SEEC FORM 20

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

Page	ı	of	17	
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Do Not Mark in This Space For Official Use Only

COVER PAGE

			V 10.	1/ 17	700				<u> </u>		
1, NAME OF COMMITTEE											
Fonfara for Hartford											
2. TREASURER NAME											
First		МІ		Last				Suffix			
Rennye		С		Leiler							
3. TREASURER ADDRESS											
Street Address			City				State	ode			
95 Tuttle Road			Durham						22		
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Comple	te only	if Candidat	e Committee)			6. DIST	RICT NUMBER		
(mm/dd/yyyy) 11/07/2023	Mayor						· · · · · · · · · · · · · · · · · · ·	((f applicable)			
7. CANDIDATE NAME (Camplete only if	Candidate or Explorato	ry Committee))								
First		MI		Last					Suffix		
John		W		Fonfar	a						
8. TYPE OF REPORT (Check One Box)											
O January 10 filing	ding primar	гу	O7th	day preceding referend		Onitial Contribution or Disbursem					
April 10 filing	April 10 filing 30 days followi		rv	O45 days following referendum			(PACs ONLY)				
	_			-			Amendment to				
O July 10 filing	O7th day preced	ding electio	ng election O Deficit			1	Type of Rep	ort:			
October 10 filing	12th day prece										
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		on								
9, PERIOD COVERED											
	Beginning Da	ite			Ending Date						
	July 1, 2023		_	thru	September 3, 2023						
10. CERTIFICATION											
I hereby certify and state, under p Disclosure Statement for the pe						on this It e	mized Ca	mpaign F	inance		
Rennee C' Xeiles				nye C Le	iler			09/05/2	2023		
TREASURER OR DEPUTY TREASURE			PRIN	INT NAME OF SIGNER			_	DATE (mm/dd/yyyy)			
A person who is					iolated any provision: imprisonment or both		paign find	ance stati	ites		

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT 7th day preceding primary						
Fonfara for Hartford		COLLBAID					
	COLUMN A This Period	COLUMN B Aggregate					
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0					
12. Balance on hand at the beginning of Reporting Period	383,790.03						
13. Contributions Received from Individuals (Sections A and B)	12,960	407,863					
14. Receipts from Other Committees (Sections C1 and C2)	500	10,500					
15. Other Monetary Receipts (Sections D through K)	0	500					
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0					
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed							
16c. Total Purchases of AdvertisingProgram Book or Sign (Section L3)	1,250	11,750					
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	14,710	430,613					
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	398,500.03	430,613					
19. Expenses Paid by Committee (Section P)	298,550.67	330,663.64					
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	99,949.36	99,949.36					
21. In-Kind Donations not Considered Contributions Received (Section L4)	О	745					
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0					
23. In-Kind Contributions Received (Section M)	0	0					
24. Refundable Deposit to Telephone Company (Section N)	0	О					
25, Loan Balance	0						
25a, + Loans Received (Section D)	0	500					
25b. + Interest and Penalties on Loan	0	О					
25c Payments on Loan	0	500					
25d. Total Outstanding Loan Amount	0						
26. Campaign Expenses Paid by Candidate (Section Q)	341.93	1097.75					
27. Expenses Incurred on Committee Credit Card (Section R)	0	0					
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0						
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	o						

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registe		TYPE OF REPORT						
Fonfara for Hartford				7th day preceding	primary			
A. Total Contributions from Small Co (See instructions for definition of Small Contribute)			Period ONLY FAL SECTION A	\$360				
	B. Itemized Contr	ribut	tions from Individ	iuals				
Last Name		First					MI	
Sergi		The	eodore					
Residential Street Address	City	<u>.</u>		***************************************	State	Zip (l Code	
11 Castlewood Rd	W	est H	lartford		CT	CT 06107		
Principal Occupation		1	Name of Employer			·		
Retired		İ						
	idate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	unt of	f Contribution			
event reported in Section L1? 👸 No	Tes Is contributor a principal of a state contractor or prospective state contractor If yes, indicate which branch or branches							
If yes, list Event #	of government the contract is with: OExecutive OLegislative Date Received Aggregate Contributions							
Method of Contribution: Cash Personal Check Credit/Debit Card Pa	avroll Deduction	- 1	7/1/23	500				
Last Name		First	- All the regions amount in the College	- Martinom-sekthalitalita (m. 1000)			МІ	
Candelaria Candelaria		Jua					1111	
Residential Street Address	City				State	Zip C	ode	
34 6th St	1 1	ew H	aven		CT	065		
Principal Occupation			Name of Employer		*****	i		
Owner			Candelaria Insurano	te Group				
or dependent child of a lobbyist? 🙆 No 🛮 does con	bution is in excess of \$400 to a ntributor or business he/she is a at more than \$5,000?				, Amo	unt of	f Contribution	
	contributor a principal of a stat If yes, indicate which branch of government the contract is	ı or br	ractor or prospective state	e contractor? Yes No	1 250			
Method of Contribution:	or government the contract is		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPa	nyroll Deduction Money Or	rder	7/1/23	250				
Last Name		First					МІ	
Kinney		Ste	phen					
Residential Street Address	City	у		Α.	State	Zip (Code	
20 Cromwell Place	O	ld Sa	ybrook		CT	064	475	
Principal Occupation			Name of Employer					
Lobbyist			Gaffney Bennett an	d Associates				
or dependent child of a lobbyist? No does con	bution is in excess of \$400 to a ntributor or business he/she is a at more than \$5,000?				, Amo	unt of	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	contributor a principal of a state If yes, indicate which branch of government the contract is	or br	anches	_ ŎNo				
Method of Contribution:	-		Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debit Card Pa	nyroll Deduction OMoney Or	rder	7/2/23	500				
	SUBTO	TAL	Section B — This	Page 1250				
	TOTAL o	of ado	litional Section B F	Pages 11350				
TOTAL OF ALL CO	NTRIBUTIONS FROM I (Enter total on Line 13,							

Section B ADDITIONAL PAGE 1 of 10

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Fonfara for Hartford				7th day	preceding	primary	,			
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)			S Period ONLY OTAL SECTION A	\$360						
B. Itemize	ed Cont	ribu	itions from Individ	luals						
Last Name		Firs						MI		
Levy		M	egan							
Residential Street Address	Ci	ity				State	Zip (Code		
3433 Westheimer Road	F	loust	ton			TX	770	027		
Principal Occupation			Name of Employer							
Homemaker			Homemaker							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a contribution of the co					, Amo	Amount of Contribution 250				
event reported in Section L1? No If yes, indicate wh	is this contribution associated with an event reported in Section 1.1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches									
Method of Contribution:			Date Received	Aggregate	Contributions	_				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction C) Money C	Order	7/2/23	250						
Last Name	**************************************	Fire	st	opening the state of the state				MI		
Caminito		М	arco							
Residential Street Address	lential Street Address City Sta							Code		
79 Nejako Dr 06457 C										
Principal Occupation			Name of Employer				1			
Project Manager			Pioneer Builders of	Newing	ton, Inc					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business valued at more than \$5,000	ss he/she is	assoc	iated with have a contract Yes No	with said	nunicipality	250		f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a princi If yes, list Event # Is contributor a princi If yes, indicate when the section L1?	hich branc	ch or l			⊙ No					
Method of Contribution:			Date Received	_	Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction (Money C	Order	7/3/23	250						
Last Name		Fir	st			Design Control of the		MI		
Swift		CI	hristopher							
Residential Street Address	c	ity				State	Zip	Code		
49 Winfield Lane	1	Vew	Canaan			CT	06	457		
Principal Occupation			Name of Employer							
CEO			The Hartford							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busines valued at more than \$5,000	ss he/she is					/, Amo		f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate with an event reported in Section L1? If yes, indicate with an event reported in Section L1?	hich branc	ch or t		_	ŌNo					
Method of Contribution:		••••	Date Received	, — —	Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money (Order	7/3/23	1000						
	SUBT	OTA	L Section B — This	Page	500		·····	,		
Ţ	TOTAL .	of ac	Iditional Section B I	ages	1350					
TOTAL OF ALL CONTRIBUTIONS (Enter total of			IVIDUALS (Sections a umn A of Summary Page		2960	programmy of Commission of the				
and the control of th	A SECTION AND AND AND AND AND AND AND AND AND AN	44,574,747	and the second s							

Section B ADDITIONAL PAGE 2 of 10

NAME OF COMMITTEE (Provide Complete Name a	s Registered with Filing Repository)			TYPE O	F REPORT			
Fonfara for Hartford				7th day	y preceding p	rimary		
A. Total Contributions from Small (See instructions for definition of Small Contribution)			s Period ONLY OTAL SECTION A	\$360			v	
	B, Itemized Con	tribu	itions from Individ	duals				МІ
Last Name Rodriguez			ise					IVII
Residential Street Address		ity				State	Zip C	`ode
140 Kane Street	1	West	Hartford			ст	061	19
Principal Occupation			Name of Employer					
Retired			Retired					
	s assoc	didate for a chief executive intended with have a contract OYes ONo	with said	municipality	Amou 100	int of	Contribution	
	vent reported in Section L1? No If yes, indicate which branch or branches No							
Method of Contribution:			Date Received		Contributions			
OCash OPersonal Check OCredit/Debit Card	d OPayroll Deduction OMoney	Order	7/9/23	100				
Last Name		Fire						МІ
Pantalena								
Residential Street Address 188 Bartlett Dr	_{Pity} Madis	son		1	State CT	Zip C 064		
Principal Occupation			Name of Employer					
Pharmacist			Org Services Llc					
or dependent child of a lobbyist? O No d		O to a candidate for a chief executive officer of a municipality, e is associated with have a contract with said municipality O Yes No No 250						Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		ich or l	branches					
Method of Contribution:	-		Date Received	1 ** *	: Contributions			
OCash OPersonal Check OCredit/Debit Card	d OPayroll Deduction OMoney	Order	7/3/23	250	W			
Last Name Gara		Fir El	_{st} lizabeth					MI
Residential Street Address	10	l City				State	Zip (Code
105 Mattabasset Dr	•	Durh	am			CT	064	422
Principal Occupation			Name of Employer				i	
Executive Director/Lobbyist			Connecticut Lobby	ing Gro	oup, LLC			
or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?					Amo:	unf o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		ich or l	branches	O Legi	slative ONo			
Method of Contribution:			Date Received	1	e Contributions			
OCash OPersonal Check OCredit/Debit Care	d OPayroll Deduction OMoney	Order	7/3/23	100				
	SUBT	ОТА	L Section B — This	Page	450			
	TOTAL	of ac	dditional Section B l	Pages	11350			
TOTAL OF AL	LL CONTRIBUTIONS FROM (Enter total on Line 1	I IND 13, Coli	IVIDUALS (Sections a umn A of Summary Page	A + B) Totals)	12960			

Section B ADDITIONAL PAGE 3 of 10

NAME OF COMMITTEE Provide Complete Name as Re	A Company of the Comp	TYPE OF REPORT							
Fonfara for Hartford				7th day	/ preceding p	orimary			
A. Total Contributions from Small (See instructions for definition of Small Contri			nis Period ONLY OTAL SECTION A	\$360					
	B. Itemized Cont	trib	utions from Individ	duals					
Last Name		- 1	irst					МІ	
Szeps		H	lollis						
Residential Street Address		ity				State	Zip (
260 France Street	H	łock	xy Hill			CT	060)67	
Principal Occupation			Name of Employer						
Retired			Retired						
or dependent child of a lobbyist? No does	ependent child of a lobbyist? ONO					100	Amount of Cont		
event reported in Section L1? No									
If yes, list Event # Method of Contribution:	of government the contract	12 181	Date Received		Contributions	-			
OCash OPersonal Check OCredit/Debit Card									
Last Name	J. Company of the Com		irst	Mr	***************************************			МІ	
Williams		ı	irik						
Residential Street Address	С	ity		,		State	Zip (Tođe	
12 Boston Tpke.	on Tpke. Coventry						062	238	
Principal Occupation Name of Employer									
Cannabis executive Canna Provisions, Inc.									
or dependent child of a lobbyist? No does	ntribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?					Amo 250	unt o	f Contribution	
Is this contribution associated with an event reported in Section L1? Yes No Hyes, list Event #	Is contributor a principal of a st If yes, indicate which brane of government the contract	ch or	branches						
Method of Contribution:			Date Received	Aggregate	1				
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction Money C	Order	7/24/23	250					
Last Name		- 1	irst	· · · · · · · · · · · · · · · · · · ·		-		МІ	
Sanchez		F	Robert						
Residential Street Address 269 Washington street	I	ity New	<i>ı</i> Britain			State CT	1 -	Code 051	
Principal Occupation			Name of Employer		į	<u> </u>	L		
State Representative			State of CT						
	ontribution is in excess of \$400 to			e officer c	of a municipality	Amo	unf o	f Contribution	
or dependent child of a lobbyist? O No does	scontributor or business he/she is ed at more than \$5,000?					150	unto	i Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a staff yes, indicate which brand of government the contract	ch or	branches	_	€No				
Method of Contribution:			Date Received	1	Contributions				
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney (Order	7/25/23	150					
	SUBT	ОТА	AL Section B — This	Page	500				
	TOTAL	of a	dditional Section B I	ages	11350				
TOTAL OF ALL O	CONTRIBUTIONS FROM		DIVIDUALS (Sections A		12960	With the commence of the comme		gorphina (1868 - 18 ¹ - 1 ¹⁸ - 18 ¹	
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Section B ADDITIONAL PAGE 4 of 10

