	an C				nches OExecutive	OLegislative	No			
event reported in Section L1?	C	No	of government the contract is	AA Lerr.	Date Received	Aggregate Contribution	iS			
If yes, list Event #			<b>A</b> : 0	- 1	3/29/2023	100				
Method of Contribution:  OCash OPersonal Check O	Credit/Debit	Card C	Payroll Deduction OMoney Of	Ger	0/20/20				М	I
ast Name					ila					
Duric			Ci				Sta	1	Zip Cod 0610	
Residential Street Address					rsfield		C'	I.	0010	
133 Straddle Hill					Name of Employer					
Principal Occupation					Student				. 64	Contribut
Student			ontribution is in excess of \$400 to	a can	l didate for a chief execu	tive officer of a munic	ipality, lity	Amo	unt of C	OHILIDUL
Is contributor a lobbyist, spouse,	8 Ye	1 400	e contributor of pusiness north	s assoc	iated with have a contr Yes ON	10		950	)	
or dependent child of a lobbyist?		val	ued at more than \$5,000?	tate co	ntractor or prospective	state contractor?	OYes ● No			
Is this contribution associated wi	th an	Yes No				tive ( ) Legislative		1		
event reported in Section L1?  If yes, list Event #			of government the contrac	et is wi	Date Received	Aggregate Contribut	tions			
Method of Contribution:			On all Deduction Money	Order	3/29/2023	950				MI
OCash OPersonal Check	<b>⊙</b> Credit/De	bit Card	OPayroll Deduction OMoney	F	irst					1
Last Name					Jason			State	Zip	Code
Manafort				City				CT	1 -	032
Residential Street Address				Far	mington			<u> </u>		
12 Northeast Rd.					Name of Employer					
Principal Occupation					CWPM, LLC		nicipalit	v I A	mount	of Contril
President		37-0	If contribution is in excess of \$40	0 to a	candidate for a chief ex	ecutive officer of a mu ontract with said munic	ipality			
Is contributor a lobbyist, spou or dependent child of a lobbyi	se, st?	37	does contributor or business nove		O Yes C	) No	OYes	s	000	
Is this contribution associated		QY				T amiglative	<ul><li>No</li></ul>	'		
event reported in Section L13  If yes, list Event #		O 1	of government the cont	ract is	Date Received	Cutive C Legislative Aggregate Contr	ibutions	7		
Method of Contribution:		- · · · ·	and Opayroll Deduction OMor	ney Or	der 3/29/2023	1000				
OCash OPersonal Check	⟨ <b>⊙</b> Credit	/Debit Co	ard OPayroll Deduction OMon	RTO	TAL Section B —	- This Page 2050	)			
				Colonia and man	of additional Secti		710			
			ALL CONTRIBUTIONS FR (Enter total on L	~ ` `			223			

E OF COMMITTEE (Provide Complete	Name as I	Registered v	oith Filing Repository)			TYPE OF					
1						April 10	) filling				
fara for Hartford  . Total Contributions from		1 (1004	sibutors-Receive	d this J	Period ONLY	\$ 1513	}				
. Total Contributions from (See instructions for definition of St.	1 Smal nall Cont	ributor)	S	UBTOTA	AL SECTION A						
			B. Itemized Con	ıtributi	ons from Indiv	iduais			to track per experience	MI	
V		i a projektivnih ne ji a se ne		First	or.						
Name Li Z					aı			State		Code	
dential Street Address				<sup>City</sup> Caroli	na			PR	00	)979	
00 Ave Isla Verde, 108				l	Name of Employer						
cipal Occupation					Self-Employed						
nsultant			tion is in excess of \$400		11. 6	tive officer	of a municipali	ty,	Amount	of Cont	ribution
contributor a lobbyist, spouse,	3.7.	loes contr	putor or ousmess negative	is associ	ated with have a contra OYes ON	act with said	d municipality		1000		
dependent child of a lobbyist?	No	alued at r	nore than \$5,000?	etate con	ractor or prospective s	state contra	ctor? QYe				
this contribution associated with an	8 Y					ve OLeg	gislative	"			
vent reported in Section L1?  Syes, list Event #	O N	0	of government the contra	act is with	Date Received		ate Contributions				
			OMan	ov Order	3/29/2023	1000	)				
iethod of Contribution: Cash Personal Check OCredit/	Debit Ca	rd <b>O</b> Pay	roll Deduction Owlond	Fire						MI	
ist Name				1	alvydas						
uncas				City						Zip Code 06053	
esidential Street Address				1 -	Britain			$\perp$	CT C	00000	
73 Beach Street					Name of Employer						
rincipal Occupation					Self-Employed	d			<del></del>	1 -6 Cc	ntributi
Beekeeper	5 1	TC tri	oution is in excess of \$4	00 to a ca	ndidate for a chief exe	cutive offic	er of a municip	ality, ty	Amou	nt of Co	IIIII
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	tributor or business non	3110 10 40	OYes O	No			1000		
		valued a	t more than \$5,000?	of a state of	ontractor or prospective	ve state con	tractor?	Yes No			
Is this contribution associated with an	•	Yes Is No	Trues indicate WINCH	Ulancii o		utive 🔘	Legislative		-		
event reported in Section L1?  If yes, list Event #			of government the co	muact is v	Date Received	Aggr	regate Contributio	ns			
Method of Contribution: OCash OPersonal Check OCred		and Op	avroll Deduction OM	oney Orde	r 3/29/2023	10	000			- 17	MI
OCash OPersonal Check OCred	lit/Debit	Jaiu Or	ayron 2		First					1	
Last Name					Sam				State	Zip Co	de
Walker				City					CT	064	
Residential Street Address				Ch	eshire				L		
5 Brookfield Court					Name of Employer Innoconn Co		ion Mømt.				
Principal Occupation					Innoconn Co	ons truc t	fficer of a muni	cipali	ty, Am	ount of	Contrib
Engineer	O Yes	If cor	atribution is in excess of contributor or business	\$400 to a	candidate for a chief e	contract with	th said municip	ality	100		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Ø No	does	contributor or business	110/3110 13 0	O Yes	No		OYe		<i>J</i> O	
	n (	) Yes	u i uningini	al of a stat	e contractor or prospec	ctive state c	contractor	QNO	0		
Is this contribution associated with a event reported in Section L1?		J No	If yes, indicate whi of government the		s with: OE	recutive (	Legislative Aggregate Contrib	utions			
If yes, list Event #					Date Received	, i	iggregate Control 1000	4110220			
Method of Contribution: OCash OPersonal Check OC	redit/Deb	oit Card (	Payroll Deduction C	Money O	rder 3/29/2023		1000				
OCash OPersonal Check OS				SUBTO	TAL Section B -	— This I	Page   3000				
			T	OTAL	of additional Sec	tion B Pa	ages 32471	10			

## Section B ADDITIONAL PAGE 103 of 189

ME OF COMMITTEE (Provide Complete Name as Reg	gistered with Filing Repository)		11-12-12-12-12-12-12-12-12-12-12-12-12-1	TYPE OF I			
onfara for Hartford				April 101	iling		
A. Total Contributions from Small (See instructions for definition of Small Contrib	Contributors-Receive outor) S	ed this l UBTOT	Period ONLY AL SECTION A	\$ 1513			
	B. Itemized Con		ons from Individ	luals			МІ
st Name		First	nott				***
ynn			rett		T	State	Zip Code
sidential Street Address	i i	City Wort H	artford		1	CT	06117
29 Westmont St.			lame of Employer				
incipal Occupation		1	aw Offices of G	arrett	S. Flynn,	LLC	
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# Section B ADDITIONAL PAGE 104 of 189

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nfara for Hartford				J 41.32	Period ONLY					
A. Total Contributions for (See instructions for definition)	rom Sn of Small C	nall C Contribut	ontributors-Receive or) SI	UBTOT	AL SECTION A	\$ 1513				
			B. Itemized Con	tribut	ions from Indiv	iduals				
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173 Beach				l	Name of Employer					
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6 Stillwold Drive				Weti	Name of Employer				
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Moise					Joini			State	Zip Code
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238 Stonegate RS					Name of Employer				
Principal Occupation					Cttransit				
Supervisor			ontribution is in excess of	0400 :	111 Carachiof ov	ecutive officer of	f a municipali	ity, A	mount of Contrib
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nfara for Hartford  A. Total Contributions		-II Co	atributors-Received t	his P	eriod ONLY	\$ 1513				
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9 Sea Lane					Name of Employer					
Principal Occupation					Self-Employed	0.7	. Cmicina	lity A	mount c	of Contribut
Real Estate	O Yes	If con	tribution is in excess of \$400 t	o a cand	idate for a chief exec	utive officer ract with said	of a municipality	nicy, 12		
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9 Sea Lane					Name of Employer					
Principal Occupation					Homemaker			<del></del> T		nt of Contrib
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#### Section B ADDITIONAL PAGE 107 of 189

NAME OF COMMITTEE (Provide Complete Name	me 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			s Period ONLY TAL SECTION A	\$ 1513		
	B. Itemized Cor	ıtribu	itions from Indivi	duals		
Last Name		Firs	t			MI
Gomes		Je	esse			
Residential Street Address		City			State	Zip Code
20 Tanglewood Drive		Avon			CT	06001
Principal Occupation			Name of Employer			
Funeral Director			Connecticut Fune	eral Directors As	ssociat	ion
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>Amo</b> 50	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 s No If yes, indicate which brar of government the contract	ich or b	ranches	No No		
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Last Name		Firs	t	<u></u>		MI
Meishar		Ca	ırmela			
Residential Street Address		City			State	Zip Code
1265 Asylum Avenue		Hartf	ford		CT	06105
Principal Occupation			Name of Employer			
Real Estate			Hartford Gardens	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?	is assoc	iated with have a contract O Yes O No	with said municipality	y, <b>Amo</b>	ount of Contribution
	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra-	nch or b	oranches	te contractor?  O Legislative		
Method of Contribution:			Date Received	Aggregate Contributions		
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Last Name		Fir	st			МІ
Robison		Da	avid			
Residential Street Address		City			State	Zip Code
21 Ledyard Road		West	Hartford		CT	06117
Principal Occupation		L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Employer			
Attorney			The Hartford			
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 executivitiated with have a contract  Yes  No	e officer of a municipality	ty, <b>Am</b> o	ount of Contribution
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TOTAL OF	ALL CONTRIBUTIONS FROM		IVIDUALS (Sections umn A of Summary Page			

## Section B ADDITIONAL PAGE 108 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	nall Contributors-Receive Contributor) S	ed this UBTO	s Period ONLY TAL SECTION A	\$ 1513		
	B. Itemized Cor	ıtribu	itions from Individ	luals		
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Nieves		Mi	ichael 		l a	Ti- Co 1-
Residential Street Address		City	1 . V211		State NY	Zip Code 11379
94-49 Furmanville Ave.		Middl	le Village		111	111010
Principal Occupation			Name of Employer			
CEO			HITN		,	ount 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?	is assoc	ciated with have a contract  OYes  ONo	with said municipality	/, Am 100	
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Last Name		Fir	st			MI
Solinsky		A.	lan			
Residential Street Address	100	City			State	Zip Code
43 Juniper Lane		West	Hartford		CT	06117
Principal Occupation			Name of Employer			
Ophthalmologist			Solinsky Eyecar			
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  O Yes  O No	with said municipality	y, <b>A</b> m 50	nount of Contributio
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Iacobellis		] J	James			
Residential Street Address	A CONTRACTOR OF THE CONTRACTOR	City			State	Zip Code 06040
114 Steep Hollow Lane		Mano	chester		CT	00040
Principal Occupation			Name of Employer	1 1 4		
Sr. VP Government and Regulator			Connecticut Hos			
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 No	et with said municipality	20	mount of Contribution
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TOTAL OF	ALL CONTRIBUTIONS FRO	OM INI	DIVIDUALS (Sections olumn A of Summary Pag	3A+B) 326223		
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nsultant	If contri	oution is in excess of \$400 to a ca	andida	te for a chief executi	ive officer of	a municipality	ty,	Amoun	ii oi Co	Millipation
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		t more than \$5,000?	contra	ctor or prospective sta	ate contracto	or? Sye				
this contribution associated with an vent reported in Section L1?		If yes, indicate which branch or of government the contract is w	T OIM	ches OExecutive	e OLegisl	ative				
yes, list Event #		of government the contract is "	D	ate Received	Aggregate	Contributions				
		11 Doduction OMoney Orde	er 3	3/30/2023	500					
Tethod of Contribution:  Cash Personal Check Ocredit/Debit	Card OP	ayron Deduction Caracas	First						N	<b>1</b> I
ast Name		•	Dai	vd						
acDonald		City	l				- 1 "	ate	Zip Cod 0611	
esidential Street Address		Ha	rtfo	ord			C	1	0011	. '1
266 Grandview Terrace			1	Name of Employer						
rincipal Occupation				AHNA						a ( )} -4
Executive Director	1 70	ribution is in excess of \$400 to a	candi	date for a chief execu	utive officer	of a municipal	ality, v	Amo	unt of (	Contributi
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontributor or business ne/suc is a	associa	ated with have a control  OYes  O Yes	ract with said	1 mamorpan-	,	25		
or dependent child of a lobelyter.		l at more than \$5,000?  Is contributor a principal of a stat	te con		e state contra	ctor?	Yes No			
Is this contribution associated with an	Yes No	Tours indicate which branci	II OI O	(unones _	itive 🕜 Lei	gislative				
event reported in Section L1?  If yes, list Event #		of government the contract is	is with	Date Received	Aggrega	ate Contribution	18			
		Money O	rder	3/30/2023	25					T
Method of Contribution:  OCash OPersonal Check OCredit/Del	bit Card (	Payroll Deduction Contact	Fire	st						MI
Last Name			N:	ilda					1 77. (	2-4-
Luciano		Ci	 Lity					State	1 ^	Code 918
Residential Street Address		(	San	Juan				PR		910
387 Calle Fernando Calder				Name of Employer						
Principal Occupation				Retired						c C tib
Retired	70.	ontribution is in excess of \$400 to	o a ca	ndidate for a chief ex	cecutive offic	er of a munic	ipality lity	/,   A1	nount (	of Contrib
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	NT- 1 dos	s contributor or business ne/sne i	15 0550	O Yes C	) No		OYes	$\dashv$ $^{\text{\tiny I}}$	000	
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event reported in Section L1?	O No	of government the contrac	ct is w	iii:		egislative egate Contribu	tions	$\dashv$		
If yes, list Event #  Method of Contribution:				Date Received 3/30/2023	10					
Method of Contribution:  OCash OPersonal Check OCredit/I	Debit Card	OPayroll Deduction OMoney	y Orde							
			тот	AL Section B —	– This Pag	ge 1525				
				additional Secti			^			

