SEEC FORM 20 Revised January 2015

# Section B ADDITIONAL PAGE 143 of 189

Comparison   Com	ok  of Employer ney Bennett
B. Itemized Contributions for definition of Small Contributor)  B. Itemized Contributions of Stephen  Cinney  Residential Street Address 20 Cromwell Place  Principal Occupation Lobbyist  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:  Cash Personal Check Ocredit/Debit Card Payroll Deduction Money Order  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Wethersfiel  Is contributor a principal of a state contractor of government the contract is with:  Pirst Jeffrey  Residential Street Address 28 Farms VIllage Rd  Principal Occupation  VIP Investor Relations  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for does contributor or business he/she is associated with an excess of government the contract is with:  Pirst Jeffrey  Is contributor a principal of a state contractor or principal of a state contractor or principal of a state contractor of government the contract is with:  Pirst Jeffrey  Is contributor a principal of a state contractor of government the contract is with:  Pirst Jeffrey  Is contributor a principal of a state contractor of government the contract is with:  Pirst Jeffrey  Is this contribution associated with an event propertied in Section L1?  Is this contribution associated with an event reported in Section L1?  Is this contributor a principal of a state contractor for the principal of a s	ok  of Employer ney Bennett
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36 Harlan St Name	ne of Employer
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVID (Enter total on Line 13, Column 2	Ches

Section Sectio	on B	H	DITIONAL PAC			TYPE OF	REPORT				
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nfara for Hartford  A. Total Contributions from Signal Contribution of Small	nall C	ontr	ibutors-Received this SUBTOT	Per	od ONLY SECTION A	\$ 1513					
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ME OF COMMITTEE (Provide Complete Name of	Tropico ou				April 10	Filing				
nfara for Hartford  A. Total Contributions from Sm	71 (1	tuibutors-Received t	his Pe	riod ONLY	\$ 1513					
A. Total Contributions from Sm (See instructions for definition of Small Co	all Coll ontributor)	SUB <sup>1</sup>	IATO	, SECTION A						
		B. Itemized Contri	butio	ns from Indiv	iduals			21/10/10/10	MI	
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contributor a lobbyist, spouse, dependent child of a lobbyist?	does cont	ributor or business negation		Oyes UN	0		— '`	000		
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Attorney/Lobbyist	If cont	ribution is in excess of \$400 to	o a cand	idate for a chief exe	cutive offic	er of a municit said municipali	y y			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ontributor or business hereing		OYes O	No			1000	J	
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January 2015						TYPE OF REPO	RT			
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nfara for Hartford  A. Total Contribution  (See instructions for definiti	s from Sn on of Small C	nall Contribut	ontributors-Received or) SU	ВТОТ	AL SECTION A	\$ 1513				
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O Box 1788					Name of Employer					
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IE OF COMMITTEE (Provide Complete Name as Re	B ADDITIONAL			TYPE OF REPO				l
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fara for Hartford  . Total Contributions from Small	Contributors-Receive	ed this Per UBTOTAL	riod ONLY SECTION A	\$ 1513				
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etired	contribution is in excess of \$400	to a candidat	te for a chief execut	tive officer of a munic				Her in the same
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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?	SHC Id dass	OYes O	No		10	0	
	- 1 -t-re principal	of a state cont	ractor or prospective	ve state contractor	Yes No			
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1090 Prospect Ave			Name of Employer					
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nfara for Hartford			Dogojve	d this Pe	riod O	NLY ,	3 1513				
nfara for Hartford  1. Total Contributions from  (See instructions for definition of Sm	Small all Contri	Cont butor)	ributors-Received	JBTOTAL	SECTI	ION A	, 1010				
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r dependent child of a lobbyist?	VE VE	lued at	more than \$5,000:	ctate contra	ctor or pr	ospective state	contractor?	Yes No			
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374 Highland St					Name of E	_					
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	0		at more than \$5,000?  s contributor a principal of the second of the sec	of a state co	ntractor of	r prospective s	trate contractor.	<b>⊙</b> No			
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McLean				City					State	1	Code 5067
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Teacher	0 ::	16	ontribution is in excess of	f \$400 to a c	andidate	for a chief exe	cutive officer o	f a municipali municipality	ıy,   A		U. C.J
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	8 Yes No	1 400	s contributor of business	110/0120	(	OYes U	No			75	
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FORM 20 Section Section	n B	ADDITIONAL I			of 189	RT			
E OF COMMITTEE (Provide Complete Name	as Registere	ed with Filing Repository)			April 10 filing				
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ara for Hartford  Total Contributions from Sn	. all Co	atributors-Received	this I	Period ONLY	\$ 1513				
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torney	TC contr	ibution is in excess of \$400 to	o a cand	idate for a chief execu	itive officer of a mage	unicipality, cipality			
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dependent child of a 10-19	valued	at more than \$5,000.	tate con	tractor or prospective	state contractor?	8 No			
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ast Name			P	olly			State	Zip Co	
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esidential Street Address			Weth	nersfield Name of Employer					
23 Orchard Brook Dr				Retired					
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Retired (s contributor a lobbyist, spouse, N		ntribution is in excess of \$40 contributor or business he/sk	0 to a ca	ociated with have a co	ontract with said m	unicipality	10	00	
is contributor a lobbyist, spoules, or dependent child of a lobbyist?	o does valu	ed at more than \$5,000?		O Yes C	ive state contractor	r? OYe			
	• Yes	Is contributor a principal of  If yes, indicate which b	f a state	contractor or prospector branches	Lagish	⊙ No ative	)		
Is this contribution associated with an event reported in Section L1?	O No	of government the con	tract is v	with: O Exe	Aggregate C	Contributions	$\neg$		
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				First Andrew					
Last Name Morin			City	L			State		Code 6109
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495 Brimfield Rd				Name of Employe	er -				
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		f contribution is in excess of	\$400 to	a candidate for a chie	f executive officer	of a municip I municipalit	ality, y		01 002
Is contributor a lobbyist, spouse,	1	loes contributor of business in		( ) Yes	O No			125	
or dependent child of a terry		valued at more than \$5,000.	l of a eta	ate contractor or prosp	ective state contrac	ctor?	Yes No		
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event reported in Section L1?  If yes, list Event # E		of government the c	contract	Date Received	Aggrega	ate Contributio	ns		
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FORM 20	Sectio	nB.	ADDITIONAL PA			Of 189 TYPE OF REPORT				
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IE OF COMMITTEE (Provide C	Complete Nume o					April 10 ming				
fara for Hartford		, , , , ,	-tributors-Received thi	is Pe	riod ONLY	\$ 1513				
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1 leter a lobbyist spouse,	Q Yes	If con	ribution is in excess of \$400 to a contributor or business he/she is as	ssociate	d with have a contra	ct with said munici	pairty	250		
dependent child of a lobbyist?	<b>⊙</b> №	value	I at more than \$5,000? Is contributor a principal of a state	contra	ctor or prospective s	tate contractor?	Yes No			
s this contribution associated w	ith an <b>C</b>		is contributor a principal of a state  If yes, indicate which branch	or brar	oches OExecutiv	ve OLegislative				
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				First	a				1=10	1-
Last Name			la:				1	State	Zip Co.	
Secin Residential Street Address			Cir		artford			CT	1001	
61 Church St					Name of Employer					
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Timoipur Good			contribution is in excess of \$400 to	o a cano	lidate for a chief exe	cutive officer of a r	municipality nicipality	Am	յցայւ օւ	Contract
Is contributor a lobbyist, spou	se, QY	1 1.	- contribuilly of business	s associ	iated with have a cor	No			00	
or dependent child of a lobbyi	st? O N	va	lued at more than \$3,000	-t-t- 00°	ntractor or prospecti	ve state contractor?	OYes No			
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levent reported in Section Dr.		O No	of government the contract	ct is wi	Date Received	Aggregate Co	ontributions			
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25 Pawtucket St					Name of Employer	r				
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1 .			If contribution is in excess of \$40	00 to a	candidate for a chief	executive officer of contract with said	municipality	,		
Supervisor	Double,	Yes No	does contributor of business		( ) Yes	G 140			100	
- Libutor a lobbyist, S	ODYISI:	1	valued at more than \$5,000	f o state	contractor or prospe	ective state contract	tor?	100		
Supervisor  Is contributor a lobbyist, so or dependent child of a lob		(A) 1	Yes Is contributor a principal of If yes, indicate which the	branch	or branches	AVECUATE A JAMES	V			
Is contributor a lobbyist, so or dependent child of a lob	ated with an	ල`	No If yes, indicate which t	itract is	Date Received	Aggregat	e Contribution	18		
Is contributor a lobbyist, so or dependent child of a lob.  Is this contribution associated transfer to the contribution associated to the contribution as of the	ated with an	8	No If yes, indicate which of government the con					1		
Is contributor a lobbyist, so or dependent child of a lob  Is this contribution associate event reported in Section  Heres, list Event # H.	ated with an L1?	O 	of government the con			100				
Is contributor a lobbyist, so or dependent child of a lob  Is this contribution associate event reported in Section  Heres, list Event # H.	ated with an L1?	O 	No If yes, indicate which of government the con	oney Or	der 3/31/23		450			
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FORM 20 grundry 2015	Section	n B	ADDITIONAL			TYPE OF REPOR	T			
TE OF COMMITTEE (Provide Co	omplete Name	as Register	ed with Filing Repository)			April 10 Filing				
fara for Hartford  Total Contributions	from Sn	iall Co	ntributors-Received	this Peri	Od ONLY	\$ 1513				
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oran			i i	City			СТ	r	06114	
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ncipal Occupation						ve officer of a mu	nicipality,	Amou	nt of Co	ntribution
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contributor a lobbyist, spouse, dependent child of a lobbyist?	<b>⊘</b> No	does co	ontributor of business never		Wes UNO		O Yes			
	n an C	Yes Is	at more than \$5,000?  contributor a principal of a s  If yes, indicate which bran	state contracto	r or prospective st	e OLegislative	⊙ No	l		
s this contribution associated with event reported in Section L1?	· · · · · ·		of government the contract	ct is with:	OExecutiv	Aggregate Contr				
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r ibutor a lobbyist, spouse	S S Y	اماما	contributor of pusinoss nor	he is associate	d with have a conf	tract with said mu No	пстранту	12	<u>1</u> 5	
or dependent child of a lobbyist	9 <b>O</b> N	valu	ned at more than \$5,000?		enter or prospectiv	e state contractor?	QYes	,		
Is this contribution associated w	rith an	Yes	Is contributor a principal o  If yes, indicate which		nches	utive O Legisla	<b>⊙</b> No tive			
levent reported in Section L1:	1	Q No	of government the cor	Illact is with.	Date Received	Aggregate Co	ontributions	7		
If yes, list Event # E  Method of Contribution:			. 04	1	3/22/23	125				1
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260 France St					Name of Employer					
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Is contributor a lobbyist, spor			loes contributor of business i	10/ 5==-	Yes V	9 No			100	
or dependent child of a lobby			valued at more than \$3,000:	l of a state CO	ntractor or prospec	tive state contract	or? O	Yes		
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E OF COMMITTEE (Provide Complete Name as R	cegisierea w				April 10 filing				
ara for Hartford		U -town Donnived	this Pe	eriod ONLY	<b>\$</b> 1513				
ara for Hartford  Total Contributions from Smal (See instructions for definition of Small Cont	Contr	SUB	TOTAL	USECTION A	¥ - 7 - 1				
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dential Street Address			ampto	n					
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cipal Occupation			\ u	SA Waste & Recy	ycling	i de alita	Amoi	int of C	Contributio
torney	(Ciby)	tion is in excess of \$400 to	a candid	ate for a chief execut	ive officer of a mu	inicipanty, cipality	l		
	does contri	butor or business no business		Yes UN	0		1000	)	
dependent child of a loosystem	valued at n	nore than \$5,000.	ate contra	actor or prospective s	tate contractor?	No No			
this contribution associated with an		ntributor a principal of a safetyes, indicate which branch of government the contract		OExecutive OExecutive	ve OLegisian V		4		
yent reported in Section L1?  Fyes, list Event #		or government me contract	I	Date Received	Aggregate Cont	ributions			
lethod of Contribution:	Day	roll Deduction OMoney	Order	3/28/23	1000				MI
Acthod of Contribution:  Cash Personal Check Credit/Debit Ca	ira Or ay	10112	First						
ast Name			Gu	У			State	Zip C	Code
ntonacci			City				CT	060	071
esidential Street Address			Some						
87 Brittany Ln				Name of Employer					
Principal Occupation		_		Great Horse	entive officer of a	municipalit	y, An	nount c	f Contribu
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does con	bution is in excess of \$400 ntributor or business he/she at more than \$5,000?		Yes 🕑	No		┥ᆢ	000	
	Yes Is	in ainal of	a state co	ontractor or prospecti	ve state contractor	. Qv			
Is this contribution associated with an event reported in Section L1?	No No	If yes, indicate which be of government the contributor a principal of the contributor as a principal of the contributor as pr		th: OExec	Aggregate C	11140			
If yes, list Event #				Date Received	1000	.01.120			
Method of Contribution: OCash OPersonal Check Ocredit/Debit	Card O	Payroll Deduction OMon	ey Order	3/29/23	1000				MI
OCash OPersonal Check Octuber			1						
Last Name				Ramon —————————			State	1	ip Code
Arroyo Residential Street Address			City	tford			CT		06106
97 Amity St			ITAI	Name of Employer					
Principal Occupation		<del></del>		Retired					
Social Worker Supervisor		ntribution is in excess of \$	400 to 2		executive officer	of a municip	ality,	Amou	nt of Contri
Ye	مممل أ	contributor or business in	/she is as	sociated with have a	contract with said  No	municipant		300	
or dependent child of a lobbyist?	valu	ed at more than \$5,000?  Is contributor a principal	-Contata	contractor or prospe	ctive state contrac	tor?	Yes No		
1	Yes				vecutive LILES	15141110			
T- Alia contribuition appointed	C No.		ontract is	Date Received	Aggrega	te Contributio	ns		
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Is this contribution associates event reported in Section L1?  If yes, list Event # E	O No	of government the co		i i	300		المراجع المراجع المراجع		
Is this contribution associates event reported in Section L1?  If yes, list Event # E	O No	of government the co	Money Or	der 3/22/23		2300			
Is this contribution associated was event reported in Section L1?	O No	of government the co	Money Or	other 3/22/23  TAL Section B	— This Page				
Is this contribution associated event reported in Section L1?  If yes, list Event # E	No No ebit Card	of government the co	Money Or SUBTO	order 3/22/23  OTAL Section B  of additional Sec	— This Page	324710			

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OF COMMITTEE (Provide C	Complete Name a	s Registered	l with Filing Repository)			April 10 filing			
E OF COMMITTEE (Provide C	Omprete 2					April 10 IIII 3			
ara for Hartford		JI Con	tributors-Received	this Perio	d ONLY	\$ 1513			
ara for Hartford  Total Contribution	s from Sm	an Con	SUI	STOTAL SE	CHONA				
(See instructions for definite	on of Sinan								
			B. Itemized Cont	ributions f	rom Indivi	duals			MI
			B. Itemized Cont	First					
Name				Amy			Stat	e Zi	ip Code
rrin Bello				ity			СТ	·   c	)6109
dential Street Address			\\	Nethersfield					
1 Hartford Ave				Name o	f Employer	ity			
cipal Occupation				1	eyan Univers	. cc an of a mun	icipality,	Amour	nt of Contribut
dmin Asst		If contri	bution is in excess of \$400 t	o a candidate fo	or a chief execut	ct with said municip	pality	100	
contributor a lobbyist, spouse,	Yes No						OYes	100	
dependent child of a lobbyist?		valued a		tate contractor	or prospective s	tate continue	O No		
this contribution associated w	ith an	~ 1	If yes, indicate which brain of government the contract	et is with:	OExecuti	ve OLegislative Aggregate Contril	outions	İ	
vent reported in Section L1?  fyes, list Event # E				Date I	Received	Aggregate Contri			
Method of Contribution:  OCash OPersonal Check	San	Card O	Payroll Deduction OMone	y Order   3/2	2/23	100		<u> </u>	MI
Cash OPersonal Check	Credit/Debit	Calu	,	First					
ast Name				Frank			T	State	Zip Code
Antonacci				City			1	CT	06072
Residential Street Address				Somer	orlevor				
100 Maple St				i .	ne of Employer IfUSA				
Principal Occupation				1		ecutive officer of a r	nunicipality	, Am	ount of Contri
Executive	se. O Ye	s If co	ntribution is in excess of \$40 contributor or business he/s	)0 to a candida he is associated	te for a ciner care	ntract with said mur	icipality	10	00
Is contributor a lobbyist, spous or dependent child of a lobbyi		- does	contributor of business and		1) Yes	INO		3	
1		Yes	ed at more than \$5,000?  Is contributor a principal of If yes, indicate which	f a state contra	ctor or prospecti iches	T originat	ive. O No	'	
Is this contribution associated event reported in Section L1?	With an	O <sub>No</sub>	of government the con	atract is with:	O Exe	cutive C Legislat		7	
rence list Event#				ישן	ate Received 3/22/23	1000			
Method of Contribution:  OCash OPersonal Check	Credit/D	ebit Card	OPayroll Deduction OM	oney Order	3/22/23				MI
	Ookean			First	ın				
Last Name								State	Zip Code 06106
Bradley				City Hartfo	rd			CT	
Residential Street Address 140 Huyshope Ave A	pt 502			ι.	Name of Employe	r			
Principal Occupation	<u>'</u>				Halloran & S	Sage			Amount of Co
Atty			f contribution is in excess of	esano to a cano		Car O	a municipa		Amount of Co
Liberton a Johnvist, Si			loes contributor of business		( ) Yes	U 110			100
or dependent child of a lot	byist?	No C	valued at more than \$5,000?  Is contributor a princip	1 for atota and	atractor or prosp	ective state contract	or?	Yes No	
z discontribution associ	ated with an	QY	Is contributor a princip  If yes, indicate wh	ai of a state collich branch or b	oranches				
ovent reported in Section	L1?	Ди	of government the	contract is wit	h: Date Received	Aggregat	Contributio	ns	
If yes list Event # L_				Money Order	1	100			
Method of Contribution:	heck OCred	it/Debit Ca	ard OPayroll Deduction	VINTOREA OLDER			1200		
Ocash Oreisodar S				SUBTOTA	L Section B	— This Page			
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			ALL CONTRIBUTION (Enter total	OTALOI					