NAME OF COMMITTEE (Provide Complete Name as R	VAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT					
Fonfara for Hartford				7th day preceding	primar	у					
A. Total Contributions from Small (See instructions for definition of Small Contr		A	is Period ONLY OTAL SECTION A	\$360							
	B. Itemized Con	ıtribı	ıtions from Individ	duals							
Last Name Blair		Fin Jo	st hn			MI					
Residential Street Address	l.	City			State	Zip Code					
109 Girard Ave		Hartfo	ord		CT	06105					
Principal Occupation			Name of Employer			_					
President of MTAC			Motor Transport As	sociation of CT							
	didate for a chief executive intended with have a contract OYes ONo		/, Am	ount of Contribution							
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or b	oranches								
Method of Contribution:			Date Received								
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	7/26/23	250							
Last Name	The state of the s	Fin	St			MI					
Feldberg											
Residential Street Address	(City			State	Zip Code					
1517 East 37th Street		Brook	dyn		NY	11234					
Principal Occupation			Name of Employer		·						
Real Estate			Shelbourne								
or dependent child of a lobbyist? No does	contribution is in excess of \$400 to contributor or business he/she ued at more than \$5,000?				/, Am	ount of Contribution					
Is this contribution associated with an country trest reported in Section L1? Yes No If yes, list Event #	Is contributor a principal of a s If yes, indicate which brase of government the contract	nch or l	branches _	e contractor? Yes							
Method of Contribution:	or go vanish and vanish		Date Received	Aggregate Contributions							
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	7/28/23	500							
Last Name		Fir	st			MI					
Anderson		Α	rthur								
Residential Street Address		City			State	Zip Code					
221 Trumbull Street		Hartf	ord		СТ	06103					
Principal Occupation			Name of Employer	· · · · · · · · · · · · · · · · · · ·	1						
Executive			Imagineers, LLC								
or dependent child of a lobbyist? O No doe	contribution is in excess of \$400 to es contributor or business he/she ued at more than \$5,000?				y, Am 500	ount of Contribution					
Is this contribution associated with an event reported in Section L1? Yes No Hyes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or l	oranches	e contractor? Yes No Legislative							
Method of Contribution: Date Received Aggregate Contributions											
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	7/28/23	1000							
	SUBT	ГОТА	L Section B — This	Page 1250							
	TOTAL	ofac	lditional Section B I	Pages 11350							
TOTAL OF ALL	CONTRIBUTIONS FROM		IVIDUALS (Sections A								
	The state of the state of		ониять держину и 18% .			***************************************					

Section B ADDITIONAL PAGE 5 of 10

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t J			

NAME OF COMMITTEE (Provide Complete Name		TYPE OF REPORT							
Fonfara for Hartford				7th day preceding primary					
A. Total Contributions from S (See instructions for definition of Small		NO PORT OF THE PROPERTY OF	is Period ONLY OTAL SECTION A	\$ 360					
	-		· ·						
	B, Itemized Co	ntribu	itions from Individ	duals					
Last Name		Fir	st		Jan 1-1-1-1-1	MI			
Hennessy		M	atthew						
Residential Street Address		City			State	Zip Code			
161 Tremont St		Hartfo	ord		CT	06105			
Principal Occupation			Name of Employer						
Managing Director	Tremont Public Adv	visors							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	didate for a chief executive intention in the contract of the		/, Amo	unt of Contribution					
Is this contribution associated with an event reported in Section L1? If pes, list Event #	Yes Is contributor a principal of a If yes, indicate which brain of government the contract	nch or b	ranches	e contractor? Yes No Legislative					
Method of Contribution:			Date Received	Aggregate Contributions	-				
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	7/28/23	100					
Last Name		Firs	st			MI			
Liang		Br	uce						
Residential Street Address	esidential Street Address City								
10 Cambridge Crossing		Avon			СТ	06001			
Principal Occupation Name of Employer									
Doctor			UConn Health						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				250				
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	inch or l	branches	te contractor? Yes No Legislative					
Method of Contribution:	1		Date Received	Aggregate Contributions					
Ocash OPersonal Check Ocredit/Debit C	Card OPayroll Deduction OMoney	Order	8/9/23	250					
Last Name		Fir	st			MI			
Ritter		. M	artha						
Residential Street Address		City			State	Zip Code			
180 Fern St		West	Hartford		CT	06119			
Principal Occupation			Name of Employer						
Writer			Self			•			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution			
	Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes Vo Is contributor a principal of a state contractor or prospective state contractor? Yes Vo No								
Method of Contribution:			Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit (Card OPayroll Deduction OMoney	y Order	8/17/23	100		androwyhynou a seses, s.			
	SUB	ГОТА	L Section B — This	Page 450					
	TOTA	L of ac	lditional Section B I	Pages 11350					
TOTAL OF	ALL CONTRIBUTIONS FROM		IVIDUALS (Sections a			A CONTRACTOR OF THE PROPERTY O			
	Lence will on Line	13, CVII	A O DEBUMBLY FUGE	4 Attion					

Section B ADDITIONAL PAGE 6 of 10

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	A CONTRACTOR OF THE CONTRACTOR	TYPE OF REPORT							
Fonfara for Hartford			7th day preceding	primary	,				
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	DESCRIPTION OF THE PERSON NAMED IN	his Period ONLY OTAL SECTION A	\$360						
			···						
B. Itemized C	ontrib	outions from Individ	iuals						
Last Name	F	rirst	Control of the Contro	HIHIELDON, DANCEN, STEELESCH	essentines.	MI			
Lubas	1	Mark							
Residential Street Address	City			State	Zip (Code			
14 Mountain Lakes Road	Oak	land		ИЛ	074	136			
Principal Occupation		Name of Employer							
Director, Cybersecurity		BD							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One of the contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?				ty, Amount		f Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which be of government the contributor.	branches	No No							
4-	ract is wi	ith: OExecutive	OLegislative Aggregate Contributions	_					
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Omon	ney Order								
Last Name	F	irst				MI			
Widlitz	F	Patricia							
Residential Street Address			State	Zip (ode.				
12 Island Bay Circle	Guilt	ford		CT	064	1 37			
Principal Occupation Name of Employer									
Retired		Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?				, Amo	unt of	f Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of If yes, indicate which be of government the contributor of government the contributor associated with an event reported in Section L1?	ranch or		e contractor? Yes No Legislative						
Method of Contribution:		Date Received	Aggregate Contributions	7					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Orđer	8/31/23	250						
Last Name	F	irst	VANCOUNT CONTRACTOR OF THE CON	.,,	the teaching and also have	МІ			
Dobelle	E	Evan							
Residential Street Address	City			State	Zip (Code			
1 Crofut Street	Pitts	sfield		MA	012	201			
Principal Occupation		Name of Employer							
Educator		Countable							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?				/, Amo	unt o	f Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # No	ranch or	branches	Contractor? OYes No Legislative						
Method of Contribution:		Date Received	Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order	r 9/1/23	250						
SUI	втота	AL Section B — This	Page 600			N. Company			
TOTA	A L of a	ndditional Section B P	ages 11350						
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin		OIVIDUALS (Sections A Jumn A of Summary Page 1							

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT					
Fonfara for Hartford						7th da	y preceding	primar —	у		
A. Total Contributions from (See instructions for definition of St		S. 1985 N. 198			is Period ONLY OTAL SECTION A	\$360					
			B. Itemized Cor	itrib	utio <mark>ns from Ind</mark> ivi	duals					
Last Name				Fit	· - ·					MI	
Bloom				A	ndrew						
Residential Street Address		·		City				State	- I '	Code	
163 Juniper Drive				Avon	l			CT	06	5001	
Principal Occupation					Name of Employer						
Surety Bail Bonds Agent					3-D Bail Bonds, Inc						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		does		ion is in excess of \$400 to a candidate for a chief executive officer of a municipality, butor or business he/she is associated with have a contract with said municipality ore than \$5,000? Yes No					Amount of Cont		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ch or l							
Method of Contribution:			1 ox Box comment and continue		Date Received		e Contributions	-			
OCash OPersonal Check OCredit/De	bit C	ard (Payroll Deduction ()Money	Order	9/1/23	100					
Last Name	one of the same			Fir	est					MI	
Mongellow					homas						
Residential Street Address		City St				State	Ziţ	Code			
257 Adrian Ave				Newington					06	5111	
Principal Occupation			<u>,</u>	****	Name of Employer						
Trade Assn Exec					СВА						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		does	ontribution is in excess of \$400 ts contributor or business he/she led at more than \$5,000?					, Am	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	~	Yes No	Is contributor a principal of a significant which brain of government the contract	ich or	branches	_	⊘ No				
Method of Contribution:					Date Received	Aggregat	e Contributions				
OCash OPersonal Check OCredit/De	bit C	Card 🅻	Payroll Deduction OMoney	Order	9/2/23	1000					
Last Name				Fi	rst					МІ	
Adil				ΙA	ndrew						
Residential Street Address			i	City		<u> </u>		State	Zi	p Code	
53 Desmond Drive				Weth	nersfield			CT	0	6109	
Principal Occupation					Name of Employer						
Retired					Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		doe	ontribution is in excess of \$400 s contributor or business he/she ued at more than \$5,000?					/, Am		of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8	Yes No	Is contributor a principal of a s If yes, indicate which brar of government the contrac	ich or	branches	_	ŌNo				
Method of Contribution:					Date Received		te Contributions				
OCash OPersonal Check OCredit/De	bit (Card (Payroll Deduction OMoney	Order	9/2/23	600				A Company of the Comp	
			SUBT	ОТА	L Section B — This	Page	700				
			TOTAL	of a	dditional Section B I	Pages	11350				
TOTAL (OF A	ALL	CONTRIBUTIONS FROM	I IND	IVIDUALS (Sections A umn A of Summary Page	A + B)	12960				
			(Enter total on Line 1	ع, برد	vi oj omnamij i uge	* 6411(9)					

Section B ADDITIONAL PAGE 8 of 10

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Fonfara for Hartford				7th day preceding	prir	mary	
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)			Period ONLY FAL SECTION A	\$360			
B. Itemized C	ontril	ibuí	tions from Indiv id	duals			
Last Name	I	First			50,900,040,0		MI
Conway		Ма	ry				
Residential Street Address	City				Stat	te	Zip Code
80 Blue Ridge Road	Berl	lin			СТ	.	06037
Principal Occupation	•	\Box	Name of Employer	111 2 1111			
Homem aker			Homemak er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?	or dependent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said mu			e officer of a municipality with said municipality		Amou 500	nt of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which by	anch of	or bra	anches _	① No			
If yes, list Event # of government the contra	act is W			CLegislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mon	ev Orde		9/3/23	Oate Received Aggregate Contributions 9/3/23 500			
			zwoczył wierawonaczaki w tronogo	Consideration of the Constant		-34//	
Last Name Meredith	- 1	First Rol	bert				М
Residential Street Address	City				Stat	te	Zip Code
12204 ROCKY RUN ROAD	1 1	the	rsfield		СТ	- 1	06109
Principal Occupation			Name of Employer		L	L	
attorney			State of Connecticu	ıt - Pub <mark>lic Defend</mark> er	\$		
	does contributor or business he/she is associated with have a contract with said municipality				nt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which b of government the cont	ranch o	or br	anches	e contractor? Yes No Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Orde	ег	9/3/23	200			
Last Name]	First	2-3-46M/44-346274//	- X/1/032/11			MI
Rosenthal		Jos	seph				
Residential Street Address	City				Stat	te	Zip Code
53 Desmond Drive	Free	der	icksburg		VA	۱	22407
Principal Occupation		\Box	Name of Employer				
Attorne y-Advisor			Federal Energy Reg	julator <mark>y Commissi</mark> o	n		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?	0 to a c ne is ass	cand	idate for a chief executive ated with have a contract O Yes O No	e officer of a municipalit with said municipality		Amou 100	nt of Contribution
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor? Yes						
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OMon	ey Orde		Date Received 9/3/23	Aggregate Contributions 200			
SIII	зтот	ΓAI	Section B—This	Page 700			e en el que que departement de la con-
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)							

Section B ADDITIONAL PAGE 9 of 10

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)			ТҮРЕ О	F REPORT		
Fonfara for Hartford				7th day	y preceding p	orimary	,
A. Total Contributions from Sma			is Period ONLY OTAL SECTION A	\$360			
	B. Itemized Con	CONTRACTOR OF STREET	utions from Individual	duals			
Last Name Conaci		Fir Fr	rank				MI
Residential Street Address		City			T	State	Zip Code
295 Hampton Ct			ngton			CT	06111
Principal Occupation Name of Employer							<u> </u>
Clinical Care Manager			Carelon				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? Yes of Contribution is in excess of \$400 to a candidate for a chief does contributor or business he/she is associated with have a valued at more than \$5,000? Yes			ciated with have a contract			Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	V 1			_	No		
Method of Contribution:			Date Received		Contributions		
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoncy	Order	9/3/23	1000			
Last Name		Fir					MI
Scelza			inda ————————————————————————————————————				
Residential Street Address 6 Evans Rd		City Rocky	v Hill			State CT	Zip Code 06111
Principal Occupation	ур		Name of Employer				
Management			Self				
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 to se contributor or business he/she idued at more than \$5,000?					1000	unt of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or	branches	_	⊘ No		
Method of Contribution:			Date Received		Contributions		
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	9/3/23	1000			
Last Name Downes		Fit R	obert				MI
Residential Street Address		City				State	Zip Code
215 Linnmoore St		Hartf	ford			CT	06106
Principal Occupation			Name of Employer				1
Retired			Retired				
or dependent child of a lobbyist?	contribution is in excess of \$400 to be contributor or business he/she alued at more than \$5,000?					, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	ith an Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative						
Method of Contribution: Cash Personal Check Cedit/Debit Card	OPayroll Deduction OMoney	Order	Date Received 8/25/23	Aggregate 200	· Contributions		
	SUBT	'OTA	L Section B — This	Page	2200		
	TOTAL	ofa	dditional Section B I	Pages	11350		
TOTAL OF ALL	L CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A Jumn A of Summary Page		12960	- Contraction -	