C FORM 20	Section	on B	ADDITIONAL	PAC	GE <u>110</u>	of 189				
January 2015						TYPE OF	REPORT			
ME OF COMMITTEE (Provide Co	mplete Name	as Regisi	ereu wun 1 umg topasse y	<u> </u>		April 10	filing			
nfara for Hartford				A this	Pariod ONLY	0.4540				
Total Contributions (See instructions for definition	from Sn n of Small C	1all C Contribut	ontributors-Receive or) S	UBTOT	TAL SECTION A	\$ 1513				
			B. Itemized Con	ıtribu	tions from Indivi	iduals				МІ
				First						
Name ssette				An	dy			State	Zip	Code
idential Street Address				City	xx			CT	06	117
Stratford Road				West	Hartford					
ncipal Occupation					Name of Employer					
kecutive					Travelers	ivo officer (	of a municipalit	y, An	ount	of Contribution
contributor a lobbyist, spouse,	Yes No	does o	tribution is in excess of \$400 contributor or business he/she	to a cano is assoc	Intou Williams	ct with said	municipality	50		
dependent child of a lobbyist?		value	at more than \$5,000? s contributor a principal of a							
this contribution associated with	34	Yes I No	If use indicate which Dra	fuch of r	Manches		slative			
vent reported in Section L1? fyes, list Event #	_ 0	1.0	of government the contra	ect is with	Date Received	_	te Contributions	$\dashv$		
<del></del>		-		Ol	1	500				
Tethod of Contribution:  Ocash OPersonal Check OC	redit/Debit	Card C	Payroll Deduction UMone	y Order	3/ 30/ Z0Z0					MI
ist Name				1.0	samuel					
ollak				City				State		ip Code
esidential Street Address				1 -	ing Vally			NY	]	10977
9 Dr Frank Road				Opri	Name of Employer					
rincipal Occupation					Northpoint Man	nagement	į.		-	
Management			ontribution is in excess of \$40	10 to a ca	lief avon	utive office	r of a municipa	ity, A	mour	t of Contribut
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does	s contributor or business ne/s	ne 18 ass	OYes O	No		1	000	
Is this contribution associated with	an C	Yes	Is contributor a principal of If yes, indicate which h	f a state o	contractor or prospective or branches	state contr	<b>⊙</b> 3	No		
event reported in Section L1?	C	) No	of government the con	tract is v	vitii: DExect	tive O La	egislatīve gate Contributions			
If yes, list Event #  Method of Contribution:	-				Date Received	100				
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Last Name					First Brendan					
Flynn				la:	DI Guagu			Sta	te	Zip Code
Residential Street Address				City	rtland			СЛ	•	06480
74 Cornwall Street					Name of Employer					
Principal Occupation					State of CT	Attorne	y General			
Assistant Attorney Tr			contribution is in excess of \$	2400 to a	1 1 1 C 1 1 1 F over	coutive offi	cer of a munici	pality,	Amo	unt of Contrib
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	8 N	بام أ ما	oes contributor or business no	e/sne is a	O Yes C	) No		Yes	100	
Is this contribution associated we event reported in Section L1?	ith an	8 Yes		n brancn	or branches	cutive O	Legislative	)No		
If yes, list Event #					Date Received	1	regate Contribution	ons		
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OCash OPersonal Check	CICAMID		S	SUBTO	TAL Section B —	- This Pa	<b>ge</b> 1600			
					of additional Section					
			L CONTRIBUTIONS I			tions A 4	B) 326223			

IE OF COMMITTEE (Provide Complete Name as	B ADDITIONAL Registered with Filing Repository)			TYPE OF REPO				1
				April 10 filin	g			
fara for Hartford  Total Contributions from Small Contributions from Sm	ll Contributors-Receiv	ed this	Period ONLY	\$ 1513				
(See instructions for definition of Small Con	ributor) S	SUBTOI	ALSECTIONA					
(Dee Marine								
	B. Itemized Co	ntribut	ions from Indiv	iduals			МІ	
	B. Remizeu Co	First					IVII	
Name		Lo	u		16	State	Zip Code	
anquinto		City			1	CT	06511	
idential Street Address		New H						
7 Orange Street			Name of Employer					
cipal Occupation			Anthem BCBS			T 4 mai	unt of Co	ntribution
resident Health Insurance	f contribution is in excess of \$40	0 to a can	didate for a chief execut	ive officer of a n	icipality,	1	int or Co.	
contributor a lobbyist, spouse,	loes contributor or business ne/si	10 13 43300	Oyes ON	0		250		
	Lz tilester a principal of	a state cor	ntractor or prospective s	tate contractor?	Yes No			
this contribution associated with an vent reported in Section L1?		Lanon or c		ve OLegislativ	ve			
fyes, list Event #	of government the cont	1400 10 112	Date Received	Aggregate Cor	atributions			
	A Operal Deduction OMor	aey Order	3/30/2023	250				
Method of Contribution:  Cash Personal Check Credit/Debit Ca	rd Orayion Deduction Control	Fi	rst				M	П
ast Name		S	Steve				1=1 0	
ussain		City				State	Zip Cod 0675	
esidential Street Address		Ken	t			CT	0013	
28 South Road			Name of Employer					
Principal Occupation			Madds holding	S				Gt-lbut
Real Estate Investor	If contribution is in excess of \$	400 to a ca	andidate for a chief exec	cutive officer of a	ı municipalit unicipality	y, An	iount of C	Contributi
(s contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or business ne	/she is ass	ociated with have a con Yes	No		50	0	
or dependent child of a lovely-	valued at more than \$5,000?  Yes Is contributor a principal	of a state	contractor or prospectiv	e state contractor	r? $\mathbf{Q}_{N_{i}}^{Ye}$			
Is this contribution associated with an	Trues indicate Which	1 branch c	) Diamona	utive 🍘 Legisl:	ative			
event reported in Section L1?  If yes, list Event #	of government the co	ontract is	Date Received	Aggregate (	Contributions			
	On Deduction OV	foney Ord	er 3/30/2023	500				1.0
Method of Contribution:  Ocash  OPersonal Check  Ocredit/Debit	Card Payron Deduction		First					MI
Last Name			Courtney				<u> </u>	2-40
Larkin		City	<u> </u>			State	1	033
Residential Street Address		G1	astonbury			CT		
18 Grist Mill Rd.			Name of Employer					
Principal Occupation			Travelers					s Claratelle
Lobbyist	If contribution is in excess of	f \$400 to a	a candidate for a chief e	xecutive officer of	of a municipa		Amount o	of Contrib
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or business	He/She is	O Yes	•) No		'	250	
	t ibuter a princip	al of a sta	te contractor or prospec	tive state contrac	roll 8	Yes No		
Is this contribution associated with a event reported in Section L1?	Yes Is contributed a princip  If yes, indicate wh  of government the	ich branci	s with: OEx	ecutive () Legi	islative	ns		
If yes, list Event #			Date Received	1	te Contribution	113		
Method of Contribution:  Ocash OPersonal Check OCredit/Deb	it Card OPayroll Deduction	<b>)</b> Money (	Order 3/30/2023	250				
OCash OPersonal Check Octobro Dec		SUBT	OTAL Section B -	_ This Page	1000			
	7	OTAL	of additional Sect	ion B Pages	324710			
	OF ALL CONTRIBUTIONS			( A L B)	326223			

## Section B ADDITIONAL PAGE 112 of 189

ME OF COMMITTEE (Provide Complete Name as Registered with Fi	ing Repository)	TYPE OF REPORT	
nfara for Hartford		April 10 filing	
A. Total Contributions from Small Contribu  (See instructions for definition of Small Contributor)	tors-Received this Period ONLY SUBTOTAL SECTION A	\$ 1513	
<b>B.</b> I	temized Contributions from Indiv	iduals	- Dat
t Name	First		MI
ames	Glendowlyn	State	Zip Code
idential Street Address	City	CT	06112
A Canterbury Street	Hartford		
incipal Occupation	Name of Employer Amazon. Com		
anager		ive officer of a municipality. Am	ount of Contributio
dependent child of a lobbyist?  One does contributor of the does contributor o	on excess of \$400 to a candidate for a chief executor business he/she is associated with have a contra an \$5,000?	act with said municipality	
tills contitution associated was a	or a principal of a state contractor or prospective sidicate which branch or branches		
	rnment the contract is with:		
and a Company	Date Received	Aggregate Contributions	
Ocash OPersonal Check OCredit/Debit Card OPayroll Dec	duction OMoney Order 3/30/2023	200	MI
ast Name	First		A
obin	Linda	State	Zip Code
esidential Street Address	City Wethersfield	CT	06109
16 Straddle Hill	Name of Employer		
rincipal Occupation		oin Government Relations	i
Lobbyist	at too. Lidete for a chief execu	ative officer of a municipality, Ar	nount of Contribut
or dependent child of a lobbyist? No does contributor	han \$5,000? Yes O Y	No 10	00
event reported in Section L1? No If yes,	ntor a principal of a state contractor or prospective indicate which branch or branches vernment the contract is with:	tive C Legislative	
If yes, list Event #	Date Received	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll D	eduction OMoney Order 3/30/2023	100	MI
Last Name	First		1
Fonfara	Jim	State	Zip Code
Residential Street Address	City	CT	06106
272 Linnmoore St.	Hartford Name of Employer		
Principal Occupation	Viking Fuel	0il Co.	
Truck Driver			mount of Contribu
or dependent child of a lobbyist?  No does contribute valued at more	is in excess of \$400 to a candidate for a chief exe or or business he/she is associated with have a con than \$5,000?	ntract with said municipality No	50
Is this condition of the Tipe	JyCillinone die content	ve state contractor? Yes utive O Legislative  Aggregate Contributions	
act 1 - Co-ne-ibution:	Date Received  3/31/2023	150	
OCash OPersonal Check OCredit/Debit Card OPayroll	Bedderion Chronol 91111		
	SUBTOTAL Section B —	1401.464	
	TATAL Additional Section		
	TOTAL of additional Sectional Section IDUTIONS FROM INDIVIDUALS (Section 12 Column 4 of Summary	AND SECTION OF THE PROPERTY OF	