Section Sectio	on B A	DDITIONAL PA		en energy series a seria (C	TYPE OF REPORT			
January 1015	as Registered	with Filing Repository)			April 10 filing			
ME OF COMMITTEE (Provide Complete Name					April 10 to 5			
nfara for Hartford  A. Total Contributions from Signal Contribution of Small	II Con	tributors-Received thi	s Per	iod ONLY	\$ 1513			
A. Total Contributions from Si	man Con Contributor)	SUBTO	TAL	SECTIONA				
1. Total Contributions if one Signature (See instructions for definition of Small								
		B. Itemized Contrib	ution	s from Indivi	duals			MI
		B. Itemized Consider	rst					
it Name		(	Cynthi	a		Sta		p Code
own		City		1.1		\ C1		)6109
esidential Street Address		Wet	hersfi					
2 Foote Path Ln			Nan	ne of Employer				
rincipal Occupation				1: Carront	ive officer of a mun	cipality,	Amour	nt of Contribution
Retired	If contri	bution is in excess of \$400 to a contributor or business he/she is as	candida	te for a chief execut I with have a contra	act with said municip	ality	100	
s contributor a lobbyist, spouse,  No						Yes No		
or dependent child of a rooty	valued s		contrac	ctor or prospective s ches		⊙ No		
antribition associated	8 No	contributor a principal of a state  If yes, indicate which branch of government the contract is	with:	DEXECUTI	Aggregate Contrib	utions	1	
event reported in Section Ex.			\D	ate Received	100			
Method of Contribution:	Lit Card (O	Payroll Deduction OMoney Or	der	3/22/23	100			MI
Method of Contribution:  OCash OPersonal Check OCredit/De	Off Cara O		First					
Last Name			Ma	thew			State	Zip Code
Antonacci		Ci	•	•			CT	06072
Residential Street Address			Somer	Name of Employer				
20 Pinney Rd			1	UCA Hauling &	Recycling			. 17
Principal Occupation		ontribution is in excess of \$400 to	1		cc of a r	nunicipalit	y, Am	ount of Contribu
Logistics Manager	Yes If co	ontribution is in excess of \$400 to s contributor or business he/she is	o a cand	ated with have a co	ntract with said mur	ісіранту	10	000
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		contributor of basses		1 1 1 CS C			s	
	O Yes	Is contributor a principal of a	state co nch or	branches	ecutive O Legislat	ive		
Is this contribution associated with an event reported in Section L1?	No.	of government the contra	ct is wi	h: Exe	Aggregate Co			
vc - list Event # F				Date	1000			MI
Method of Contribution:  OCash OPersonal Check OCredit	/Debit Card	OPayroll Deduction OMoney	y Order	irst				MI
				Martha				Zip Code
Last Name			City				State	1
Conneely Residential Street Address				thersfield				
12 Fairmont St				Name of Employ	er			
Principal Occupation				Riverfront F	Recapture	0	nality T	Amount of Contr
Timesper		If contribution is in excess of \$4	00 to a	candidate for a chie	f executive officer o	r a municij municipali	ty	
Is contributor a lobbyist, spouse,		ta contribilition of business		k jyes	U			250
or dependent child of a lobbyist?		valued at more than doje	£ a state	contractor or pros	pective state contract	or?	Yes No	
Is this contribution associated with an	8 h	ls contributor a principal of If yes, indicate which	branch	or branches	Executive OLegi	slative		
reported in Section Div.	_ U '	of government the con	ntract 18	Date Received	Aggregat	e Contributi	2110	
If yes, list Event # E		On11 Deduction OM	oney O	rder 3/22/23	250			
Method of Contribution:  OCash Personal Check OC	redit/Debit C	ard OPayroll Deduction Oxy		TIT C. Board	R — This Page	1350		
0		Q	OD I \		B — This Page	324710	)	
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				and the second s		55		The same of the sa

Sectio Sectio	n B A	ממא	ITIONAL PA			TYPE OF REPOR	Γ			
ME OF COMMITTEE (Provide Complete Name of	ıs Registere	d with Fi	ling Repository)			April 10 filing				
ME OF COMMITTEE (Provide Complete Trans-						April 10 mmg				
nfara for Hartford  A. Total Contributions from Sm	n Car	, tvihu	tors-Received this	s Peri	od ONLY	\$ 1513				
A. Total Contributions from Sm	all Col	) (((1110u	SUBTO	TALS	ECTION A					1
A. Total Contributions 11 of Small C (See instructions for definition of Small C		(expenses services)								
			Itemized Contribu	itions	from Indivi	duals			MI	
		В.	Itemized Contribu	st						
ast Name			P	hilip			Sta	ite :	Zip Code	
ntonacci			City				C		06071	
esidential Street Address			Som							
171 Billings Rd					of Employer					
Principal Occupation				Lin	dy Farms	C	nicinality.	Amoi	ant of Co	ontribution
Race Horse Trainer	T	11 tion i	is in excess of \$400 to a co	andidate	for a chief execut	ive officer of a much	ipality			
Is contributor a lobbyist, spouse, Yes No							OYes	1000	,	
or dependent child of a loobyist.	valued	at more	than \$5,000.	contract	or or prospective s	tate contractor:	<b>⊙</b> №			
T. Alia contribilition associate	Yes Is	contrio	utor a principal of a state of a	r branc vith:	hes OExecutiv	VC \\ \mathcal{D} \times \\ \mathcal{D} \tim		4		
event reported in Section Li		of go	vernment the contract is	Dat	e Received	Aggregate Contr	ibutions			
If yes, list Event #		44 ·	Deduction	ier 3	/29/23	1000				MI
Method of Contribution:  OCash Personal Check OCredit/Debi	t Card O	Payroll	Deduction Character	First						
Last Name				Fran	k			State	Zip Co	ode
Antonacci			City				,	CT	060	
Residential Street Address			00	6071						
137 Billings Rd					ame of Employer					
Principal Occupation				!	SelfUSA		icinalit	v. Ai	mount of	f Contribut
Owner	- 1 70	ibaati	on is in excess of \$400 to	a candi	date for a chief exe	ecutive officer of a netract with said mu	nicipality	"		
Is contributor a lobbyist, spouse, N	1 1	s contrit	outor of pastices		() Yes	140			000	
or dependent child of a 10-13	valı	ued at m	ore man \$5,000.	ate conf	ractor or prospecti	ve state contractor	$\mathbf{O}_{N}$	0		
Is this contribution associated with an	Yes No	ls cor	tributor a principal of a structure	ch or bi	anches Exe			$\dashv$		
event reported in Section L1?  If yes, list Event #		c	f yes, indicate which of the following of government the contract	1	Date Received	Aggregate C	ontributions			
Method of Contribution:		<b>^</b>	all Deduction Money	Order	3/29/23	1000				MI
Method of Contribution:  OCash OPersonal Check Ocredit/D	ebit Card	OP ayı	Oli Doda	Fire	st					1
Last Name					arbara			Sta	te Zi	ip Code
Granato				City				C7	r   (	06109
Residential Street Address				Weth	nersfield					
51 Golf Rd					Name of Employe					
Principal Occupation					Retired BOE	CE con (	of a munici	pality,	Amour	nt of Contri
Teacher	3 V	If contri	bution is in excess of \$400 attributor or business he/sh	0 to a ca	ndidate for a chief	executive officer of contract with said	municipali	ty	100	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		does cor	itributor or ousmoss		( ) Yes	C 140		<b>)</b> Yes	,55	
or dependent child of a loosy and				a state o	contractor or prosp	ective state contrac	, tor.	No		
Is this contribution associated with an	8 1	es ls	If yes, indicate which be of government the cont	ranch o ract is v	r branches OI		islative te Contributi	ons	1	
event reported in Section E1.  If yes, list Event # E	=				Date Recorred	Aggrega 100	ne Controut			
Method of Contribution:		ard O	Payroll Deduction OMor	ney Ord	er 3/22/23	100	T			
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			ONTRIBUTIONS FE				7.7			

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ME OF COMMITTEE (Provide Complete Name of	s Registered	l with Filing Repository		A	pril 10 filing				
nfara for Hartford  A. Total Contributions from Small Contribution of Small Contribution			Per	iod ONLY	\$ 1513				
A. Total Contributions from SIG (See instructions for definition of Small Co	ontributor)	SUBTO	TAL	SECTIONA					
		B. Itemized Contribu	tion	from Individ	uals			Тмі	
		B. Itemized Contribu	t					1411	
it Name		C)	ynthi	a		Sta	te Z	Lip Code	
eenblatt		City				C <sup>-</sup>		06109	
sidential Street Address		Weth							
5 Broad St			1	of Employer					
incipal Occupation		_	Ret	ired	Can of a mu	nicipality,	Amou	nt of Co	ontribution
contributor a lobbyist, spouse, Yes No	does cor	pution is in excess of \$400 to a car attributor or business he/she is asso		Yes No			400		
r dependent child of a lobbyist?	valued a	t more than \$5,000.	ontract	or or prospective stat	te contractor?	Yes No	İ		
Is this contribution associated with an	Yes Is o			hes OExecutive	Legislative				
event reported in Section L1?  If yes, list Event #		of government the contract is wi	Itii.	e Received	Aggregate Contr	ibutions			
Method of Contribution:	_	11 Deduction OMoney Orde	- 1	/22/23	400		<u> </u>	<del>- 1.</del>	MI
Method of Contribution:  Cash Personal Check Credit/Debit	Card <b>O</b> P	ayroll Deduction Orders	First					l I	VII
Last Name			How	ard		Т		Zip Co	
Greenblatt		City					State CT	0610	
Residential Street Address		We	ethers	sfield					
35 Broad St			N	ame of Employer					
Principal Occupation			F	tetired		ioinality	,   Am	ount of	Contributi
Is contributor a lobbyist, spouse, No	does	atribution is in excess of \$400 to a contributor or business he/she is at		OYes ON	0		400		
or dependent child of a loody	value	d at more than \$5,000?  Is contributor a principal of a stat	e cont	ractor or prospective	state contractor	Yes No			
Is this contribution associated with an	Yes No				ive ( ) Legisia	1146	_		
event reported in Section L1?  If yes, list Event # E		of government the contract is	3 (//	Date Received	Aggregate Co	ontributions			
Method of Contribution:	a	Payroll Deduction Money Or	rder	3/22/23	400				MI
Method of Contribution:  OCash OPersonal Check Ocredit/De	oit Card	J. ayron 200	Firs						
Last Name			Je	rry			State	Zip	Code
Antonacci		C	ity				CT	00	6071
Residential Street Address			Some						
319 Maple St				Name of Employer					
Principal Occupation				SelfUSA	coutive officer o	f a municipa	ility, I	Amount	of Contrib
Owner	Yes If	contribution is in excess of \$400 to less contributor or business he/she in the start \$5,000?	o a car	ididate for a chief ex- ciated with have a co	ecutive officer of entract with said	municipality	′ \ .	1000	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No do	alued at more than \$5,000?		ontractor or prospecti	) No		Yes	1000	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No				cutive ( ) Legi	slative e Contribution			
Method of Contribution:		On Money	y Orde	3/27/23	1000				
Method of Contribution:  OCash OPersonal Check OCredity	Debit Card	SUB'	тот	AL Section B —	- This Page	1800			
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ME OF COMMITTEE (Provide Con	nplete Name a	is Register	ed with Fitting Repositery,			April 10 filing				
fara for Hartford				this Pe	riod ONLY	\$ 1513				\
- July Bons	from Sm	all Co	ntributors-Received SUI	BTOTAL	SECTION A	\$ 10.0				
(See instructions for definition	ı of Small Co	ontributo	<i>)</i>							
iii ii Naamii ii naa					. T.A:	aduals				
			B. Itemized Cont	ributio	ns from that	/Iuuas			MI	
			Marine Control	First Kenn						
t Name							State		p Code 16109	
esser				<sub>ity</sub> Wethers	field		CT			
sidential Street Address					me of Employer					
Hawthorn Way				1,	20.				t of Conti	ribution
incipal Occupation			ribution is in excess of \$400 t	1		utive officer of a mun		Amoun	t of Conti	IDutton
Labbriet snouse.	O Yes						)ant)	100		
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	<b>⊙</b> No	value	I at more than \$5,000?  s contributor a principal of a significant which brain in digate which brains a significant which brains a significant which brains a significant which brains a significant which brains a significant which brains a significant which brains a significant which brains a significant which brains a significant which is significant.	t-to contr	actor or prospective	state contractor?	Yes No			
Is this contribution associated with	an C		s contributor a principal of a s If yes, indicate which bra	nch or bra	nches OExecu	1110 0-0				
event reported in Section 11.	С	) No	of government the contra	Ct 15 VIII	Date Received	Aggregate Contri	outions			
If yes, list Event # E				1	3/22/23	100			1 - 17	
Method of Contribution:	Credit/Debit	t Card <b>C</b>	Payroll Deduction OMone	y Order					MI	
					omas				Zip Code	
Last Name				City				tate CT	06762	
Ariola Address				1 -	ebury			ر ا 	00702	
Residential Street Address 56 Chase Rd					Name of Employer					
Principal Occupation					solf-employe	d		<del> </del>	ount of Co	ontribut
Accountant			contribution is in excess of \$4	00 to a cat		CC - m of a t	nunicipality, sicipality	Am	ount of Co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ii tara labbyist spouse.	QY	1 1	- contributor of business -	she is asso	ciated with have a	No No		25	0	
or dependent child of a lobbyist	O N	o do va	lued at more than \$5,000?  Is contributor a principal of the state which	0 1-100	entractor or prospe	ctive state contractor?	OYes No			
Is this contribution associated w		Yes No	Is contributor a principal of If yes, indicate which	of a state co	branches					
lowent reported in Section 12.		O No	of government the co	ntract is w	Date Received	Aggregate Co	ntributions			
rence list Event #				-may Orde	1	250				MI
Method of Contribution:  Ocash OPersonal Check	OCredit/D	ebit Card	Payroll Deduction UV	oney Orac	First					1
					Ramon			State	Zip C	ode
Last Name Arroyo				City				CT	061	
Residential Street Address					rtford					
97 Amity St	_				Name of Emplo	yer				
Principal Occupation					Retired			lity T	Amount o	of Contri
Social Worker			If contribution is in excess 0	f \$400 to a	candidate for a ch	ief executive officer of	t a municipa municipality	, ,		
Tutor a lobbyist, spo		Yes No	does contributor of business		L J Y es	C 110		- 1	300	
or dependent child of a lobb	yist?		valued at more than \$5,000	-1 of a cta	te contractor or pro	spective state contrac	or?			
Is this contribution associat	ed with an	8	Yes Is contributor a princip No If yes, indicate wh	ich branc	h or branches					
ovent reported in Section L	1?	U	No If yes, indicate wing of government the	e contract	Date Receive	d Aggrega	e Contribution	ıs		
If yes, list Event #				Money (		700				
Method of Controllors	ck OCred	lit/Debit (	Card OPayroll Deduction	٠,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		n This Doge	650			
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C FORM 20 January 2015	Section	n B A	DDITIONAL PAC	<u> </u>	TYPE OF REPORT			
ME OF COMMITTEE (Provide	. Complete Name a	s Registered	with Filing Repository)		April 10 filing			
ME OF COMMITTEE (Provide	e Comp.							
nfara for Hartford	e C.	all Con	tributors-Received this SUBTO	Period ONLY	\$ 1513			
A. Total Contribution (See instructions for define	ns Irom Siduition of Small Co	ontributor)	SUBTO	(AL GEO22-	100000			
(See than actions )								
			B. Itemized Contribu	tions from Inc	lividuais			MI
			FIIS	1				
t Name			\ M'	ilagros		State		Code
ntigua			City			CT	06	5042
esidential Street Address			Mano	hester				
9 Harlan St				Name of Employer	rmarket			
rincipal Occupation				El Merro Supe	cc of a mur		Amount	of Contribution
Cashier		T x C m trii'	bution is in excess of \$400 to a car attributor or business he/she is asso	ndidate for a chief ex	recutive officer of a man ontract with said munici	pality	1000	
s contributor a lobbyist, spouse	e, Yes					OYes	1000	
s contributor a robbytos, ar or dependent child of a lobbyist		valued a	it more than \$5,000	ontractor or prospect	tive state contractor.	O No		
Is this contribution associated			contributor a principal of a state of If yes, indicate which branch or	branches OExe				
event reported in Section 12.			of government the contract is w	Date Received	Aggregate Contri	butions		
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				State of CT				ount of Contribu
Principal Occupation			ntribution is in excess of \$400 to a	1	cc of o	municipality,	Amo	unt of Contract
Manager	ouse. OY	es If co	ntribution is in excess of \$400 to a contributor or business he/she is a	associated with have	a contract with said ind	шогранту	100	)
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l		• Yes	ed at more than \$5,000?  Is contributor a principal of a sta  If yes, indicate which branc	the contractor of pro-	Executive O Legisla	€ No		
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L L				Retired		of a municipa	lity,	Amount or Cam-
2 Wilcox St  Principal Occupation  Retired		3 V-2 1	f contribution is in excess of \$400	Retired		of a municipa municipality	lity,	100
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ORM 20	Section	$\mathbf{B} \mathbf{A}$	DDITIONAL F			TYPE OF REPO	RT			CONTROL OF THE CONTRO
3 OF COMMITTEE (Provide Comp	lete Name as	Registered	l with Filing Repository)			April 10 filing				
E OF COMMITTEE (Provide Conf					- OM V					Ì
ara for Hartford  Total Contributions for definitions	Cm	II Cor	tributors-Received	this Per	ECTION A	\$ 1513				
Total Contributions II (See instructions for definition of	of Small Co	ıtributor)	SUE	3101AL		1201				
(See instructions for definition	<b>V</b>									
			B. Itemized Cont	ribution	s from Indi	viduals			M	
			В, полу	First						
Name			_	Rashid			Į.		Zip Code	
an			· ·	ity				CT	0606	
dential Street Address				Rocky Hill	e of Employer					
Boulder Dr				1 . 41.	al Mart II C.S	Self-employed				t dhution
ncipal Occupation			ibution is in excess of \$400 t	1		cc of o 1	municipality	, Amo	unt of (	Contribution
elf-employedmanager	OYes	If contr	ibution is in excess of \$400 to	o a candidat is associated	with have a cor	ntract with said mu	nicipatity	<u> </u> 500		
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	O	Yes Is	contributor a principal of a s	state contract nch or bran	ches OExec	cutive OLegislat	ive			
s this contribution associated with a event reported in Section L1?	" 8	No	of government the contract	ct is with:	te Received	Aggregate Co				
rc liet Event # A				Di	3/15/23	500				1.17
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Principal Occupation			ontribution is in excess of \$4	00 to a cand	idate for a chief	executive officer of	f a municipa municipality	inty, A		
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or dependent child of a lobbyist?	O M	val	ued at more than \$5,50	. f. a ctate COI	stractor or prosp	ective state contrac	tor?	Yes No		
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l ve liet listen! # H			- Was Austian OM	oney Order		1000	)			MI
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Aslam				City				C	T	06489
Residential Street Address				Sou	thington					
27 Brandywine Pl					Name of Emp	loyer				
Principal Occupation						c (Gulf Smoke)	er of a muni	icipality,	Amo	unt of Cont
K. Bros Inc Store Mana	ger		If contribution is in excess of	f \$400 to a	candidate for a c	chief executive office of the contract with	said municip	ality	500	
Is contributor a lobbyist, spou	ise,	Yes No						OYes	1 "	
or dependent child of a loosy			ingingi		contractor or p	rospective state cor	macioi:	<b>Q</b> No		
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				TOTAL	of additiona	l Section B Pa	ges 3247	10		
			ALL CONTRIBUTION (Enter total				(B) 3262	_		