Section B ADDITIONAL PAGE 10 of 10

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Serie in the series		TYPE OF REPORT		
Fonfara for Hartford			7th day preceding	primary	!
A. Total Contributions from Small Contributors-Receive (See Instructions for definition of Small Contributor) S	and the second second	s Period ONLY OTAL SECTION A	\$360		
B. Itemized Con	ıtribu	itions from Individ	luals		
Last Name	Firs	st	45. Asset (1972)	ASSESSED A CONTRACTOR OF THE PARTY OF THE PA	MI
Antonacci	Fr	ances			
Residential Street Address	City			State	Zip Code
319 Maple St	Some	rs		CT	06071
Principal Occupation	••••	Name of Employer			
Homemaker					
		andidate for a chief executive officer of a municipality, ociated with have a contract with said municipality Over No.			unt of Contribution
s this contribution associated with an event reported in Section L1? Yes list Event # Is contributor a principal of a state contractor or prospective statement of the section L1? If yes, indicate which branch or branches of government the contract is with: OExecutive			contractor? Yes No		
	t is with	Date Received	Aggregate Contributions	_	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	Order	8/28/23	1000		
		and the second s	1000		
Last Name Antonacci	Firs Re	ebecca			MI
Residential Street Address (L City			State	Zip Code
137 Billings Rd	Some	ers		СТ	06071
Principal Occupation		Name of Employer		· · · · · · · · · · · · · · · · · · ·	
Homemaker					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				/, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a section L1? If yes, list Event # Of government the contract	nch or b	oranches	e contractor? Yes No Legislative		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	8/28/23	1000		
Last Name	Fir	st		1	MI
Antonacci	Je	essica			
Residential Street Address	City			State	Zip Code
100 Maple St	Some	ers		CT	06071
Principal Occupation		Name of Employer		·	
Homemaker					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
event reported in Section L1? O No If yes, indicate which bran	No If yes, indicate which branch or branches of government the contract is with: Executive Legislative				
Method of Contribution:	0.1	Date Received 8/28/23	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	0, 20, 23	1000		
SUBT	ОТА	L Section B — This	Page 3000		
TOTAL	of ac	lditional Section B F	Pages 11350		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMI	TTEE <i>(Pro</i> vide Comple. ord	le Name as Registered w	ith Filing Reposit	lory)		TYPE OF REPORT 7th day preceding		
		C1. C	ontributio	ns from Ot	her Com			resussible and
Name of Committee					Name of Trea			
Connecticut Stat	te Employees Asso	oc PAC			Beverly L	ee		
Address				Is this contrib	oution associa	ted with an OYes ONo	Amount o	f Contribution
760 Capital Ave				event reporte	ed in Section L	.1? list Event #	500	Ì
City	····	State	Zip Code	Date Recei		Aggregate Contributions		
Hartford		СТ	06106	8/8/23		500		
Name of Committee			- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Mitthewn and an artist of the second	Name of Trea	surer		enterent of the second of the
Address				Is this contril	d in Section I	ted with an OYes ONo 1? list Event #	Amount o	f Contribution
City		State	Zip Code	Date Recei		Aggregate Contributions	-	
Name of Committee				•	Name of Trea	surer		
Address	event reported in Section L1?		ted with an Yes No A? list Event #	Amount o	f Contribution			
City		State	Zip Code	Date Recei	Date Received Aggregate Contributions			
Name of Committee	C2. R	leimbursemen	ts or Surpl		tions from	n other Committees		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type OReimbursem	ent for shared e	expense OSu	ırplus Distribi	ution	Amoun	t of Receipt
Description							-	
			• • • • • • • • • • • • • • • • • • • •	mystysking and a state of the s		<u> </u>		
Name of Committee					Name of Trea	surer 3		
Address				City	- t		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	ment for shared	l exnense	Surplus Distr	ibution	Amoun	t of Receipt
Description			mon to binato	- expense	outplus Disti		_	
			SUBTO	TAL Section	n C — Thi	s Page 500		
				of additional	· · · · · · · · · · · · · · · · · · ·		A STATE OF THE STA	and the second s
		ALL COMMIT C1 + C2) (Enter I						
	(ACCOM)	, OI · OE) [LINE!	oom on since	, comma A VI s	Samuelle (1977)	A VALIDA E	and the second s	, , , , , , , , , , , , , , , , , , ,

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

					TYPE OF REPOR				
Fonfara for Hartford	Name of the Control o	525-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Suprance multiple Survey Suprance	Contract (Science) (Children) 11 contract contract	7th day preced	ding p	rimary	Nilse executora di Samurana di	
	L3. Purchases	of Advertisin	ig <mark>in a Pr</mark> ograi	n Book or c	The state of the s				
Name of Purchaser				_ 			Made By:	^	
Hartford Surgery Center	r Holdings, LLC					_	iness Entity ividual/Sole Pr	Other	
Street Address			City		l.	€ indi	State	Zip Code	
100 Avon Meadow Lane	<u> </u>		Avon				CT	06001	
		Aggregate Purchases		America	ourous A.3 D.				
7/10/23	Event #		IN THE PACING		ogram Ad Purcha	ac F	smount 01 SI£	Sara archase	
	K	250	years and a second seco	250	**************************************			The state of the s	
Name of Purchaser						Purchase Made By: Business Entity Other			
Southington Surgery Co	enter Holdings, LLC					Business Entity Other Individual/Sole Proprietorship			
Street Address			City		<u> </u>	ابىرى مى	State	Zip Code	
100 Avon Meadow Lane	<u> </u>		Avon				СТ	06001	
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Lmount of Sig	n Purchase	
7/10/23	K	250	···-	250	g urtud	1 '	31 DIE	,	
25/04-4-05/04-05-05-05-05-05-05-05-05-05-05-05-05-05-						D 1	Mad-D-		
Name of Purchaser	10.10						e Made By: siness Entity	Other	
Milford Surgery Center	Holdings, LLC					_	ividual/Sole Pi	-	
Street Address			City				State	Zip Code	
100 Avon Meadow Lane	100 Avon Meadow Lane Avon						СТ	06001	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se A	l Amount of Sig	ı <u> </u>	
7/10/23	к	250		250					
Name of Purchaser		<u> </u>					e Made By:		
SCSC Holdings, LLC						_	Business Entity Other		
Street Address			City			Olnd	ividual/Sole P	roprietorship Zip Code	
Street Address 100 Avon Meadow Lane	:		Avon				State CT	21p Code 06001	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se A	Amount of Sig	n Purchase	
7/10/23	К	250		250					
Name of Purchaser						Purchase	e Made By:	MACHE THE STATE OF	
Connecticut Marine Tra	ides Association Inc		•				siness Entity	Other	
Connecticut (viamile 11a	мез дээонанон, ше	<u> </u>				_	ividual/Sole Pi	,	
Street Address			City				State	Zip Code	
20 Plains Road			Essex				СТ	06426	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se A	Amount of Sig	zn Purchase	
7/28/23	К	250		250				4	
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pr	ogram Book -	— This Page 12	250			
	SUBTOTAL Section	on L3 Total Purc	hases of Advertis	ing on a Sign	— This Page 0	<u>agenese ato mens_{e in} </u>			
			TOTAL of a	dditional Sect	ion L3 Pages 0		· · · · · · · · · · · · · · · · · · ·		
TOTAL	L OF ALL PURCHASES O					250			
		(Enter total on	Line 16c, Column	A of Summary	Page Totals)		Marketon	Marine Company of the	

SEEC FORM 20 Besterd January 2015

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		WELLIS I	TYPE OF REPORT			
Fonfara for Hartfo	ord			7th day preceding _ا	orimary		
	P. Expenses	Paid by Committee					
Name of Payee				Date of Payment	Method of F		
Martin Kenny				7/14/23	O Check		
Street Address		City	1		State	Zip Code	
8 Belhaven		Cromwell			СТ	06416	
Purpose of Expenditure (by code) RMB	Description		Event #	I	Amount 1086,26		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	uless "None of the helow" is	checkee		1		
(if applicable)	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) () Indepen	ndent	, 4 О в О с О в			
Name of Payee				Date of Payment	Method of Payment:		
John Fonfara				7/10/23	Check		
Street Address		City			O Debit O	Card OEFT Zip Code	
99 Montowese St		Hartford				06114	
Purpose of Expenditure	upose of Expenditure Description Event #					Amount	
(by code)			j		341.93		
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)							
	None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr			л Ов О с О р			
Name of Payee Date of Payment						ayment;	
Luna Entertainment Productions, LLC 7/14/23				7/14/23	Check		
Street Address		City			O Debit O	Card OEFT Zip Code	
17 Chapin Place		Hartford			СТ	06114	
Purpose of Expenditure (by code) A-OTH	Description		Event#		Amount 800.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below	nless "None of the below" is	is checke	d)			
	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	9		AOBOCO D			
Name of Payee	A control of the second of the			Date of Payment	Method of I	•	
Threshold Group	, Inc.			7/12/23	Check		
Street Address		City			O Debit (Card © EFT Zip Code	
11 E 44th St Fl 3		New York			NY	10017	
Purpose of Expenditure	Description	-	Event #	!		Amount	
^(by code) A-WEB	Digital Advertising				10,009	.66	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	uless "None of the helow" is	checker	<i>d</i>)			
(if applicable) None of the below Coordinated with reimbursement sought (joint expenditure) Independent							
	Coordinated without reimbursement sought (in-kind control			A OB OC OD			
		SUBTOTAL Section P -	— This	Page 12,237.85			
	ТО	TAL of additional Secti	ion P P:	ages 286,312.82			
	TOTAL OF ALL EXPE					VALUE OF THE PARTY	
Production of the control of the control	(Enter total on Lin	e 19, Column A of Summary	y rage I	viaisj			

Section P. ADDITIONAL PAGE 1____ of 23___

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Fonfara for Hartfo	ord			7th day precedin	g primary			
	P. Expenses	Paid by Co	ommittee					
Name of Payee			The second secon	Date of Payment		f Payment:		
Threshold Group	Inc.			Jul 20, 2023	O Chec			
Street Address		City			O Debi	t Card OEFT Zip Code		
11 E 44th St Fl 3		New York			NY	10017		
Purpose of Expenditure (by code) A-TV	Description		Eve	ent #	4.5.5	Amount		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required no	iless "None of	the below" is ched	cked)	120,0	00.00		
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	mmittee) e)	Independent	Oa Ob Oc Od				
Name of Payee			C Organization	Date of Payment	The second secon	f Payment:		
Webster Bank				Jul 20, 2023	1 -	Check #		
Street Address	ret Address City				State	t Card		
5 Coles Rd		Cromwell			СТ	06416		
Purpose of Expenditure (by code) BNK	Description		Eve	nt #		Amount		
BNK wire fee						35.00		
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (If applicable)								
(ң арұпканы)	None of the below (does not involve another candidate or core Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contra	c)	O Organization	Da O B O c O b				
Name of Payee	Method o	f Payment:						
Tyler Hogan		l		Jul 21, 2023	Chec Debi	t Card OEFT		
Street Address	. 207	City			State	Zip Code		
2100 S 12th St, A _l	pt 307	Bismarck			ND	58504		
Purpose of Expenditure (by code) CNSLT	Description		Eve	nt #	4.256	Amount		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None of	the below" is che	cked)	4,250).00		
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) sre)	O Independent			·		
Name of Payee			Organization	Date of Payment	The second secon	f Payment:		
Merice Bryan				Jul 25, 2023	⊙ Chec			
Street Address		City	·		O Debi State	t Card OEFT Zip Code		
208 King Philips [Or	West Hartf	ford .		СТ	06117		
Purpose of Expenditure (by code)	Description		Eve	ent#		Amount		
(c) count OVHD	Office Space				1,500.	00		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	iless "None of	the below" is ched	cked)	- ',550'.			
(if applicable)	O None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD							
		BUBTOTAL		nis Page 125,785.00		MAKETERA EL ENPRINSON NO POR EN PRESIDENTE CALCELLA		
				Time and the second		and the second decreased		