mplete Name		ADDITIONAL			TYPE OF REPORT				
from Sr	- Trogin			TYPE OF REPORT					
from Sr					April 10 filing				
from Sr			od thi	s Poriod ONLY					
n of Small (	nall C Contribut	ontributors-Receive or) S	ea this SUBTO	TAL SECTION A	\$ 1513				
		P. Itamized Co.	ntribu	itions from Indivi	iduals				
		B. Hemizeu Co.	Firs					MI	
			Ar	ndrew					
			City				1	-	
			Wethe	ersfield		C	T	06109	
	<del></del>		I	Name of Employer					
				Retired					
O Voc	If cont	ribution is in excess of \$400	to a can	l didate for a chief executi	ve officer of a municip	ality,	Amou	unt of Co	ntributio
No Yes	does c	ontributor or business he/she	e is assoc	OYes ONo	ot with bald many-		250		
n O	Yes Is	s contributor a principal of a	state co	ntractor or prospective st	ate contractor?	Yes No			
Ø	No	If yes, indicate which bra	inch or t	oranches					
		0. 00. 3		Date Received	Aggregate Contribution	18			
edit/Dehit (	Card	Payroll Deduction ()Mone	y Order	3/31/2023	250				
COLUD COR (			Fi	rst				M	II .
			s	Scott					
			City			- 1	State	1 1	
			Hart	ford			CT	0610	5
				Name of Employer					
				Woodside Capit	al Management				
			O to a ca	ndidate for a chief execu	tive officer of a munici	pality,	Amo	ount of C	Contribut
Yes No	does	contributor or business he/st ed at more than \$5,000?	ie is asso	OYes ON	0		1	)	
ın O	Yes	Is contributor a principal of	a state o	contractor or prospective	state contractor?				
0	No	If yes, indicate which be of government the cont	ranch of tract is w	rith: Executi	ive O Legislative		_		
				Date Received	Aggregate Contributi	ons			
redit/Debit	Card (	Payroll Deduction OMon	ney Orde	r 3/31/2023	500				
			)	First					MI
				Thomas					
			City				State	*	
			Nev	vington			CT	061	
				Name of Employer					
utive				Connecticut B	Bankers Associat	ion			
	If o	ontribution is in excess of \$4	100 to a	candidate for a chief exec	cutive officer of a muni	cipalit	y, An	nount of	Contribu
8 No	doe	s contributor or business he/ ued at more than \$5,000?	she is as	O Yes	No		50	0	
ı an (	<b>**</b>	Is contributor a principal of	f a state	contractor or prospective	e state contractor?				
(		If ves. indicate which	branch (	or branches with: Execu	tive OLegislative		-		
		On 115 12 Ou	oner Or		500				
Credit/Deb	it Card(								
					1 11/2 11/2				
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የሰሞልፕ ብ	)F AT.T	CONTRIBUTIONS FI	ROM I	NDIVIDUALS (Secti	ons A + B) 32622	3			
	eredit/Debit Control of the control	does covalued and Seedit/Debit Card Card Cardit/Debit Card Card Card Cardit/Debit Card Cardit/Debit Card Cardit/Debit Card Cardit/Debit Card Cardit/Debit Card Cardit/Debit Card Cardit/Debit Card Cardit/Debit Card Cardit/Debit Card Cardit/Debit Card Cardit/Debit Card Cardit/Debit Card Cardit/Debit Card Cardit/Debit Card Cardit/Debit Card Cardit/Debit Card Cardit/Debit Card Cardit/Debit Card Cardit/Debit Ca	does contributor or business he/she valued at more than \$5,000?  Is contributor a principal of a If yes, indicate which bra of government the contract does contributor or business he/she valued at more than \$5,000?  In an Syes If contribution is in excess of \$40 does contributor or business he/she valued at more than \$5,000?  Is contributor a principal of If yes, indicate which of government the contract does contributor or business he/she valued at more than \$5,000?  In an Syes If contribution is in excess of \$40 does contributor or business he/she valued at more than \$5,000?  In an Syes If contribution is in excess of \$40 does contributor or business he/she valued at more than \$5,000?  Is contributor a principal of If yes, indicate which of government the contributor of government the contributor of government the contributor apprincipal of the yes, indicate which of government the contributor apprincipal of the yes, indicate which of government the contributor apprincipal of the yes, indicate which of government the contributor apprincipal of the yes, indicate which of government the contributor apprincipal of the yes, indicate which of government the contributor apprincipal of the yes, indicate which of government the contributor apprincipal of the yes, indicate which of government the contributor apprincipal of the yes of the	Ar City We the Sovernment the contract is with the second of government the second of government the contract is with the second of government the contract is with the second of government the contract is with the second of government the contract is with the second of government the contract is with the second of government the contract is with the second of government the contract is with the second of government the contract is with the second of government the contract is with the second of government the contract is with the second of government the second of government the second of government the second of government the second of government the second of government the contract is with the second of government the second of government the contract is with the second of government the c	Andrew    City   Wethersfield	Andrew   City   Wethersfield	Andrew	Andrew    City   Wethersfield   CT	Andrew

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	отрієїє Мате	us registe		•	April 10 filin	g		
fara for Hartford			n	Period ONLY	\$ 1513			
. Total Contributions	from Sn	nall Co	ontributors-Received this	TAL SECTION A	\$ 1010			
(See instructions for definition	on oj smati c							
			B. Itemized Contribu	tions from Indiv	iduals			
			B. Itemized Contribu					MI
Name			Co	lleen			10	ip Code
Ley			City			Sta N	١.	1p Code 12444
idential Street Address			Jewet	;t		IN IN	<u> </u>	
18 Goshen Street				Name of Employer				
ncipal Occupation				Retired		: -iality	Amour	nt of Contribution
irse	O Yes	If cont	ribution is in excess of \$400 to a can ontributor or business he/she is assoc	didate for a chief execut	tive officer of a market with said mun	icipality		
contributor a lobbyist, spouse, dependent child of a lobbyist?	No No	does c	ontributor or business nersue is assoc	Oyes ON	0	OYes	100	
		Yes I	11 the a principal of a state co	ntractor or prospective s	tate contractor?	ON 🧿		
this contribution associated with vent reported in Section L1?	<sup>1</sup> an <b>2</b>		If yes, indicate which branch or of government the contract is with		ve OLegislativ	ve	-	
fyes, list Event#				Date Received	Aggregate Cor	atributions		
lethod of Contribution:	Credit/Debit	Card C	Payroll Deduction Money Order	3/31/2023	100		<u> </u>	MI
	Crodin 2							
ast Name			l N	Melvyn			State	Zip Code
olon esidential Street Address			City				CT	06413
S Fish Plain Road			Cli	nton Name of Employer				
Principal Occupation				Southside Ins	titutions N	Veighborh	ood Al	liance
Manager of Nonprofit			ontribution is in excess of \$400 to a c	1: 6	entine officer of a	municipality	, Amo	unt of Contributi
a contributor a lobbyist, spouse,	QYe		ontribution is in excess of \$400 to a cost contributor or business he/she is ass		tract with said m	unicipality	100	
or dependent child of a lobbyist?	O No	valu	1 I was then \$5 HHH?					
Is this contribution associated wi	ith an	Yes	Is contributor a principal of a state  If yes, indicate which branch	or branches	A Lociale	O No		
event reported in Section L1?	(	ON C	of government the contract is	with: Exec	utive C Legisla	Contributions		
If yes, list Event #  Method of Contribution:			<b>A</b> . 0.4		100			
OCash OPersonal Check	Credit/Del	bit Card	Payroll Deduction	First				MI
Last Name				Andrew				
Mandell			City	<u> </u>			State	Zip Code
Residential Street Address				est Hartford			CT	06117
51 Mountain Farms Ro	oad			Name of Employer				
Principal Occupation				Data-Mail,	Inc.			
Owner		- 17	contribution is in excess of \$400 to	a candidate for a chief e	xecutive officer of	of a municipal	ity, Ar	nount of Contrib
Is contributor a lobbyist, spous or dependent child of a lobbyi	se, st?	NT.   d	oes contributor or business ne/sne is	O Yes	<b>9</b> No		10	000
		V	alued at more than \$5,000?  Is contributor a principal of a sta	ite contractor or prospec	tive state contrac	tor? <b>Q</b> Y	es Io	
Is this contribution associated event reported in Section L1?	with an	8 Ye	I If use indicate Which bland	II OI OXULLIA	ecutive OLegi	islative		
If yes, list Event #			of government the contract	Date Received	Aggregat	te Contributions		
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			SUBT	OTAL Section n	- 0			
				of additional Sect	ion R Pages	324710		

			ADDITIONAL PA		TYPE OF REPORT		
ME OF COMMITTEE (Provide Con	nplete Name (	as Registe	red with Filing Repository)		April 10 filing		
s for Wartford							
A. Total Contributions 1  (See instructions for definition	from Sm	all Co	ontributors-Received tl or) SUBT	his Period ONL COTAL SECTION	\$ 1513 A		
			B. Itemized Contri	butions from In	dividuals		MI
				First			MI
t Name nfara				Bob		State	Zip Code
sidential Street Address			City			FL	32726
11 East Washington Ave.			Eus	stis			
ncipal Occupation				Name of Employer			
etired				Retired	recutive officer of a municipali	ty, Amo	unt of Contribution
contributor a lobbyist, spouse, dependent child of a lobbyist?	Yes No	does co	ribution is in excess of \$400 to a ontributor or business he/she is as at more than \$5,000?	OYes Contractor or prospect	•No	100	
s this contribution associated with a vent reported in Section L1?	n 8	Yes Is	If yes, indicate which branch of government the contract is	Of Otanones	cutive OLegislative		
yent reported in Section E1:  f yes, list Event #			of government the contract is	Date Received	Aggregate Contributions		
	11.75 11.6	Tord	Payroll Deduction OMoney Or	der 3/31/2023	100		
Method of Contribution:  OCash  OPersonal Check  OCr	edit/Debit (	Jaid U	a ayron Doduction	First			МІ
ast Name				Kris			Tri- C-do
lineau			Cit	y		State CT	Zip Code 06001
Residential Street Address			A·	von		CI	00001
100 Avon Meadow Lane			1	Name of Employer			
Principal Occupation				Constituti	on Surgery Alliance		1 . C.C
Healthcare Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does	ntribution is in excess of \$400 to contributor or business he/she is at more than \$5,000?		executive officer of a municipality contract with said municipality  No		nount of Contributi )00
Is this contribution associated with	an Q	Yes	Is contributor a principal of a st	CH Of Oranones	ective state contractor?	Yes No	
event reported in Section L1?  If yes, list Event #	C	, 110	of government the contract	is with: Date Received	Aggregate Contribution	ıs	
			Monay C	1	1		
Method of Contribution: OCash OPersonal Check O	Credit/Debi	t Card	Payroll Deduction (Woney	First			MI
Last Name				Kevin			
Joiner			To	City		State	
Residential Street Address			1	Hartford		CT	06105
75 Girard Avenue				Name of Emplo	yer		
Principal Occupation				Retired			
Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	8 N	مالم	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?	O Yes	<b>⊙</b> No		Amount of Contribution
	th an	Yes No	Is contributor a principal of a  If yes, indicate which bra of government the contra	HOH OF DIAMONOS	Executive O Legislative	Yes No ions	
Is this contribution associated will event reported in Section L1?  If yes, list Event #				<b>1</b>	'		
event reported in Section L1?  If yes, list Event #				- A-Jan 1 3/31/2017			
event reported in Section L1?	OCredit/De	bit Card	Payroll Deduction OMone	y Order 3/31/202			
event reported in Section L1?  If yes, list Event #	Credit/De	bit Card	SUB	TOTAL Section 1  L of additional S	B — This Page 2100	)	

#### Section B ADDITIONAL PAGE 116 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 Sr (See instructions for definition of Small C			is Period ONLY OTAL SECTION A	\$ 1513			
	B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name		Fi	rst				MI
Neuhaus		s	ara				
Residential Street Address		City			State	Zip	Code
86 Adams St.		Lake	wood		NJ	08	701
Principal Occupation		L	Name of Employer		J		
D00			The Violet Shopp	e			
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>		f Contribution
	Yes Is contributor a principal of a No If yes, indicate which brate of government the contract	nch or l	branches	e contractor? Yes OLegislative			
Method of Contribution:	or government the contra	JC 10 1711	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order		1000			
Last Name		Fir	rst				MI
Flores		R	afael				:
Residential Street Address						1 -	Code
17 Hayrake Drive		Weth	ersfield		CT	06	109
Principal Occupation			Name of Employer				
Business Owner			Self-Employed				
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?				7, Am		f Contribution
	Yes Is contributor a principal of a  If yes, indicate which bra  of government the contra	nch or	branches	e contractor?  Yes No Legislative			
Method of Contribution:	<u> </u>		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	3/31/2023	1000			
Last Name		Fi	rst				MI
Flores		A	ındrea				
Residential Street Address		City			State	Zip	Code
17 Hayrake Drive		Weth	nersfield		CT	06	109
Principal Occupation			Name of Employer				
Business Owner			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?				y, Am		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	nch or	branches	<b>⊙</b> No			
Method of Contribution:			Date Received	Aggregate Contributions			
Cash Personal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	y Order	3/31/2023	1000			
	SUB'	ГОТА	L Section B — This	Page 3000			
	TOTA	Lofa	dditional Section B I	Pages 324710			
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line		OIVIDUALS (Sections A				
	4		,=,,,,,,,,,,,				

# Section B ADDITIONAL PAGE 117 of 189

ME OF COMMITTEE (Provide Comp	olete Name a	s Register	ed with Filing Repository)				OF REP				
s for Wortford						April	10 filir	ig			
Total Contributions fr	om Sm	all Co	ntributors-Receive	d this UBTO	Period ONLY TAL SECTION A	\$ 15	513				
(See instructions for definition of	y smail co										
			B. Itemized Con		tions from India	viduals					
			B. Itemized Con	First			\$15 to the control of the control			М	I
Name				Lu	is						
erra				City				Sta		Zip Code	
dential Street Address				•	onbury			C	[	06033	<u> </u>
5 Wickham Road					Name of Employer						
cipal Occupation					Cohens Fashior	n Optic	cal				
tician			ibution is in excess of \$400	to a can	ut c c liefovou	tive offic	er of a n	nunicipality,	Amo	unt of C	Contributio
contributor a lobbyist, spouse,	Yes No	does co	ntributor or business ne/sne	is assoc	iated with have a contr	ract with s	said mun	icipality	800		
dependent child of a lobbyist?		valued	at more than \$5,000?  contributor a principal of a					O Yes			
this contribution associated with an	Q:	res Is No	If use indicate Which bla	HOH OF C	/I LINOIL VI		_egislativ	e O No			
vent reported in Section L1? Syes, list Event #	O	INO	of government the contra	ct is with	i: Obseeur	_		tributions			
			_		Date Received 3/31/2023	800					
ethod of Contribution:  Cash Personal Check Cree	dit/Debit C	ard <b>O</b> I	Payroll Deduction OMone	y Order		00			L		MI
st Name				l ru							
cMahon				\S	hawn			Ts	State	Zip Co	ode
esidential Street Address				City	1ala			١,	CT	064	47
2 Fox Meadow				Marl	borough						
rincipal Occupation					Name of Employer						
Commercial RE Broker					JLL		c£ 0	municipality	Am	ount of	Contributi
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does	tribution is in excess of \$40 contributor or business he/sl d at more than \$5,000?	115 12 12 12 12 12 12 12 12 12 12 12 12 12	OYes O	No			50		
s this contribution associated with an event reported in Section L1?	n 8	Yes No	Is contributor a principal of If yes, indicate which to of government the con	orancii o	I DIAMONOS	cutive 🔘	<b>)</b> Legisla	tive			
If yes, list Event #			of government the con		Date Received	Ag	gregate C	ontributions			
Method of Contribution:  OCash OPersonal Check OC	-odit/Dahit	Card (	Payroll Deduction OMon	ney Orde	er 3/31/2023	5	500				MI
OCash OPersonal Check OC	rediv Debit	Ours C	<b>)</b> , - · · · · · · · · · · · · · · · ·		First						MI
Last Name					Ada					l g:=	Code
Alers				City					State	1 -	Code 6120
Residential Street Address				Ha	rtford				CT		
70 Earle Street					Name of Employer						
Principal Occupation					NA						
NA Is contributor a lobbyist, spouse,	O Yes	Ifc	ontribution is in excess of \$	400 to a	candidate for a chief e	executive	officer o	f a municipalit municipality			of Contrib
or dependent child of a lobbyist?	Ø No	dos	es contributor or business no	sne is a	O Yes	<b>⊙</b> №			$ \downarrow$ $^{1}$	.000	
Is this contribution associated with event reported in Section L1?	an (	Yes No	Is contributor a principal  If yes, indicate which of government the co	1 Dranch	Of Olumonon	ecutive	C Legis	slative			
If yes, list Event #					Date Received			Contributions			
Method of Contribution:  OCash OPersonal Check O	Credit/Del	it Card	OPayroll Deduction OM	Ioney O	rder 3/31/2023		1000				
Cash Personal Check	Creativisco	/A. S.	S	UBTC	TAL Section B -	— This	Page	2300			
					of additional Sect		•	324710			
			L CONTRIBUTIONS I			entere grigue.		326223			