FORM 20 Section Sectio	on B A	ADDITIONAL P			TYPE OF REPORT			
IE OF COMMITTEE (Provide Complete Name	as Registere	d with Filing Repository)			April 10 filing			
a 11 15-md					April 10 ming			
m / 1 Contributions from Sp	nall Cor	tributors-Received t	this Perio	od ONLY ECTION A	\$ 1513			
(See instructions for definition of Small C	contributor)		200					
				C Indivi	iduals			
		B. Itemized Contri	ibutions First	Irom mary				MI
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feez		City	<u> </u>			State	- 1	Code
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Ramblewood Dr			-	of Employer				
cipal Occupation								
		oution is in excess of \$400 to	a candidate f	or a chief execut	ive officer of a municipality		Amount	of Contributio
contributor a lobbyist, spouse, No	does con	dributor or ousmess negatives	associated w	oith have a contra	ct with said municipan		1000	
dependent child of a lobbyist? • No	valued a	t more than \$5,000?	te contractor	or prospective s	tate contractor?	Yes		
this contitionation appearant		re indicate Which Diduct	H Or Or Myster	es OExecutiv	ve OLegislative	No		
vent reported in Section L1?  fyes, list Event # A	) No	of government the contract i	is with.	Received	Aggregate Contribution	ons		
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ast Name			First Hafee	7.				
Airza			City			Sta		ip Code
esidential Street Address		1	Rocky Hil			C	T	)6067 ————
10 Ramblewood Dr			•	ne of Employer				
Principal Occupation								
		tribution is in excess of \$400	to a candidat	e for a chief exec	cutive officer of a muni	cipality,	Amour	nt of Contribu
Is contributor a lobbyist, spouse,	- l does c	ontributor or business nersite	is associated	with have a con	tract with said municip No	anty	500	
or dependent child of a lobbyist?		d at more than \$5,000?  Is contributor a principal of a				OYes		
to this contribution associated with the	Yes	rc indicate Which Did	Illou or or or	ches	utive O Legislative	<b>⊙</b> No		
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Last Name			Sulr	nan				<u> </u>
Tanveer			City				State	Zip Code 06109
Residential Street Address			Wether	sfield			CT	00109
194 Hang Dog Ln			1	lame of Employer				
Principal Occupation				Self Employe	d675 Stay LLC			
Data Analyst		contribution is in excess of \$40			antino officer of a m	unicipality	y, Am	ount of Contr
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	37. 1 400	es contributor or business nevs	10 10 1	O Yes	•) No	OYes	┦ '``	00
	Q Yes	T	f a state cont	ractor or prospec	tive state contractor?	• No		
Is this contribution associated with an event reported in Section L1?	Q No	If yes, indicate which to of government the con	tract is with		Aggregate Con	e tributions	$\dashv$	
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					20/	1710		
			TAL of ac	Iditional Sec	IIIII D T "B-"	1710		

C FORM 20 January 2015	Sectio	II D	ADDITIONAL P			TYPE OF REPOR	T			
ME OF COMMITTEE (Provide Con	nplete Name o	ıs Register	ed with Filing Repository)			April 10 filing				
						'				
La -4-:byHons	from Sm	all Co	ntributors-Received t	his Peri TOTAL S	od ONLY ECTION A	\$ 1513				
(See instructions for definition	of Small C	ontributo	)							
					c Indiv	iduals				
			B. Itemized Contr	ibutions First	Trom murv	Iuuax			MI	
it Name	gogia koussassassassassassassassassassassassassa			Bahira						
odzic			City				State	1 1	6106	
sidential Street Address			1 -	artford			СТ		0100	
71 Linnmoore St					of Employer					
incipal Occupation				Bro	adridge					4-ibutior
Machine Operator			ibution is in excess of \$400 to	a candidate	for a chief execu	tive officer of a mu		Amoun	t of Con	tribution
contributor a lobbyist, spouse,	Yes No	l does co	intributor of business not one		Wes UN	10		100		
r dependent child of a lobbyist?	O 140	valued	at more than \$3,000:	te contracte	or or prospective	state contractor?	O Yes No			
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event reported in Section L1?	_ 0	140	of government the contract	19 41777	Received	Aggregate Contr				
If yes, not have a			- O toward	i i	18/23					
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Last Name				Sami	r					
Hodzic				City			1		Zip Code 06106	
Residential Street Address				Hartford			C		00100	
271 Linnmoore St					me of Employer					
Principal Occupation				s	&H Transport	LLC				ontribut
Truck Driver			ntribution is in excess of \$400	to a candid	ate for a chief exe	ecutive officer of a	municipality, nicipality	Amo	unt of C	OMIT IDUC
Is contributor a lobbyist, spouse,	Ye.	ام ا	contributor or ousuices meres	is associat	ed with have a co	No		100		
or dependent child of a lobbyist?		valu	ed at more than \$5,000.	etate contr	actor or prospect	ive state contractor?	Yes No			
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event reported in Section L1?  If yes, list Event # C		<i></i>	of government the contra	act to with	Date Received	Aggregate Co	ontributions			
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Last Name					rina			State	Zip C	ode
Kuljancic				City				CT	061	
Residential Street Address				Weth	ersfield					
60 Prospect St					Name of Employe					
Principal Occupation					Hartford Ho	spital	Cisinalit	V A	mount of	f Contril
R.N.		77 T T	f contribution is in excess of \$4	00 to a can	didate for a chief	executive officer of	r a municipant municipality			
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or dependent child of a lobbyis			valued at more than \$5,000?  Is contributor a principal of the principal o	of a state co	ntractor or prospe	ective state contract	or? Sye	s		
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event reported in Section L1?  If yes, list Event # C					Date Received	Aggregat	Contributions			
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Og t O Personal Check	: UCredit/	Deon Ca	(a (), a)		II Coation R	This Page	300			
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ORM 20 Sectio	n B A	DDITIONAL P		T	PE OF REPORT			
3 OF COMMITTEE (Provide Complete Name a	is Registered	with Filing Repository)			pril 10 filing			
					prii to tiiig			
ara for Hartford  Total Contributions from Sm	all Con	tributors-Received	this Period O	NLY	§ 1513			
Total Contributions from SIG (See instructions for definition of Small Co	ontributor)	SUB	STOTAL SECT	OIY A				
(See instructions for definition 2)			_					
		B. Itemized Contr	ributions fron	ı Individ	uals			MI
		B. Itemizea Cons	First					
Name			Farzana			State	Zip	Code
eez		Cit	•			СТ		067
dential Street Address		R	Rocky Hill					
Ramblewood Dr			Name of Emp	loyer				
cipal Occupation					officer of a mun		Amount	of Contributi
	I If contrib	oution is in excess of \$400 to	a candidate for a c	hief executive ve a contract	with said municip	pality	1000	
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tins contributed to the section L1?  Fyes, list Event # A		of government the	Date Receiv		Aggregate Contril	iutions		
fethod of Contribution:	a . 1 🔿 p	ovroll Deduction OMoney	Order 3/15/23	3	1000			MI
Acthod of Contribution:  Orash Personal Check Ocredit/Debit	Card O	aylon 2	First					
ast Name			Hafeez			S	tate Z	Zip Code
Лirza			City			(	CT	06067
esidential Street Address			Rocky Hill					
10 Ramblewood Dr			Name of I	Employer				
Principal Occupation					officer of a n	ounicipality,	Amou	int of Contrib
O Vo	If con	tribution is in excess of \$40 contributor or business he/sh	0 to a candidate for	a chief execu have a contr	act with said mun	icipality	500	
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		1 - 5	f a state contractor of	r prospective	state contractor?	O No		
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- it is contribution associated with	() NO	a mont the con	tract is with:		Aggregate Co	Attioutions	1	
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Is this contribution associated with event reported in Section L1?  He was list Event # A		of government the con	Date Re		500			MI
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Is this contribution associated with a event reported in Section L1?  If yes, list Event # A  Method of Contribution:  Ocash OPersonal Check Ocredit/De  Last Name  Tanveer  Residential Street Address  194 Hang Dog Ln  Principal Occupation  Data Analyst  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 # A  Method of Contribution:  Ocash OPersonal Check Ocredit	Yes If do your Not the total Card	contribution is in excess of ones contribution or business halued at more than \$5,000?  Is contributor a principa of government the of the contributor of government the contributor of government the contributor of government the contributor of government the contributor apprincipa of government the contributor apprincipa of government the contributor of government	City Wethersfie \$400 to a candidate he/she is associated the branch or branch contract is with:  DMoney Order  SUBTOTAL STOTAL STOTAL of additional in a state contract is with:	eld of Employer Employec for a chief exwith have a concept of the section B — tional Section 1	d675 Stay LL recutive officer of contract with said in No rive state contract recutive O Legis Aggregate 1000  This Page	C a municipal municipality or? Stative Contributions	ity, Ai	Zip Code 06109

C FORM 20 Section Sect	on B	ADDITIONAL	**************************************		TYPE OF REPOR	T			
ME OF COMMITTEE (Provide Complete Name	e as Registere	ed with Filing Repository)			April 10 filing				
					April 10 mms				
nfara for Hartford  A. Total Contributions from Strong Str	mall Co	ntributors-Receive	d this P	eriod ONLY	\$ 1513				_
A. Total Contributions from SI  (See instructions for definition of Small)	Contributor	) SI	UBTOTA	L SECTION A	L				
(See instructions for definition									
		B. Itemized Con	tributi	ons from Indiv	iduals			МІ	34.24.44.44
		D. Remzes	First						
at Name			Alm	edin		State	' I	p Code	
ıljancic			City	estiold		CT	C	)6109	
sidential Street Address			Wether	Name of Employer					
0 Prospect St				Allied Universal					
rincipal Occupation Security Supervisor		ibution is in excess of \$400			itive officer of a mu	nicipality,	Amoun	t of Contrib	ution
s contributor a lobbyist, spouse,	If contr	ibution is in excess of \$400 ontributor or business he/she	to a cand e is associa	ated with have a contra	act with said munic	ipality	100		
or dependent child of a lobbyist?	does co	at more than \$5,000?		regtor or prospective	state contractor?	( ) I			
it tion associated with an		contributor a principal of a If yes, indicate which br	anch or br	ranches DExecuti	ive OLegislative	<b>⊙</b> No			
event reported in Section L1?	ON C	of government the contr	act is with	Date Received	Aggregate Contr				
If yes, list Event # C			-v. Order	3/18/23	100				
Method of Contribution:  Cash Personal Check Credit/Deb	it Card 🔘	Payroll Deduction OMon	Fire					MI	
Last Name			1	asna				Zip Code	
Muminovic			City			1	itate CT	06067	
Residential Street Address				y Hill					
50 Old Main St				Name of Employer					
Principal Occupation				Juniper Home	Care	icinality	Amo	ount of Contr	ribut
Marketing	Z-a Ifcc	entribution is in excess of \$6 contributor or business here \$5,000?	400 to a ca	indidate for a chief exe	ecutive officer of a longitude of a	nicipality			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	- 1 3	contributor or business no		OYes C	No		100	J	
			of a state	contractor or prospect	ive state contractor	<b>⊙</b> No			
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal If yes, indicate which of government the co		vith: OExe	Aggregate Co	1140	-		
If yes, list Event #				Date Received	100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Method of Contribution:  Cash Personal Check Credit/I	Debit Card	OPayroll Deduction O	Ioney Ord	er 3/18/23	100			MI	
				First Mikzet					
Last Name							State	Zip Code	
Muminovic  Residential Street Address			City	ocky Hill			CT	06067	
50 Old Main St				Name of Employe					
Principal Occupation				Hispanic He	ealth Council			mount of Co	ontri
		f contribution is in excess of	f \$400 to	a candidate for a chief	f executive officer o	f a municipal municipality			J1141.
	S	loes contributor of business		Yes	O No			100	
or dependent child of a lobbyist?		valued at more than \$5,000	nal of a sta	te contractor or prosp	ective state contract	$or?$ $\mathbf{S}^{Y}$	es i		
Is this contribution associated with an	<b>9</b> Ye				Grecutive ( ) LOSI	Stative			
event reported in Section L1?  If yes, list Event # C		of government th	e contract	Date Received	Aggregat	e Contributions	5		
Method of Contribution:		rd Opayroll Deduction	Money (	Order 3/18/23	100				
Method of Contribution:  Ocash OPersonal Check Ocrece	lit/Debit Ca	in Orașion - 3	SUBT	OTAL Section B	. — This Page	300			
<ul> <li>■ ************************************</li></ul>				The second secon		324710			
		LL CONTRIBUTION (Enter tota	TOTAL	, of additional Se	ection prages				

C FORM 20	Section	n B	ADDITIONAL PAG		of 18	OF REPORT				
ME OF COMMITTEE (Provide Comp	lete Name a	s Register	ed with Filing Repository)							
						10 filing				
nfara for Hartford  A. Total Contributions fr	om Sm	all Co	ntributors-Received this	Period ONL	Y \$ 15	513				
A. Total Contributions in (See instructions for definition of	f Small Co	ntributo	r) SUBTOIL	ADDEOX					_	
House pod Lokino Prominer III.										
			B. Itemized Contribut	ions from In	alyluuai	3			MI	
		stelledene geree	First							
st Name araganlija							State		p Code	
esidential Street Address			City	rd			CT		6114	
5 Chester St				Name of Employer						
rincipal Occupation				Homemaker						
I I I I I I I I I I I I I I I I I I I					xecutive off	icer of a municir	ality,	Amoun	t of Co	ntribution
	Q Yes	If conti	ribution is in excess of \$400 to a canciontributor or business he/she is associ	iated with have a c	ontract with	said municipali	y	100		
or dependent child of a lobbyist?	<b>⊙</b> No	valued	at more than \$5,000?	otractor or prospect	tive state co	ntractor?	103			
Is this contribution associated with an	Q				ecutive C	Legislative	No			
event reported in Section L1?	O	No	of government the contract is with	Date Received		gregate Contribution	ons			
If yes, list Event # C				1		00				
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			l l	rst Samir						
<sub>Last Name</sub> Paraganlija							1	ate	Zip Co	
Residential Street Address			City	ford			C	T	061	. 4
65 Chester St			Tian	Name of Employ	er					
Principal Occupation				Self Employ	yed					
Gutter Inst.			ontribution is in excess of \$400 to a contribution is in excess of \$400 to a contribution is asset to be a contribution in the contribution is asset to be a contribution in the contribution in the contribution is asset to be a contribution in the contribution is asset to be a contribution in the contribution is a contribution in the contribution is a contribution in the contribution in the contribution is a contribution in the contribution in the contribution in the contribution is a contribution in the contribution in t			officer of a muni	cipality,	Amo	ount of	Contributio
ributor a lobbyist, spouse,	Yes No	1 400	contributor of business north	sociated with have	a contract w	with said municip		100	)	
or dependent child of a lobbyist?	O No	valu	led at more than \$5,000?  Is contributor a principal of a state	contractor or pros	pective state	contractor?	( )Yes			
Is this contribution associated with	an G	Yes No			Evecutive	O Legislative	<b>⊙</b> No			
levent reported in Section L1:	(	א נ	of government the contract is	with: Oate Received	Excounts	Aggregate Contrib	utions			
If yes, list Event # C			- Money Ord	l l		100				13.00
Cash OPersonal Check O	Credit/Del	oit Card	Payroll Deduction	First						MI
Last Name	-			Samel					- I din	Code
Sejfic			City					State	1 "	5114
Residential Street Address			, -	artford						
134 Chester St				Name of Emp	oloyer					
Principal Occupation				MSM Tra	insport					of Contrib
Owner			f contribution is in excess of \$400 to	a candidate for a c	chief executi	ive officer of a m	unicipali cipality			OI COLUM
Is contributor a lobbyist, spouse,	8		loes contributor of business no business	$\mathbf{O}$ Ye	es 🕑 No	)		<b>-</b>  ¹	00	
or dependent child of a lobbyist			valued at more than \$5,000.	ate contractor or pr	rospective st	tate contractor?	O <sub>N</sub>	s		
Is this contribution associated w	rith an	$\mathbf{g}_{N}^{Ye}$			Executiv	e Legisian	re			
event reported in Section L1?  If yes, list Event # C		O A	of government the contract	Date Receiv		Aggregate Cor	tributions			
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				of additional			4710			
					r S (Sectio	ns A + B)	6223			
				M INDIVIDUAL 13, Column A of S	A LACTER					