Section P. ADDITIONAL PAGE 2____ of 23____

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Fonfara for Hartfo	rd			7th day precedin	g primary			
	P. Expenses	Paid by C	ommittee					
Name of Payee				Date of Payment		f Payment:		
Threshold Group	Inc.			Jul 28, 2023	O Chec			
Street Address		City			O Debi	t Card © EFT Zip Code		
11 E 44th St Fl 3		New York			NY	10017		
Purpose of Expenditure (by code) A-OTH	Description Advertising Types including Digital, Print & Signature 1.	gns	Eve	nt #		Amount		
Expenditure #			<u> </u>	y 4.	12,59	1.15		
(if applicable)	Type of Expenditure # (if applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization OA OB OC OD							
Name of Payee		Communication of the Communica	and the second s	Date of Payment	Method o	Method of Payment:		
Evelyn Dukes Aug 4, 2023				O Check #117 O Debit Card O EFT				
Street Address		City			State	Zip Code		
448 Prospect Ave		Hartfod			CT	06106		
Purpose of Expenditure (by code) WAGE	te of Expenditure Description Event # WAGE Petition					Amount 130.00		
Expenditure # (f applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization A B C D D								
Name of Payee Date of Payment						f Payment: sk #118		
Antonio Kolthoff				Aug 4, 2023	1 -	Debit Card DEFT		
Street Address		City			State	Zip Code		
59 Natick St		Hartford		NOT THE REAL PROPERTY OF THE PERTY OF THE PE	СТ	06106		
Purpose of Expenditure	Description		Eve	nt#		Amount		
(by code) WAGE	Petition				210.0	าก		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None o	f the below" is che	cked)		,0		
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ue)	O Independent	e 10a: Ob Oc <u>O</u>	D			
Name of Payee				Date of Payment		f Payment:		
Lilliam Maldonad	o			Aug 4, 2023	1 -	ck #119		
Street Address		City			O Deb	it Card OEFT Zip Code		
128 Dart St		Hartford			СТ	06106		
Purpose of Expenditure (by code)	Description		Eve	ent#		Amount		
WAGE	Petition				115.0	n N		
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD							
		SUBTOTAL		nis Page 13,046.15				
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Section P. ADDITIONAL PAGE 3 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository).				TYPE OF REPORT			
Fonfara for Hartfo	ord			7th day preceding	orimary		
	P. Expenses	Paid by Committ	ee				
Name of Payee Aida Perez				Date of Payment Aug 4, 2023	Method of Oheck	:# <u>120</u>	
Street Address		City			State	Zip Code	
80 Charter Oak Av	ve #601	Hartford			СТ	06106	
Purpose of Expenditure (by code) WAGE	Description Petition	<u> </u>	Event	#	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD						
Name of Payee Robert Carmona				Date of Payment Aug 4, 2023	Method of Check	:# <u>121</u>	
Street Address		City			O Debit State	Card OEFT Zip Code	
845 Capital Ave		Hartford			СТ	06106	
Purpose of Expenditure (by code) WAGE	Description Petition		Event	#	25.00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required m. None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	mmittee)	pendent	A OBOCOD			
Name of Payce Carlos A. Caldero	n-Gomez			Date of Payment Aug 4, 2023	Method of Check	c# <u>122</u>	
Street Address 89 Napper Lane		City Hartford			State CT	Zip Code 06112	
Purpose of Expenditure (by code) WAGE	Description Petition		Event	#	Amount		
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required at None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	ommittee) ure)	ependent	Oa Ob Oc Od			
Name of Payee Threshold Group	Inc.			Date of Payment Aug 15, 2023	Method of O Check O Debit	k#	
Street Address 11 E 44th St Fl 3		New York			State	Zip Code 10017	
Purpose of Expenditure (by code) A-WEB	Description Digital advertising		Even	t #	10,000	Amount	
Expenditure # (if applicable)	Property of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD						
		SUBTOTAL Section]		THE SECTION			
			and the second of the second o				

Section P. ADDITIONAL PAGE 4____ of 23___

NAME OF COMMIT	IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Fonfara for Hartfo	ord			7th day preceding	primary			
	P. Expenses	Paid by Committe	e	nontas mais desplementos.				
Name of Payce				Date of Payment	Method of	•		
Tyler Hogan				Aug 15, 2023	O Cheel			
Street Address		City			State	Zip Code		
2100 S. 12th St, A	pt 307	Bismarck			ND	58504		
Purpose of Expenditure (by code)	Description		Event	#	1,700,0	Amount		
Expenditure # (if applicable)	Specificable O None of the below (does not involve another candidate or committee) O Coordinated with reimbursement sought (joint expenditure) O Coordinated without reimbursement sought (in-kind contribution) O Coordinated without reimbursement sought (in-kind contribution) O Coordinated without reimbursement sought (in-kind contribution)							
Name of Payee			, , , , , , , , , , , , , , , , , ,	Date of Payment	Method of			
Bridgette Prince				Aug 17, 2023	Check			
Street Address		City			State	Zip Code		
225 Lancaster Rd		Glastonbury			CT	06033		
Purpose of Expenditure (by code) WAGE	Description		Event	#	1,000.	Amount		
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee)	ndent	A O B O C O D				
Name of Payee John A. Lopez				Aug 17, 2023	Method of Check	¢# <u>125</u>		
Street Address		City			State	Zip Code		
14 Rose St		Stamford			CT	06906		
Purpose of Expenditure (by code) A-OTH	Description T-shirts		Event	#	Amount 1,431.00			
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind com	ommittee) are) (Indep	endent	Oa Ob Oc Od				
Name of Payee				Date of Payment	Method of Check			
Service Press				Aug 18, 2023	O Debit			
Street Address		City			State	Zip Code		
105 Day St		Newington			СТ	06111		
Purpose of Expenditure (by code) A-SIGN	Description Lawn signs		Event	t #	2,419.4	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization Organization Organization					1 0		
		SUBTOTAL Section P				ACCONTO MANUEL MATERIAL MATERI		

Section P. ADDITIONAL PAGE 5____ of 23___

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	w)		TYPE OF REPORT	801110		
Fonfara for Hartfo	ord			7th day preceding	j primary		
	P. Expense	s Paid by	Committee				
Name of Payee				Date of Payment	I	f Payment:	
Threshold Group	Inc.			Aug 21, 2023	Chec		
Street Address		City			O Deb	it Card	
11 E 44th St Fl 3		New Yor	l,		NY	10017	
11 E 440130113		IVEW TO			141	10017	
Purpose of Expenditure (by code) A-DM	Description		E	vent #		Amount	
					10,85	6.19	
Expenditure # (if applicable)	© None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD						
Name of Payee			and the second second	Date of Payment	Method o	Method of Payment:	
Latoya Thompson	า			Aug 21, 2023	1 =	© Check #127	
Street Address	treet Address City				O Debi	it Card OEFT Zip Code	
88 Cabot St		Hartford			СТ	06112	
Purpose of Expenditure	Description		Ev	yent #		Amount	
(by code) WAGE	Petition						
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						135.00	
(if applicable)	None of the below (does not involve another candidate or of Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	committee) ure)	Independen	•			
Name of Payee		A STATE OF THE PARTY OF THE PAR		Date of Payment		f Payment:	
Jacqueline Kerr				Aug 21, 2023	Check #128 Debit Card EFT		
Street Address		City			State	Zip Code	
29 Annawan St		Hartford			CT	06114	
Purpose of Expenditure (by code) WAGE	Description Petition		E.	vent#	185.	Amount	
Expenditure #	Type of Expenditure (Hemization in Addendum P Required	unless "None	of the below" is cl	jecked)	┤ '° ³ .'	00	
(if applicable)	None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind or	committee)	Independe				
Name of Payce			O CIPALITAGE	Date of Payment		of Payment;	
Pawan Agrawal				Aug 21, 2023	© Che	ck #129 oit Card OEFT	
Street Address		City			State	Zip Code	
110 Fennbrook F	dd	West Ha	rtford ——		CT	06119	
Purpose of Expenditure (by code) WAGE	Description Petition		E	vent #	35.00	Amount	
Expenditure # (f applicable)	Type of Expenditure (Itentization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind co	er candidate or committee) (joint expenditure) Independent					
		SUBTOTA		This Page 11,211.19		AND THE ACCOUNTY OF THE PROPERTY OF THE PROPER	

Section P. ADDITIONAL PAGE 6____ of 23___

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT				
Fonfara for Hartfo	ord		7th day preceding	primary			
	P. Expenses	Paid by Committee					
Name of Payee			Date of Payment	Method of Payment:			
Zoila Espinoza			Aug 21, 2023	O Check #131 O Debit Card OEFT			
Street Address		City		State Zip Code			
45 Webster St A1		Hartford		CT 06114			
Purpose of Expenditure (by code) WAGE	Description Petition		Event #	Amount			
Expenditure # (if applicable)	(if applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD						
Name of Payee			Date of Payment Aug 21, 2023	Method of Payment;			
Angel Morales	O Check #132 O Debit Card OEFT						
Street Address City				State Zip Code			
185 Brainard Rd		Hartford	CT 06114				
Purpose of Expenditure (by code) WAGE	Description Petition	·					
	Type of Expenditure (Itemization in Addendum P Required un		365.00				
Expenditure # (# applicable)							
Name of Payee	Date of Payment Aug 21, 2023	Method of Payment: Check #133					
Nia Petit	Debit Card DEFT						
Street Address		City		State Zip Code			
35 Pembroke St		Hartford		CT 06112			
Purpose of Expenditure (by code)	Description		Event #	Amount			
WAGE	Petition			100.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee)	ndent zationOA OB OC OD				
Name of Payee		4.	Date of Payment	Method of Payment: Check #134			
Tina Gaston			Aug 21, 2023	O Debit Card OEFT			
Street Address		City		State Zip Code			
683 Garden St		West Hartford		CT 06120			
Purpose of Expenditure (by code) WAGE	Description Petition		Event #	Amount 60.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control						
ANGEL CITY (Consult Angel Conference Angel Confere		SUBTOTAL Section P -	—This Page 665.00				
			-				

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Section P. ADDITIONAL PAGE 7____ of 23____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Fonfara for Hartfo	ord				7th day preceding primary			
DOMESTIC TO ST	P. Expenses	Paid by C	Committee					
Name of Payee				1	Date of Payment	Method of Payment:		
Linda Biggs],	Aug 21, 2023	O Check #135 O Debit Card OEFT		
Street Address		City				State	Zip Code	
575 Farmington A	ive	Hartford				СТ	06105	
Purpose of Expenditure (by code) WAGE	Description Petition			Event #			Amount	
	<u> </u>					20.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C Op							
Name of Payee					Date of Payment	Method of J		
Annie Reid		_			Aug 21, 2023	Check		
Street Address		City				State	Zip Code	
216 Blue Hills Ave		Hartford				CT	06112	
Purpose of Expenditure	Description			Event #			Amount	
(by code) WAGE	WAGE Petition				385.00			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of	the below" is c	hecked		303.00		
(If applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent OrganizationOAOBOCOD								
Name of Payee Date of Payment						Method of I	•	
Grafton Jones					Aug 21, 2023	Check #137 Debit Card DEFT		
Street Address		City				State	Zîp Code	
594 Maple Ave		Hartford				СТ	06114	
Purpose of Expenditure	Description			Event #			Amount	
(by code) WAGE	Petition					195.00	1	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None o	of the below" is	checke	rd)	195.00	,	
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) ire)	O Independ	dent) A O b Oc O d			
Name of Payee	and the special control of the special contro				Date of Payment	Method of		
Benita Toussaint				- 1	Aug 21, 2023	Check		
Street Address		City		1		State	Zip Code	
45 Niles St		Hartford				ст	06105	
Purpose of Expenditure	Description			Event #			Amount	
(by code) WAGE	Petition					90.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD							
		SUBTOTAL			Page 690.00	alleggere ne von en en en en elemente de la companya de la compan		
		- 4,19, 18 14 41 h		garag Sal		<u> 4</u>	and a fine from the second	

Section P. ADDITIONAL PAGE 8 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Fonfara for Hartfo	ord			7th day preceding primary				
	P. Expenses	Paid by Con	nmittee					
Name of Payce			1111	Date of Payment	Method of	•		
Roshona Chase				Aug 21, 2023	Check			
Street Address		City			O Debit State	Card OEFT Zip Code		
99 Kent St		Hartford			CT	06112		
Purpose of Expenditure	Description	!	Event	#		Amount		
(by code) WAGE	Petition							
Expenditure #		. "			25.00			
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unt None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	mmittee)) Independent	A OBOC OD				
Name of Payee				Date of Payment	Method of Payment:			
William Morin Aug 21, 2023				O Check #141 O Debit Card OEFT				
Street Address		City			State	Zip Code		
270 Fairfield Ave	Fairfield Ave Hartford				CT	06114		
Purpose of Expenditure (by code) WAGE	Description Petition	<u> </u>	Event	#		Amount		
WAGE (CORO)						60.00		
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)								
Name of Payee	Method of I	Payment:						
Anibal Carrero Jr.				Aug 21, 2023	O Check #142&177 Debit Card OEFT			
Street Address		City			State	Zip Code		
142 Grant St		Hartford		i	CT	06106		
Purpose of Expenditure	Description		Event	¥		Amount		
(by code) WAGE	Petition							
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	uluce "Nana af th	a halow" ie okack	od)	105.00)		
(if applicable)	None of the below (does not involve another candidate or co		e below 13 theck	eny				
	Coordinated with reimbursement sought (joint expenditure		Independent					
	Coordinated without reimbursement sought (in-kind cont	ribution)	Organization C)A O B Oc O d		J-		
Name of Payee				Date of Payment	Method of I Check			
Geraldine Shanno	n			Aug 21, 2023	O Debit			
Street Address		City			State	Zip Code		
591 West Blvd, Ap	t 407	Hartford			СТ	06105		
Purpose of Expenditure (by code)	Description		Event	#		Amount		
WAGE	Petition				55.00			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the	below" is checke	rd)	33.00			
((f applicable)	None of the below (does not involve another candidate or cor	nmittee)		,				
Coordinated with reimbursement sought (joint expenditure) Independent								
	Coordinated without reimbursement sought (in-kind contri	ibution) (Organization C	A OB OC OD				
SUBTOTAL Section P — This Page 245.00					- 770-4	NICE CONTROL OF THE PROPERTY O		
				- -				

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Section P. ADDITIONAL PAGE 10 of 23