## Section B ADDITIONAL PAGE 118 of 189

ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
		April 10 filing \$ 1513				
nfara for Hartford  A. Total Contributions from Small Contributors-Receive	ed this Period ONLY UBTOTAL SECTION A					
(See instructions for aejimuton of Small Counterior)	ntributions from Indiv	riduals				
	First			MI		
nt Name Spandrea	David					
	City		State	Zip Code		
5 Ferry Road	Old Saybrook		CT	06475		
ncipal Occupation	Name of Employer					
A	NA					
contributor a lobbyist, spouse,  One of the lobbyist?  One of the lobbyist?  One of the lobbyist?  One of the lobbyist?	is associated with have a contra	ici with said mamorpans	, <b>Amo</b>	unt of Contributio		
valued at more than \$5,000?	state contractor or prospective s	<u> </u>	1000	,		
s this contribution associated with an vent reported in Section L1?  Yes No Section L1?  Is contributor a principal of a section L1?  Is contributor a principal of a section L1?  Is contributor a principal of a section L1?	nch or branches					
fyes, list Event # 01 government the contract	Date Received	Aggregate Contributions				
fethod of Contribution:	v Order 3/31/2023	1000				
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	First			MI		
ast Name	Kris					
ineau	City		State	Zip Code		
esidential Street Address	Avon		CT	06001		
00 Avon Meadow Lane	Name of Employer		<u> </u>			
rincipal Occupation	Constitution	Surgery Alliance				
Healthcare  Contributor a lobbyist, spouse.  O Yes If contribution is in excess of \$400	to a candidate for a chief exec	utive officer of a municipalit	y, Amo	ount of Contributi		
r dependent child of a lobbyist?  No does contributor or business he/she valued at more than \$5,000?	Yes O	No	100	00		
s this contribution associated with an vent reported in Section L1?  If yes, list Event #  Section L1?  Yes Is contributor a principal of a section L1?  If yes, list Event #	ract is with: DExecu	tive O Legislative	5			
	Date Received	Aggregate Contributions				
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Mone	ey Order   3/31/2023	1000		MI		
Last Name	First			1		
Weeks	Brad		State	Zip Code		
Residential Street Address	City		CT	06492		
5 Twin Pines Drive	Wallingford					
Principal Occupation	Name of Employer	T t = 0 Verral alei				
Government Relations	I	Lutz & Kowalski	<u> </u>	nount of Contribu		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes Valued at more than \$5,000?	O Yes	No	10	00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No Is contributor a principal of If yes, indicate which to of government the con	tract is with: CExec	<u> </u>				
Marked of Contribution:	Date Received oney Order 3/31/2023	1000				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	BTOTAL Section B —					
SU	RIOIAT Section P —	Time tings				
		n 10 10 nace 1 22/1710				
TOTAL OF ALL CONTRIBUTIONS FR	'AL of additional Sectio	Spiriture and company of the company				

## Section B ADDITIONAL PAGE 119 of 189

ME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)		TYPE OF REPORT				
			April 10 filing	ing			
nfara for Hartford  A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	s-Received this SUBTO	s Period ONLY TAL SECTION A	\$ 1513				
Control Contro				versi i decessi i			
B. Item		tions from Individ	duals		MI		
st Name	Firs	nda					
owalski		.iiua		State	Zip Code		
sidential Street Address	City Branf	ford		CT	06405		
3 Sybil Creek Place	Drain	Name of Employer					
incipal Occupation		Rome, Smith, Lut	tz & Kowalski				
overnment Relations	20.100	l '		/, Am	ount of Contributi		
dependent child of a lobbyist?  O No does contributor or bus	siness he/she is assoc 5.000?	didate for a chief executive interest with have a contract OYes ONo	With Bald Manager-y	100			
s this contribution associated	te which branch or t	ntractor or prospective star oranches h: DExecutive					
fyes, list Event # of government	nt the contract is with	Date Received	Aggregate Contributions	1			
Method of Contribution:  Orash OPersonal Check OCredit/Debit Card OPayroll Deduction	on OMoney Order		1000		- Isa		
ast Name	Fi	rst			MI		
veeks	K	aren			m; C; d;		
esidential Street Address	City			State	Zip Code 06492		
5 Twin Pines Drive	Wall	ingford		CI	00432		
rincipal Occupation		Name of Employer	. 0.17 1.1-1				
Covernment Relations		Rome, Smith, Lu					
	usiness he/she is asso	ndidate for a chief execution or a chief execution or a contract of Yes O No	or with para service.		nount of Contribut		
is this contribution associated with an Yes No Is contributor a If yes, indice of contributor is the second of the	principal of a state c cate which branch or nent the contract is w	contractor or prospective sort branches ith:	e O Legislative				
Mothed of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	tion OMoney Order	r 3/31/2023	1000		- 5.		
Last Name	I	First			MI		
Bennett		Ryan			Tai o t		
Residential Street Address	City			State	Zip Code 06109		
22 Willard Street	Wet	chersfield		CT	00103		
Principal Occupation		Name of Employer					
Togcher		Windsor High S		<del></del>			
or dependent child of a lobbyist? On does contributor or by valued at more than	business he/she is as: \$5,000?	candidate for a chief execusociated with have a contr	lo	2	Amount of Contrib		
Is this continue I 12 No If yes, indi	a principal of a state icate which branch o ment the contract is	with:	ive OLegislative	No			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduced OPAYROLL	ction OMoney Ord	Date Received 3/31/2023	Aggregate Contributions 250				
THE ILLOOP E TENTOURIE CHECK PERCHANGED ON COME	-		his Page 2250				
OCasii Grotosaa e		TAL Section B — T	ms rage				
OCASII OTOBOALI	SUBTO	FAL Section B — T  f additional Section	Wif Y #Ps				

## Section B ADDITIONAL PAGE 120 of 189

AME OF COMMITTEE (Provide Complete Nam	ie as Reg	istered with Filing Repository)			TYPE OF REPORT				
onfara for Hartford					April 10 filing				
A. Total Contributions from States (See instructions for definition of Small)	mall ( Contrib	Contributors-Receive utor) S	ed this UBTOI	Period ONLY AL SECTION A	\$ 1513				
		B. Itemized Cor	ıtribut	ions from Individ	luals				
st Name	ggenengelik		First				MI		
oulfe			Jan	nes					
esidential Street Address			City			State	Zip Code		
Colombia St.			Hartfo	ord		CT	06106		
incipal Occupation				Name of Employer					
nsurance Executive				The Travelers Co	mpanies, Inc.				
contributor a lobbyist, spouse, dependent child of a lobbyist?	does value	ntribution is in excess of \$400 contributor or business he/she d at more than \$5,000?	is associa	ited with have a contract OYes ONo	with said municipanty	/, Amo	ount of Contributio		
s 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 br ct is with:	OExecutive	OLegislative No				
Method of Contribution:			- 1	Date Received	Aggregate Contributions				
Cash OPersonal Check OCredit/Debit (	Card C	Payroll Deduction OMoney	y Order	3/31/2023	250				
ast Name			First				MI		
ibbs, Jr.			Ge	rville					
esidential Street Address			City			State	Zip Code		
2314 S Branch Road			Branc	hburg		NJ	08853		
rincipal Occupation				Name of Employer					
Consultant				Capital Impact (					
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does valu	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?	e is associ	Yes No	With said municipanty	100	ount of Contributi )()		
s 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 brof government the contr	anch or b	ranches n: Executive	Legislative  Aggregate Contributions				
Method of Contribution:		<b>.</b>		Date Received $3/31/2023$	1000				
Ocash OPersonal Check Ocredit/Debit	Card (	Payroll Deduction (Mone		·	1000		MI		
Last Name			Fin						
McCollum				yan		State	Zip Code		
Residential Street Address			City	meadow		MA	01106		
12 Longmeadow St.			Long						
Principal Occupation				Name of Employer					
Consultant				RMC Strategies	1	ity   A =	nount of Contribu		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe	ontribution is in excess of \$40 cs contributor or business he/shued at more than \$5,000?	ne is assoc	O Yes O No	ct with said municipality	10			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		Is contributor a principal of <i>If yes</i> , indicate which be of government the cont	ranch or	branches h: O Executiv	<b>O</b> N				
Method of Contribution:		<b>a a</b>	<u> </u>	Date Received 3/31/2023	Aggregate Contributions				
	it Card	OPayroll Deduction OMon	iey Order	0/01/4040	1100				
OCash OPersonal Check OCredit/Debi			W						
OCash OPersonal Check OCredit/Debi		SUI	втота	L Section B — Th					
Ocash OPersonal Check OCredit/Debi		SUI	втота	L Section B — Th	10 1 10 10				

## Section B ADDITIONAL PAGE 121 of 189

ME OF COMMITTEE (Provide Complete Name of	as Registered with Filing Repository)			TYPE OF REPORT				
nfara for Hartford				April 10 filing	pril 10 filing			
A. Total Contributions from Sm (See instructions for definition of Small Co	all Contributors-Receive Contributor) S	ed this I	Period ONLY AL SECTION A	\$ 1513				
	B. Itemized Co	ntributi	ons from Individ	luals		1)41		
it Name		First				MI		
lone		Jud	e		State	Zip Code		
sidential Street Address		City			CT	06355		
00 River Road		Mystic			L			
ncipal Occupation			Name of Employer	lers Association				
overnment Relations					y Am	ount of Contribut		
demandant shild of a lobbyrist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is associa	OYes ONo	with said municipatry	250			
s this contribution associated with an vent reported in Section L1?		inch or bra	actor or prospective statements  OExecutive	<b>~</b>				
fyes, list Event #	Or Bo to transfer and on the		Date Received	Aggregate Contributions				
Method of Contribution: Cash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMone	y Order	3/31/2023	250				
		First		.1		MI		
ast Name		Gei	ne					
ulroy		City			State	Zip Code		
esidential Street Address 54 Court Street		Freeh	old		NJ	07728		
		1	Name of Employer					
rincipal Occupation Consultant			CIG					
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	ie is associ	OYes ONo	t with said munospuncy	10	mount of Contribu		
S IIIIS CONTIDUTION associated with	Yes Is contributor a principal of No If yes, indicate which b of government the cont	ranch or b	ranches n: Executiv	Legislative  Aggregate Contributions	Io			
A. J 1 - Contribution:	-		Date Received $3/31/2023$	1000				
Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMon	ey Order		1000		MI		
Last Name		Fire						
Moise			ake ——————		State	Zip Code		
Residential Street Address		City	hington		CT	06489		
238 Stonegate Road		Sout	Name of Employer					
Principal Occupation								
Unemployed			None	tive officer of a municip	ality /	Amount of Contrib		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	she is asso	Yes O N	o	y 2	250		
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 cor	branch or	th: Executi	ve OLegislative	No			
Method of Contribution			Date Received 3/31/2023	Aggregate Contribution	10			
OCash OPersonal Check OCredit/Debit	Card OPayroll Deduction OMo	oney Order	3/31/2023	400				
			L Section B — T	his Page 1500				
	<u> </u>							
		ΓAL of a	dditional Section	acceptance of the contract of				