Section B ADDIT			TYPE OF REPORT	***************************************	Programme meneral	
ME OF COMMITTEE (Provide Complete Name as Registered with Filing I	<i>(ероѕиогу)</i>		April 10 filing			
		Period ONLY	\$ 1513			
Contributions from Small Contributor	SUBTOT	AL SECTION A	\$ 1010			
(See instructions for definition of Small Contributor)						
	nized Contribut	ions from Indiv	iduals		МІ	
B, Iter	First					
st Name	Apr	il		State	Zip Code	
modeo	City	mburu		CT	06033	
esidential Street Address 8 SmithbrookTerr	Glasto	Name of Employer				
L Occupation		Self-employed				
	_1		ative officer of a mun	icipality, An	nount of Con	itribution
e contributor a loopyist, spouse,	Justicus 22-1-	Mes Co	NO		00	
or dependent child of a loosyster valued at more than	÷ in lofe state con	tractor or prospective	state contractor?	Yes No		
T- this contribution associated with an			ive Oregisiani			
event reported in Section L1?  If yes, list Event # D of govern	ment the contract is with	Date Received	Aggregate Contrib	outions		
Method of Contribution:	uction OMoney Order	3/21/23	500		М	î
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Dedu	Fi	rst				
Last Name		isa		State	Zip Cod	le
Beaudoin	City			СТ	0606	7
Residential Street Address	Roc	ky Hill				
12 Rocamora Rd		Name of Employer Town of Avor				
Principal Occupation			Con of a m	nunicipality,	Amount of C	Contribut
Teacher  Is contributor a lobbyist, spouse, No does contributor	in excess of \$400 to a cor business he/she is ass	sociated with have a c	ontract with said mun	icipality	1000	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No loby valued at more the	nan \$5,000?	Yes C	tive state contractor?	() i es		
	tor a principal of a state indicate which branch		ecutive O Legislati	ve No		
event reported in Section L1?	vernment the contract is	with: Date Received	Aggregate Cor	atributions		
Hyes, list Event # D	Money Oro	i i	1000			MI
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Last Name		GT			State Zip	Code
Beaudoin	Cit	•		Į.	1	067
Residential Street Address	R	ocky Hill				
12 Rocamora Rd		Name of Employ Electrical C				
Principal Occupation			C. cor of	a municipality,	Amount	of Contril
President  Is contributor a lobbyist, spouse, No does contribution does contribution	n is in excess of \$400 to tor or business he/she is	a candidate for a cinc associated with have	a contract with said n	nunicipality	1000	
or dependent child of a lobbyist?  No does contribute valued at more	re than \$5,000?	Yes	pective state contracto	or? QYes		
Is contraction associated with an Yes Is contraction	re than \$5,000? ibutor a principal of a st es, indicate which bran		Executive OLegis	lative		
Is this contribution associated with the event reported in Section L1?  If yes, list Event # D	government the contract	Date Received	Aggregate	Contributions	7	
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TOTAL OF ALL CONT	TOTAL	LI OI AUUILIONALE	(Q. Hong A + R)	326223		

January 2015			ADDITIONAL I			TYPE OF REP	ORT'		gatjatikajt	
ME OF COMMITTEE (Provide C	omplete Name (	as Registere	g with Fitting Kepository)			April 10 filin	ıg			
nfara for Hartford				IL: D.	riod ONLY	0.1510				
A. Total Contributions (See instructions for definitions)	from Sm	iall Coi ontributor	ntributors-Received ) SUF	TOTAL	SECTION A	\$ 1513				
(Dec man nemers)						-				
			B. Itemized Contr	ibution	ıs from Indivi	duals				Тмі
			D. Itemas	First						
t Name				Kevin				State	Zip	Code
yle			Cit	•	ald		<u> </u>	CT	06	455
sidential Street Address O Greenview			Į N	1iddlefie			1			
incipal Occupation				1	ne of Employer Floyd					
Construction Manager					a Li-favouti	ive officer of a n	nunicipality	, An	ount	of Contributio
contributor a lobbyist, spouse,	Q Yes	If contri	bution is in excess of \$400 to	a candida associate	d with have a contra	ct with said mun	icipality	20	0	
dependent child of a lobbyist?	<b>⊙</b> No	valued a	at more than \$5,000?		OYes ONo	ate contractor?	Yes	-		
is this contribution associated with	ı an 🧿	Yes Is No	at more than \$5,000?  contributor a principal of a sta  If yes, indicate which brane		ches  Ches  Executive	e OLegislati	ve O No			
event reported in Section L1?	O	NO	of government the contract	is with.	ate Received	Aggregate Con		$\neg$		
yes, list Event				1	3/21/23	200				
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Last Name				1	ncesco					
Conaci				City				State	1	ip Code
Residential Street Address				Newing	gton			CT		06111 —————
295 Hampton Court					Name of Employer					
Principal Occupation					T&T Electrical Co	ontractors In	С			
Office Manager			tribution is in excess of \$400	to a candi	date for a chief exec	utive officer of	a municipal		mour	nt of Contribu
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does	contributor or business ne/sne	18 8350010	Yes O	No			1000	
Is this contribution associated w	th an	< 1	Is contributor a principal of a  If yes, indicate which br	anch of o	Carrette and and	itive 🕜 Legisl	ative ①1	No		
event reported in Section L1?  If yes, list Event # D			of government the contr	act is with	Date Received	Aggregate	Contributions	'		
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OCash OPersonal Check	Credit/Deb	of Card	A ayron Deam	Fir	st					1111
Last Name				Fi	ank			Sta		Zip Code
Citino				City				C		06109
Residential Street Address				Weth	nersfield					
387 Wells Rd					Name of Employer					
Principal Occupation						tive officer	of a munici	pality.	Amo	ount of Contri
Is contributor a lobbyist, spou- or dependent child of a lobbyi	se, st?	ماء الم	contribution is in excess of \$4 es contributor or business he/ lued at more than \$5,000?	SHC 13 #350	O Yes	) No			100	
·		• Yes	Ilt a principal c	of a state c	ontractor or prospect	tive state contrac	ctor!	Yes No		
Is this contribution associated event reported in Section L1?  If yes, list Event # D	with an	8 No	If yes, indicate which of government the con	ULAHOR OF	O	Aggrega	islative ite Contributi			
	<b>A</b>	S. E. S. Class	OPavroll Deduction OM	oney Orde	r 3/21/23	1000		·		
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			то	TAL of	additional Sect	ion B Pages	324710	)		
			L CONTRIBUTIONS F				326223	2		

c form 20 Se	ction B	AD	DITIONAL PA	GE	107	of 189				
January 2015	CHON L	7,000,000	u Filing Repository)			TYPE OF REPORT		Control of the Control		
ME OF COMMITTEE (Provide Complete	Name as Regi	stered wil	W T. 1910 8 - 10-10-10-10-10-10-10-10-10-10-10-10-10-1			April 10 filing				
nfara for Hartford  A. Total Contributions from	. Cmall (	ontri	butors-Received th	is Per	iod ONLY	\$ 1513				
A. Total Contributions from (See instructions for definition of St	mall Contrib	utor)	SUBTO	OTAL	SECTION					
					c Indivi	duals				
		P	3. Itemized Contrib	ution	S Irom Indivi	Andreas (All Control of the Control			MI	
			1-1	<sub>irst</sub> Victor						
st Name ISTOFATO							Sta		ip Code 06067	
sidential Street Address			City	ky Hill			C			
7 Barry Place					e of Employer					
rincipal Occupation				l Ha	rtford Public Sc	hools				
School Principal			ion is in excess of \$400 to a contract or business he/she is as	1		Car of a mur	nicipality,	Amou	nt of Co	ontribution
s contributor a lobbyist, spouse,	Yes If c	ontributi	ion is in excess of \$400 to a court or business he/she is as	sociated	with have a contra	ct with said munici		300		
or dependent child of a lobbyist?	No do	ued at m	tributor a principal of a state	nontrac	tor or prospective s	tate contractor?	Yes No			
Is this contribution associated with an	O Yes	Is con	tributor a principal of a state yes, indicate which branch	or bran	ches OExecutiv	ve OLegislative	<b>O</b> 140			
event reported in Section 111:	Q No	0	f government the contract is	******	te Received	Aggregate Contri	butions			
If yes, list Event #				1	3/21/23	400				
Method of Contribution: OCash Personal Check OCredi	t/Debit Card	<b>O</b> Payr	oll Deduction OMoney Or	der	721720					MI
OCash OPersonal Check				First	ard.					
Last Name								State	Zip Co	
Downes			Cit	<sub>ty</sub> Newing	nton			CT	061	11
Residential Street Address					Name of Employer					
40 Woodsedge 6A										
Principal Occupation			bution is in excess of \$400 to		1-to for a chief exe	cutive officer of a r	nunicipalit	y, Am	ount of	f Contribut
111-jet gnouse	( Yes	If contri	bution is in excess of \$400 to	o a cand s associ	ated with have a cor	tract with said mur	nicipanty	10	0	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor valued a	t more than \$5,000?		O Yes	ro state contractor?	OYe			
			t more than \$5,000?  contributor a principal of a s  If yes, indicate which bran	state con	tractor or prospecti ranches	V Said I agislat	ive ive	)		
Is this contribution associated with an event reported in Section L1?	8 1	lo	of government the contract	et is with	$\mathbf{O}$ Exec	Aggregate Co		$\neg$		
If yes, list Event # U					Date Received 3/21/23	100		1		
Method of Contribution: OCash OPersonal Check OCr	edit/Debit C	ard <b>O</b> P	ayroll Deduction OMoney	Order						MI
				Fi	<sub>st</sub> tephen					
Last Name								State	1	p Code
Downes				City	shire			CT		)6410
Residential Street Address 250 Patton Dr				CHE	Name of Employer					
1 250 231100 20					CT Reverage	Mart				
						CC 0:	f a municip	ality,	Amoun	ıt of Contri
Principal Occupation						contract with said	municipalit	y	500	
Principal Occupation Liquor Store Owner	O Yes	If co	ntribution is in excess of \$40	00 to a c he is ass	ociated with have a	No.				
Principal Occupation Liquor Store Owner	Yes No	1 1-00	contributor of business and		( ) Yes	O 140		11 00		
Principal Occupation Liquor Store Owner Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	O No	does	ed at more than \$5,000?	Fa state	Contractor or prospe	ective state contract	or?	Yes No		
Principal Occupation Liquor Store Owner  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with count reported in Section L1?	No No	1 1-00	ed at more than \$5,000?  Is contributor a principal of	f a state	contractor or prosper branches with:	ective state contract	or?	)No		
Principal Occupation Liquor Store Owner  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with event reported in Section L1?  If we s. list Event # D	No han	does valu Yes No	ls contributor a principal of If yes, indicate which be of government the con	f a state branch of tract is	contractor or prosper or branches with:  Date Received	ective state contract	or?	)No		
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ME OF COMMITTEE (Provide Complete Name	as Registere	ed with Filing Repository)			April 10 filing				
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nfara for Hartford  A. Total Contributions from Sn	iall Co	ntributors-Received this	Peri	od ONLY ECTION A	\$ 1513				
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(Dee Man wester)									
		B. Itemized Contribut	tions	from Individ	uals			MI	*****
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esidential Street Address		Middl							
75 Newfield St Unit 4			Name	of Employer Electrical Cont	ractors Inc				
rincipal Occupation					-ffiger of a mu	nicipality,	Amoui	nt of Co	ntribution
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s contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	intributor of ousiness here.		Wes INO		OYes	1000		
	1-17	· inal of a state co	ntracto branct	or or prospective sta	ile contractor.	O No			
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1178 Silas Deane Hwy			1	me of Employer					
Principal Occupation				coustics Inc	tive officer of a	municipality	Am	ount of	Contributi
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	مماد ا	contributor of business notes		()Yes Or	NO			J	
	• Yes	in-ingle of a state	e contr	actor or prospective	state contractor	O No			
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Garcia		Ci	•				СТ	0	6770
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53 Celentano Dr				Name of Employer					
Principal Occupation Prefabrication Design/BIM Coor	dinator			T&T Electric	tive officer 0	f a municipa	lity,	mount	of Contrib
	Yes I	f contribution is in excess of \$400 to	o a can	didate for a chief ex	ontract with said	municipality	.	1000	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	لد ا بد	loes contributor of business here		() Yes	) No			,000	
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nfara for Hartford	<u></u>		and the second s		ļ	April 10 fil	ing			
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(See instructions for definition of	State of a state of a									
			B. Itemized Con		ions from Indivi	iduals				
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ncipal Occupation					Hughes & Cronin					
obbyist	XV T	f contrib	ntion is in excess of \$400	to a cand	idate for a chief execut	ive officer of a	municipality,	Amou	nt of Con	tribution
contributor a lobbyist, spouse, dependent child of a lobbyist?	No C	does conti	ributor or business he/she	e is associ	ated with have a contract OYes ONo		шистранту	1000	)	
dependent office of a series		T- 00	more than \$5,000? ntributor a principal of a	state con	tractor or prospective st		Q Yes			
this contribution associated with an vent reported in Section L1?	8 N	v.   1	Guee indicate which bra	anch of or	latteries .	e OLegislat	ive O No			
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Lighting Specialist			bution is in excess of \$40	00 to a car	L' 1. t- for a chief evec	ative officer of	a municipalit	y, Am	ount of Co	ntributi
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	itributor or business ne/s	ne is asso	OYes ON	Vo		100	00	
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1212 Main St					Name of Employer					
Principal Occupation					Hispanic Healt	h Council				
CEO		T	tribution is in excess of \$	3400 to a 6	111 · C · hinf ove	outive officer	of a municipa	lity, A	mount of	Contribu
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d January 2015	ADDITIONAL			TYPE OF REPORT			
ME OF COMMITTEE (Provide Complete Name as Registered			L	April 10 filing			
onfara for Hartford  A. Total Contributions from Small Con	4.:butors_Receive	ed this P	eriod ONLY	<b>\$</b> 1513			
A. Total Contributions from Small Con	S S	UBTOTA	L SECTION A				
A. Total Contributions in Constitutions (See instructions for definition of Small Contributor)	747 mmm state (1900)					ne av servav	
	B. Itemized Co		ns from Indivi	duals			MI
	B. Itemized Co.	First					1772
ist Name		Paul			State	Zip C	ode
Nisseri		City			CT	061	09
esidential Street Address		Wethers					
78 Two Rod Highway		1	ame of Employer				
rincipal Occupation		l	elf-employed	ive officer of a municip	ality, A	mount o	f Contribution
Yes If contril	bution is in excess of \$40 attributor or business he/sh	0 to a candid	ate for a chief execute a contra	ct with said municipality	ty   1	00	
to contributor a lobbyist, species,	atribilitor of business are		TVes VINO	)	Yes		
To a	at more than \$5,000?  contributor a principal of  If yes, indicate which b	a state contr	nches	ve OLegislative	No		
Is this contribution associated with an event reported in Section L1?	of government the cont	ract is with:	Executiv	Aggregate Contribution	ons		
If yes, list Event # D			Date Received 3/21/23	100			
Method of Contribution: OCash Personal Check OCredit/Debit Card OF	Payroll Deduction OMo	ney Order					MI
			ank				
Last Name Nicotera					Stat		p Code 16109
Residential Street Address		City Weth	ersfield		CT		10107
179 Griswold Rd			Name of Employer				
Is contributor a lobbyist, species, or dependent child of a lobbyist?  No does value  Is this contribution associated with an overt reported in Section L1?	ntribution is in excess of scontributor or business hed at more than \$5,000?  Is contributor a principa  If yes, indicate whic of government the	l of a state c	ontractor or prospective branches th:	140	8Yes No	250	
If yes, list Event # D			Date Reserve	250			
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		ľ	Ciro				T-1 0 1
Last Name Parente		City				State	Zip Code 06790
Residential Street Address		1 .	rington			СТ	1 00770
200 Chestnut Hill Rd			Name of Employer				
1 1 Occupation			T&T Electric	Contractors Inc	wnicinality	/ Ame	ount of Contrib
Service Manager	Contribution is in excess	of \$400 to a	candidate for a chief	executive officer of a n contract with said mun	icipality	100	
	oes contributor of busines	30 110	()Yes	O No	OYes		JO
Is contributor a tobbyist, speakers or dependent child of a lobbyist?		tend of a stat		ective state contractor?	ve ntributions	-	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # D	of government t	he contract is	Date Received	Aggregate Co.		1	
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ME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)		With the section of the	April 10 filing				
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	ll Contributors-Received	this Pe	SECTION A	\$ 1513				
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(100)								
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3 Hamilton Court	h-1		me of Employer					
ingl Occupation		Ts	T Flectrical Co	ntractors Inc.				- ibution
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	door contributor of ousiness its		Was LIN	0	panty	1000		
or dependent child of a lobbyist?	valued at more than \$5,000?  Ves Is contributor a principal of a state which brane	ate contra	ctor or prospective	state contractor?	Yes No			
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21 Garfield Rd			Name of Employer	a l line				
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Owner	If contribution is in excess of \$400	0 to a cand	lidate for a chief exc	ecutive officer of a nation of a national municipal received in the second contract with said municipal received in the second contract with the second contract and s	icipality			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor of business no		Yes U	) No			U	
	1 indof	a state co	ntractor or prospect	ive state contractor?	OYes No			
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Traina		City	hersfield			CT	0	6109
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Principal Occupation								
Principal Occupation	es If contribution is in excess of \$		andidate for a chief	executive officer of	a municipal	lity,	Amoun	t of Contrib
Is contributor a lobbyist, spouse,  Is contributor a lobbyist?	If contribution is in excess of \$ does contributor or business he	6400 to a c e/she is as	sociated with have	contract with said r	nunicipality		500	
or dependent child of a lobbyist?	valued at more than \$5,000?		treater or proen	ective state contracto	or? QY	es		
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nnfara for Hartford  A. Total Contributions from Sm			Perio	d ONLY	\$ 1513				
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st Name		Ala							
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70 Scarborough St			ł	f Employer					
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Chairman & CEO  Yes  Yes	If con	ribution is in excess of \$400 to a can ontributor or business he/she is assoc	didate for	or a chief executive ith have a contract	e officer of a mu with said munic		1000	ut 02 = -	
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	l does c	ontributor of business north		Mes No			1000		
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15405Thompson Way			Nam	e of Employer					
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Is contributor a lobbyist, spouse, No.	s If c	ontribution is in excess of \$400 to a c	candidat sociated	with have a contr	act with said mu	nicipality	100	00	
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isted with an	Yes	Is contributor a principal of a state  If yes, indicate which branch	contractor or bran	ctor or prospective iches	State continuers	Mo No			
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93 Raymond Rd		<u> </u>		Name of Employer					
Principal Occupation			1	Connecticut F	lospital Asso	ciation			
Senior Director, Regulatory Advo	cacy	If contribution is in excess of \$400 to			CE car o	£ a municinal	ity, A	<b>\</b> mount	of Contrib
z dibutar a lobbyist, spouse,	**	does contributor of business no see	s associa	ated with have a co	ontract with said No	municipanty	:	250	
or dependent child of a lobbyist?	No	valued at more than \$5,000?		t-nator or prospect	ive state contract	tor? QY	es		
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ME OF COMMITTEE (Provide Complete Name as R	egistered wi	th Filing Repository			April 10 filing				
nfara for Hartford  A. Total Contributions from Small			d this P	eriod ONLY	\$ 1513				
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5 Memorial Rd Unit 510			1	Name of Employer					
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ss Auto Group		ion is in excess of \$400	V - condi	date for a chief execut	tive officer of a mur		Amou	nt of Co	ntribution
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fara for Hartford			new and the	ic P	eriod ONLY	m 1E12				,
Total Contributions (See instructions for definition	from Sm of Small C	nall Co	ntributors-Received the	OTA	L SECTION A	\$ 1513				
			B. Itemized Contrib	utio	ns from Individ	iuals				MI
				irst						
Name				John				State	Zij	p Code
MON idential Street Address			City	N.A.	via			FL	3	4216
) Box 1099			Anr	na Ma	me of Employer			1		
ncipal Occupation				NE	me of Employer					
				<u> </u>	C Lief executiv	e officer of	a municipali	ty, A	mount	t of Contribution
contributor a lobbyist, spouse,	Q Yes	If contri	bution is in excess of \$400 to a contributor or business he/she is as	candid sociate	, T. 11	with said r	nunicipality	30	าด	
dependent child of a lobbyist?	<b>⊙</b> №	does co	at more than \$5,000?		Oyes ONo	te contracto	or? OYe		,0	
this contribution associated with	an 🖸		contributor a principal of a state  If yes, indicate which branch of	contra or bra	ctor or prospective sta		O No	,		
vent reported in Section L1?	0	No	of government the contract is	wim:	OE/keemini		Contributions	-		
fyes, list Event # G. Method of Contribution:			_	- 1	ate Received	300	Comme			
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ast Name				Hat	_					
ascio				Joh				State	: 7	Zip Code
esidential Street Address			City		rsfield			СТ		06109
33 Colonial Dr			Į VV		Name of Employer					
Principal Occupation					CFDA					
Executive Director			tribution is in excess of \$400 to	2 0000	2 1'-f-waan	tive officer	of a municipa	ility,	Amou	ınt of Contributi
s contributor a lobbyist, spouse,	Yes No	does	contributor or business ne/sile is	associ	ated with have a contra  O Yes  O N	act with said	l municipality	'	50	
or dependent child of a lobbyist?	<b>6</b> 140	1	1 at more than \$5 DUU!					Yes		
Is this contribution associated with	n an		Is contributor a principal of a sta  If yes, indicate which brance	יוו טוני	Tallelles	ive 🔿 Lea	orielative	No		
event reported in Section L1?  If yes, list Event #	C	NO	of government the contract	is with	Date Received	Aggrega	ate Contribution	ıs		
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Last Name					effrey					
Klarman				 City				- 1	ate	Zip Code
Residential Street Address				Bran	ford				T	06405
38 Parish Farm Rd					Name of Employer					
Principal Occupation	mo.				Funeral Directo					. CCtrib
W.J. Clancy Memorial Ho		- Ifo	ontribution is in excess of \$400	to a ca	ndidate for a chief exe	cutive offic	er of a munic	ipality, lity	Am	ount of Contrib
Is contributor a lobbyist, spouse or dependent child of a lobbyist		ra l dos	es contributor or business ne/sne	15 4550	O Yes O	No		Yes	250	0
Is this contribution associated w	ith an	Yes	Is contributor a principal of a  If yes, indicate which bra	HOH O	Ulanonos		agialativa	<b>O</b> No		
event reported in Section L1?  If yes, list Event # G		O No	of government the contra-	ct is w	ith: Executed Date Received	utive OI	egate Contribut	ions	1	
			- 0.	,, O4-	1	250				
OCash OPersonal Check	OCredit/D	ebit Card	OPayroll Deduction OMone	y Orac	AL Section B —	This Pag	ge 600			
					additional Section			)		
			L CONTRIBUTIONS FRO					3	-	