NAME OF COMMIT	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Fonfara for Hartfo	rd			7th day preceding primary						
	P. Expenses	Paid by Committee	2		e samer	15 (5) (5)	\$165.02 P			
Name of Payce Lorenzo Nance					Payment 21, 2023	Method of I Oheck Obebit	# <u>150</u>			
Street Address		City		L		State	Zíp Code			
272 So. Marshall S	t	Hartford				СТ	06106			
Purpose of Expenditure (by code) WAGE	Description Petition	Event #				30.00	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD									
Name of Payee Lisa Richardson					Payment 21, 2023	Method of F	#151			
Street Address		City				State	Zip Code			
88 Cabot St		Hartford				CT	06112			
Purpose of Expenditure (by code) WAGE	Description Petition		Event	Ħ	·	20.00	Amount			
Type of Expenditure										
Name of Payee Manuel Castro				ł	Payment 21, 2023	Method of I Check Debit	#153			
Street Address 49 Dover Rd		City Newington				State CT	Zip Code 06111			
Purpose of Expenditure (by code) WAGE	Description Petition	<u> </u>	Event	#		55.00	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	ommittee) re)	endent) _B O _C O _D	33.00				
Name of Payee Joseph Hamann				l	Payment 21, 2023	Method of I Check Debit	#154			
Street Address		City			-	State	Zip Code			
7 Allison Way		Rocky Hill				CT	06067			
Purpose of Expenditure (by code) WAGE	Description Petition		Event	#		80.00	Amount			
Expenditure # (if applicable)										
payang agging in the Control of the		SUBTOTAL Section P -								

Section P. ADDITIONAL PAGE 9___ of 23___

NAME OF COMMIT	FEE: (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Fonfara for Hartfo	ord			7th day preceding primary				
Name of Payee Jayvon Boyce	P. Expenses	Paid by C	ommittee	Date of Payment Aug 21, 2023	Method of Ohec	k# <u>146</u>		
Street Address		City			State	Zip Code		
533 Blue Hills Ave		Hartford			ст	06112		
Purpose of Expenditure (by code) WAGE	Description Petition		Eve	ot #	30,00	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itentization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	ommittee) re)	Independent	ked) Oa OB OC OD				
Name of Payee		- mendelalanan dengan pelikengan		Date of Payment	Method of Payment:			
Calina Barnum Aug 21, 2023						O Check #147 O Debit Card OEFT		
Street Address		City			State	Zîp Code		
35 Owens St #102	5 Owens St #102 Hartford				CT	06105		
Purpose of Expenditure (by code) WAGE	pose of Expenditure Code) WAGE Petition Event #							
Expenditure # (if applicable)								
Name of Payee				Date of Payment		Payment:		
Sadoc Ramos				Aug 21, 2023	Chec Debit	Card OEFT		
Street Address 156 Bloomfield A	ve	Windsor			State CT	Zip Code 06095		
Purpose of Expenditure (by code) WAGE	Description Petition		Eve	nt#	10.00	Amount 10.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required at O None of the below (does not involve another candidate or e Coordinated with reimbursement sought (joint expendint O Coordinated without reimbursement sought (in-kind con	ommittee) are)	O Independent)			
Name of Payee				Date of Payment		f Payment:		
Renetta Thomas				Aug 21, 2023	Chec Debi	t Card OEFT		
Street Address		City			State	Zip Code		
19 Williams St		Hartford			CT	06120		
Purpose of Expenditure (by code) WAGE	Description Petition		Eve	nt#	15.00	Amount		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization OA OB OC D							
		SUBTOTAL	Section P — Th	is Page 295.00				

Section P. ADDITIONAL PAGE 11 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Fonfara for Hartfo	rd				7th day preceding primary				
	P. Expenses	Paid by C	ommittee	1.					
Name of Payee		·			Date of Payment	Method of ① Check	•		
Kay Ann McLaugh	llin				Aug 21, 2023	O Debit			
Street Address		City				State	Zip Code		
125 Edgewood St		Hartford				CT	06112		
Purpose of Expenditure	Description			Event #			Amount		
(by code) WAGE	Petition					55.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of	the below" is	checked)	33.00			
(i) signature	None of the below (does not involve another candidate or co		6 T. J	. .					
	Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind control of the Coordinated without reimbursement sought (in-kind control of the Coordinated without reimbursement sought (joint expenditude)		O Independ		OB OC OD				
Name of Payee					Date of Payment	Method of	•		
Janice Rossetti				/	Aug 21, 2023	© Check #158 © Debit Card © EFT			
Street Address		City				State	Zip Code		
108 Cromwell St	mwell St Hartford					CT	06114		
Purpose of Expenditure	Description	.1		Event #			Amount		
(by code) WAGE	Petition				55.00				
Expenditure # (if applicable)									
None of the below (does not involve another candidate or committee)									
Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) Corganization A O B O C O D									
Name of Payee			Action and the second s		Date of Payment	Method of	•		
George Webb					Aug 21, 2023	Check			
Street Address		City		1		State	Zip Code		
221 Trumbull Ave	± #705	Hartford				CT	06103		
Purpose of Expenditure (by code)	Description			Event #			Amount		
WAGE	Petition					60.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to	ınless "None o	f the below" is	checke	1)				
10 47	None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditu	ommittee)	Indepen	rdant					
	Coordinated with reimbursement sought (in-kind con		•		A OB OC OD				
Name of Payee					Date of Payment	Method of	•		
Danya McDonald					Aug 21, 2023	Check			
Street Address		City				State	Zip Code		
29 Benham St, Ur	nit C	Bristol				СТ	06010		
Purpose of Expenditure	Description			Event #			Amount		
(by code) WAGE	Petition					35.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	nless "None o	f the below" is	checked	0				
(1) 47	None of the below (does not involve another candidate or co		ndepen	dant					
	Coordinated with reimbursement sought (in-kind cont				A OB OC OD				
Committee of the Commit		SUBTOTAL	Section P —	– This]	Page 205.00				
						Sold of the second seco			

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Section P. ADDITIONAL PAGE 12 of 23

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Fonfara for Hartfo	ord			7th day precedin	7th day preceding primary				
	P. Expenses	Paid by C	Committee =						
Name of Payee				Date of Payment		of Payment:			
Guillermina Gonz	alez			Aug 21, 2023	, –	ck # <u>161</u>			
Street Address		City			O Deb State	it Card OEFT Zip Code			
97 Amity St		Hartford			СТ	06106			
Purpose of Expenditure	Description	<u> </u>	1	Event #		Amount			
(by code) WAGE	Petition								
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	ulase "Nona o	f the below" is c	hackad)	1,905.00				
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind continuous)	ommittee) re)	O Independe						
Name of Payee	hamanan yang barang		Organizan	Date of Payment	Method o	Method of Payment:			
Ramon Arroyo				Aug 21, 2023	1 =	O Check #162 O Debit Card OEFT			
Street Address		City			State	Zip Code			
97 Amity St		Hartford			CT	06106			
Purpose of Expenditure	Description			Event#		Amount			
(by code) WAGE Petition				335.0	335.00				
Expenditure # Type of Expenditure (Hemization in Addendum P Required unless "None of the below" is checked) (If applicable)									
(g) uppnetony	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re)	O Independe	ent on OaO BO <u>CO</u> T	,				
Name of Payee			The second secon	Date of Payment	Method o	of Payment:			
Evelyn Dukes Aug 21,				Aug 21, 2023	Che	ck # <u>163</u>			
Street Address		City			State	it Card () EFT Zip Code			
448 Prospect Ave	<u></u>	Hartford			ст	06106			
Purpose of Expenditure (by code)	Description			Event #		Amount			
WAGE	Petition				140	140.00			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	ınless "None o	of the below" is	checked)					
(if applicable)	None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	nre)	O Independ	lent tion O A OB OC O	n l				
Name of Payee			Comment of Comments of Comment	Date of Payment	Method	of Payment;			
Antonio Kolthoff				Aug 21, 2023	O Che	ck #164			
Street Address		City		<u> </u>	State	it Card OEFT Zip Code			
59 Natick St		Hartford			СТ	06106			
Purpose of Expenditure (by code)	Description			Event #		Amount			
WAGE	Petition				95.00	ı			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)								
O None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) O Independent O Organization OA OB OC OD					D				
0.000 Mark 100 Mark 1		SUBTOTAL	Section P —	This Page 2,475.00					
					- Control of the Cont				

Section P. ADDITIONAL PAGE 13 of 23

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository))		TYPE OF REPORT			
Fonfara for Hartfo	ord			7th day preceding	primary		
	P. Expenses	Paid by Committee					
Name of Payee		The second secon		Date of Payment	Method of	=	
David Morin			ļ	Aug 21, 2023	Checl		
					ODebit		
Street Address		City			State	Zip Code	
24 Park Place		Hartford	T		СТ	06106	
Purpose of Expenditure (by code) WAGE	Description		Event	#		Amount	
	Petition				260.00)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required at None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) omittee) Indepen	ndent	ed) OA OB OC OD			
Name of Payce		The second secon		Date of Payment	Method of		
Elvis Tejada				Aug 21, 2023	O Check #166 O Debit Card OEFT		
Street Address		City			State	Zip Code	
47 Hamilton St		Hartford				06106	
Purpose of Expenditure (by code)	Description		Event #	#		Amount	
(by code) WAGE	Petition				350.00)	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checke	d)	1 330.0	,	
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind contact)	ommittee) O Independ	ndent	A O B O C O D			
Name of Payee		gazzanen errena err		Date of Payment	Method of	•	
Nelky Maldonado	,			Aug 21, 2023	Check	Card OEFT	
Street Address 161 Bonner St		City Hartford			State	Zip Code 06106	
Purpose of Expenditure	Description		Event #	#	1	Amount	
(by code) WAGE	Petition						
Expenditure #	Type of Expenditure (Hemization in Addendum P Required a	unless "None of the below" i	s check	ofो .	365.0	3	
(if applicable)	None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind con	committee) ture)	endent	Da OB OC OD			
Name of Payee				Date of Payment	Method of	Pavment:	
Aida Perez				Aug 21, 2023	O Check	k # <u>168</u>	
Street Address		City			State	Zip Code	
80 Charter Oak Av	/e #601	Hartford			СТ	06106	
Purpose of Expenditure	Description		Event #	#		Amount	
(by code) WAGE	Petition				60.00		
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont						
		SUBTOTAL Section P —	– This	Page 1,035.00			
		gilleide de service programme en	Harris - Company	A state of the sta		Ocean Management of Management	

Section P. ADDITIONAL PAGE 14 of 23

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Fonfara for Hartfo	ord			7th day preceding	g primary			
	P. Expenses	Paid by C	ommittee					
Name of Payee				Date of Payment	_	Method of Payment:		
Roberto Carmona	a			Aug 21, 2023	O Check			
Street Address		City			O Debit State	Card OEFT Zip Code		
845 Capital Ave		Hartford			ст	06106		
Purpose of Expenditure	Description		ī	Event #		Amount		
(by code) WAGE	Petition				00.00			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required in	nless "None of	the below" is cl	necked)	90.00			
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	ommittee) re)	Independe	nt _				
Name of Payee	O COOLUMNOO WILLIAM TOWN LONG THE WAR OF THE	iounit)	U Organizație	Date of Payment		Method of Payment:		
Carlos A. Caldero	n-Gomez			Aug 21, 2023	O Cheel			
Street Address		City			State	Zip Code		
89 Napper Lane		Hartford			СТ	06112		
Purpose of Expenditure	Description	. !	E	vent#		Amount		
(by code) WAGE	Petition				10.00			
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)								
(if applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent								
Name of Payee	O Coordinated without reimbursement sought (in-kind contr	TOUTION)	Organizatio	Date of Payment	Method of	Payment:		
Sandra Lozada			Aug 21, 2023	Check	k # <u>171</u>			
Street Address		City			O Debit State	Zip Code		
170 Sisson Ave #	3-716	Hartford			СТ	06106		
Purpose of Expenditure	Description		i	Event #		Amount		
(by code) WAGE	Petition				260.0	260.00		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	ınless "None o	f the below" is c	hecked)				
(if applicable)	None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expendint Coordinated without reimbursement sought (in-kind,con	ure)	O Independ	ent ion. <mark>OA OB O</mark> C O	D			
Name of Payee				Date of Payment	Method of			
Drupatti D. Phulb	pas			Aug 21, 2023	Chec Debit			
Street Address		City		<u> </u>	State	Zip Code		
49 Hazel St		Hartford			ст	06106		
Purpose of Expenditure (by code)	Description		I	Event #		Amount		
WAGE	Petition				75.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)							
19 47	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD)	Million draking wang yan ana pan Jawa Sangara Mangara Mang		
		SUBTOTAL	Section P —	This Page 435.00				

Section P. ADDITIONAL PAGE 15 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Fonfara for Hartfo	rd				7th day preceding primary			
	P. Expenses	Paid by Co	ommittee :					
Name of Payee					Date of Payment	Method of F		
Patricia Torruella					Aug 21, 2023	O Check #173 O Debit Card OEFT		
Street Address		City				State	Zip Code	
24 Park Place		Hartford				СТ	06106	
Purpose of Expenditure (by code) WAGE	Description Petition			Event #	¥		Amount	
Expenditure #						15.00		
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C OD							
Name of Payee		The state of the s			Date of Payment	Method of P	•	
Raul DeJesus Jr.					Aug 21, 2023	O Check #174 O Debit Card OEFT		
Street Address		City				State	Zip Code	
18 Carpenter St		Hartford				СТ	06106	
Purpose of Expenditure	Description		ļ	Event#	!		Amount	
(by code) WAGE	WAGE Petition					55.00		
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)								
(if applicable) None of the below (does not involve another candidate or committee)								
Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization O B O C D								
Name of Payee Date of Payment							ayment:	
Luis Almenas Aug 21, 2023				Check #175 Debit Card DEFT				
Street Address		City		1.		State	Zip Code	
16 Cleamont St		Hartford				СТ	06106	
Purpose of Expenditure (by code)	Description			Event #	ŧ		Amount	
WAGE	Petition		J			105.00)	
Expenditure #	Type of Expenditure (Hemization in Addendum P Required un	nless "None of	filte below" is	checke	ed)	105.00	,	
(if applicable)	None of the below (does not involve another candidate or co		_		•			
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)		Independ		· o- o- o-			
Name of Payee	Cooperate Transfer Territorio		Organiza	nion.	DA OB OC OD Date of Payment	Method of I	Payment:	
Raquel Calderon				l	Aug 21, 2023	① Check	#176	
Street Address		City		1	,	O Debit	Card OEFT Zip Code	
163 Adelaide St		Hartford				CT	06114	
						<u> </u>	100114	
Purpose of Expenditure (by code)	Description			Event #	#		Amount	
WAGE	Petition					1,260.0	0	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of	the below" is o	checke	d)			
None of the below (does not involve another candidate or committee)								
Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization Organization Organization								
SUBTOTAL Section P — This Page 1,435.00						<u></u>	mat Dakisharmanidaka munacidi (1000000) Makabaran a	
		, UBIUIAL	SCCIOII I	1 1113	1.55			