# Section B ADDITIONAL PAGE 122 of 189

January 2015			ADDITIONAL  Storad with Filing Repository)			TYPE OF RE	PORT		
ME OF COMMITTEE (Provide	Complete Nam	e as Regi	Sieren min I ming Repository			April 10 fili	ng		
nfara for Hartford  Total Contribution	s from Si	nall (	Contributors-Received	this I	eriod ONLY	\$ 1513			
(See instructions for definit	ion of Small	Contrib	utor) SU	втот	IL SECTION.				
				.,	ong from Indivi	duals			
			B. Itemized Cont	First	ons from marv				MI
t Name				John	1				
ck				ity					Zip Code
sidential Street Address				n, Collan	d		C	T	06084
64 South River Road				N	ame of Employer				
ncipal Occupation					Suegel, O'Conno	or, O'Donne	el & Beck,	P.C.	
ttorney			ntribution is in excess of \$400 to		C biof ovecuti	ve officer of a	municipality,	Amou	ınt of Contributio
contributor a lobbyist, spouse, dependent child of a lobbyist?	Yes No	does	contributor or business ne/she i	5 a55001a	OYes ONO	•		1000	)
			Tibutor a principal of a s	tate contr	actor or prospective st	ate contractor?	Yes No		
s this contribution associated with vent reported in Section L1?	h an	2.7	If use indicate which brain	CIT OF OT O	nches	e OLegislat	ive		
f yes, list Event #			of government the contract	10 WILLI.	Date Received	Aggregate Co			
			On It Deduction Officer	- 1	3/31/2023	1000			
Cash OPersonal Check 🧿	Credit/Debit	Card (	Payroll Deduction OMoney	First				<u> </u>	MI
ast Name				Lust	nica				
McNulty								State	Zip Code
Residential Street Address				City Middl	etown			CT	06457
8321 Town Brooke				middi	Name of Employer		<u>,</u>		
Principal Occupation		,,			Taylor Energy				
Company Rep.			contribution is in excess of \$400			ntive officer of	a municipality	, Am	ount of Contribut
Is contributor a lobbyist, spouse, or dependent child of a lobbyist	S Yes	ldo	es contributor or business ne/suc	; 18 43300	OYes O	Vo		→ 10 <sup>t</sup>	0
Is this contribution associated we event reported in Section L1?		Yes No	Is contributor a principal of a If yes, indicate which br of government the contributors.	anch of	h: O Execu	tive () Legis	<b>⊙</b> №		
If yes, list Event #  Method of Contribution:					Date Received	100	Comme	l	
Memod of Controlloria	Credit/Del	oit Card	OPayroll Deduction OMono	ey Order	3/31/2023	100			MI
Last Name				1.,	rst				
Remigino					ames			State	Zip Code
Residential Street Address				City	e: ald			CT	06109
71 Straddle Hl				Wet	nersfield Name of Employer				
Principal Occupation					1				
Accountant					Self		of a municipal	ity. A	mount of Contrib
Is contributor a lobbyist, spou or dependent child of a lobbyi	se, 81	No.	If contribution is in excess of \$4 does contributor or business he/syalued at more than \$5,000?	sne is ass	OYes C	) No		1	00
Is this contribution associated event reported in Section L1?	with an	8 N	es Is contributor a principal o	branch o	vith: O Exec	cutive OLeg	islative	ío	
If yes, list Event #					Date Received ar 3/31/2023	100			
OCash OPersonal Check	<b>⊙</b> Credit/I	ebit Ca	ard OPayroll Deduction OMo	oney Ord			1200		
	la de la composición de la composición de la composición de la composición de la composición de la composición				'AL Section B —				
			TO:		additional Section		324710		
<ul> <li>Louis Administration of the Control of</li></ul>									

## Section B ADDITIONAL PAGE 123 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	g Repository)	TYPE OF REPORT				
Fonfara for Hartford		April 10 filing	1			
A. Total Contributions from Small Contributo (See instructions for definition of Small Contributor)	rs-Received this Period ONI SUBTOTAL SECTION	SY \$ 1513				
B. Ite	mized Contributions from In	adividuals	MI			
ast Name	First Dennis					
Bradley	City		State Zip Code			
Residential Street Address	Bridgeport		CT 06605			
528 Clinton Avenue	Name of Employer					
Principal Occupation	BLG					
Lawyer	excess of \$400 to a candidate for a chief e	xecutive officer of a municipality,	Amount of Contribution			
or dependent child of a lobbyist?  No does contributor or by valued at more than	susiness he/she is associated with have a constraint of the same o	ONo	200			
event reported in Section L1? No If yes, indic	n principal of a state contractor or prospect cate which branch or branches ment the contract is with:	ecutive OLegislative				
If yes, list Event #	Date Received	Aggregate Contributions				
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduced Contribution:	etion OMoney Order 3/31/2023	200				
Last Name	First		MI			
Estrella	Jotty		A			
Residential Street Address	City		State Zip Code			
90 Douglas St.	Hartford		CT 06114			
Principal Occupation	Name of Employer	r				
Manager	Save A Lot					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Vocation is in does contributor or valued at more than	1 \$5,000.	O No	1000			
event reported in Section L1? No If yes, inc	r a principal of a state contractor or prospe dicate which branch or branches dement the contract is with:	xecutive C Legislative				
If yes, list Event # or govern	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Dedu	oction Omoney Order 3/31/2023	1000				
Last Name	First		MI			
Hussain	Andrew					
Residential Street Address	City		State Zip Code CT 06085			
276 Main Street	Unionville		01 00000			
Principal Occupation	Name of Employ					
Developer	Grhusa Pr	-	ity, Amount of Contribut			
or dependent child of a lobbyist?  One does contributor of valued at more the		No No	500			
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## Section B ADDITIONAL PAGE 124 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	ository)		TYPE OF REPORT			
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A. Total Contributions from Small Contributors-I (See instructions for definition of Small Contributor)	Received this SUBTOT	Period ONLY al section a				
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### Section B ADDITIONAL PAGE 125

of 189

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Sale Brentwood  See Brentwood  Name of Employer  Manchester Tobacco & Candy Company  Vice President  Vice President  Name of Employer  Manchester Tobacco & Candy Company  Amount of executive officer of a municipality, valued at more than \$3,007  Is this contribution associated with an event reported in Section I.1?  Method of Constitution  President Constitution  Cash Personal Check Occedit/Debit Card Payroll Deduction Money Order  Versident Science  Principal Occepation  Name of Employer  Manchester Tobacco & Candy Company  Amount of executive officer of a municipality, valued at more than \$3,007  for some of the properties attace contractor?  President Constitution  Ocash Personal Check Occedit/Debit Card Payroll Deduction Money Order  Versident Science  Name of Employer  Manchester Tobacco & Candy Company  Amount of speciment of prospective state contractor.  Principal Occepation  State  City  Wethersfield  State  City  Versident Science  Self Science  Self Science  Name of Employer  Appropriate Science of Science o	p Code			
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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 126 of 189

B. Itemized Con	First Jad	ions from Indivi	April 10 Filing \$ 1513  duals	State CT	MI Zip Code
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## Section B ADDITIONAL PAGE 127 of 189

AME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repository)		TYPE OF REPORT			
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A. Total Contributions from Small Contrib (See instructions for definition of Small Contributor)	SUBTOTAL S.	ECTION A	\$			
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Manhester Tobacco & Candy	is in success of \$400 to a candidate	for a chief execu	tive officer of a municipal	ty, A	mount	of Contribut
or dependent child of a lobbyist?  No does contribute valued at more	tor or business he/she is associated e than \$5,000?	Yes ON	o	10	000	
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Method of Contribution:		Received 2/23	Aggregate Contributions			
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	SUBTOTAL Se					
	TOTAL of additi		ryanaa ahaa ahaa ahaa			
TOTAL OF ALL CONTI	RIBUTIONS FROM INDIVIL (Enter total on Line 13, Column.	OUALS (Section A of Summary Po	$\begin{array}{c c} \mathbf{ns} \ \mathbf{A} + \mathbf{B}) \\ \mathbf{age} \ Totals) \end{array}$			

## Section B ADDITIONAL PAGE 128 of 189

ME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Repository)		TYPE OF REPORT				
nfara for Hartford			April 10 Filing				
A. Total Contributions from Small Contribu (See instructions for definition of Small Contributor)	itors-Received thi SUBTC	s Period ONLY OTAL SECTION A	Y \$ 1513				
B. I	temized Contribu	ıtions from Indivi	duals		MI		
Name	Fir	st			IVII		
arterson	Lo	ori		State	Zip Code		
idential Street Address	City	5.411.0		CT	06081		
Tunxis Place	Tariff				1		
ncipal Occupation		Name of Employer					
uman Resources		1	officer of a municipality	Amo	ount of Contribution		
dependent child of a lobbyist? ONO does contributor of walved at more the	or business he/she is asso an \$5.000?	OYes ONo		1000			
vent reported in Section L1?  No  If yes, in	or a principal of a state condicate which branch or comment the contract is wi	ontractor or prospective states branches th:	te contractor? Yes No Legislative				
fyes, list Event #	Amilione the Call	Date Received	Aggregate Contributions				
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll De	duction OMoney Order	2/10/23	1000				
	F	irst			MI		
ast Name		Jennifer					
lera	City			State	Zip Code		
sidential Street Address 3 Main St	Nev	vington		CT	06111		
rincipal Occupation		Name of Employer					
Office Manager		Nurol Interprice					
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves	r or business he/she is ass than \$5,000?	Ografied with have a control Oges ON	,	50	nount of Contribut		
S this contribution associated No. If wes.	utor a principal of a state , indicate which branch overnment the contract is v	with: DExecuti	ve C Legislative  Aggregate Contributions				
Method of Contribution:  Cash OPersonal Check Ocredit/Debit Card OPayroll D	Deduction Money Orde	Date Received er 2/16/23	50				
OCash OPersonal Check Octedit/Deon Card Or aylon 2		First			MI		
Last Name		Muhammad					
Chowdhury	City			State	Zip Code		
Residential Street Address 813 Maple Ave Apt D8	Ha	rtford		CT	06114		
Principal Occupation		Name of Employer	<del></del> -				
Cashior		Nurol Enterprise					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution does contribut valued at more	tor or business he/she is a e than \$5,000?	Yes O		5	amount of Contrib		
is this contribution as T 12 No If ye	butor a principal of a state s, indicate which branch overnment the contract is	with: U Execu	_	ło			
A. d. A. C. Cantribution:	n to the Character Co	Date Received 2/16/23	50				
OCash OPersonal Check OCredit/Debit Card OPayroll		TAL Section B — T	1				
		of additional Section					
TOTAL OF ALL CONTR	RIBUTIONS FROM 1 (Enter total on Line 13,	Column A of Summary	Page Totals) 326223				

# Section B ADDITIONAL PAGE 129 of 189

AME OF COMMITTEE (Provide Complete Name as Register	ed with Filing Repository)			TYPE OF	REPORT			
onfara for Hartford				April 10	Filing			
A. Total Contributions from Small Con (See instructions for definition of Small Contributor)	ntributors-Received ) SU	this BTOT	Period ONLY AL SECTION A	\$ 1513				
· · · · · · · · · · · · · · · · · · ·								
	B. Itemized Cont		ons from Indivi	duals				мі
st Name		First	hony					
artino	Įc:		lony			State	Zip C	code
esidential Street Address	Ci	y Vether	sfield			CT	061	09
74 Highland St			Jame of Employer					
rincipal Occupation		1	Retired					
Retired	oution is in excess of \$400 to	a candi	date for a chief executiv	e officer of	a municipality,	Am	ount of	f Contributio
r dependent child of a lobbyist? • No does con	tributor or business he/she is t more than \$5,000?	associa	OYes ONo	t With bails .		100	)	
event reported in Section L1?	ontributor a principal of a sta If yes, indicate which branco of government the contract	n or or	actor or prospective sta inches OExecutive	A	No			
If yes, list Event #	8		Date Received	Aggregate	Contributions			
Method of Contribution:    Cash   Personal Check   Credit/Debit Card   Pa	yroll Deduction OMoney	Order	2/18/23	100				
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.ast Name Toubman		Ga	ry				[m:	Code
Residential Street Address	į.	City	_			State CT	1 -	Code 111
54 Southwood Dr		Newir				CI	100	
Principal Occupation			Name of Employer	DMD				
Dentist			Gary S. Toubman		Cisinalita		nount a	of Contributi
or dependent child of a lobbyist?  No does co	ibution is in excess of \$400 t ntributor or business he/she is at more than \$5,000?	s associ	O Yes O No	)		15		or Contraction
event reported in Section L1?	contributor a principal of a surfyes, indicate which brand of government the contract	nch or t	ranches	ve 🔿 Leg	islative			
If yes, list Event #			Date Received	1	e Contributions			
Method of Contribution:  OCash OPersonal Check Ocredit/Debit Card OP	ayroll Deduction OMoney	Order	2/18/23	150				T) (1
Last Name		Fir	st					MI
Ahmad		I N	lukhtar 			State	Zi	p Code
Residential Street Address		City	1 1211			CT		6067
72 Stone Hill Dr		Rock				1 .	L_	
Principal Occupation			Name of Employer Smoke Shops					
Owner			•	utivo office	of a municinal	ity. A	moun	t of Contribu
or dependent child of a lobbyist?  No does of values	tribution is in excess of \$400 contributor or business he/shod at more than \$5,000?	e is asso	O Yes O 1	No		5	00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # A	Is contributor a principal of a If yes, indicate which broof government the contri	anch or	th: Execut	ive OLe	gislative	o es		
Method of Contribution:  Ocash Personal Check Ocredit/Debit Card C	Payroll Deduction ()Mone	ey Orde	Date Received 3/15/23	Aggreg 500	ate Contributions			
OCash Personal Check OCredit Deoit Card			AL Section B — T	his Page	750			
			dditional Section		324710			
=====	NONTENED DETECTIONS FRO	M IN	OIVIDUALS (Section	ons A + B)	326223			
TOTAL OF ALL C	Enter total on Lin	e 13, C	olumn A of Summary I	Page Totals,	320223			