January 2015			ADDITIONAL PAC		TYPE OF REP			
ME OF COMMITTEE (Provide Co	этргеге гчате	no regimes			April 10 filir	ng		
fara for Hartford			n A Bassived this	Period ONLY	\$ 1513			
. Total Contributions (See instructions for definitions)	from Sn n of Small C	all Co	ntributors-Received this	AL SECTION A	\$ 1515			
			B. Itemized Contribut	ions from Indi	viduals			Тмі
			First					
Name ++			Jan	net		Sta	ate 2	Zip Code
tt idential Street Address			City	ıybrook		c	т	06475
N Cove Rd				Name of Employer				
ncipal Occupation				D'Esopo Funeral	Chapel			
N .			ibution is in excess of \$400 to a cano	1 . F - 100	utive officer of a r	nunicipality,	Amou	ınt of Contribution
contributor a lobbyist, spouse,	Q Yes	If contr	ibution is in excess of \$400 to a cand ntributor or business he/she is associ		ract with said mur	nicipality	500	
dependent child of a lobbyist?	Ō No	valued	at more than \$5,000?  contributor a principal of a state con	OYes Of	state contractor?	O Yes		
this contribution associated with	an 8		renge indicate which branch or o	T GILLOTT	ive OLegislati	o No ve		
vent reported in Section L1?  f yes, list Event # G		110	of government the contract is with	Date Received	Aggregate Co		1	
			Money Order	3/24/23	500			
Cash OPersonal Check O	Credit/Debit	Card O	Payroll Deduction OMoney Order					MI
ast Name				Michael				
(lett			City				State	Zip Code 06475
tesidential Street Address			Old	Saybrook			CT	00475
78 N Cove Rd				Name of Employer				
Principal Occupation				D'Esopo Funer	al Chapel	. 1:4-	1 4	ount of Contribut
Funeral Director	O Yes	If co	ntribution is in excess of \$400 to a ca contributor or business he/she is asso	andidate for a chief ex	ecutive officer of a	a municipanty unicipality		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	O No	does	contributor or business ne/sne is asse	OYes C	) No		500	0
	uh an G	Yes Yes	- " to a principal of a state of	contractor or prospect	ive state contracto	r? <b>S</b> Yes		
Is this contribution associated wit event reported in Section L1?	in an		If yes, indicate which branch of government the contract is v	with: OExe	cutive 🕜 Legisl	ative	_	
If yes, list Event # G				Date Received	Aggregate 6	Contributions		
Method of Contribution:	Credit/Del	it Card (	Payroll Deduction Money Orde	er 3/24	300			MI
Last Name Lessard				Lionel			State	Zip Code
Residential Street Address			City	st Hartford			СТ	06118
34 Heritage Ln			La	Name of Employer	ſ			
Principal Occupation				D'esopo Fur	eral Chapels I	nc		
General Manager/Direct			contribution is in excess of \$400 to a			of a municipal		Amount of Contrib
Is contributor a lobbyist, spous- or dependent child of a lobbyis	e, 81	vr.   do	es contributor or business ne/sne is a	O Yes	<b>⊙</b> №		4	200
Is this contribution associated	with an	8 Yes No		te contractor or prospe	ctive state contrac	interior		
event reported in Section L1?		O No	of government the contract is	s with:	xecutive O Leg	islative te Contributions		
If yes, list Event # G				Date Received	200			
OCash OPersonal Check	OCredit/I	Debit Card	OPayroll Deduction OMoney O	OTAL Section B		1000		
				of additional Sec		324710		
1			L CONTRIBUTIONS FROM			326223	-	

ME OF COMMITTEE (Provide Co.	mnlete Name i	as Register	ed with Filing Repository)		English State of the Control of the		REPORT				1
	inpiere rum.					April 10	) filing				
fara for Hartford			4.: butors_Received th	is P	eriod ONLY	\$ 1513	3				Ì
fara for Hartfold  Total Contributions (See instructions for definition	from Sm n of Small C	iali Co ontributo	r) SUBT	OTA	L SECTION A	Ψ					
			B. Itemized Contrib	utio	ns from Individ	luals				МІ	
			F	irst							
Name			1	Nicol	e			Stat	e Zi	p Code	
quette			City					СТ	·   c	6010	
idential Street Address Strawberry Hill Rd			Bris		CFlevor						
ncipal Occupation				Na	<sub>lme of Employer</sub> Iderson-Ford Fun	eral Ho	me In				
uneral Director				A	Iderson-rord ran	o officer	of a municipa	ality,	Amoun	t of Contr	ibution
contributor a lobbyist, spouse,	Yes No	does co	ibution is in excess of \$400 to a contributor or business he/she is ass		Yes ONo			у	250		
dependent child of a lobbyist?		valued	at more than \$5,000?	contra	ctor or prospective sta	ate contra	ctor?	Yes			
this contribution associated with	an <b>8</b>		If yes, indicate which branch of government the contract is		nches OExecutive		gislative				
vent reported in Section L1?  f yes, list Event # G			of government the contract is	I	Date Received	Aggreg	ate Contribution	าร	ì		
		<b>^</b>	Description (Money Ord	ler	3/30/23	250				1,	
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ast Name				Jef	frey					Zip Code	
Berger			City	<del> </del>				1	State CT	06708	
Residential Street Address			W	ater	bury				ψ1 ————————————————————————————————————		
134 Gaylord Dr					Name of Employer						
Principal Occupation					Retired			in aller	T Amo	unt of Cor	tributi
	O Yes	Ifco	ntribution is in excess of \$400 to	a cano	lidate for a chief execu	itive office act with s	er of a municipal	ipanty, lity	1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	8 No	does	contributor or business ne/snc is	40500	OYes ON	lo .			$\frac{1}{250}$		
		Yes	- " to a mringinal of a sta	ate co	atractor or prospective	state con	tractor?	Yes No			
Is this contribution associated with event reported in Section L1?	h an		If yes, indicate which brance of government the contract	ייטנול	A THE PARTY OF THE	tive 🔘	Legislative	-	4		
If yes, list Event #					Date Received	Į.	regate Contribut	ions			
Method of Contribution:  OCash OPersonal Check	<b>Y</b> radit/Deh	it Card	Payroll Deduction Money (	Order	3/28/23	25	<u>,0</u>			M	I
OCash OPersonal Check	V. ISOUND BO				rst						
Last Name				F	anthony				State	Zip Cod	e
Healis				City					СТ	0609	5
Residential Street Address 11 Ashley Rd				Win							
Principal Occupation					Name of Employer The Cloud Con	nnanv					
Real Estate Developer					1	- outive O	fficer of a mu	nicipali	ty, Aı	nount of C	Contrib
Is a net-ibutor a lobbyist, spouse	, O		contribution is in excess of \$400 bes contributor or business he/she	to a ca is ass	andidate for a ciner cx	ntract wi	th said munici	pality	25	50	
or dependent child of a lobbyist	? <b>Ö</b> 1	No do						$O^{Ye}$	es		
Is this contribution associated	with an	8 Yes	If you indicate which ora	mon o	, Oltoward	outive (	Legislative	ЮN	0		
event reported in Section L1?  If yes, list Event #		⊕ 110	of government the contra	ct is v	vith: Exec	A	aggregate Contri	ibutions			
			O- UD 1 OMone	v Ord	ì	:	250				
OCash OPersonal Check	OCredit/I	Debit Care	1 OPayroll Deduction OMone	TO	TAL Section B	- This I	Page 750				
				difficulty:	additional Section			710			
			L CONTRIBUTIONS FRO				T D)	223			

g FORM 20	G 4.	, , D	וממג	TIONAL I	PAGE	177	of 189			ggrada ay sa d	
C FORM 20 January 2015	Section	)II D	ועעא	Panasitary)			TYPE OF RI	BPORT			
ME OF COMMITTEE (Provide C	omplete Name	as Regi.	stered with Fili	ing Repository)			April 10 fi	ling			
					thic Per	riod ONLY	\$ 1513				
nfara for Hartford  A. Total Contributions (See instructions for definiti	from Sn	nall ( Contribi	Contribut utor)	tors-Received SUI	TOTAL	SECTION A	\$ 1513				
(See instructions for definiti	on of Sinan										
				temized Cont	ribution	s from Indiv	iduals				MI
			В. 1	telliized Cons	First	******					
t Name					Andre	a			State	Zip	Code
pez				Ci					CT	06	106
sidential Street Address				1+	lartford	OF Javos			ل		
32 Sherbrooke Ave						ne of Employer					
incipal Occupation							itive officer of	a municipal	ity, Am	ount	of Contribution
contributor a lobbyist, spouse,	O Yes	If co	ontribution is	in excess of \$400 to or business he/she is	o a candida s associated	i with have a contr	act with said n	nunicipality	5		
r dependent child of a lobbyist?	O No	doe	s contributor led at more th	han \$5,000?		Yes ON	state contracto	r? QY	es		
s this contribution associated wit	h an C	Yes		han \$5,000? for a principal of a st indicate which bran		ches	ive OLegis	ative O	0		
event reported in Section L1?	G	No No	of gov	ernment the contract	f 19 Mitti	©Execution to Received		Contributions			
If yes, list Event #					1	3/30/23	5				
Method of Contribution:  Cash Personal Check	<b>)</b> Credit/Debi	t Card	OPayroll D	eduction OMoney	First	700720					MI
Last Name					Fide	el.					
Lopez					City				State	- 1	ip Code 06114
Residential Street Address					Hartfor	d			CT		
65 Eaton St Apt 109					1	Name of Employer					
Principal Occupation						Retired				1 0	nt of Contribu
		<del>- 1 7</del>	Santribution	is in excess of \$400	to a cand	date for a chief ex	ecutive officer	of a municij d municipali	ty F		nt or out
Is contributor a lobbyist, spouse or dependent child of a lobbyist	, <b>8</b> Y		oes contribu	[OL OI DR2HI033 Heven	-	Yes C	No			5	
				u	a state con	tractor or prospect	ive state contra	··· @	Yes No		
Is this contribution associated vevent reported in Section L1?		S Ye		es, indicate which b government the cont			ecutive (*) Le	gisianve	ons		
If yes, list Event #						Date Recorre	· · · · · · · · · · · · · · · · · · ·	ate Contributi	Olis		
Method of Contribution:  Ocash OPersonal Check	Credit/D	ehit Ca	rd <b>O</b> Payrol	Deduction OMor	ney Order	3/27/23	5				MI
	O.I.C.III										
Last Name						aquel			1	ate	Zip Code
Calderon Residential Street Address					City Hart	ford			C	T	06114
163 Adelaide St					Hart	Name of Employe	er				
Principal Occupation						Hartford Pul	blic School	5		·	
Educator				tion is in excess of \$	3400 to a ca		· · · · · · · · · · · · · · · · · · ·	cer of a mur	iicipality, nality	Am	ount of Contri
z dibutor a lobbyist, spo		Yes No	l lead confr	ihiifor or ousmoss in	she is ass	ociated with have a	e contract with No	salu mumor		18	0
or dependent child of a lobb	yistr C		valued at 1	nore than \$5,000:	of a state (	contractor or prospe	ective state con	atractor?	Yes No		
Is this contribution associate	ed with an		'	c indicate WillCl	i branch c		Evecutive ( )	Legislative		_	
event reported in Section L  If yes, list Event #		·		of government the c	ontract is v	Date Received	Ag	gregate Contri	butions		
			On	11 Deduction O	Money Ord	er 3/30/23	18	30			
Method of Contribution:	_					1.50 0.00 0.00 0.00 0.00		190			
Method of Contribution:  Ocash Personal Che	ck OCredi	t/Debit	Card OPay	Mon Deduction	STRTOT	AL Section B	— This Pa	ige   '/			
Method of Contribution:  Cash Personal Che	ck OCredi	t/Debit	Card OPa)	\$	SUBTO	TAL Section B		·gc	'10		

# Section B ADDITIONAL PAGE 178 of 189

ME OF COMMITTEE (Provide Complete Name as Re	egistered with Filing Repository)			TYPE OF RE	<u> </u>		
nfara for Hartford				April 10 fil	ing		
A. Total Contributions from Small (See instructions for definition of Small Contri	l Contributors-Received ibutor) SU	this F	eriod ONLY L SECTION A	\$ 1513			
Value and the second se							
	B. Itemized Cont	ributio	ons from Individ	uals			- VI
t Name		First					MI
nfara		Beve	erly		<del></del>	State	Zip Code
idential Street Address	Ci	•	t			CT	06106
2 Linnmoore St		lartford					
ncipal Occupation			ame of Employer				
		1 1	etired	-cc	municinality	Amo	unt of Contributi
tollition a lood flast of lobbyriet? No doe	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?	associai	Oyes ONo			250	
this contribution associated with an vent reported in Section L1?	Is contributor a principal of a st	on or bra		e contractor?  OLegislat			
yes, list Event #	or Bottermient and services		Date Received	Aggregate Co	ontributions		
Tethod of Contribution:  Ocash Ocredit/Debit Card	OPayroll Deduction OMoney	Order	3/31/23	250			
		First					MI
ast Name		Ste	lla				
ONFATA esidential Street Address		City				State	Zip Code 06106
esidential Street Address 272 Linnmoore		Hartfo	rd			CT	00100
rincipal Occupation			Name of Employer				
Continuator a recognist, specially	If ves. indicate which bra	state con	Yes No tractor or prospective stranches	ate contracto	r? OYes	100	00
If yes, list Event #	of government the contra	Ct is with	Date Received	Aggregate (	Contributions		
Method of Contribution:  Cash  Personal Check  Credit/Debit Card	A Operated Deduction OMoney	Order	3/31/23	1000			
Ocash OPersonal Check Ocredit/Debit Card	d Chaylon Deduction Comme	Firs	t				MI
Last Name		W	alter			_	
Fonfara		City				State	Zip Code
Residential Street Address		Hartf	ord			СТ	06106
272 Linnmoore		L	Name of Employer				
Principal Occupation							
Is contitioned a tobbytest specially	If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	e is asso	O Yes O N	0		10	mount of Contrib
of depondent	z - t-ibutor a principal of	a state co	ntractor or prospective s branches	_	slative		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	No If yes, indicate which broof government the contri	anch or	h: CExecuti		e Contributions		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	of government the contra	ranch or ract is wi	Date Received		e Contributions		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	of government the contract  ard OPayroll Deduction OMon	ranch or ract is wi	Date Received 3/31/23	Aggregate 1000			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	of government the contract  ard OPayroll Deduction OMon	ranch or ract is winey Order	Date Received 3/31/23  AL Section B — To	Aggregate 1000	2250		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Cash Personal Check Credit/Debit Ca	of government the contract  ard OPayroll Deduction OMon	ranch or ract is winey Order  BTOTA	Date Received 3/31/23  AL Section B — Todditional Section	Aggregate 1000 his Page B Pages			