Section P. ADDITIONAL PAGE 16 of 23

NAME OF COMMIT	TEE. (Provide Complete Name as Registered with Filing Repository)		19/02		TYPE OF REPORT	September 1			
Fonfara for Hartfo	ord				7th day preceding primary				
	P. Expenses	Paid by C	ommittee		unie alvelikus, es kurs. Vien plipa kana ar es kana.				
Name of Payee		•		İ	Date of Payment	Method of Payment:			
Julia Rameikas					Aug 22, 2023	O Check #178 O Debit Card OEFT			
Street Address		City		1.		State	Zip Code		
186 Oxford St		Hartford				ст	06105		
Purpose of Expenditure (by code) WAGE	Description			Event #	·	6 500 (Amount		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required no	tless "None of	the below" is c	heckea		6,500.00			
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	nunittee) e)	O Independe	ent	A OB OC OD				
Name of Payee			C/gain/at	1	Date of Payment	Method of	Payment:		
Mary Alyson Pilagin Aug 22, 2023				Aug 22, 2023	Check	Card OEFT			
Street Address		City				State	Zíp Code		
99 Pratt St, Apt 418 Hartford				СТ	06103				
Purpose of Expenditure (by code) WAGE	Description	Event#				4.500	Amount		
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						4,500 .00			
(if applicable)	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	mmittee) e)	O Independe	ent _	, О вОс Ор				
Name of Payce Date of Payment						Method of	- · · · · · · · · · · · · · · · · · · ·		
Service Press			Aug 23, 2023			© Check #180 Debit Card © EFT			
Street Address		City				State	Zip Code		
105 Day St		Newingto	n			СТ	06111		
Purpose of Expenditure (by code) A-SIGN	Description			Event #		3,570	Amount		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None o	f the below" is	checke	d)	3,370	. 1 7		
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re)	O Independ		A OB OC OD				
Name of Payce		**************************************	AVIIV		Date of Payment	Method of			
Sadoc Ramos					Aug 25, 2023	Check	***************************************		
Street Address		City		L		O Debit State	Card OEFT Zip Code		
156 Bloomfield A	ve	Windsor				СТ	06095		
Purpose of Expenditure (by code)	Description			Event #	Į.		Amount		
WAGE	Canvassing					438.75			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization OA OB OC DD								
		SUBTOTAL	Maria da Maria de Le		Page 15,008.92	The state of the s	, , , , , , , , , , , , , , , , , , ,		
		nostuome ayoung							

Section P. ADDITIONAL PAGE 17 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Fonfara for Hartfo	rd	_			7th day preceding primary			
	P. Expenses	Paid by Co	ommittee					
Name of Payce				I	Date of Payment	Method of I	•	
Keith Lee				/	Aug 25, 2023	O Check		
Street Address		City				State	Zip Code	
408 Farmington A	ve, Apt 304	Hartford				СТ	06105	
Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #			Amount 187.50			
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) O None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA O B O C OD							
Name of Payee		***************************************	- Andrews	L	Date of Payment	Method of Payment:		
Zoila Espinoza				1	Aug 25, 2023	O Check Debit		
Street Address		City				State	Zip Code	
45 Webster St A1		Hartford		_		СТ	06114	
Purpose of Expenditure (by code) WAGE	Of Expenditure Description Event # WAGE Canvassing						Amount	
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						120.00		
(If applicable) O None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A O B O C O D								
						Method of F	*	
Roshona Chase Street Address					Aug 25, 2023	Check Debit 0	Card O EFT	
99 Kent St		City Harford				State CT	Zip Code 06112	
Purpose of Expenditure (by code) WAGE	Description Canvassing		E	Event #		22.50	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind continuous)	mmittee) re)	O Independe	lent	_			
Name of Payee	Good and Company of the Company of t	rioduloji)	Organizati	سبسست	A OB OC OD Date of Payment	Method of I	Savment:	
Valerie King				- 1	Aug 25, 2023	O Check	#185	
Street Address		City				State	Zip Code	
101 Kent St		Windsor				СТ	06112	
Purpose of Expenditure (by code) WAGE	Description Canvassing		E	Event #		22.50	Amount	
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OCOD							
SUBTOTAL Section P — This Page 352.50								

Section P. ADDITIONAL PAGE 18 of 23

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			Т	YPE OF REPORT			
Fonfara for Hartfo	ord			71	th day preceding	primary		
	P. Expenses	Paid by C	ommittee					
Name of Payce				Da	ite of Payment	Method of	-	
Merice Bryan				A	ug 28, 2023	Check		
Street Address		City				O Debit State	Card OEFT Zip Code	
208 King Philips D)r	West Hart	ford			ст	06117	
Purpose of Expenditure	Description			Event #			Amount	
(by code) OVHD	Office space & utilities					1 701 6	!	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	dess "None of	the below" is c	rhecked)		1,791.86		
(if applicable)	None of the below (does not involve another candidate or co.	•		,				
	Coordinated with reimbursement sought (joint expenditur	re)	Independent					
Name of Payee	Coordinated without reimbursement sought (in-kind contr	ibution)	O Organizati		OB OC OD te of Payment	Method of	Payment	
Threshold Group,	Inc			ı	ug 29, 2023	Check	•	
mresnoid Group,	HIC.			A	ug 29, 2025	O Debit		
Street Address		City				State	Zip Code	
11 E 44th St Fl 3		New York				NY	10017	
Purpose of Expenditure	Description	<u> </u>		Event#		Amount		
(by code) A-DM	Print/Mail					4.557.20		
Expenditure #			ida tala ii ia al			6,557.	38	
(if applicable)	Type of Expenditure (Hemization in Addendum P Required un		me verow is cr	пескей				
	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure		O Independe	ent				
	Coordinated without reimbursement sought (in-kind contri	ibution)	O Organizati		OBOC OD			
Name of Payee					ite of Payment	Method of Check	•	
Threshold Group, Inc. Aug 29, 2023							Card ①EFT	
Street Address		City				State	Zip Code	
11 E 44th St FI 3		New York				NY	10017	
Purpose of Expenditure	Description	1		Event #		1	Amount	
(by code) A-DM	includes Print/Mail & Other Printing					7 Children		
Expenditure #	m on a dividual in the linear P. Principal	1 (O)	Edha balaasi in	ماد معاد عما)		14,04	5.63	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required u		j ine verow is c	спескену				
	None of the below (does not involve another candidate or ed Coordinated with reimbursement sought (joint expenditu		O Independ	dent		1		
	O Coordinated without reimbursement sought (in-kind cont	ribution)	O Organizat	·····	<u> Ов Ос Ов</u>	The state of the s	and the second s	
Name of Payee				Di	ate of Payment	Method of Check		
Ramon Arroyo				A	ug 29, 2023	O Debit		
Street Address		City				State	Zip Code	
97 Amity St		Hartford				СТ	06106	
Purpose of Expenditure (by code)	Description			Event #			Amount	
RMB			J			896.96		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	uless "None o	f the below" is c	checked)		1		
(if applicable)	None of the below (does not involve another candidate or co	mmittee)	_					
	Coordinated with reimbursement sought (joint expenditum) Coordinated without reimbursement sought (in-kind control		Independ					
			garang baggarag	A PERMIT	<u>Ов Ос Ов</u>	1	rezennobere <u>n persona a como de la como de com</u>	
		SUBTOTAL	Section P —	This Pa	age 23,292.83		estimate (All processes (All process	

Section P. ADDITIONAL PAGE 19 of 23

NAME OF COMMIT	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Fonfara for Hartfo	ord		7th d	ay preceding p	primary			
	P. Expenses	Paid by Committee						
Name of Payee			Date of	Payment	Method of I			
Ivelisse Correa			Aug 2	29, 2023	O Check			
Street Address		City			State	Zip Code		
45 Crown St		Hartford			СТ	06114		
Purpose of Expenditure (by code) WAGE	Description PhoneBank		Event #		120.00	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)		120.00			
(, 4)	None of the below (does not involve another candidate or coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the contr	e) 🔘 Indepen		в О С О́р_				
Name of Payee		Olganiza		Payment	Method of Payment:			
Leonor Mendez			Aug 2	29, 2023	Check			
Street Address		City			State	Zip Code		
25 Laurel St		Hartford			СТ	06106		
Purpose of Expenditure (by code) WAGE	Description PhoneBank		Event#			Amount		
WAGE.	PHONEBANK				135.00	ŀ		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)					
	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribute)	e) 🔘 Independ	-	в О с О р				
Name of Payee		photoscottics eventures and an artist of the second of the	THE RESERVE THE PARTY OF THE PA	Payment	Method of I			
Juan Torres Aug 29, 2023					O Check #190 Debit Card OEFT			
Street Address		City			State	Zip Code		
338 Asylum St # 6	512	Hartford			CT	06103		
Purpose of Expenditure (by code)	Description		Event#			Amount		
WAGE	Canvassing				165.00	1		
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required u	nless "None of the below" is	s checked)	······································]			
(i) apprenois	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) 🚺 Indeper) _B Oc Od				
Name of Payee		O Olganiz		Payment	Method of	Payment:		
Angel Morales			Aug	29, 2023	O Check			
Street Address		City			State	Zip Code		
185 Brainard Rd		Hartford			ст	06114		
Purpose of Expenditure (by code) WAGE	Description Event #				1,000.0	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)]			
() springs	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re) 🔘 Indepen		в Ос Ор				
		SUBTOTAL Section P -	— This Page	1,420.00				
			and the state of t	The second secon		disconnected by the second second second second second second second second second second second second second		

Section P. ADDITIONAL PAGE 20 of 23

Street Address City New York State Zip Code	NAME OF COMMIT	ITEE (Provide Complete Name as Registered with Filing Repository)		39,354	1	YPE OF REPORT			
Page of Page Page of Page	Fonfara for Hartf	ord			7	th day preceding	primary		
Ramiro Marlin Seets Addicts GS Board Addicts GS Board Addicts GS Board Addicts GS Board Man Terrace (CI) Wethersfield Five of Septembly Brown of Expenditure P Opinion of Expenditure P Opini		P. Expenses	Paid by Co	ommittee					
Sixest Address Sixest Address City Check City Ci	Name of Payee				D	ate of Payment	ŧ _	•	
Storet Address	Ramiro Marin				A	ug 29, 2023	1 -		
Propose of Expenditure Propose of Expendit	Street Address		City		<u> </u>				
Type of Expenditure Purpose of Expenditure		rrace	Wethersfie	eld			ст	06109	
Expenditure # gir applicability Type of Expenditure (Iternization in Addituntum P Required unless "Name of the below" is checked) Organization O O B O C Open Check # Organization O O B O C Open Check # Organization O O B O C Open Check # Organization O O B O C Open Check # Organization O O B O C Open Check # Organization O O B O C Open Check # Organization O O O B O C Open Check # Organization O O B O C O D O Check # Organization O O B O C O D O Check # Organization O O B O C O D O Check # Organization O O B O C O D O Check # Organization O O B O C O D O Check # Organization O O Check # Organization O O O O O O O O O O O O O O O O O O O	(by code)	Description		I	Event #				
Name of Payee		None of the below (does not involve another candidate or co.) Coordinated with reimbursement sought (joint expenditur	ommittee) re)	Independe	ent		,,000,		
Since Address 11 E 44th St Fl 3 New York Amount 49,999.00	Name of Payee		· · · · · · · · · · · · · · · · · · ·	7. Taxaa	D	ale of Payment			
Size Address City New York New Yor	Threshold Group	, Inc.			Α	ug 29, 2023			
Propose of Expenditure (by code) A_TV	Street Address		City						
Type of Expenditure (Itemization in Addendum P Required untess "Name of the below" is checked) Ap.999.00	11 E 44th St Fl 3		New York				NY	10017	
Type of Expenditure # (fruptheaths) Type of Expenditure (flemization in Addendum P Required unless "None of the below" is checked) Organization" A	Purpose of Expenditure (by code) A-TV	Description		E	Event#				
Threshold Group, Inc. Street Address 11 E 44th St Fl 3 Description Includes Digital advertising, Print/Mail, & Print Expenditure # (#uyndinable) None of the below (does not involve another candidate or committee) Coordinated without reimbursement sought (in-kind contribution) Street Address Type of Expenditure (*Itemization in Addendum P Required unless "None of the below" is checked!) Octavility of Payment Sep 1, 2023 Method of Payment Octavility octavility of Payment Octavility octa		None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure)	mmittee) re)	Independer	ent	ОвОс Ор			
Street Address 11 E 44th St Fl 3 New York New Yor	Name of Payee				D	ate of Payment	ł .	•	
Street Address City New York New Yor	Threshold Group	o, Inc.			1	lug 31, 2023	_	_	
Purpose of Expenditure (by code) A-OTH Description includes Digital advertising, Print/Mail, & Print 19,096.27			1 1			<u> </u>	State	Zip Code	
Includes Digital advertising, Print/Mail, & Print 19,096.27			IVEW TOIK				141	10017	
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Name of Payee Sadoc Ramos Street Address Street Address Type of Expenditure (**Marganization** Canvassing** Expenditure # (**Marganization** Marganization** Marganization		Type of Expenditure (Itemization in Addendum P Required u	nless "None of	the below" is c	checked)		19,09	0.27	
Name of Payee Sadoc Ramos Street Address Street Address Street Address 156 Bloomfield Av Purpose of Expenditure (by code) WAGE Type of Expenditure # (If applicable) None of the below (does not involve another candidate or committee) Coordinated with out reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Name of Payee Sep 1, 2023 State Zip Code CT 06095 Amount 333.75 Independent Organization A B Oc Op Independent Organization A B Oc Op Independent Organization A B Oc Op	(ң аррисаыс)	Coordinated with reimbursement sought (joint expenditu	are)			Or Oc On			
Street Address Street Address City State Zip Code	Name of Payee		· · · · · · · · · · · · · · · · · · ·		A COUNTY OF THE PARTY OF THE PA	The state of the s			
Type of Expenditure # (fapplicable) Occordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD Vindsor					S	ep 1, 2023	1		
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SUBTOTAL Section P.—This Page 70,489.02		None of the below (does not involve another candidate or co. Coordinated with reimbursement sought (joint expenditur	onimittee) re)	O Independe	ent				
		\$	SUBTOTAL:	Section P —	This P	age 70,489.02			
								A STATE OF THE STA	