## Section B ADDITIONAL PAGE 130 of 189

NAME OF COMMITTEE (Provide Complete Name as Registe	red with Filing Repository)			TYPE OF REPORT				
Fonfara for Hartford				April 10 Filing				
A. Total Contributions from Small Co (See instructions for definition of Small Contributo	ontributors-Received ") SU	l this BTOT	Period ONLY AL SECTION A	\$ 1513				
	B. Itemized Cont		ions from Individ	luals		MI		
ast Name		First Sau	ıd					
Ahmed	Cit				State	Zip Code		
Residential Street Address		•	larford		СТ	06117		
2265 Albany Ave			Name of Employer					
Principal Occupation Owner			Sam's Food 106 Sis	son Ave Hartford				
is contributor a lobbyist, spouse,  Or dependent child of a lobbyist?  ON does contributor	bution is in excess of \$400 to a candidate for a chief executive officer of a municipality, ntributor or business he/she is associated with have a contract with said municipality at more than \$5,000?  Amount of 250			a candidate for a chief executive officer of a municipality associated with have a contract with said municipality  Yes  No				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # A	contributor a principal of a sta  If yes, indicate which branc of government the contract	h or br	anches	OLegislative O				
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Pa	ayroll Deduction OMoney (		Date Received 3/15/23	Aggregate Contributions 250				
Last Name		First				MI		
Akhter		Ali						
Residential Street Address		City			State	Zip Code 06107		
29 Ravenwood Rd		West	Hartford		U	00107		
Principal Occupation			Name of Employer					
Owner			Sam's Food Store	CC of a municipali	ty Ar	nount of Contrib		
or dependent child of a lobbyist? O No does co	ribution is in excess of \$400 to ontributor or business he/she is at more than \$5,000?	s associ	OYes O No	With said municipanty	50			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # A	s contributor a principal of a s  If yes, indicate which bran of government the contrac	ich or t	oranches	· O Legislative	o es			
Method of Contribution:			Date Received	Aggregate Contributions				
Ocash OPersonal Check Ocredit/Debit Card OP	Payroll Deduction OMoney	Order	3/15/23	500		MI		
Last Name		Fir				1411		
Bansal	T		igvijay		State	Zip Code		
Residential Street Address 306 Mooreland Rd		<sub>City</sub> Berlii	n		CT	06037		
Principal Occupation			Name of Employer					
C. Stores Owner			Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes Valued value	tribution is in excess of \$400 contributor or business he/she 1 at more than \$5,000?	is asso	Ciated with have a contraction of Yes O No	ct with said municipanty	2	amount of Contri		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # A	Is contributor a principal of a single significant figures. If yes, indicate which brain of government the contract	nch or	th: Executiv		<b>1</b> 0			
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card O	Payroll Deduction OMoney	y Order	Date Received 3/15/23	250				
			AL Section B — Th	is Page 1000				
	TOTA	L of a	dditional Section B	Pages 324710				
TOTAL OF ALL C	CONTRIBUTIONS FROM	M INI 13. Co	OIVIDUALS (Section lumn A of Summary Pag	s A + B) ge Totals) 326223				
	(-1115)		•	one terminate nicht				

## Section B ADDITIONAL PAGE 131 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposi		TYPE OF REPORT						
onfara for Hartford			April 10 Filing					
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	eceived this	s Period ONLY TAL SECTION A	\$ 1513					
B. Itemize		itions from Indivi	duals		MI			
ast Name	Firs	uillermina						
Gonzalez				State	Zip Code			
Residential Street Address	City Hartfo	ord		СТ	06106			
97 Amity St	Harti	Name of Employer		<u> </u>				
Principal Occupation		State of CT						
State Rep		1	ve officer of a municinalit	v. Ami	ount of Contributio			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of does contributor or business valued at more than \$5,000	s he/she is assoc )?	OYes ONo	100					
event reported in Section L1?  No If yes, indicate wh	hich branch or t	ntractor or prospective statements h:						
If yes, list Event # A		Date Received	Aggregate Contributions					
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction (	Money Order	3/15/23	100					
	Fi				MI			
Last Name Hussain	S	houkat						
Residential Street Address	City			State	Zip Code			
70 Barrington Dr	Sprir	ngfield		MA	01129			
Principal Occupation	l	Name of Employer						
Owner		Convenience Sto	re					
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	ess he/she is asso	ndidate for a chief execut ociated with have a contra Yes O No	ct with said municipanty	ty, <b>An</b>	ount of Contributi			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # A  Yes No If yes, indicate woof government to	which branch or	ontractor or prospective s branches ith: Executiv	ve O Legislative					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction	OMoney Order	3/15/23	500					
Last Name	F	irst			MI			
Imran		Shahid			15: 0.1			
Residential Street Address	City			State	Zip Code			
40 Ledge Rd	Plai	inville		CT	06062			
Principal Occupation		Name of Employer						
Owner		Convenience Sto						
or dependent child of a lobbyist?  No does contributor or busin valued at more than \$5,00	ness he/she is ass 000?	O Yes O N		5	mount of Contribu			
No If yes, indicate	ncipal of a state which branch of the contract is v	vith:	ive OLegislative	4o				
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	Date Received er 3/15/23	Aggregate Contributions 500	`				
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	TOTAL of	additional Section	<b>B Pages</b> 324710					
TOTAL OF ALL CONTRIBUTIO	NS FROM IN	NDIVIDUALS (Section	$\frac{(a + B)}{(a + a + b)}$ 326223					
(Enter tot	tal on Line 13, (	Column A of Summary P	age Totals)					

## Section B ADDITIONAL PAGE 132 of 189

JAME OF COMMITTEE Provide Complete Name as Revistered with Filing Re	E OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)							
onfara for Hartford			April 10 Filing					
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	Received this	s Period ONLY TAL SECTION A	\$					
B. Item	ized Contribu	ıtions from Indivi	duals			-		
ast Name	Firs				1	MI		
qbal	M	ohammad		State	Zip Co	de		
esidential Street Address	City	- aton		CT	0611			
1164 Willard Ave	Newi	ngton						
rincipal Occupation		Name of Employer Sam's Food Store						
Store Manager			CC Cioinglity	Am	ount of (	Contributio		
or dependent child of a lobbyist?  No does contributor or bus valued at more than \$5,	iness he/she is assoc ,000?	Oyes ONo		700		Contributio		
event reported in Section L1?  No If yes, indicate	iated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes							
If yes, list Event # A		Date Received	Aggregate Contributions					
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	on OMoney Order	3/15/23	700					
	Fi					MI		
Last Name Martinez	В	Benigno						
Residential Street Address	City					ode		
54 Olmsted St	East	Hartford		CT	061			
Principal Occupation		Name of Employer						
General Manager		Center Market						
TC / illustration in an	siness he/she is asso	ndidate for a chief execution of the contract	ive officer of a municipalit et with said municipality	y, <b>An</b>		Contributi		
event reported in Section L1? No If yes, indicate	principal of a state c ate which branch or ent the contract is w	contractor or prospective sor branches	tate contractor?  Ye C Legislative					
If yes, list Event #		Date Received	Aggregate Contributions					
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deducti	on Money Order	r 3/15/23	200					
Last Name		First	A			MI		
Mirza		Hafeez						
Residential Street Address	City			State	1 -	Code O47		
10 Ramblewood Dr	Roc	ky Hill		CT	06	067		
Principal Occupation		Name of Employer						
Owner		Convenience Sto						
or dependent child of a lobbyist?  No does contributor or b valued at more than s	usiness he/she is ass \$5,000?	Sociated with have a control of the Sociated with have a control of the Sociated With have a control o		5	mount o	of Contribu		
No If ves. indic	principal of a state of cate which branch on nent the contract is v	contractor or prospective or branches with:	ve OLegislative					
Method of Contribution:		Date Received	Aggregate Contributions 500					
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	TOTAL of	additional Section	B Pages					
TOTAL OF ALL CONTRIBUT	TIONS FROM IN	NDIVIDUALS (Section	ns A + B)					
(Ente	r total on Line 13, (	Column A of Summary Po	age Totals)					
And the control of th								

## Section B ADDITIONAL PAGE 133 of 189

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Onfara for Hartford  A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)			April 10 Filing			
A. Total Contributions from Small Contributors-Rece						
	SUBTO	Period ONLY TAL SECTION A	\$ 1513			
B. Itemized C		tions from Indivi	duals		MI	
ast Name	First					
odriguez		SC		State	Zip Code	
esidential Street Address	City New Y	'ork		NY	10003	
35 4th Ave Apt 3H	New	Name of Employer	<u></u>			
Principal Occupation						
or dependent child of a lobbyist? No does contributor or business he/	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 Is contributor a principal of a state contractor or prospective state contractor?  Yes					
event reported in Section L1?  No If yes, indicate which	branch or b	ranches	OLegislative O No			
If yes, list Event # A of government the Condition of Contribution:  Ocash Personal Check Ocredit/Debit Card Opayroll Deduction Ome	oney Order	Date Received 3/17/23	Aggregate Contributions 500			
	Firs	st			MI	
Last Name Salman	Sc	obia			Zip Code	
Residential Street Address	City					
366 Prospect Ave Apt B2	Hartf	ord		СТ	06105	
Principal Occupation		Name of Employer				
Manager		Sam's Food				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$\frac{3}{4}\$ does contributor or business he valued at more than \$5,000?	\$400 to a can e/she is assoc	ididate for a chief execution of the contraction of	ct with said municipanty	,	nount of Contribut 50	
Is this contribution associated with an event reported in Section L1?  Yes No Is contributor a principal If yes, indicate which	h branch or	branches	tate contractor? Ye C Legislative			
If yes, list Event # A of government the comment that the comment of the comment that the comment of the commen		Date Received	Aggregate Contributions			
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Last Name	Fi	irst			MI	
Singh	ŀ	-larwinder			lgi G-la	
Residential Street Address	City			State	Zip Code 06111	
104 Whitewood Rd	New	vington		101		
Principal Occupation		Name of Employer	avinder Mert			
Self Employed		Self Employed D		lity I	amount of Contrib	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes Ves does contribution is in excess of does contributor or business by valued at more than \$5,000?	he/she is asso	Yes ON	lo	5	600	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # A  Yes No If yes, indicate which of government the contribution of government the contribution associated with an event reported in Section L1?	ch branch or	r branches	ive OLegislative	No		
Method of Contribution:	Money Orde	Date Received	Aggregate Contribution 500	5		
OCash Personal Check OCredit/Debit Card Payroll Deduction O		AL Section B — T	his Page 1250			
		additional Section	me x nPe			
MODAL OF ALL CONTRIBUTIONS	FROM IN		ns A + B)	***************************************		

### Section B ADDITIONAL PAGE 134 of 189

			ADDITIONAL			TYPE OF R	EPORT			
NAME OF COMMITTEE (Provide Comple	ete Name a	s Regist	ered with Filing Repository)			April 10 F	<u> </u>			<u> </u>
onfara for Hartford						April 10 f	mry		<u> </u>	
A. Total Contributions fro (See instructions for definition of	m Sm Small Co	all Co	ontributors-Receive or) S	d this UBTOI	Period ONLY TAL SECTION A	\$ 1513				
				- War (1997)						
			B. Itemized Con		ions from Indivi	duals				Тмі
ast Name				First	aric					
Mirnes					anc		T <sub>s</sub>	State	Zip (	Code
tesidential Street Address				<sup>City</sup> Hartfo	rd			СТ	06	114
81 Chester St					Name of Employer	<u></u>				
Principal Occupation					MSM Transport LL	С				
Driver		<b>TC</b> .	ibution is in excess of \$400	to a cand	idate for a chief executiv	ve officer of	a municipality,	Am	ount o	f Contribution
	No	does co	ontributor or business he/she at more than \$5,000?	is associ	Oyes ONo	t With Sala II		700	)	
Is this contribution associated with an	9	es Is	contributor a principal of a s  If yes, indicate which bran	nch or bi	anches	_	O			
event reported in Section L1?  If yes, list Event # C	O 1	.40	of government the contrac	t is with	Executive		Contributions	-		
Method of Contribution:					Date Received 3/18/23	700	Contributions			
OCash OPersonal Check OCredit/	Debit Ca	ırd O	Payroll Deduction OMoney			700				MI
Last Name				Firs	ι ctor					
Cristofaro					CtOi		T	State	Zip	Code
Residential Street Address				City Rock	/ Hill			CT	00	5067
87 Barry Place				Rook	Name of Employer					
Principal Occupation					Hartford Public So	chools				
Principal	S 1	7.0	tribution is in excess of \$400	) to a can	didate for a chief execut	ive officer of	f a municipality	, AI	nount	of Contributi
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does o	contributor or business he/should at more than \$5,000?	e is assoc	O Yes O No	)		_ 10	)0	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # C	8	Yes No	Is contributor a principal of a If yes, indicate which brof government the contri	anch or	th: Executiv	ve 🔿 Legis	<b>-</b>			
Method of Contribution:					Date Received 3/18/23	100	Continucions			
OCash OPersonal Check OCredi	it/Debit C	Card C	Payroll Deduction Mone			100				MI
Last Name					<sub>rst</sub> Vermin					
Deric				City	VCITTIES			State	Z	ip Code
Residential Street Address				1	hersfield			СТ	(	06109
133 Straddle Hill				1	Name of Employer					
Principal Occupation					Miki Realty					
Real Estate Broker	Δv.	TE as	ntribution is in excess of \$40	00 to a ca	ndidate for a chief execu	utive officer	of a municipali	ty, A	moun	t of Contribu
	Yes No	does	contributor or business he/s ed at more than \$5,000?	he is ass	Yes O	No		1	000	
Is this contribution associated with an event reported in Section L1?	8	Yes No	Is contributor a principal of If yes, indicate which to of government the con	ranch o	branches	ive OLeg	islative	0		
If yes, list Event # C					Date Received	55 5	te Contributions			
OCash OPersonal Check OCred	dit/Debit	Card (	Payroll Deduction OMo	ney Orde	3/18/23	1000				
					AL Section B — T	his Page	1800			
			тот	'AL of	additional Section	B Pages	324710			
TOT	ral of	ALL	CONTRIBUTIONS FR	OM IN	DIVIDUALS (Section	ons A + B)	326223			
			(Enter total on L	ine 13, C	olumn A of Summary I	uge Ivius)				<u> </u>