ME OF COMMITTEE (Provide Complete Name as		ADDITIONAL PA			TYPE OF RE				
TO THE PARTY OF TH	-1-0-1-1-1				April 10 fili	ing			
fara for Hartford  Total Contributions from Sma	ll Con	tributors-Received this	s Pe	riod ONLY	\$ 1513				
(See instructions for definition of Small Con	tributor)	SUBTO	IAL	SECTION A					
(Nec with the same									
		B. Itemized Contribu	ıtior	s from Individ	luals				Тмі
		Firs							1411
Name		Ro	oss				State	Zin	Code
llander		City					CT	1	5002
idential Street Address		Bloor							
Kensington Park				ne of Employer	ore Inc				
ncipal Occupation (CCUTIVE			Ha	rtford Distributo	)(S II IC	municinalit	v A		of Contribution
Yes	If contrib	oution is in excess of \$400 to a car tributor or business he/she is asso	ndidat	te for a chief executive with have a contract	ve officer of a t with said mi	micipality			
contributor a loodyist, spoulds	does con	tributor or business ne/sne is asso	,01010	Yes ONo			"	000	
		1 1 -t a principal of a state co	ontrac	tor or prospective sta	ite contractor	O No	;		
this contribution associated with an vent reported in Section L1?	No	If yes, indicate which branch or of government the contract is wi		OExecutive	: OLegisla	tive	_		
fyes, list Event #		0.50	Da	te Received	Aggregate C	ontributions			
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Cash Personal Check Cledio Book of		1*							
ast Name			Chri	stopher			State	. 12	Zip Code
ez		City					CT		06071
esidential Street Address		Sor	mers						
15 Lacabana Rd				ame of Employer	ovelina				
Principal Occupation				Murphy Road Re	Cycling	f a municina	lity.	Amou	nt of Contributi
Is contributor a lobbyist, spouse,	If cont	ribution is in excess of \$400 to a contributor or business he/she is as	candio	late for a chief executed with have a contri	act with said	municipality			
or dependent child of a lobbyist?								1000	
Is this contribution associated with an	Yes 1		e cont	ractor or prospective	state contract	0	No		
event reported in Section L17	No	If yes, indicate which branch of government the contract is	with:	O Execut	ive 🔘 Legi	slative Contribution			
If yes, list Event #				Date Received	Aggregate 1000	Contribution			
Method of Contribution:  OCash OPersonal Check OCredit/Debit	Card C	Payroll Deduction Money Or	der	3/29/23	1000				MI
			1						
Last Name Arroyo				imon —————————			S	tate	Zip Code
Residential Street Address		Cit	<sub>ty</sub> Hartfo	ord				CT	06106
97 Amity St			iai III	Name of Employer					
Principal Occupation				Social Worker					
Retired		ontribution is in excess of \$400 to		1	ecutive officer	r of a munic	ipality,	Am	ount of Contribu
Is contributor a lobbyist, spouse, Yes		ontribution is in excess of \$400 to s contributor or business he/she is	a can s assoc	ciated with have a cor	ntract with sa	id municipa	ity	400	)
or dependent child of a lobbyist?	valu						Yes	1	
	Yes	Is contributor a principal of a sta	OH OT	OI GILLOUITE	vo state contri	, minletive	<b>5</b> No		
event reported in Section L1?	ON C	of government the contract	is wi	iii: <u> </u>	cutive OLe	gislative gate Contribut	ions	1	
If yes, list Event # H  Method of Contribution:			٠.	Date Received 3/31/23	700	-			
Method of Contribution:  OCash OPersonal Check OCredit/Det	oit Card	OPayroll Deduction OMoney	Order						
John J.		SUBT	OT	AL Section B —	This Page	2400			
						SA	)		
		TOTAL	of a	additional Section	, n. z. z 4640	32622			

# Section B ADDITIONAL PAGE 180 of 186

ME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)			TYPE OF RE	PORT		
				April 10 fili	ing		
nfara for Hartford  Total Contributions from Sma (See instructions for definition of Small Con	ll Contributors-Receive tributor) SI	d this P UBTOTA	eriod ONLY L SECTION A	\$ 1513			
	B. Itemized Con	tributio	ons from Indivi	duals			Тмі
Name		First	ıol				
lan		Migu	JCI		S	tate	Zip Code
idential Street Address		<sup>City</sup> Rocky H	111			T	06067
Hawthorne Circle			ame of Employer			L	
ncipal Occupation		С	onnectiut Chirop	ractic Cent	er		
niropractor	f contribution is in excess of \$400	to a candid	ate for a chief executiv	ve officer of a	municipality,	Amou	nt of Contributio
Solitifution a recognist, agreement No. 1	loes contributor or business ne/sne	is associate	Oyes ONo			250	
this contribution associated with an vent reported in Section L1?		nch of ofai		e OLegislati	O No ive		
yes, list Event # H	0.8		Date Received	Aggregate Co	ntributions		
tethod of Contribution:  Ocash  Ocash  Ocash  Ocash  Ocash  Ocash  Ocash	d OPayroll Deduction OMoney	y Order	3/31/23	250			M
		First					MI
ist Name reeman		Jus	tin ———————		т	State	Zip Code
esidential Street Address		City	l			CT	06114
00 Brainard Rd		Hartfor					
rincipal Occupation		l	Name of Employer				
Attorney		1	Attorney	tive officer of	a municipality	Amo	ount of Contributi
Contributor a toboying spouse,	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	ie is associa	O Yes O N	o		100	
s this contribution associated with an event reported in Section L1?		ranch of or	ranches	ive 🔿 Legisl	ative		
If yes, list Event # H Method of Contribution:			Date Received	1	Contributions		
Method of Contribution:  Ocash  Opersonal Check  Ocredit/Debit Contribution:	ard OPayroll Deduction OMon	ey Order	3/31/23	1000			MI
Last Name		Firs	SI.				
Helena			ntonia ————————			State	Zip Code
Residential Street Address		City Hartf	ord			СТ	06105
245 Sigourney St		1 iai ti	Name of Employer				
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# Section B ADDITIONAL PAGE 181

of 186

ME OF COMMITTEE (Provide Complete Name	as Registere	d with Filing Repository)	ge in a gashiridi	25117-017-017-017-017-017-017-017-017-017-	TYPE OF REI				
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		t more than \$5,000?	ate contrac	etor or prospective sta	ate contractor?	Yes No			
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Attorney	TE an	ntribution is in excess of \$40	00 to a can	didate for a chief exe	cutive officer	of a municipal	lity, A	mount of	f Contribu
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# Section B ADDITIONAL PAGE 182 of 189

January 2015			and with Filing Renository)			TYPE OF REPORT		
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nfara for Hartford			n de Passiva	d this l	Period ONLY	0.1512		
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nancial Advisor					Royal Alliance	11.		ount of Contributio
contributor a lobbyist, spouse,	O Yes	If contr	ribution is in excess of \$400 ontributor or business he/she	to a candi	late for a chief executi	ive officer of a municipalit ct with said municipality		
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esidential Street Address				City Hartfo	rd		СТ	06106
9 Wilson St				Hartic	Name of Employer			
rincipal Occupation					Retired			
Retired			atribution is in excess of \$400	24	Late for a chief execu	ntive officer of a municipal	ity, Ar	nount of Contribut
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370 Freeman St				I lai t	Name of Employer			
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Banker			ontribution is in excess of \$4	00 to a ca	1: 1-4- for a chief eye	cutive officer of a municip		Amount of Contrib
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# Section B ADDITIONAL PAGE 183 of 186

	M D ADDITION			TYPE OF R	EPORT		
AME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)			April 10 fi	ling		
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A. Total Contributions from Sm (See instructions for definition of Small Co	tall Contributors-Receive ontributor) S	ed this UBTO	Period ONLY TAL SECTION A	\$ 1513			
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st Name		First	nes				
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00 Cottage Grove Rd			Name of Employer		11		
incipal Occupation			Sandler & Mara PC				
contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a cand	lidate for a chief executive	ve officer of a	municipality,	Amo	ount of Contribut
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esidential Street Address		City				State	Zip Code
32 Sycamore Rd		West	Hartford			СТ	06117
rincipal Occupation		. <u>I.</u>	Name of Employer				
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s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	e is assoc	O Yes O No	)			nount of Contribu
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Elliot			Jougias			State	Zip Code
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121 Broad St		1	Name of Employer			L	
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$46 does contributor or business he/s valued at more than \$5,000?	she is asso	O Yes O	No		2	mount of Contrib
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TOTAL OI	ALL CONTRIBUTIONS FR	OM IN	DIVIDUALS (Section Column A of Summary F	ons A + B)	326223		

# Section B ADDITIONAL PAGE 184 of 186

	anlata Nama	as Roair	tered with Filing Repository)			TYPE OF R	EPORT		
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nfara for Hartford				J 4bis	Poriod ONLY	•			
A. Total Contributions f (See instructions for definition	rom Sn of Small C	nall C	ontributors-Receive	UBTOT	AL SECTION A	\$			
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190 Shadow Lake Rd				Ridge				<u> </u>	1000
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s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does	ntribution is in excess of \$400 contributor or business he/shed at more than \$5,000?	e is assoc	O Yes O N	0		10	000
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Morin					<u> </u>			State	Zip Code
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495 Brimfield Rd					Name of Employer				
Principal Occupation					Thomsen Famil	ly Dentistry	/		
Dental Assistant		170	ontribution is in excess of \$4	00 to a ca	didata for a chief exec	cutive officer	of a municipali	ty, A	mount of Contrib
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	O Yes No	doe val	es contributor or business he/s ued at more than \$5,000?	sne is assi	O Yes O	No		2	00
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			ADDITIONAL PA			TYPE OF R	EPORT				
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A. Total Contributions for (See instructions for definition)	rom Sm: of Small Co	all Co	ntributors-Received th	nis P OTA	eriod ONLY L SECTION A	\$ 1513					
(Dec man norm)											
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Manager					Cristina grocer		m of a municir	nality T	Ame	ount of C	Contrib
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# Section B ADDITIONAL PAGE 186 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-Received	l this BTOT	Period ONLY AL SECTION A	\$ 1513		
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or dependent child of a lobbyist? No do	contribution is in excess of \$400 to es contributor or business he/she i lued at more than \$5,000?	o a cand s associ	idate for a chief execution ated with have a contract of Yes No.	Ct With Said municipanty	1	nount of Contribu
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Romanik		M	argaret			
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# Section B ADDITIONAL PAGE 187 of 189

ME OF COMMITTEE (Provide Complete Name as Reg	istered with Filing Repository)			TYPE OF R	EPORT			augustisti 191
				April 10 fi	ling			
nfara for Hartford  A. Total Contributions from Small (	Contributors-Received	this P	eriod ONLY L SECTION A	\$ 1513				
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Last Name Zayas		Ri	chard					
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	TOTA	AL of a	dditional Section	n B Pages	324710			
TOTAL OF ALL	L CONTRIBUTIONS FRO	M INI	IVIDUALS (Secti	ions A + B)	326223			
- contract the contract of the	/#/ ~ MAIAATT * TTTT * TTT		lumn A of Summary	Daga Totale)	1			

# Section B ADDITIONAL PAGE 188

of 189

			ADDITIONAL P		TYPE OF REI	OKI	14,54,544,646,646	
ME OF COMMITTEE (Provide Comp.	lete Name	as Negis	il control of the con		April 10 fili	ng		
fara for Hartford  Total Contributions fr	om Sn	nall C	Contributors-Received t	his Period ONLY	\$ 1513			
(See instructions for definition o	f Small C	Contribu	itor) SUB	IOTALISECTION				
			B. Itemized Contr	shutions from Indi	ividuals			
			B. Itemized Contr	First				MI
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kson			City			Sta		Zip Code 06518
idential Street Address			Ha	amden				00310
) Box 185716				Name of Employer				
ncipal Occupation				Beecher & Benr	net Inc			
uneral Director		TEOO	ntribution is in excess of \$400 to	candidate for a chief exe	cutive officer of a	municipality,	Amou	nt of Contribution
contributor a lobbyist, spouse, dependent child of a lobbyist?	Yes No	does	contributor or business ne/sne is	Oyes O	No		100	
s this contribution associated with an	0	Yes	ed at more than \$5,000?  Is contributor a principal of a sta  If yes, indicate which branch	e contractor or prospective or branches	e state continuous.	ON		
vent reported in Section L1?	Ö	No	of government the contract i	s with.	Aggregate Co	ntributions	1	
fyes, list Event # G				Date Received	100	)Ha louitons		
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ara  Residential Street Address				ity		,	CT	08109
Sesidential Street Address 589 Nott St				Wethersfield			<u></u>	
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or dependent child of a lobbyist?	Yes No	do va Yes	lued at more than \$5,000?  Is contributor a principal of a	Yes  State contractor or prospection or branches	No No etive state contracte	or? OYes	- 1 /00	)
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# Section B ADDITIONAL PAGE 189 of 189

ME OF COMMITTEE (Provide Complete Name as	s Registered with Filing Repository)			TYPE OF RE	PORT	N. S.		
un 41 - 41 - 41 - 41 - 41 - 41 - 41 - 41	. v. P			April 10 fil	ing			
nfara for Hartford  A. Total Contributions from Sma	all Contributors-Received	d this P	eriod ONLY	\$ 1513				
(See instructions for definition of Small Con	ntrioutor)							
	B. Itemized Con	tributio	ons from Indivi	duals			МІ	
Name		First					1,111	
llier		Colle	een		Te	tate	Zip Code	
idential Street Address		City	la un ale		1	CT	06475	
Mulberry St		Old Say					<u> </u>	
ncipal Occupation			ame of Employer					
Continuator a tobolist, speciel	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	is associat	Oyes ONo			1000	unt of Co	ntributi
this contribution associated with an vent reported in Section L1?	res Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ICH OF OLA	nctor or prospective su nches OExecutive		<b>⊙</b> No			
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ast Name		Kha	alld					
aqad		City				State	Zip Code	
esidential Street Address		Southi	ngton			СТ	06489	<del></del>
o1 Deerbrook Ln		1	Name of Employer					
rincipal Occupation			Five Star Food M				ount of C	
s contributor a lobbyist, spouse, r 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 associa	OYes ON	lo		50		onnibu
s this contribution associated with an event reported in Section L1?  If yes, list Event # A	Yes No Is contributor a principal of a  If yes, indicate which br of government the contr	anch of b	lanches	ive 🔿 Legis	<b>⊙</b> No			
	• • • • • •		3/30/23	500				
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Khan		City	33111Q			State	Zip Co	ode
Residential Street Address		Rock	v Hill			СТ	060	67
57 Boulder Dr		1,000	Name of Employer					
Principal Occupation			HBR Enterprises	S				
Owner	If contribution is in excess of \$40	00 to a cor	1: 1-to for a chief eyes	cutive officer	of a municipal	ity, A	mount of	Contrib
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or business ne/s	sne is asso	O Yes O	No		5	00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # A	Yes Is contributor a principal of If yes, indicate which to of government the con	oranch of	th: O Execu	utive OLeg		0		
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			additional Section	n B Pages	324710			
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## I. MONETARY RECEIPTS (Sections A—K)

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abrera for the I	People				Sean Gr	ace			
dress				Is this contrib	this contribution associated with an Yes ONo ent reported in Section L1?			Amount of Contribution	
52 Wintergree	n Ave	State	Zip Code	Date Recei	ved ved	Aggregate Contributions			
ту			06514	2/8/23		1000			
lamden		СТ	00314	Name of Treasurer					
nme of Committee HIrd Street PAC	C					Skyers-Thomas			
idress				Is this contri	bution asso	ciated with an Yes No	Amount of	Contribution	
Horseshoe Hil	II Rd			event reporte	If ye	es, list Event #	1000		
ity		State	Zip Code	Date Rece	ived	Aggregate Contributions			
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ame of Committee					Name of T	reasurer			
Ten Town PAC					Christo	opher Marino			
ddress	Is			Is this contr	ibution asso	ciated with an Yes ONo	Amount of	Contribution	
334 Fairview R			event reported in Section L1?  If yes, list Event #		n L1?	1000			
Sity		State	Zip Code	Date Rece		Aggregate Contributions			
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Westbrook	<b>G2.</b> ]	CT Reimburseme	06498 ents or Surp	3/10/2		1000 rom other Committees Treasurer			
Westbrook Name of Committee Address	Expenditure #		ents or Surp		utions fi	rom other Committees	State	Zip Code	
Westbrook Name of Committee		Reimburseme	ents or Surp	lus Distrib	utions fi	rom other Committees Treasurer			
Westbrook Name of Committee Address	Expenditure #	Reimburseme	ents or Surp	lus Distrib	Name of    Name of	rom other Committees Treasurer			
Westbrook  Name of Committee  Address  Date Received	Expenditure #	Reimburseme	ents or Surp	lus Distrib	Name of    Name of	rom other Committees Treasurer			
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Westbrook  Name of Committee  Address  Date Received  Description  Name of Committee  Address	Expenditure # (if applicable)	Payment Typ OReimburs	ents or Surp	City  City  City	Name of    Name of	rom other Committees Treasurer  Stribution	Amoun	t of Receipt	
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# Section C1. ADDITIONAL PAGE 2\_\_\_\_ of 2\_\_\_\_

FORM 20	Sec	tion C1.	ADDIT	IONAL	PAGE :	TYPE OF REPORT	
4E OF COMMITTEE	(Provide Complete Name					April 10 filing	
fara for Hartford							
uru ror		C1. C0	ntribution	s from Otl	ner Commi	er	tia valuetama Mattia amin'ny fivondronana amin'ny fivondronana amin'ny fivondronana amin'ny fivondronana amin'n
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ite for Progress					ľ	d with an OYes ONo	Amount of Contribution
ess				Is this contrib		? st Event #	1000
opfield Rd				Date Recei	-	Aggregate Contributions	
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ne of Committee					Charles Bu		
ohegan Sun PAC				1- 41 4	1	ed with an Yes No	Amount of Contribution
iress				ls this contr	ted in Section L	1? list Event#	_ 1500
Crow Hill Rd				Date Rec		Aggregate Contributions	
у		State	Zip Code	3/31/2		1500	
ncasville		СТ	06382	37017	Name of Tre	asurer	
ame of Committee							
					tibution associ	ated with an Yes No	Amount of Contribution
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				Date Re		Aggregate Contributions	
City		State	Zip Code				
						om other Committees	
	C2. Re	imbursem	ents or Sur	plus Distr	Name of T	om other Committees	
Name of Committee							
				City	,		State Zip Code
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Date Received	Expenditure # (if applicable)	Payment Ty	/pe rsement for sha	red expense	OSurplus Dis	tribution	
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Description							
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Name of Committee							State Zip Cod
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	Expenditure #	Paymen				D' willution	
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		O Rei				This Page 2500	