Section P. ADDITIONAL PAGE 21 of 23

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filmg Repository)		TYPE OF REPORT				
Fonfara for Hartfo	ord		7th day preceding	primary			
	P. Expenses	Paid by Committee					
Name of Payee Zoila Espinoza			Date of Payment Sep 1, 2023	Method of Ohec	k # <u>195</u>		
Street Address		City		State	Zip Code		
45 Webster St A1		Hartford		СТ	06114		
Purpose of Expenditure (by code) WAGE	Description		Event #		Amount		
WAGE	Canvassing			337.50)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required and None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con	ommittee) re)	ident ation O A OB OC OD				
Name of Payee			Date of Payment	I	Method of Payment: ① Check #196		
Keith Lee			Sep 1, 2023	O Debit			
Street Address 408 Farmington A	Ave, Apt 304	City Hartford		State CT	Zip Code 06105		
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event #	Amount 236.25			
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or complete to the Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	ommittee) re)					
Name of Payee			Date of Payment	Method of			
Roshona Chase			Sep 1, 2023	Check #197 Debit Card DEFT			
Street Address 99 Kent St		City Hartford		State CT	Zip Code 06112		
Purpose of Expenditure (by code) WAGE	Description Cavassing		Event #	18.75	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	committee)			,		
Name of Payee	Manufacture and Control of the Contr	and the second s	Date of Payment		f Payment:		
Valerie King			Sep 1, 2023	Chec			
Street Address		City		State	Zip Code		
101 Kent St		Hartford		CT	06112		
Purpose of Expenditure (by code) WAGE	v code)						
Expenditure # (if applicable)	18.75						
**************************************		SUBTOTAL Section P –	– This Page 611.25				
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Section P. ADDITIONAL PAGE 22 of 23

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository	לע		TYPE OF REPORT		
Fonfara for Hartfe	ord			7th day precedir	ng primary	,
	P. Expenses	s Paid by C	Committee			
Name of Payee		William Company of the Company of th	SANSTER SECTION SECTIO	Date of Payment		of Payment:
Rodjae Tahedil				Sep 1, 2023	O Chec	ck # <u>199</u>
Street Address		City			State	it Card OEFT Zip Code
12 Deerfield Ave		Hartford			СТ	06112
Purpose of Expenditure (by code)	Description		Even	ıt #		Amount
(by code) WAGE	Canvassing				67.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind com	committee) ure)	O Independent	(ed)	D 67.50	
Name of Payee				Date of Payment	Method o	f Payment:
Deshown Sinclair				Sep 1, 2023	O Chec	ck # <u>200</u> it Card O EFT
Street Address		City			State	Zip Code
107 Oakland Terr		Hartford			СТ	06112
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	t #		Amount
	Calivassing				48.75	;
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) are)	Independent)		
Name of Payce				Date of Payment	Method of Chec	f Payment:
Lafrance Dillard	•			Sep 1, 2023	O Chec	
Street Address	·	City			State	Zip Code
2423 Main St #4		Hartford			СТ	06120
Purpose of Expenditure	Description	_!	Event	ι#		Amount
(by code) WAGE	Cavassing				70.71	_
Expenditure #	Type of Expenditure (Itemization in Addendum P Required t	unless "None o	of the below" is check	ked)	78.75	,
(if applicable)	None of the below (does not involve another candidate or of Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	committee) ture)	O Independent	<u>Oa Ob</u> Oc O)n	
Name of Payee				Date of Payment	Method o	f Payment:
Theodore Hall				Sep 1, 2023	Chec	
Street Address		City	*		O Debi State	t Card OEFT Zip Code
42 Greenfield St		Hartford			СТ	06112
Purpose of Expenditure (by code)	Description		Even	: #		Amount
WAGE	Canvassing				56.25	
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SEEC FORM 20 Revised Landary 2015

Section P. ADDITIONAL PAGE 23 of 23

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Fonfara for Hartfo	ord			7th day precedin	g primary			
elience estes as as	P. Expenses F	aid by C	ommittee					
Name of Payee	•			Date of Payment	1 .	f Payment: ck #203		
Sasha Bennett				Sep 1, 2023	O Debi			
Street Address		City			State	Zip Code		
88 Brittany Farms	Rd, Apt 212	New Britai	n 	<u> </u>	СТ	CT 06053		
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#	41.25	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unlowned on the below (does not involve another candidate or come Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	omittee)	Independent	OA OB OC OI				
Name of Payee				Date of Payment	Method o	f Payment:		
Anedot				7/1/23-9/3/23		O Check # EFT		
Street Address		City			State	Zip Code		
1340 Poydras Stre	eet Suite 1770	New Orlea	ns		LA	70112		
Purpose of Expenditure	Description		Event	#	_	Amount		
(by code) *MISC	Fees		ļ		443.0	ın.		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unlo	ess "None of	l th e below " is checke	d)	T 443.0	O		
(if applicable)	None of the below (does not involve another candidate or come Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	mittee)	Independent	а <u>О</u> в О с Ов				
Name of Payee				Date of Payment	Method o	f Payment:		
				Sep 1, 2023	Chec Debi	t Card OEFT		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event	#		Amount		
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				Sep 1, 2023	© Chec			
Street Address		City			O Debi State	it Card OEFT Zip Code		
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	EE (Provide Complete Name as Registered with Filing Repositor)	(v)	TYPE OF REPORT				
Fonfara for Hartfor			7th day preceding	3 billiary	ASSESSED TO THE THE PARTY AND EDIT		
N CD (N C)	The state of the s	oenses Paid by Cand			l to		
Officer's Club of Co	endor, Person or Entity who candidate paid directly) nnecticut		Date of Payment 5/9/23		oursement claimed? Yes O No		
Street Address		City		State	Zip Code		
360 Broad St		Hartford		CT 06106			
Purpose of Expenditure (by code) *FNDR	Description Restaurant/Food		Event#	Amount 341.93			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)	acida (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906)	Date of Payment	Is reimb	oursement claimed? Yes 🔘 No		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	<u> </u>	Event#		Amount		
Name of Payee (Name of V	 endor, Person or Entity who candidate paid directly)	annicht de Caralle des gesegen von der Geschen der State der Geschen der Geschen der Geschen der Geschen der G	Date of Payment	Is reiml	bursement claimed?		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)							
Name of Payce (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment					bursement claimed?		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Name of Payer (Name of E	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
Thank of Layer (Chine by F	,			O	_		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#		Amount		
Name of Payee (Name of 1	endor, Person or Entity who candidate paid directly)	Champion and Champion (All Line Champion)	Date of Payment	Is reiml	bursement claimed?		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#		Amount		
		SUBTOTAL Section Q -	This Page 341.93				
	T	OTAL of additional Secti	on Q Pages 0		All Market State of American Conference on the C		
		PENSES PAID BY CA ine 26, Column A of Summar					