### Section B ADDITIONAL PAGE 135 of 189

IAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYPE OF REPORT					
onfara for Hartford				April 10	Filing				
A. Total Contributions from Sn (See instructions for definition of Small C	nall Contributors-Receiv Contributor) S	ed this SUBTOI	Period ONLY TAL SECTION A	\$ 1513					
	B. Itemized Co		ions from Individ	uals			М	1	
ast Name		First Jua	na				"	·•	
lbanes			1114			State	tate Zip Code		
esidential Street Address		City East H	artford			CT	06108		
53 Governor St			Name of Employer				_L		
rincipal Occupation			rum or migray a						
s 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	or ated with have a contract  Oyes  ONo	Willi Said II	numcipanty	100	ount of C	ontributi	
IS IIIIS CONTINUATION ABBOOKATOR TO THE	Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or br	anches	OLegisl	ative				
Method of Contribution:			Date Received		Contributions				
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	y Order	3/31/23	100					
Last Name		Firs					N	M	
Custodio		Al	exa ————————————————————————————————————				Tai G	<u> </u>	
Residential Street Address		City	1 1			State	Zip Cod 0610		
45 Burnside Ave		East F	lartford			UI			
Principal Occupation			Name of Employer BCI						
event reported in Section L1?	If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?  Yes Is contributor a principal of If yes, indicate which but of government the contributors.	a state cor	or tractor or prospective states or trackers.	ite contract	or? OYes	10	nount of C	Jontribu	
If yes, list Event # H  Method of Contribution:	or government the cont	1401 15 1111	Date Received		Contributions				
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMon	ey Order	3/31/23	100					
Last Name		Fir	rst					MI	
Kajic			levzeta				15: 0		
Residential Street Address		City	ci i i			State	Zip Co 061		
27 Judd Rd		Weth	nersfield			101	001	J /	
Principal Occupation			Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	00 to a car	ndidate for a chief execut ciated with have a contra Yes O No	ot with said	of a municipali I municipality		mount of	Contribu	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # C	Yes Is contributor a principal of If yes, indicate which to of government the con	branch or	th: Executiv	e <b>O</b> Leg	• INC				
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			additional Section E		324710				
TOTAL OF	F ALL CONTRIBUTIONS FR (Enter total on L	OM INI ine 13, Ca	DIVIDUALS (Section Jolumn A of Summary Pay	s A + B) ge Totals)	326223				
TOTAL OF	F ALL CONTRIBUTIONS FR (Enter total on L	ROM INI ine 13, Ca	DIVIDUALS (Section olumn A of Summary Pa	s A + B) ge Totals)	326223				

# Section B ADDITIONAL PAGE 136 of 189

NAME OF COMMITTEE (Provide Complete Name		TYPE OF REPORT					
onfara for Hartford				April 10 Filing			
A. Total Contributions from Sm (See instructions for definition of Small Co	nall Contributors-Receive Contributor) S	ed this	S Period ONLY TAL SECTION A	\$ 1513			
	B. Itemized Cor	ıtribu	tions from Individ	luals			
_ast Name		First				MI	
Korkutovic		Nij	az				
Residential Street Address		City			State	Zip Code 06114	
127 Brown St		Hartfo			CI	00114	
Principal Occupation			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	Yes of contribution is in excess of 3400 to a candidated with have a contract with said municipality valued at more than \$5,000?  Yes ONo  Yes ONO  Yes			nount of Contribution			
15 liks contribution associated							
Method of Contribution:  Cash Personal Check Credit/Debit Ca	ard OPayroll Deduction OMoney	y Order	Date Received 3/18/23	Aggregate Contributions			
Last Name		Firs	st			MI	
Custodio		Cr	recencio				
Residential Street Address		City			State	Zip Code 06108	
43 Burnside Ave		East F	-lartford		СТ	00100	
Principal Occupation			Name of Employer	ant.			
Owner			El Rincon Latino Re			4.50 47 4	
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 assoc	Yes O No	with said municipality		nount of Contributio )()	
	Yes Is contributor a principal of a If yes, indicate which brof government the contributors.	anch or l	branches	Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
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Last Name		Fi				MI	
Kuljancic			laris ————————————————————————————————————		State	Zip Code	
Residential Street Address 19 Oak HIIII Rd		City Rock	ky Hill		CT	06067	
Principal Occupation Financial Controller			Name of Employer The Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	ne is asso	O Yes O No	et with said municipality	2	mount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No Is contributor a principal of If yes, indicate which be of government the cont	ranch or	branches ith: Executiv	• • • • • • • • • • • • • • • • • • •	No.		
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			additional Section B				
TOTAL OF	ALL CONTRIBUTIONS FRO	OM INI ne 13, Ca	DIVIDUALS (Section Jumn A of Summary Pag	$\begin{vmatrix} \mathbf{s} \ \mathbf{A} + \mathbf{B} \\ \mathbf{ge} \ Totals \end{vmatrix} = 326223$			

### Section B ADDITIONAL PAGE 137 of 189

IE OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
			April 10 Filing						
nall Contributors-Receive Contributor) S	ed this SUBTO	Period ONLY TAL SECTION A	\$ 1513	a 100					
B. Itemized Con		tions from Individ	luais		MI				
		hamed							
		Turnou		State	Zip Code				
	Berlin			СТ	06037				
	L	Name of Employer		L					
does contributor or business he/she valued at more than \$5,000?	is associ	oted with have a contract Oyes ONo	with said municipanty	100	nount of Contribution				
No. If ves. indicate which bra	nch or bi	: OExecutive	OLegislative O						
Card OPayroll Deduction OMone			1000		MI				
	1				1417				
		JIIO		State	Zip Code				
	1 *	ord		СТ	06114				
	] '''								
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does contributor or business he/sh valued at more than \$5,000?	e is assoc a state co	or tractor or prospective statements	ate contractor?	1(	nount of Contributio				
of government the contr	ract is wit	h: Executive							
	Oudon		•						
Card Payroll Deduction Ovione			100		MI				
		7111201		State	Zip Code				
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		Name of Employer							
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does contributor or business he/s valued at more than \$5,000?	he is asso	Yes O No	et with said mumerpants	7	mount of Contribut				
No If yes, indicate which b	ranch or	th: Executiv	re OLegislative	No					
t Card OPayroll Deduction OMor	ney Order		700						
			is Page 1800						
F ALL CONTRIBUTIONS FR (Enter total on Li	OM INI ine 13, Ca	DIVIDUALS (Section Jolumn A of Summary Pa	s A + B) ge Totals) 326223						
	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 bra of government the contract of government of gove	B. Itemized Contributors  B. Itemized Contributor  B. Itemized Contributor  Berlin  If contribution is in excess of \$400 to a cand does contributor or business he/she is associvated at more than \$5,000?  Yes Is contributor a principal of a state conformation of government the contract is with the contributor or business he/she is associvated at more than \$5,000?  Yes City Hartfor  If contribution is in excess of \$400 to a cand does contributor or business he/she is associvated at more than \$5,000?  Yes Is contributor a principal of a state conformation of government the contract is with the	B. Itemized Contributions from Individuals Section A  B. Itemized Contributions from Individuals and Substitution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:    City	April 10 Filing  mall Contributors-Received this Period ONLY SUBTOTAL SECTION A  B. Itemized Contributions from Individuals    First	April 10 Filing  mall Contributors-Received this Period ONLY SUBTOTAL SECTION A  B. Itemized Contributions from Individuals    First   Mohamed				

### Section B ADDITIONAL PAGE 138 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 this SUBTO	s Period ONLY TAL SECTION A	\$ 1513				
	B. Itemized Cor	ntribu	tions from Individ	duals				
Last Name		Firs			er er tradjal		МІ	
Custodio		Ra	fael					
Residential Street Address		City			State	1 ^	Code	
61 Church St		East H	lartford		СТ	06	5108 	
Principal Occupation			Name of Employer Faro Restaurant					
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?	to a cand	lidate for a chief executive ated with have a contract  OYes  ONo	contract with said municipality  No			of Contribution	
	ed in Section L1? No If yes, indicate which branch or branches				S			
Method of Contribution:			Date Received	Aggregate Contributions				
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Last Name		Firs	t				МІ	
Razmin		Su	ıbasic					
Residential Street Address	al Street Address City St					^	Code	
155 North Conolor Dr	5 North Conolor Dr Rocky Hill						6067	
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she	to a cano	iated with have a contract	e officer of a municipal with said municipality			of Contribution	
Is this contribution associated with an Y	valued at more than \$5,000?  Tes Is contributor a principal of a   If yes, indicate which bra  of government the contra	anch or t	oranches	te contractor? SYON	es	100		
Method of Contribution:	or 80 , symmons and some		Date Received	Aggregate Contributions				
Ocash OPersonal Check Ocredit/Debit Ca	ard OPayroll Deduction OMoney	y Order	3/18/23	3/18/23				
Last Name		Fir	st				MI	
Mata		Jo	osefa					
Residential Street Address		City			State	- 1	p Code	
45 Burnside Ave		East	Hartford		СТ	10	06108	
Principal Occupation		<del></del>	Name of Employer Sara Cake Cashier					
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 assoc	eiated with have a contrac Yes No	t with said municipality	1	oo oo	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # C	Yes Is contributor a principal of a  No  If yes, indicate which bra  of government the contra	anch or b	oranches h: C Executive	• O Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
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	SUB	тота	L Section B — This	s Page 300				
	тота	L of a	dditional Section B	Pages   324710				
TOTAL OF A	ALL CONTRIBUTIONS FRO (Enter total on Line	M IND e 13, Col	IVIDUALS (Sections umn A of Summary Page	A + B) 326223				
		autera destibli		esemperatura (n. 1919).				

#### Section B ADDITIONAL PAGE 139 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  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				
				<del></del>			
			,, , , , , , , , , , , , , , , , , , ,				
Y N	B. Itemized Co	ntribu Firs	itions from Indivi	auais			Мі
Last Name Balducci			chard				, MAX
Residential Street Address		City				State	Zip Code
245 River Rd		Deep	River			CT	06417
Principal Occupation			Name of Employer				
Lobbyist			Doyle, D'Amore & E	3alducc			
							ount of Contribution
	Yes Is contributor a principal of a solution of government the contract	nch or b	ranches	_	<b>⊙</b> №		
Method of Contribution:			Date Received	Aggregate	Contributions		
OCash OPersonal Check OCredit/Debit Cas	rd OPayroll Deduction OMoney	Order	3/16/23	500			
Last Name		Firs	t t	<u></u>			MI
Boccaccio		Ri	chard				
Residential Street Address		City				State	Zip Code
235 East River Drive		East H	lartford			CT	06108
Principal Occupation	1		Name of Employer				1
Insurance			Brokerage Risk Mar	nageme	ent		
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?					, <b>A</b> m	ount of Contribution
	Yes Is contributor a principal of a state contractor or prospective state contractor? QYes						
Method of Contribution:			Date Received	Aggregate	Contributions		
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order	3/16/23	1000			
Last Name		Fire	st		10 10 to the 10 to		MI
Conway		Ri	ichard				
Residential Street Address		City				State	Zip Code
80 Blue Ridge Rd		Kensi	ington			CT	06037
Principal Occupation			Name of Employer				
Lobbyis			Gaffney Bennett &	Assoc			
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?					, <b>A</b> m	ount of Contribution
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	SUB	гота	L Section B — This	Page	2500		
	TOTA	Lofac	lditional Section B I	Pages	324710		
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line	M INDI 13, Coli	IVIDUALS (Sections A	A + B) Totals)	326223		
			-				