# Section C1. ADDITIONAL PAGE 1 of 2

	TEE (Provide Complete N					April 10 filing	
nfara for Hartfo	rd			S O4	har Com	mittees	
		C1, (	Contribution	ns from Ot	Name of Tre	asurer	
ne of Committee					Donald N	ИсGregor	
T&T Connecticu	t Employee PAC			T. a		ated with an OYes ONo	Amount of Contribution
ress				event reporte	d in Section	1000	
Science Park 2n	d Fl		Ta: 0.1	Date Recei		, list Event #	
7		State	Zip Code	3/15/2		1000	
ew Haven		СТ	06511	3/13/2	Name of Tr		
me of Committee					Thomas		
FD PAC					1		Amount of Contribution
idress			Is this contr	ed in Section	iated with an Yes ONo L1?		
4 Lincoln Ave					If ye	s, list Event #	1500
ty		State	Zip Code	Date Rec			
ristol		СТ	06010	2/23/2	23	1500	
ame of Committee			1		Name of T	reasurer	
	ephone Workers				Paul Ho	ongo	
	Spriorio Werners			Is this cont	ribution asso	ciated with an Yes ONo	Amount of Contribution
<sup>ddress</sup> 3055 Dixwell Av	10			event repor	rted in Section	es, list Event #	1000
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lity		СТ	06518	3/27/	23	1000	
Hamden ————————————————————————————————————		1	C	-les Distri	hutions fi	rom other Committees	
	C2, I	Reimbursem	ents or Sur	pius Discra	Name of	Treasurer	
Name of Committee							
				City			State Zip Code
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Date Received	Expenditure # (if applicable)	Payment Ty	ype rsement for share	ed expense	Surplus Di	stribution	
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Date Received	(if applicable)		nbursement for s	hared expense	O Surplus	Distribution	
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Description							
					-4: C	This Page 2150	
			SUI	BTOTAL S	ection C –	This Page 2150	

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

NAME OF COMMITTEE (Provide Complete Nam	e as Registered with Filing Repositor	אכי		TYPE OF		
onfara for Hartford				April 10	mmy	
	D. Loans I		ed this Period			Data - CP
Tame of Lender		1	Source of Loan:  Bank Candi	idate ( Individua	l Other	Date of Receipt 1/10/23
Rennye Leiler					Committee   Zip Code	Is there a Cosigner or
treet Address	City Durham			State CT	2ip Code 06422	Guarantor of this loan?
75 Tuttle Rd	Duinam					O Yes O No
Name of Cosigner/Guarantor (if applicable)						Amount Received
	170			State	Zip Code	500
Street Address	City			State		
			G ov			Date of Receipt
Name of Lender			Source of Loan: OBank Cand	idate 🔿 Individua	ol Other Committee	Dire of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or
	,					Guarantor of this loan?  O Yes  O No
Name of Cosigner/Guarantor (if applicable)				<u> </u>		Amount Received
(1) approcase)						
Street Address	City			State	Zip Code	1
Name of Lender			Source of Loan:	6	10	Date of Receipt
			OBank O Cand	lidate () Individu	al Other Committee	
Street Address	City		I	State	Zip Code	Is there a Cosigner or Guarantor of this loan?
						O Yes O No
Name of Cosigner/Guarantor (if applicable)	<u> </u>			*		Amount Received
						1
Street Address	City			State	Zip Code	
			TOTAL SECT	ION D		
E. Receints from En	tities other than Indiv	iduals	or Other Com	mittees (Refere	ndum Committe	es ONLY)
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•					War-	
Street Address				Date Received		Amount Received
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City		State	Zip Code	Aggregate Contr	ributions	
					And the second s	
Name of Entity						
				Date Received		Amount Received
Street Address						
City		State	Zip Code	Aggregate Contr	ributions	1
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Name of Entity		<u> </u>				
Name of Entity						
Street Address				Date Received		Amount Received
						_]
City		State	Zip Code	Aggregate Cont	ributions	
			TOTAL OF F	LION E		
			TOTAL SEC	TION F		

EC FORM 20 II. EVENT ACT	FIVITY (Sections L1—L5)					
AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)	y) TYPE OF REPORT					
Li. Eye	ent Information					
vent # Description		١	_	raising event		
te of Event Letter Grocery Owner Fundraiser at Asia Darba	ar			ONo Zip Code		
cation: Street Address	City			06062		
53 East St	Plainville		CT	00002		
ubpart 1: (All Committees) Vas this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations Associated with a House Party and compl purchases made by host(s) for food, beverag  No	ge and invi	tations.)			
id this fundraiser include goods or services donated by a business entit f up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contribution and complete required information.)  No					
	OYes (If yes, enter Total Receipts here.)					
Vas this fundraiser a tag sale, auction, or other sale of donated items ith purchases from an individual of up to \$100?	<b>⊙</b> No	→ \$				
Subpart 2: (Party Committees, Municipal Candidates and Political Co Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? Subpart 3: (Town Committees ONLY)	Oyes (If yes, enter Total Receipts here.)  Oyes (If yes, enter Total Receipts here.)	rmation.)	pace in a	Program Boo		
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	• No	→ <u>[</u> \$				
Event # Description		Was	this a fu	ndraising ev		
Date of Event Letter Officer's Club of Connecticut			<b>⊙</b> Yes	ONo		
3/18/23 B Officer 3 ords or consideration.  Location: Street Address	City		State	Zip Code 06105		
360 Broad St	Hartford		СТ	00103		
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donation Associated with a House Party and compurchases made by host(s) for food, bever	rage and in	vitations.	)		
Did this fundraiser include goods or services donated by a business en of up to \$200 or items donated by an individual of up to \$100?	ntity Yes (If yes, go to Section L4 In-Kind Donation and complete required information.)  No	ions not C	Considered	d Contributio		
Was this fundraiser a tag sale, auction, or other sale of donated items	Yes (If yes, enter Total Receipts here.)	\$	<u></u>			
with purchases from an individual of up to \$100:	No					
Subpart 2: (Party Committees, Municipal Candidates and Political Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Committees other than Exploratory Committees)  Yes (If yes, go to Section L3 Purchases of A  or on a Sign and complete required in  No	dvertising formation	g Space in	a Program F		
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass	Yes (If yes, enter Total Receipts here.)	\$				
gathering held within the state with this fundraiser?	<b>⊙</b> No					
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Rece	eipts from Sale of Donated Items — This Page	0				
CONDITION	- a :4 ONLY)	0				
	TOTAL of additional Section L1 Pages	0				
TOTAL OF ALL	RECEIPTS FROM SMALL PURCHASES r total on Line 16a, Column A of Summary Page Totals)	0				

# Section L1. ADDITIONAL PAGE 1 of 3

EC FORM 20 Section L1. ADDITIO	NAL PAGE !	of 3  TYPE OF REPORT			
AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		April 10 filing	10.000		
onfara for Hartford	Information	April 10 mil.g			
LI. Event	Inioi mauon		Wes t	hia a fun	draising event?
vent # ate of Event Letter b/18/202 C Adriatic Restaurant			١.	Yes	O <sub>No</sub>
position: Street Address	City		S	State	Zip Code
77 Franklin Avenue	Hartford			СТ	06114
Subpart 1: (All Committees)  Was this event hosted at a personal residence?	Yes (If yes, go to Section L.:  Associated with a Houpurchases made by hos  No	ise Party and complet	e requi	rea muor	Contributions mation for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required  No	4 In-Kind Donations information.)	not Cor	nsidered (	Contributions
at it is a latitude together expenses of donated items	OYes (If yes, enter Total Rec	eipts here.)	Γ.		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			\$		
	No	Committees)			
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes (If yes, go to Section I or on a Sign and com	3 Purchases of Adver plete required inform	tising S ation.)	pace in a	Program Book
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	Yes (If yes, enter Total Re	ceipts here.)	\$		
			337	ulia o E	ındraising even
Event # Description Date of Event Letter			Was	_	_
Date of Event Letter 3/21/202 D Hartford BPO Elks Lodge				• Yes	
Location: Street Address	City			State	Zip Code
34 Prospect Street	Hartford			CT	06103
Subpart 1: (All Committees) Was this event hosted at a personal residence?	purchases made by he  No	ouse Party and completes ost(s) for food, beverag	ete requ se and in	vitations	.)
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section and complete require  No	L4 In-Kind Donationed information.)	s not C	onsidere	d Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total F  No		\$		
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	mittees other than Explorato Yes (If yes, go to Section or on a Sign and co	ry Committees) L3 Purchases of Adversely information in the complete required information in the complete required in the	ertising mation	g Space it	a Program Bo
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes (If yes, enter Total I	Receipts here.)	\$		
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts	from Sale of Donated Items	— This Page 0			
SURTOTAL Se	ction L1—Subpart 3 <i>(Town Con</i> ceipts from Food Purchases	mittees ONLY)			
	TOTAL of additional Sec	tion L1 Pages 0			
TOTAL OF ALL REC	CEIPTS FROM SMALL I on Line 16a, Column A of Summ	PURCHASES 0			

# Section L1. ADDITIONAL PAGE 2 of 3

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
onfara for Hartford		April 10 filing		
L1. Event	Information			
vent # Description tte of Event Letter Diver Postaurant			Was this a	fundraising event es O No
/22/202 E River Restaurant	City		State	Zip Code
cation: Street Address	Wethersfield		СТ	06109
00 Great Meadow Road	Wethershold		l	
ubpart 1: (All Committees) Vas this event hosted at a personal residence?	purchases made by ho  No	use Party and comple st(s) for food, beverage	and invitation	ns.)
old this fundraiser include goods or services donated by a business entity f up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section) and complete required No	[.4 In-Kind Donations I information.)	not Conside	red Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items	OYes (If yes, enter Total Re	ceipts here.)	d.	
vith purchases from an individual of up to \$100?	<b>⊙</b> No		<b>\$</b>	
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?  Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass	O Yes (If yes, enter Total R	nplete required inforn	+ \$	
gathering held within the state with this fundraiser?	<b>⊙</b> No			
Event # Description			Was this	a fundraising eve
Event # Date of Event Letter 3/29/202 3F Salute Restaurant			Stat	Yes O No
Location: Street Address	City			
100 Trumbull Street	Hartford		СТ	06103
Subpart 1: (All Committees) Was this event hosted at a personal residence?	purchases made by	House Party and comp nost(s) for food, bevera	ge and invita	tions.)
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	and complete requi	red information.)		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total  No		\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	mmittees other than Explorate Yes (If yes, go to Section or on a Sign and of No	ory Committees) n L3 Purchases of Adv complete required info	vertising Spa ormation.)	ce in a Program Bo
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes (If yes, enter Total  No	Receipts here.)	\$	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts		- This Page 0		
SUPTOTAL Se	ection L1—Subpart 3 (Town Co ceipts from Food Purchase	mmittees ONLY)		
	TOTAL of additional Se	ction L1 Pages 0		
TOTAL OF ALL DE	CEIPTS FROM SMALL	PURCHASES 0		

## Section L1. ADDITIONAL PAGE 3\_\_\_\_ of 3\_\_\_\_

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)	A STATE OF THE STA	TYPE OF REPORT		
Fonfara for Hartford			April 10 filing		
	L1. Event	Information			
Event # Date of Event Letter	Description			I	ndraising event
3/30/202 G	Connecticut Funeral Directors Association			• Yes	O No
Location: Street Address		City		State	Zip Code
364 Silas Deane High	way	Wethersfield		СТ	06109
Subpart 1: (All Commi	The state of the s				
Was this event hosted at		OYes (If yes, go to Section L5 Associated with a Hous purchases made by host(  No	e Party and complet s) for food, beverage	te required info and invitations.	ormation for any
Did this fundraiser inclu of up to \$200 or items d	de goods or services donated by a business entity onated by an individual of up to \$100?	• Yes (If yes, go to Section L4 and complete required in	In-Kind Donations aformation.)	not Considered	l Contributions
Was this fundraiser a tag	g sale, auction, or other sale of donated items	OYes (If yes, enter Total Rece	ipts here.)	6	
with purchases from an	individual of up to \$100?	<b>⊙</b> No	<del></del>	\$	
Were there purchases or sign associated with this Subpart 3: (Town Con		or on a Sign and comp	lete required inform	nation.)	I rogram book
Did your committee sel	l food or beverage at a fair or similar mass	OYes (If yes, enter Total Rece	ipts here.)	\$	
gathering held within tr	ne state with this fundraiser?	<b>⊙</b> No			
Event # Date of Event Letter	Description			1 _	undraising ever
3/31/202 H	Red Rock Cafe			O Yes	s O No
Location: Street Address		City		State	Zip Code
369 Capitol Avenue		Hartford		СТ	06106
Subpart 1: (All Comm Was this event hosted a		Yes (If yes, go to Section L5  Associated with a Hou purchases made by host	se Party and comple (s) for food, beverage	ete required int e and invitations	s.)
Did this fundraiser incl of up to \$200 or items	ude goods or services donated by a business entity donated by an individual of up to \$100?	• Yes (If yes, go to Section L and complete required • No	4 In-Kind Donations information.)	s not Considere	ed Contributions
Was this fundraiser a t with purchases from a	ag sale, auction, or other sale of donated items a individual of up to \$100?	Yes (If yes, enter Total Reco	eipts here.)	\$	
Subpart 2: (Party Con Were there purchases a sign associated with the	nmittees, Municipal Candidates and Political Com of advertising space in a program book or on a is fundraiser?	mittees other than Exploratory Yes (If yes, go to Section L or on a Sign and com	J I UI CHUSCS OF TEAT	ertising Space in mation.)	a Program Boo
Subpart 3: (Town Con Did your committee se gathering held within t	mmittees ONLY)  Il food or beverage at a fair or similar mass he state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$	
SUBTOTAL Sec	tion L1—Subpart 1 (All Committees) Total Receipts	from Sale of Donated Items —	This Page 0		
	SUBTOTAL Se	ction L1—Subpart 3 <i>(Town Comm.</i> ceipts from Food Purchases —	ttees ONLY)		
		TOTAL of additional Section	n L1 Pages 0		
	TOTAL OF ALL REC	EIPTS FROM SMALL PU on Line 16a, Column A of Summar	RCHASES 0		
	(Enter total	on Line 100, Column A of Summa	V-705-3557		

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

	•					375		
	(Provide Complete Name as Register	ed with Filing Reposito	(נמ			REPORT		
Fonfara for Hartford					April 10 Filing	}		
e e e e e e e e e e e e e e e e e e e	L3. Purchase	s of Advertisin	ig in a Prograi	m Book or (	on a Sign	nl.	e Made By:	
Name of Purchaser							e Made By: siness Entity	Other
Thomas E. Fitzgerald Fu	uneral Home Inc.					_	ividual/Sole P	roprietorship
Street Address			City		,		State	Zip Code
809 N. Main St Ext			Wallingford				CT	06492
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise 2	Amount of Si	gn Purchase
3/30/2023	G	250		250				
Name of Purchaser							e Made By: siness Entity	Other
Propel LLC						1 =	ividual/Sole P	roprietorship
Street Address			City				State	Zip Code
495 Brimfield Rd			Wethersfield				CT	06109
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise A	Amount of Sig	gn Purchase
3/31/2023	н	250		250				
Name of Purchaser						_	e Made By:	<b>⊘</b> out
Capitol Strategles Grou	in. LLC						siness Entity lividual/Sole P	Other
			City			Oma	State	Zip Code
Street Address			City Hartford				СТ	06103
36 Trumbull St								<u> </u>
Date Received	Event #	Aggregate Purchases	for All Events		ogram Ad Purchs	ise A	Amount of Si	gn rurchase
3/31/2023	Н	250		250	Walter Street Company of the Company			
Name of Purchaser				A Company of the Comp		i	e Made By:	<b>~</b> 0.1
Government Solutions	Group, LLC		-			_	siness Entity lividual/Sole P	Other roprietorship
Street Address			City				State	Zip Code
36 Trumbuli St			Hartford				СТ	06103
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise	Amount of Sig	gn Purchase
3/31/2023	Н	250		250				
Name of Purchaser							e Made By:	<b>A</b>
LA Law, LLC			,			· •	siness Entity ividual/Sole P	Other roprietorship
Street Address			City			<u>, , , , , , , , , , , , , , , , , , , </u>	State	Zip Code
One Regency Drive			Bloomfield				CT	06002
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise 4	Amount of Sig	gn Purchase
3/31/2023	Н	250		250				
	SUBTOTAL Section L3 T	otal Purchases of	Advertising in P	rogram Book	This Page 1	250		
	SUBTOTAL Secti	on L3 Total Purc	hases of Advertis	ing on a Sign	This Page 0			
			TOTAL of a	dditional Sect	ion L3 Pages 3	250		
TOTAL	L OF ALL PURCHASES O	F ADVERTISIN	G IN A PROGRA Line 16c, Column	AM BOOK or	ON A SIGN 4	500		
Ī., .		(Bitter with on	wills and committee	, v, , , , , , , , , , , , , , , , , ,			Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian	