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Last Name of Worker/Consultant Kenny Name of Verdor, Person or Early Paid by Committee Worker/Consultant Sector P. State Seet Address of Verdor, Person or Early Paid by Committee Worker/Consultant Sector P. G Check #114 Debtic of Payment to Reinhurs Sector Early \$5/8/23 Name of Verdor, Person or Early Paid by Committee Worker/Consultant Sector P. G Check #114 Debtic of Payment to Reinhurs \$5/8/23 State \$5/8/23 State \$7/8/2 Cole CT \$6/100 Trumbull \$5 Person or Early Paid by Committee Worker/Consultant \$7/8/2 Cole CT \$100 Trumbull \$5 Person or Early \$7/8/20 Fontara for Hartford		2500					rec	eaing p	rimary			
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Salute See Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Account Accou		T. Itemization of Reimb	oui	rsements and S	econ	dary Pay	yees -			erere s		
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Salute State Stat	Kenny		M	artin						5/8/2	3	
Sattet Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant (by codd) a FNDR Expenditure (By codd	Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant								Committee V	Vorker/Consultant as	
Purpose of Expenditure (by code) s FNDR Restaurant/Food Purpose of Expenditure (by code) s FNDR Restaurant/Food Purpose of Expenditure (by code) s FNDR Restaurant/Food Purpose of Expenditure (by code) s FNDR Restaurant/Food Purpose of Expenditure (by code) s FNDR	Salute						1 1			_ O Del	·	
Execution Exec		erson or Entity Paid by Committee Worker/Consultant		1							· .	
Expenditure # Type of Expenditure (Hemization in Addendum T Required unless "None of the below" is checked) Type of Expenditure (Hemization in Addendum T Required unless "None of the below" is checked) Organization. O A O B O C O D Last Name of Worker/Consultant	100 Trumbull St			Hartford ————						СТ	06103	
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Type of Expenditure Hemistration in Addendum T Required unless "None of the below of Coordinated with reimbursement sought (joint expenditure) Independent Payment to Reimburse Committee Verker/Consultant Payment to Verdence	*FNDR	Restaurant/Food				I				1086.2	6	
None of the below Coordinated with reimbursement sought (io-int expenditure) Organization: O A O B O C O D Last Name of Worker/Consultant Arroyo Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Wallmart Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Page of Expenditure (Begords) OFFICE Expenditure 8 Off-update without reimbursement sought (in-kind contribution) Description Last Name of Worker/Consultant City Hartford Event # Amount 195.43 Amount 195.43 Date of Payment to Vendor, Person or Entity Paid by Committee Worker/Consultant Ramon City Hartford Event # Amount 195.43 Amount 195.43 Date of Payment to Vendor, Person or Entity Paid by Committee Worker/Consultant First Ramon City Organization: O A O B O C O D Date of Payment to Vendor, Person or Entity Paid by Committee Worker/Consultant First Ramon City Organization: O A O B O C O D Date of Payment to Vendor, Person or Entity Paid by Committee Worker/Consultant First Ramon City Payment to Reimburse Committee Worker/Consultant Payment to Reimburse Committee Worker/Consultant Payment to Reimburse Committee Worker/Consultant Septenditure) Organization: O A O B O C O D Date of Payment to Vendor, Person or Entity Paid by Committee Worker/Consultant Payment to Reimburse Committee Worker/Consultant Septenditure) Organization: O A O B O C O D Date of Payment to Vendor, Person or Entity Paid by Committee Worker/Consultant as reported in Section P: Organization: O A O B O C O D Check # 187 O Debit Card OFFICE Expenditure # Description City Check # 187 O Debit Card OFFICE Expenditure # Description Amount		Type of Expenditure (Itemization in Addendum T Requir	ed :	unless "None of the b	below" i	is checked)						
Last Name of Worker/Consultant Arroyo Name of Vondor, Person or Entity Paid by Committee Worker/Consultant Walmart First Ramon First Ramon First Ramon Payment to Reimburse Committee Worker/Consultant reported in Section P: Check #187 Obtit Card OEFT Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Type of Expenditure (By order) Coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditu	(у аррисате)			·								
Last Name of Worker/Consultant Arroyo Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Walmart Pinst Ramon Phyment to Reinhurse Committee Worker/Consultant seported in Section P: Ocheck #187 Openit Card Office Expenditure (by cock) OFFICE Description Page of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) Ocoordinated without reimbursement sought (in-kind contribution) Last Name of Worker/Consultant First Ramon MI Page of Expenditure (by cock) Office Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) Ocoordinated without reimbursement sought (in-kind contribution) Organization: OA OBOCO Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Arroyo Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Walmart Pagment to Reimburse Committee Worker/Consultant separated in Section P: Ocheck #187 Openit Card OEFT Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant are reported in Section P: Ocheck #187 Openit Card OEFT Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant are reported in Section P: Ocheck #187 Openit Card OEFT Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Application Ap	,	Coordinated with reimbursement sought (joint expe		ure) O	Indeper	ndent O	O	0	0			
Arroyo Ramon Person or Entity Psid by Committee Worker/Consultant Walmart Prayment to Reinhburse Committee Worker/Consultant as reported in Section P: Check #187 Debit Card Event # Amount 195.43 Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated without reimbursement sought (in-kind contribution) Name of Worker/Consultant Arroyo Ramon Prayment to Reinhburse Committee Worker/Consultant First Ramon Prayment to Reinhburse Committee Worker/Consultant First Ramon Prayment to Reinhburse Committee Worker/Consultant s reported in Section P: Check #187 Debit Card Event # Amount Amount State Zip Code CT 06106			I coi	stribution)	Organi:	zation: o A	о В	-		- A 7	Communication of the communica	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Walmart Payment to Reimburse Committee Worker/Consultant as reported in Section P: Creek #187 Debit Card Expenditure # ### Amount Payment to Reimburse Committee Worker/Consultant as reported in Section P: Creek #187 Debit Card Defit Amount Payment to Reimburse Committee Worker/Consultant as reported in Section P: Creek #187 Debit Card Defit Amount Payment to Reimburse Committee Worker/Consultant as reported in Section P: Creek #187 Debit Card Defit Amount Payment to Reimburse Committee Worker/Consultant Sught (in-kind contribution) Payment to Reimburse Committee Worker/Consultant Sught Payment to Reimb		ultant	l_						MI	Person or	Entity	
Walmart Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 495 Flatbush Ave Hartford City Hartford Event # Amount 195.43 Expenditure # (trapplic-which) Type of Expenditure (Itemization in Addendum T Required unless "None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: o A o B o C o D Last Name of Worker/Consultant First Mit Date of Payment to Vendor, Person or Entity Paid by Committee Worker/Consultant First Ramon Payment to Reimburse Committee Worker/Consultant Payment to Reimburse Committee Worker/Consultant Septiod in Section P: Ocheck # 187 Debit Card OEFT	Arroyo		R	amon						7/26/	23	
Walmart Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 495 Flatbush Ave Description Description Event # Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) Coordinated with reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) Last Name of Worker/Consultant Arroyo Ramon Payment to Reimburse Committee Worker/Consultant as reported in Section P: Cocket #187 Debit Card CEFT Amount 195.43 Date of Payment to Vendor, Person or Entity Paid by Committee Worker/Consultant as reported in Section P: Cocket #187 Debit Card CEFT Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Walmart City Harford Description Description Description Description Description Description Description Description Description Amount	Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	·							Committee V	Vorker/Consultant as	
Hartford Hartford CT O6106	Walmart © Check #187							_ () Del	oit Card OEFT			
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Arroyo Ramon Reson or Entity 7/28/23 Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Walmart Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 495 Flatbush Ave Ramon Payment to Reimburse Committee Worker/Consultant as reported in Section P: Check #187 O Debit Card OEFf City Harford CIty Harford CT 06106 Purpose of Expenditure (by code) FOOD Description Event # Amount		None of the below Coordinated with reimbursement sought (joint expe	endit	ure)) Indepe	endent 🔿	О • в	0	О о р			
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Walmart Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 495 Flatbush Ave City Harford CT O6106 Purpose of Expenditure (by code) FOOD	Arroyo		R	amon								
Walmart Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 495 Flatbush Ave City Harford CT O6106 Purpose of Expenditure (by code) FOOD	Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	1_				Payme	nt to	Reimburse	Committee \	Worker/Consultant as	
495 Flatbush Ave Harford CT 06106 Purpose of Expenditure (by code) FOOD Event # Amount]									_ () Del	bit Card OEFT	
Purpose of Expenditure Description Event # Amount	Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant		City						State	Zip Code	
(by code) FOOD	495 Flatbush Ave			Harford						СТ	06106	
(by code) FOOD	Purpose of Expenditure	Description		<u> </u>		Event #					Amount	
	(by code) FOOD	,								30.03	, smount	
						<u> </u>				39.03		
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			red .	unless "None of the l	below" i	is checked)						
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Coordinated with reimbursement sought (in-kind contribution) Organization: o A o B o C o D					-	9.7	οв	0	$c \circ p$			
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TOTAL of additional Section T Pages 662.50			Т	OTAL of addition	al Sect	ion T Pag	es 6	62.	50			
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS 1983.22	TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	W	ORKERS AND (CONS	ULTAN	TS 19	983	.22			
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NAME OF COMMITTE Fonfara for Hartford	E (Provide Complete Name as Registered with Filing Repositor	לע				PE OF RE	PORT ceding p	orimary	M. Chicken L. Marrier (1974) April (1974) Ap
	T. Itemization of Reimb	our	sements and	Secon	dary Pa	yees			
Last Name of Worker/Cons Arroyo		Firs Rai	_{st} mon				МІ	Date of P Person or 7/29/	•
Name of Vendor, Person or Tara Market LLC	Entity Paid by Committee Worker/Consultant	<u> </u>					Section P:		Vorker/Consultant as
Street Address of Vendor, F 455 New Park Ave	Person or Entity Paid by Committee Worker/Consultant	- 1	City Hartford					State CT	Zip Code 16016
Purpose of Expenditure (by code)	Description Gas (Rogue)				Event #			50,00	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint exper	nditu	re))]] Indeper		0 0) С о в		
Last Name of Worker/Cons Arroyo	ultant	Firs Ra	mon				MI	Date of P Person or 7/31/2	•
Name of Vendor, Person or FedEx	Entity Paid by Committee Worker/Consultant						Section P:	_	Vorker/Consultant as
Street Address of Vendor, F 544 Farmington Av	Person or Entity Paid by Committee Worker/Consultant PC		^{City} Hartford					State CT	Zip Code 06105
Puppose of Expenditure (by code) PRNT	Description Petitions Copies				Event #			4.85	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint exper	nditu	re) C) Indepe		O C) () ()		_
Last Name of Worker/Cons Arroyo	ultant	Fin Ra	mon				MI	Date of I Person of 7/31/	•
Name of Vendor, Person or FedEx	Entity Paid by Committee Worker/Consultant	-1				Payment to reported in Check	Section P:	_	Worker/Consultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code
544 Farmington Av	⁄e '		Hartford					CT	06105
Purpose of Expenditure (by code) PRNT	Description Petitions Copies		· · · · · · · · · · · · · · · · · · ·		Event #			4.85	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind	nditu	re)) 🔟 Indepe	ndent O	o 0	C o D		
		S	UBTOTAL See	ction T` –	– This Pa	ge 59.7	0		
		ТС	TAL of additio	onal Sect	ion T Pag	ges 662	.50	-	
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WO	RKERS AND	CONS	ULTAN	TS 198	3.22		

Section T ADDITIONAL PAGE 2 of 4

NAME OF COMMITTE Fonfara for Hartford	E (Provide Complete Name as Registered with Filing Repositor	(יכ			YPE OF RE		rimary		
	T. Itemization of Reimb	oui	rsements and Second	dary P	ayees				
Last Name of Worker/Cons Arroyo	ultant	Fi	amon			МІ	Person or	•	
		ΙΛC			I.	<u></u>	8/2/2		
Teddys Gulf	Entity Paid by Committee Worker/Consultant					n Section P:		Vorker/Consultant as	
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code	
1127 Capitol Ave			Hartford			:	CT	16106	
Purpose of Expenditure (by code)	Description Gas (Rogue)			Event#			Amount 50.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expe Coordinated without reimbursement sought (in-kind	ndit	ure) O Indepe	ndent O	<i>)</i>) () () () () () () () () () () () () ()			
Last Name of Worker/Cons	ultant	Fi	rst			MI		ayment to Vendor,	
Arroyo		Ra	amon				8/6/23		
	Entity Paid by Committee Worker/Consultant					to Reimburse n Section P:	Committee V	Vorker/Consultant as	
Teddys Gulf					Che	ck # <u>187</u>	_ O Del	oit Card OEFT	
Street Address of Vendor, F 1127 Capitol Ave	Person or Entity Paid by Committee Worker/Consultant		City Hartford				State CT	Zip Code 06106	
Purpose of Expenditure (by code)	Description Gas (Pathfinder)			Event#			50,00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir None of the below Coordinated with reimbursement sought (joint expe	ndit	ure) O Indepe	ndent O	<i>I)</i>) () o (o p	30.00		
Last Name of Worker/Cons	sultant	Fi	rs(MI	Date of F	Payment to Vendor,	
Arroyo		R	amon				8/7/2	•	
Name of Vendor, Person or Walmart	Entity Paid by Committee Worker/Consultant	.l			reported i	to Reimburse in Section P: eck #187	_	Worker/Consultant as	
Street Address of Vendor, 1	Person or Entity Paid by Committee Worker/Consultant		City	_	G CIRC	107	State	Zip Code	
495 Flatbush Ave	,		Hartford				СТ	06106	
Purpose of Expenditure (by code) OFFICE	Description			Event#			4,79	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir None of the below Coordinated with reimbursement sought (joint expe	ndit	oure) O Indepe	endent O) О (о с ° р			
			SUBTOTAL Section T -	– This I	age 104	.79			
		T	OTAL of additional Sect	ion T P	ages 662	2.50			
тот н от н	DEIMBID CEMENTARO COMMISSIONE	11/	DIVEDS AND CONO	TH T.	NTC 100	3 77			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	w(JKKERS AND CONS	ULIA	119 198).L.L			

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NAME OF COMMUTT	31 (Daniela Cambriel Mana y D. J. J. 1895 Fills D. 18			TV	DE OF BE	PORT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Fonfara for Hartford					TYPE OF REPORT Th day preceding primary					
	T. Itemization of Reim	bu	rsements and Secon		Auto-analysis establishment et i					
Last Name of Worker/Cons		27/84/25/23	rst	anecyapiid ACCF CLASS		МІ		ayment to Vendor,		
Arroyo		Ra	Ramon				Person of 8/8/2	•		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consurerported in Section P:				
Walmart						:k # <u>187</u>	_ O Debit Card O EFT			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City				State	Zip Code		
495 Flatbush Ave			Hartford				СТ	16106		
Purpose of Expenditure (by code) OFFICE	Description			Event #			153.00	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir	unless "None of the below"	of the below" is checked)							
(g uppneum)	O None of the below Coordinated with reimbursement sought (joint expe		_	ndent O	O 6) O				
Last Name of Worker/Cons	Last Name of Worker/Consultant			First			Date of I Person o	Payment to Vendor, r Entity		
Arroyo			Ramon				8/13			
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Teddys Gulf						n Section P:	_	Worker/Consultant as bit Card 🔘 EFT		
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code		
1127 Capitol Ave			Hartford				CT	06106		
Purpose of Expenditure	Description			Event #				Amount		
(by code)	Gas (Rogue)						53.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-king)	endi	ture) O Indep		0 0	ОСОВ				
Last Name of Worker/Consultant		1	First			MI	Date of l Person o	Payment to Vendor, r Entity		
Arroyo		K	Ramon				8/14/23			
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						to Reimburse n Section P:	Committee	Worker/Consultant as		
Teddys Gulf					① Che	ck # <u>187</u>		bit Card OEFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 1127 Capitol Ave			City Hartford		المر	State	Zip Code 06106			
Purpose of Expenditure	Description			Event #				Amount		
(by code) TRVL	Gas (Pathfinder)						60.00			
Expenditure # ((f applicable)	Type of Expenditure (Hemization in Addendum T Required unless "None of the below" is checked) O None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D									
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TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	W	ORKERS AND CONS	SULTAN	TS 198	3.22		# 20m		
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Section T ADDITIONAL PAGE 4 of 4

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NAME OF COMMITTI Fonfara for Hartfor	EE (Provide Complete Name as Registered with Filing Reposito d	(יכוי			E OF REPORT day preceding primary				
	T. Itemization of Reim	bu	rsements and Secon	dary Pa	yees				
Last Name of Worker/Consultant			rst		мі	Date of Payment to Vendor,			
Arroyo			Ramon			Person or Entity 8/15/23			
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant			Worker/Consultant as		
T-Mobile					reported in	i Section P: :k # <u>187</u>	_ Q De	bit Card OEFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City				State	Zip Code	
63 Overlook Terrace			Hartford				CT	16106	
Purpose of Expenditure Description			Event #				Amount 64.49		
^(by code) A-PH-BNK	A-PH-BNK Phone								
Expenditure # (if applicable)	Type of Expending (Itemization in Addendum T Required unless "None of the below" is checked)					<u></u>			
tij approune)	None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin	endi	ture) O Indepo		0 0) ()) () D			
Last Name of Worker/Con	sultant	Fi	rst		Proposition of the Proposition o	MI		Payment to Vendor,	
Arroyo			amon			Person o 8/15/			
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant					o Reimburse a Section P:	Committee	Worker/Consultant as	
Metro					Chec		_ Q De	bit Card O EFT	
·	Person or Entity Paid by Committee Worker/Consultant		City			State	Zip Code		
1200 Park St			Hartford				CT	06106	
Purpose of Expenditure (by code)	pose of Expenditure Description		Event #					Amount	
(by code) A-PH-BNK	Phone						87.28		
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Last Name of Worker/Coosultant		1	First			MI	Date of Payment to Vendor, Person or Entity		
Arroyo			Ramon				8/19/23		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Walmart						to Reimburse n Section P: ck #187	e Committee Worker/Consultant as Debit Card DEFT		
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City		10		State	Zip Code	
495 Flatbush Ave			Hartford				СТ	06106	
Purpose of Expenditure	Description		<u></u>	Event #			<u> </u>	Amount	
(by code) OFFICE	Envelopes, (and water, soda for office staf					80.24			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement Sought (joint expenditure with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kin	Itemization in Addendum T Required unless "None of the below" is checked) low ith reimbursement sought (joint expenditure) Independent							
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		T	OTAL of additional Sec	ction T Pa	ges 662	2.50			
TOTAL	DEMBINORMAN TO COMPANY	Z saranos	William Control		1.00 (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	3 22			
TOTAL OF ALI	L REIMBURSEMENT TO COMMITTEE	W	UKKEKS AND CON	SULIAN	12 198	3.22			