#### Section B ADDITIONAL PAGE 140 of 189

A. Total Contributions from Small Contributors-Received this Period ONLY  (Rec intraventions for definitions of Small Contributors)  B. Ifemized Contributions from Individuals    First	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
B. Itemized Contributions from Individuals    Print	Fonfara for Hartford			April 10 Filing			
Doyle   Doyl				\$ 1513			
Doyle   Doyl							
Double   Michael	B. Itemized Co	ntribut	ions from Indivi	duals			
Rediscitation Street Address  QS SUTTS  State  CT	Last Name	First				MI	
Post Summit Rd  Storrs   Doyle	Mic	chael					
Name of Employer   Contribution	Residential Street Address	City			State	Zip Code	
Lobbyist  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If the Section L1?  If the Section L2 and the Sectio	92 Summit Rd	Storrs			CT	06268	
Is contributor a lobbyist, agouse, or dependent child of a lobbyist?  No No No No No No No No No No No No No N	Principal Occupation	1	Name of Employer				
Substitution associated with an event reported in Section 1.17   Substitution associated with an event reported in Section 1.17   Method of Contribution associated with an event reported in Section 1.17   Method of Contribution associated with an event reported in Section 1.17   Method of Contribution   Method   Met	Lobbyist		Gaffney, Bennett &	Assoc			
are an exported in Section L1.2 (Pyes, ist Event # B   B   Pyes   Marked of Committee   B   B   Pyes   Marked of Committee   B   B   Pyes   Marked   B   B   B   Pyes   Marked   B   B   B   Pyes   Marked   B   B   B   B   B   B   B   B   B							
Method of Contributions   Contribution   Contribu	event reported in Section L1? No If yes, indicate which bra	inch or bra	inches	● No			
Cash   Opersonal Check   Octobit/Debit Card   Opayroll Deduction   Omoney Order   3/16/23   100		1	Date Received	Aggregate Contributions			
Residential Street Address 149 Spend Ridge Principal Occupation    Name of Employer   Name of Employer		y Order	3/16/23	100			
Residential Street Address 149 Spend Ridge   Rocky Hill	Last Name	First				MI	
149 Spend Ridge	Fay	Dav	vid				
Principal Occupation    Name of Employer	Residential Street Address	City			State	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No    Yes   Order 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?   Yes, indicate which branch or branches of government the contract is with:	149 Spend Ridge	Rocky	icky Hill			06067	
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 # B  Last Name Formica  Residential Street Address 34 Fernwoodd Dr  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Yes No Of government the contract is with:  Date Received 3/16/23  Aggregate Contributions  Cliy Guillford  CT  O6437    State   Zip Code   O6437    Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist?  No Of sovernment the contract is with:    State   Zip Code   O6437    O6437	Principal Occupation	1	Name of Employer				
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 # B  Last Name Formica  Residential Street Address 34 Fernwoodd Dr  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Yes No Of government the contract is with:  Date Received 3/16/23  Aggregate Contributions  Cliy Guillford  CT  O6437    State   Zip Code   O6437    Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist?  No Of sovernment the contract is with:    State   Zip Code   O6437    O6437							
Agregate Contributions   Date Received   Aggregate Contributions   Amount of Contribution   CT   O6437      Amount of Contribution   Amount o	or dependent child of a lobbyist? On does contributor or business he/she	ne/she is associated with have a contract with said municipality					
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Aggregate Contributions  250  MI  Date Received 3/16/23 250  Last Name Formica  Residential Street Address 34 Fernwood Dr  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is contributor a sociated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Ocash Personal Check Ocredit/Debit Card Payroll Deduction Money Order  SUBTOTAL Section B — This Page  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  Date Received Aggregate Contributions  Aggregate Contributions  Aggregate Contributions  State  City  CT  06437  Amount of Contribution  Amount of Contribution  Ocash Personal Check Ocredit/Debit Card Payroll Deduction Money Order  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  Date Received  3/16/23  Aggregate Contributions  Aggregate Contributions  Aggregate Contributions  Date Received  Aggregate Contributions  1000		ontribution associated with an protection L1?  Yes No Is contributor a principal of a state contractor or prospective state contractor?  Yes No No No					
Cash   OPersonal Check   Oredit/Debit Card   OPayroll Deduction   OMoney Order   3/16/23   250							
Last Name Formica  Residential Street Address  34 Fernwood Dr  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  State  City  Guilford  Name of Employer  Formica, P.C.  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event of the sevential of		y Order	3/16/23				
Residential Street Address  34 Fernwood Dr  Principal Occupation  Attorney  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 # B  Method of Contribution:  Ocash Personal Check Ocredit/Debit Card OPayroll Deduction Money Order  TOTAL of additional Section B Pages  City  Guilford  Name of Employer Formica, P.C.  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution of contribution associated with an event reported in Section L1?  If yes, list Event # B  SubTOTAL Section B — This Page  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  127(202)						MI	
34 Fernwood Dr  Principal Occupation Attorney  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 # B  Method of Contribution:  Ocash Personal Check Ocredit/Debit Card Payroll Deduction Money Order  TOTAL of additional Section B Pages  Guilford  Name of Employer Formica, P.C.  Amount of Contribution amunicipality, does contribute of a candidate for a chief executive officer of a municipality, does contribution associated with have a contract with said municipality valued at more than \$5,000?  Yes No  Substitute Card Opayroll Deduction Opayroll	Formica	Gle	enn				
Principal Occupation Attorney    Name of Employer   Formica, P.C.	Residential Street Address	City			State	Zip Code	
Attorney    Formica, P.C.	34 Fernwood Dr	Guilfor	rd		CT	06437	
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 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 Personal Check Ocredit/Debit Card Payroll Deduction Money Order  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  Amount of Contribution and a chief executive officer of a municipality, does contractor of a municipality, and contribution and such that a contract with said municipality valued at more than \$5,000?  Yes No  1000  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Principal Occupation		Name of Employer		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? Yes No No  Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with:  Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order  SUBTOTAL Section B — This Page  TOTAL of additional Section B Pages  324710  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) 234633	Attorney		Formica, P.C.				
event reported in Section L1?  If yes, list Event # B  Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order  SUBTOTAL Section B — This Page  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  1200  Executive OLegislative  Aggregate Contributions  3/16/23  1000  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	or dependent child of a lobbyist? On does contributor or business he/she		ited with have a contract				
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SUBTOTAL Section B — This Page 1350  TOTAL of additional Section B Pages 324710  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) 204 222		1					
TOTAL of additional Section B Pages 324710  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) 204 202	Cash Personal Check Credit/Debit Card Payroll Deduction OMone	y Order	3/10/23	1000			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	SUBTOTAL Section B — This Page 1350						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  326223	TOTAL of additional Section B Pages 324710						
	TOTAL OF ALL CONTRIBUTIONS FROM	M INDIV	/IDUALS (Sections A	A + B) Totals) 326223			

### Section B ADDITIONAL PAGE 141 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				
Last Name	ontribi Fir	utions from Indivi	duals			1	
Fox		rendan				MI	
Residential Street Address	City			State	Zip	Code	
49 Bonny View Rd	West	Hartford		CT	06	5107	
Principal Occupation		Name of Employer					
Attorney		Law Office of Jay N	1alcynsky				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Honor does contributor or business he/she valued at more than \$5,000?	0 to a can e is assoc	didate for a chief executive interest with have a contract OYes ONo	e officer of a municipali with said municipality	ty, An		of Contribution	
Is this contribution associated with an event reported in Section L1?  **Modesian** Yes No Is contributor a principal of a **If yes, indicate which bra of government the contral of government the government the government the government the government the government the government the government the government the government the government the government the government the government the government of government the government of government the government of government the government of government the government of government the government of government the government of gov	anch or b	ranches	_ <b>O</b> No				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash Personal Check OCredit/Debit Card Payroll Deduction OMoney	y Order	3/16/23	1000				
Last Name	Firs	st				MI	
Gallo	1A	nthony					
Residential Street Address	City		- Village	State	Zip	Code	
82 Farm Hill Rd	Orang	ge		СТ	0€	5477	
Principal Occupation	<u> </u>	Name of Employer					
CEO		Star Distributors In	С				
s 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 1000						of Contribution	
event reported in Section L1? O No If yes, indicate which bra	Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive () Legislative						
Method of Contribution:	l	Date Received	Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order	3/16/23	1000				
Last Name	Firs			*****	***************	MI	
Garcia	Ec	dna					
Residential Street Address	City			State	Zip	Code	
38 Siemon St	Bridge	eport		CT	06	605	
Principal Occupation		Name of Employer					
Retired Teacher							
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 cand	didate for a chief executive atted with have a contract  Yes No	e officer of a municipalit with said municipality	y, <b>Am</b>		of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # B	nch or b	tate contractor or prospective state contractor?  Ch or branches					
Method of Contribution:		Date Received	Aggregate Contributions	_			
Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	y Order	3/16/23	100				
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TOTAL of additional Section B Pages 324710							
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		VIDUALS (Sections A mn A of Summary Page T					

### Section B ADDITIONAL PAGE 142 of 189

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	sitory)		TYPE OF REPORT				
Fonfara for Hartford			January 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 1513				
B. Itemize	d Contr	ributions from Indivi	duals				
Last Name		First		Service Program	MI		
Gasperetti		Trevor					
Residential Street Address	City	7		State	Zip Code		
1059 Mosefan St	Fra	anklin Square		NY	11010		
Principal Occupation		Name of Employer			11010		
Mechanical Engineer		Altieri					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No High contribution is in excess of does contributor or business valued at more than \$5.000?	he/she is as	candidate for a chief executive ssociated with have a contract	e officer of a municipali with said municipality		ount of Contribution		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of the	al of a state ch branch		_ <b>O</b> No		00		
If yes, list Event # B of government the of Method of Contribution:	contract is		OLegislative				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	h	Date Received	Aggregate Contributions				
	Money Ord	ler 3/16/23	1000				
Last Name		First			MI		
Jewett		Stephen					
Residential Street Address	City			State	Zip Code		
161 North Quaker Ln	We	est Hartford		СТ	06119		
Principal Occupation		Name of Employer		<u> </u>	L		
Consultant		Penn Avenue Consu	ultina				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of does contributor or business h valued at more than \$5,000?	\$400 to a che/she is ass	candidate for a chief executive sociated with have a contract v	officer of a municipality		unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # B Yes No If yes, indicate which of government the contribution apprincipal of government the contribution apprincipal in the section L1?	ch branch c	contractor or prospective state or branches	<b>⊘</b> No		O		
Method of Contribution:	Continuor 15 v		Aggregate Contributions	4			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction O	Money Orde		1000				
Last Name	-	First	1000				
Keyes	i	John			MI		
Residential Street Address	City			<del>,</del>			
63 Marvel Rd	1 -	w Haven		State	Zip Code		
Principal Occupation	140			СТ	06510		
Lawyer		Name of Employer					
· · · · · · · · · · · · · · · · · · ·		SelfKeyes & Loone	-				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of does contributor or business h valued at more than \$5,000?	\$400 to a cale/she is ass	andidate for a chief executive sociated with have a contract w  O Yes  No	officer of a municipality vith said municipality	7, Amou	unt of Contribution		
West reported in Section 17? No No If yes, indicate which	h branch oi		No	7 1000	,		
If yes, fist Event # B of government the co	OHHACI IS W		Legislative	4			
Cash Personal Check Credit/Debit Card Payroll Deduction OM	Ioney Orde		Aggregate Contributions				
SI	UBTOTA	AL Section B — This P	age 3000				
		additional Section B Pa	9				
TOTAL OF ALL CONTRIBUTIONS FI	ROM INI	DIVIDUALS (Sections A	+ B)				
(Enter total on 1	Line 13, Co	olumn A of Summary Page To	326223				

## Section B ADDITIONAL PAGE 143 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	d Contri	butions from Indiv	iduals					
Last Name Kinney	ľ	First				МІ		
Residential Street Address		Stephen						
20 Cromwell Place	City			State	Zip	Code		
Principal Occupation	Old	l Saybrook		CT	06	5475		
Lobbyist		Name of Employer						
		Gaffney Bennett						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No  If contribution is in excess of does contributor or business I valued at more than \$5,000?	\$400 to a che/she is ass	andidate for a chief executive cociated with have a contract OYes ONo	re officer of a municipali with said municipality	ty, An		of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # B   Is contributor a principal If yes, indicate which of government the contributor as principal If yes, indicate which of government the contributor as principal If yes, indicate which is a second in the contributor as principal in the contributor as princi	h branch or	contractor or prospective state branches ith:	e contractor? Yes	5	00			
Method of Contribution:		Date Received	Aggregate Contributions	_				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Order	r 3/16/23	1000					
Last Name	F	irst				MI		
Kotkin		Jeffrey				1411		
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zin (	Code		
28 Farms VIIIage Rd	Wet	hersfield		CT	1 -	109		
Principal Occupation		Name of Employer		L.,				
VIP Investor Relations		Eversource Energy	Service Co					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he valued at more than \$5,000?	\$400 to a care/she is asso		officer of a municipalit			f Contribution		
No If yes, indicate which	butor a principal of a state contractor or prospective state contractor?  s, indicate which branch or branches overnment the contract is with:  Executive Legislative							
Method of Contribution:		Date Received	Aggregate Contributions	-				
Cash Personal Check Credit/Debit Card Payroll Deduction M	oney Order	3/16/23	500					
ast Name	Fi	rst				MI		
_antigua	l V	∕lilton						
Residential Street Address	City			State	Zip C	L Code		
36 Harlan St	Man	chester		CT	060	)42		
Principal Occupation		Name of Employer						
General Manager		El Muero Supermari	<b>cet</b>					
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes does contributor or business he valued at more than \$5,000?	400 to a car she is assoc	adidate for a chief executive ciated with have a contract v	utive officer of a municipality, amount of Contribution ract with said municipality					
s this contribution associated with an vent reported in Section L1?  If yes, list Event # B Yes No  Is contributor a principal of If yes, indicate which of government the cor	branch or b	ntractor or prospective state	contractor? Yes No					
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction OMC	****	Date Received	Aggregate Contributions					
SU	ВТОТА	L Section B — This P	Page 2500					
The state of the s		lditional Section B Pa						
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li	OM INDI ine 13, Colu	VIDUALS (Sections A umn A of Summary Page To	+ B) 236223					