Section L3. ADDITIONAL PAGE 1 of 3

Per	Public Act 11-48,	effective January I	1, 2012 comn sale, auction,	nittees are no longer or a sale of donated i	required items. S	to itemize <i>Section L2.</i>	small removed
				TYPE OF I		3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	E (Provide Complete Name (	as Registered with Filing Reposit	(оту)	April 10 I			
Fonfara for Hartford	I a D.	rchases of Advertisi	ng in a Progr	am Book or on a Sign			
Name of Purchaser	Ls. Pu	. CHARLO OI WALLE HOL	-0 H - 19t	3.	Purcl	hase Made By:	
	enlare of Connection	t Inc			-	Business Entity	Other
Wine & Spirits Whole	salets of Connecticu		Ta:		O	Individual/Sole P	Proprietorship Zip Code
Street Address			City			CT	06850
10 Byington Place, Se	econd Floor		Norwalk		Junahara T		
Date Received	Event#	Aggregate Purchase	es for All Events	Amount of Program Ad F	игспаѕе	Amount of Si	ign i di chase
3/16/2023	В	\$250.00		\$250.00			
Name of Purchaser					1 .	hase Made By: Business Entity	Other
Northeast Beverage	Corp of CT				1 -	Business Endly Individual/Sole F	_
	•		City			State	Zip Code
Street Address			Coventry			RI	02816
P.O. Box 1437	Frank #	Aggregate Purchase		Amount of Program Ad I	Purchase	Amount of Si	ign Purchase
Date Received	Event#	\$250.00	••	\$250.00			
3/16/2023	٢	1			Purc	hase Made By:	
Name of Purchaser						Business Entity	Other
Allan S, Goodman, Ir	nc.				0	Individual/Sole I	
Street Address			City			State	Zip Code 06108
180 Goodwin Street			East Hartford			CT	
Date Received	Event#	Aggregate Purchas	ses for All Events	Amount of Program Ad	Purchase	Amount of S	ign Purchase
3/16/2023	В	\$250.00		\$250.00			
Name of Purchaser						chase Made By:	MOsh
Hartley & Parker Lim	nited, Inc.				-	Business Entity Individual/Sole	Proprietorship
Street Address			City			State	Zip Code
100 Browning Street	t .		Stratford			CT	06615
Date Received	Event#	Aggregate Purchas	ses for All Events	Amount of Program Ad	Purchase	Amount of S	Sign Purchase
3/16/2023	В	\$250.00		\$250.00			
Name of Purchaser						chase Made By:	And
Connecticut Distrib	utors, Inc.				1 -	Business Entity Individual/Sole	Proprietorship
Street Address			City			State	Zip Code
333 Lordship Blvd.			Stratford			СТ	06615
Date Received	Event#	Aggregate Purcha	ses for All Events	Amount of Program Ad	Purchase	Amount of S	Sign Purchase
3/16/2023	В	\$250.00		\$250.00			
	SUBTOTAL Sec	tion L3 Total Purchases	of Advertising i	n Program Book — This P	ağe 1250		
	544	Annual Control of the		rtising on a Sign — This P	SAN ASSE		
			TOTAL	of additional Section L3 Pa	ges 3250	)	,
то	TAL OF ALL PURC	HASES OF ADVERTIS	ING IN A PROC	GRAM BOOK or ON A SI mn A of Summary Page Tot	(GN 4500	)	
I		(Enter total c	on Line 100, Colu	mn A vj Dummury 1 age 10t	/	proprieta e estaciones e deleticista descendo constituido de la constituida de la constituida de la constituid	Control Control of the Control of th

## Section L3. ADDITIONAL PAGE 2 of 3

Per P individu	ublic Act 11-48, effec al purchases from a co	tive January 1 mmittee tag s	, 2012 comm	ittees are no or a sale of o	o longer requ donated item	iired is. Se	to itemize ection L2.	e small removed
NAME OF COMMITTEE	(Provide Complete Name as Register	red with Filing Reposit	oni)		TYPE OF REPO	RT		
Fonfara for Hartford					April 10 Filing	g		
19 ( )	L3. Purchase	s of Advertisi	ng in a Progra	m Book or	on a Sign	10 July 1		
Name of Purchaser						i _	se Made By:	_
Eder Bros, Inc.						1 -	siness Entity dividual/Sole l	Other Proprietorship
Street Address			City				State	Zip Code
11 Eder Road			West Haven				СТ	06516
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purch	ase	Amount of Si	gn Purchase
3/16/2023	В	\$250.00		\$250.00				
Name of Purchaser						Purchas	e Made By:	
Opici Family Distribution	na of Connecticut						siness Entity	Other
	ng or connecticat					Olno	lividual/Sole I	<del></del>
Street Address			City				State	Zip Code
210 Old Gate Lane			Milford	,			CT	06460
Date Received	Event#	Aggregate Purchases	for All Events		ogram Ad Purchs	ise .	Amount of Si	gn Purchase
3/16/2023	В	\$250.00		\$250.00				
Name of Purchaser						_	e Made By:	001
Capitol Consulting LLC						-	siness Entity lividual/Sole F	Other Proprietorship
Street Address			City				State	Zip Code
23 Viola Drive			East Hampton				CT	06424
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purchs	ise .	Amount of Si	gn Purchase
3/30/2023	G	\$250.00		\$250.00				
Name of Purchaser						Purchas	e Made By:	
Carmon Funeral Homes	s, Inc.					_	siness Entity ividual/Sole P	Other roprietorship
Street Address			City				State	Zip Code
807 Bloomfield Avenue	<b>)</b>		Windsor				СТ	06095
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se /	Amount of Si	gn Purchase
3/30/2023	G	\$250.00		\$250.00				
Name of Purchaser				•		_	e Made By:	
D'Esopo East Hartford	Memorial Chapel					_	siness Entity ividual/Sole P	Other roprietorship
Street Address			City	~			State	Zip Code
30 Carter Street			East Hartford				СТ	06118
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	Amount of Sig	in Purchase
3/30/2023	G	\$250.00		\$250.00				
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pa	rogram Book –	— This Page 12	250		
	SUBTOTAL Secti	on L3 Total Purc	hases of Advertis	ing on a Sign –	—This Page 0			
			TOTAL of ac	dditional Secti	on L3 Pages 32	250		
TOTAL	L OF ALL PURCHASES O	F ADVERTISIN	G IN A PROGRA Line 16c, Column	M BOOK or	ON A SIGN 45	500		
		,				CONTRACTOR OF THE PARTY.	enganiczna poecanicoconamical agiktów	

Section L3. ADDITIONAL PAGE 2 of 3

Per P	ublic Act 11-48, o	effective January 1 a committee tag s	, 2012 commale, auction,	nittees are no	longer requi onated items	red to. Se	to itemize ection L2.	small removed
HMIVIUU	ai paremases mon		<u> </u>					
	(Provide Complete Name as	Registered with Filing Reposito	ory)		TYPE OF REPOR April 10 Filing			
Fonfara for Hartford			D					3 14.2
	L3. Pur	chases of Advertisi	ng in a Progr	ram Book or of	ı a oığıı	Purchas	e Made By:	
Name of Purchaser						_	siness Entity	Other
Eder Bros, Inc.						Olno	lividual/Sole P	
Street Address			City				State	Zip Code
11 Eder Road			West Haven			<del></del>	CT	06516
Date Received	Event #	Aggregate Purchases	for All Events		gram Ad Purcha	se	Amount of Si	gn Purchase
3/16/2023	В	\$250.00		\$250.00				
Name of Purchaser						_	se Made By: siness Entity	Other
Opici Family Distribut	ing of Connecticut					_	ismess Entity Iividual/Sole P	•
-	<b>y</b>	-	City			<u> </u>	State	Zip Code
Street Address			Milford				СТ	06460
210 Old Gate Lane	Event#	Aggregate Purchases		Amount of Pros	gram Ad Purcha	se	Amount of Si	gn Purchase
Date Received	Event#	\$250.00		\$250.00	-			
3/16/2023	B	\$250.00				Purchase Made By:		
Name of Purchaser						<b>⊙</b> Bi	isiness Entity	Other
Capitol Consulting LL	С					Oln	dividual/Sole I	· · · · · · · · · · · · · · · · · · ·
Street Address			City				State	Zip Code
23 Viola Drive	23 Viola Drive			on			СТ	06424
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Purcha	ise	Amount of Si	ign Purchase
3/30/2023	G	\$250.00		\$250.00				
Name of Purchaser						_	se Made By:	Other
Carmon Funeral Hom	es, Inc.					_	usiness Entity dividual/Sole I	•
Street Address			City				State	Zip Code
807 Bloomfield Avenu	ue		Windsor				СТ	06095
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Purcha	ise	Amount of Si	ign Purchase
3/30/2023	G	\$250.00		\$250.00				
	~					Purcha	se Made By:	
Name of Purchaser	Janaarial Chanal					-	usiness Entity	Other
D'Esopo East Hartford	ı iviemoriai Unapei		T			Oln	dividual/Sole I	Proprietorship Zip Code
Street Address			City	٠.			CT	06118
30 Carter Street			East Hartfor		guam Ad Bassak	250	Amount of S	
Date Received	Event #	Aggregate Purchase	es for All Events		gram Ad Purcha	180	Amount of 9	ign a utenasc
3/30/2023	G	\$250.00		\$250.00				
	SUBTOTAL Secti	on L3 Total Purchases 0	of Advertising in	n Program Book –	– This Page 1	250		
Supply and the supply are supply as the supply and the supply are supply as the supply are suppl	SUBTOTA	AL Section L3 Total Pur	rchases of Adve	rtising on a Sign –	— This Page ()			
			TOTAL	of additional Secti	on L3 Pages 3	250		
тот	AL OF ALL PURCH	ASES OF ADVERTISI	NG IN A PROC	GRAM BOOK or mn A of Summary	ON A SIGN	500		
I		(Enter total of	n Line 100, Colu	ள்ள சு சு பெள்ளார்.	4 45 4 7 7 1413/	7/40x-0		Service and Marie 19 Service and the service of the service and the service of th

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repositors)				PE OF REPORT				
Fonfara for Hartford Ap				oril 10 Filing				
		4. In-Kind Donation	s Not Considered (	Contributio	ons			
Name of Donor								
Carbone's Prime								
Street Address			City			State	2	Zip Code
838 Cromwell Ave			Rocky Hill	Rocky Hill			•	06067
Donation Given By:	Description of Donation				Fa	ir Mark	et Val	ue of Donation
© Business Entity	Food		200					
O Individual	Date Received	Event#	Aggr	Aggregate Value for this Event				
O Sole Proprietorship	3/21/23	D	400					
Name of Donor								
Vincent Carbone								
Street Address			City			State	•	Zip Code
25 Garden St			Wethersfield			СТ	•	06109
Donation Given By:	Description of Donation				Fa	Fair Market Value of Donation		
Business Entity	Food			100				
<ul><li>Individual</li></ul>	Date Received	Event#	Event# Aggregate Value for		is Event	_		
O Sole Proprietorship	3/21/23	D	400	400		,		
Name of Donor								
John Carbone								
Street Address			City				C	Zip Code
18 Cedar Wood Dr			Wethersfield	Nethersfield		СТ	•	06109
Donation Given By:	Description of Donation				Fair Market Value of Donation			
OBusiness Entity	Food				100			
<b>⊙</b> Individual	Date Received	Event#		egate Value for th	is Event			
O Sole Proprietorship	3/21/23	D	400	)				
Name of Donor								
Conn. Funeral Direc	tors Assoc., Inc.	•						
Street Address			City	S			;	Zip Code
364 Silas Deane Hw	у		Wethersfield	Wethersfield				06109
Donation Given By:	Description of Donation	•			Fa	ir Mark	et Valı	ie of Donation
Business Entity	Food				14	15		
O Individual	Date Received	Event#	vent # Aggregate value for t		s Event			
O Sole Proprietorship	3/30/23	G	145	j				
		SII	BTOTAL Section L4—	- This Page	545			
1					J10			
TOTAL of additional Section L4 Pages				200				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21, Column A of Summary Page Totals)				745				
			andre a supplementarion of the state of the	and a series and the section of the series and the section of the				

### Section L4. ADDITIONAL PAGE 1 of 1

NAME OF COMMIT	EE (Provide Complete Name	as Registered with Filing Re	epository)			TYPE OF REP	ORT			
Fonfara for Hartford				April 10 Filin	g					
	I	4. In-Kind Donat	ions Not	Conside	red Contrib	utions		45 f 34		
Name of Donor Red Rock Cafe										
Street Address			Ci	ity				State	Zip Code	
369 Capitol Ave			Н	lartford				СТ	06106	
Donation Given By:	Description of Donation						Fair Market Value of Donat			
Business Entity	Food									
O Individual O Sole Proprietorship	Date Received Event #  3/31/23 H			Aggregate Value for this Event 200				_		
Name of Donor			And the second of the second o							
Street Address			Cit	у			I	State	Zip Code	
Donation Given By:  Business Entity	Description of Donation						Fair M	larket Val	ue of Donation	
OIndividual OSole Proprietorship	Date Received	Event #			Aggregate Value fo	or this Event				
Name of Donor									kating and a second second second second second second second second second second second second second second	
Street Address		AMIANI	City	у				State	Zip Code	
***************************************										
Donation Given By:  Business Entity	Description of Donation						Fair M	arket Valı	ue of Donation	
○ Individual ○ Sole Proprietorship	Date Received Drefit is			Aggregate Value for	Value for this Event					
Name of Donor										
treet Address			City	,			[5	State	Zip Code	
Donation Given By:  Business Entity	Description of Donation	1. 1845 Mary 1. 1845 Mary 1. 1845 Mary 1. 1845 Mary 1. 1845 Mary 1. 1845 Mary 1. 1845 Mary 1. 1845 Mary 1. 184			· · · · · · · · · · · · · · · · · · ·		Fair Ma	rket Valu	e of Donation	
Individual Date Received Event #			Aggregate value for this Event				•			
		S	UBTOTAI	L Section L	4 — This Page	200				
									•	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FORM 20 Revised January 2015

### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Fonfara for Hartford April						
	P. Expenses	Paid by Committee				
Name of Payee Date of Payment					Method of Payment:	
Matthew Bartone			3/23/23	O Check	·	
Street Address		City		O Debit (	Card <b>O</b> EFT Zip Code	
14 Francis Drive		·		CT	06033	
		Glastonbury		CI	00033	
Purpose of Expenditure	Description		Event #		Amount	
(by code) WEB	Webpage Development			1364		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un.	less "None of the helow" is a	checked)	1		
(if applicable)	None of the below	10.00 of 0.00 octor. 10.00				
1	O Coordinated with reimbursement sought (joint expenditure					
	Coordinated without reimbursement sought (in-kind contri	bution) Organizat	ionOAOBOCOD			
Name of Payee			Date of Payment	Method of P Check		
Harland Clarke			1/25/23	O Debit C		
Street Address		City		State	Zip Code	
15955 La Cantera I	Pkwy	San Antonio				
Purpose of Expenditure	Description	1	Event #			
(by code)	•		23,000	4	Amount	
BNK	check order fees			187.34		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required uni	ess "None of the below" is c	hecked)			
2	None of the below	<b>^</b> · · · ·				
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril		ent ion OA OB OC OD			
Name of Payee		Organizat	Date of Payment	Method of P	ayment:	
Anedot			1/18/23-3/31/23	O Check #		
		C'h	77 107 20 070 1720	O Debit (		
Street Address	.1.0.114770	City		State	Zip Code	
1340 Poydras Street Sulte 1770		New Orleans		LA	70112	
Purpose of Expenditure	Description		Event #		Amount	
(by code) *+MISC	fees			9075.32	2	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the helow" is	checked)	7070.0.	<b></b>	
(if applicable)	O None of the below	ness me of the octon is				
	O Coordinated with reimbursement sought (joint expenditur		dent			
	Coordinated without reimbursement sought (in-kind contr	ibution) Organiza	tiorOAOBOCO D			
Name of Payee			Date of Payment	Method of P	-	
				O Check O Debit (		
Street Address		City		State	Zip Code	
n cr l'i	Desirition		Event #			
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)			
(у иррпсионе)	None of the below	_				
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	Y Y Y				
	Coordinated without reinhoutsement sought (in-kind control	Organiza Organiza	tion OA OB OC OD			
<u> </u>	S	UBTOTAL Section P —	<b>This Page</b> 10626.66			
	TO	TAL of additional Section	on P Pages 0			
	TOTAL OF ALL EXPE	NSES PAID BY COM 19, Column A of Summary	1 10070 00		and and a second delication and a second	
	(Enter total on Line	17, Commin A of Summury	A **6 ** Z O ** W ** /			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository	)	TYPE OF REPORT			
	S. Expenses Incurred by Com	mittee hut Not Paid	During this Period			
Name of Creditor			During this rectou	Date Incur	red	
Carbone's Prime					3	
Street Address City					Zip Code	
Purpose of Expenditure (by code) FOOD	Description Event #			Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required  One of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	200				
Name of Creditor				Date Incur	red	
Salute				3/29/23	}	
Street Address		City		State	Zip Code	
100 Trumbull St		Hartford		СТ	06103	
Purpose of Expenditure (by code) FOOD	Description Food at fundraiser	Event#			Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				1055.13	
2	None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought reimbursement sought (in-kind coordinated without reimbursement sought (in-kind co	iture) Organi	endent zation: OA OB OC OD			
Name of Creditor				Date Incurr	ed	
Great Meadow Ca	ıfe			3/22/23	}	
Street Address		City		State	Zip Code	
100 Great Meado	w Rd	Wethersfield		CT	06109	
Purpose of Expenditure (by code) FOOD	Description Food at fundraiser		Event#	Amount Incurred (Estimate or Actual)		
Expenditure #				792.3	R5	
(if applicable)	None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought)	(joint expenditure) Organization: O OR OC OD				
		SUBTOTAL Section S	S-This Page 2047.48			
	Т	OTAL of additional Sec	tion S Pages 2004.83			
TOTAL OF ALL E	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	NG THIS PERIOD BUT ine 28, Column A of Summa	'NOT PAID ry Page Totals) 4052.31			
	Previously reported Exp	enses Unpaid and still O	utstanding 0			
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)  4052.31						

# Section S ADDITIONAL PAGE 1 of 1

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository,	)	ТҮРЕ	OF REPORT			
	S. Expenses Incurred by Com						
Name of Creditor	G. Expenses meurreu by Com	untiee but Not Paid	During thi	s Period	T		
Officer's Club of Connecticut					Date Incurred		
Street Address City				3/16/23			
360 Broad St		Hartford		State	Zip Code		
Purpose of Expenditure	Description	Traitioid	T		CT 06106		
(by code) FOOD	Food at fundraiser  Event #  B				Amount Incurred (Estimate or Actual)		
Expenditure # (f applicable) 4	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization A B C D						
Name of Creditor			-		Date Incur	red	
Adriatic Restaura	nt				3/18/23	}	
Street Address		City			State	Zip Code	
575 Franklin Ave		Hartford			СТ	06114	
Purpose of Expenditure (by code) FOOD	Description		Event #		Amount Incurred		
Expenditure #	Food at fundraiser C				(Estimate or Actual)		
(f applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	Ure) Indepe	ndent	в Ос О р	755.8	5Z	
Name of Creditor					Date Incurr	ed	
Asia Darbar					3/15		
Street Address 253 East St		<sub>City</sub> Plainville			State CT	Zip Code 06062	
Purpose of Expenditure	Description	- Idinivino	F+#		CI	00002	
FOOD	Food at fundraiser	Event#			Amount Incurred (Estimate or Actual)		
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum S Required u	nless "None of the below" is	s checked)		644.10		
6	None of the below Coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind com	Indeper	ndent	рв Ос <b>О</b> р			
		SUBTOTAL Section S	-This Page	2004.83			
TOTAL of additional Section S Pages 2004.83							
FOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals) 4052.31							
Previously reported Expenses Unpaid and still Outstanding 0							
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)  4051.32							